



Nepal Health Sector Support Programme III (NHSSP – III)

**NHSSP Quarterly Report
October to December, 2018**



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Recommended referencing:

Nepal Health Sector Support Programme III – 2017 to 2020 (April 19). *PD 57 Quarterly Report October 2018- December 2018*. Kathmandu, Nepal

ABBREVIATIONS

AWPB	Annual Workplan and Budget
BC	Birthing Centre
BEONC	Basic Emergency Obstetric and Neonatal Care
CAPP	Consolidated Annual Procurement Plan
CEONC	Comprehensive Emergency Obstetric and Neonatal Care
CHD	Child Health Division
CMC	Case Management Committee
CSD	Curative Services Division
DDA	Department of Drug Administration
DDR	Disaster Risk Reduction
DFID	Department for International Development
DHO	District Health Office
DoHS	Department of Health Services
DRR	Disaster Risk Reduction
DUDBC	Department of Urban Development and Building Construction
eAWPB	electronic Annual Work Plan and Budget
EDCD	Epidemiology and Disease Control Division
EDP	External Development Partner
e-GP	e-Government Procurement
EHRIS	Electronic Hospital Reporting System
EOC	Emergency Obstetric Complication
EPI	Expanded Programme on Immunisation
EWARS	Early Warning and Reporting System
FA	Framework Agreements
FCGO	Financial General Comptroller Office
FCHV	Female Community Health Volunteer
FHD	Family Health Division

FMIP	Financial Management Improvement Plan
FMoHP	Federal Ministry of Health and Population
FMR	Financial Monitoring Report
FP	Family Planning
FWD	Family Welfare Division
GBV	Gender-Based Violence
GESI	Gender Equity and Social Inclusion
GIZ	German Corporation for International Cooperation
HFOMC	Health Facility Operation and Management Committee
HIIS	Health Infrastructure Information System
HMIS	Health Management Information System
HQIP	Health Quality Improvement Plan
HRFMD	Human Resource and Financial Management Division
HVAC	Heating, Ventilation, and Air Conditioning
IAIP	Internal Audit Improvement Plan
IT	Information Technology
JAR	Joint Annual Review
JCM	Joint Consultative Meeting
KFW	German Development Bank
LCD	Leprosy Control Department
LMD	Logistics Management Division
LMS	Logistics Management Section
LNOB	Leave No One Behind
M&E	Monitoring and Evaluation
MoFAGA	Ministry of Finance and General Administration
MoUD	Ministry of Urban Development
MoWCSC	Ministry of Women, Children, and Senior Citizens
MPDSR	Maternal and Perinatal Death Surveillance and Response

MSS	Minimum Service Standards
MTR	Mid Term Review
NDHS	Nepal Demographic Health Survey
NFHS	National Family Health Survey
NGO	Non-Government Organisation
NHEICC	National Health Education Information and Communication Centre
NHSP	Nepal Health Sector Programme
NHSS	Nepal Health Sector Strategy
NHSSP	Nepal Health Sector Support Programme
NHTC	National Health Training Centre
NPR	Nepalese Rupees
NPSAS	Nepal Public Sector Accounting Standards
NSSD	Nursing and Social Security Division
OCAT	Organisational Capacity Assessment Tool
OCMC	One-stop Crisis Management Centre
OPMCM	Office of Prime Minister and Council of Ministers
PBGA	Performance-Based Grant Agreement
PD	Payment Deliverable
PFM	Public Financial Management
PHAMED	Public Health Administration Monitoring and Evaluation
PHC	Primary Health Centre
PHCRD	Primary Health Care Revitalisation Division
PIP	Procurement Improvement Plan
PNC	Postnatal Care
PPMD	Policy, Planning, and Monitoring Division
PPMO	Public Procurement Management Office
Programme	The Nepal Health Sector Support Programme
QARD	Quality Assessment and Regulation Division

QIP	Quality Improvement Plan
RANM	Roving Auxiliary Nurse Midwife
RDQA	Routine Data Quality Assessment
RMNCAH	Reproductive, Maternal, Newborn, Child and Adolescent Health
SAS	Safe Abortion Services
SBA	Skilled Birth Attendants
SDG	Sustainable Development Goals
SMNH	Safe Motherhood and Neonatal Health
SOP	Standard Operating Procedures
SSU	Social Service Unit
STTA	Short-Term Technical Assistance
TA	Technical Assistance
TABUCS	Transaction Accounting and Budget Control System
TARF	Technical Assistance Response Fund
TOR	Terms of Reference
TOT	Training of Trainers
TSB	Technical Specifications Bank
TUTH	Tribhuvan University Teaching Hospital
TWG	Technical Working Group
UNFPA	United Nations Population Fund
VP	Visiting Provider
WHO	World Health Organization
WOREC	Women's Rehabilitation Centre

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Precis

This report is the sixth Quarterly update of the Nepal Health Sector Support Programme 3 covering the period from October 1st, 2018 to December 31st, 2018. The programme is becoming increasingly effective at providing TA within the still rapidly changing environment, particularly at sub-national level. Although significant challenges remain, these seldom prevent planned technical assistance interventions taking place and showing their effectiveness. The greatest impacts on the programme of this change period is on what can be achieved over and above core activities, and the increasing need to provide support at sub-national level. This view is supported by the outcomes of the Annual and Mid-Term Reviews. A forthcoming workshop to be held in Q1 2019 will provide an important opportunity for NHSSP and other NHSP-3 partners to jointly explore how best to move forward over the remainder of their funding period. The NHSSP team continues to engage with other partners to increase the value and effectiveness of interventions, and in other cases is leading the way in new and exciting areas through, for example, the introduction of tools such as the organisational capacity assessment, and its approach to retrofitting and rehabilitation of health infrastructure. Other workstreams are also raising the bar, for example through the on-going development of several guidelines (to be finalised in the next quarter) which will strengthen policy environment and inclusiveness within the health sector. The contracting of several high level international specialists during this quarter, to support up-coming activities, should further strengthen NHSSP's contribution to the health sector.

The development context

All provincial and local government structures are set and are now operational. However, implementation of set functions and programme management is patchy. The health sector is also making efforts towards managing the transition to federalism. The Federal MoHP provided leadership through formation of committees to develop essential laws and bylaws; provincial health structure and staffing were also revised, all of which will be managed under the leadership of the Provincial Ministry of Social Development. The newly developed long-term (25-year) vision paper and fifteenth five-year plan focus on strengthening primary care and advancing secondary and specialised care across the country, reflecting the principles of equity, quality, multisectorality, and health for all. Despite this progress, challenges remain and these are being added to by increasing demands and protest on civil service adjustment modalities.

Technical assistance

NHSSP, with greater acceptance of its technical support by the federal MoHP, is providing strategic technical engagement to facilitate federalism in the health sector. The programme has also extended its technical support to the sub-national governments (in 7 learning lab sites) in the areas of planning, budgeting, use of evidence and service delivery. Most technical assistance continues to be demand-driven with frequent field visits to support sub-national providers, especially provincial governments in provinces, 2, 5, and 6. Mixed approaches to technical assistance are being applied, including increasing the capacity of counterparts and other stakeholders through training in new tools and approaches. Coordination with DFID, other NHSP3 suppliers, and health EDPs is evident through exchange of knowledge and a number of coordination meetings.

Conclusions and strategic implications

The programme has discussed the recommendations from the MTR and is considering ways to respond. The forthcoming DFID retreat (in the next quarter) will provide an important opportunity to plan appropriate support at all levels within the changed context during 2019 – 2020, and beyond. In this reporting quarter, however, the programme achieved significant progress across a wide number of workstreams and this bodes well for the future. The first joint NAR/JAR, co-funded by the MoHP, to which NHSSP contributed, was an indication of

collaboration within the health sector and between the sector and its partners. Feedback from this process will be used to inform and strengthen subsequent reviews. Although challenges remain, enough progress is being made to suggest that NHSSP will be able to continue providing effective and timely assistance to help strengthen health governance and service delivery.

1 INTRODUCTION

1.1 OVERVIEW

This document aims to apprise the Nepal Federal Ministry of Health and Population (FMoHP) and the United Kingdom's Department for International Development (DFID) on the progress of the Nepal Health Sector Support Programme 3 (Programme). The reporting period is from **1st October 2018 to 31st December 2018**.

The Programme commenced in March 2017 and is scheduled to the end of December 2020. It is the prime technical assistance component of the United Kingdom's aid to the health sector in Nepal and is aligned with Nepal's National Health Sector Strategy 2015-2020. A consortium led by Options Consultancy Services Ltd with HERD, Oxford Policy Management, and Miyamoto implements the Programme. Three other DFID suppliers are actively engaged in support of the Nepal Health Sector Programme (NHSP).

Long-term technical assistance (TA) personnel are deployed either by being (a) embedded within key departments of the FMoHP, (b) being located on the same campus for easy access by government personnel or based in an office in Patan. Short-term TA personnel are deployed to provide specialised inputs intermittently. Financial support is provided through funding of meetings, workshops, training events, and field visits. A *Technical Assistance Response Fund* is available to support special initiatives though no funds have been drawn this Quarter.

1.2 THE DEVELOPMENT CONTEXT

Nepal's federalisation process continues to be a priority of the government. All provincial and local governments are now operational with progressive implementation of set functions and programmes. In this reporting period, the health sector has progressed with its continuing transition to federalism. Some high-level decisions were made by the federal government to guide the transition management in health sector, keeping the health sector a priority as part of a large socioeconomic development of the country in federal context. Federal MoHP provided leadership with formation of a number of committees for the development of laws and bylaws required to manage federal transition. Likewise, this reporting period also witnessed a number of laws and bylaws by sub-national governments, depicting decentralised authority and growing maturity of government functions. Federal government revised the provincial health structure and staffing with a Provincial Health Directorate, a Provincial Health Training Centre, a Provincial Logistic Centre, a Provincial Public Health Reference Lab in each province and 77 Provincial Health Offices (one in each district). All health structures in the province will be managed under the leadership of the Provincial Ministry of Social Development. With the implementation of the revised provincial structure, the existing 35 Health Offices (also previously known as District Health Offices) are now set to close. The Federal MoHP developed a long-term vision paper (25 years) and a fifteenth five-year plan. These plans are guided by the principles of equity, quality, multisectorality and health for all with a focus on strengthening primary care and advancing secondary and specialised care across the country. While subsequent government decisions and the revised structures witnessed a greater decentralisation of authority and functions to sub-national governments, timely discharge of human resources, limited institutional capacity and operating environment, and limited resource provision for newly established institutions at each level of government remain a challenge. In addition, growing demands and protest from organised professional associations on civil service adjustment modalities are adding further complexity to the transition management process. Despite the context and challenges, the federal MoHP continues to make progress in managing transition and availing strategic technical assistance from its stakeholders, internal and external development partners. NHSSP, with greater acceptance of its technical support by the federal MoHP, are providing strategic technical engagement to facilitate federalisation in the health sector. The programme has also extended technical support to the sub-national governments in the areas of planning, budgeting, use of

evidence and service delivery. All technical support is provided under the leadership of the federal MoHP and demand driven from sub-national governments.

1.3 SECTOR RESPONSE AND ANALYSIS

Management of the health sector, its institutions and service provision in federal transition are guided by principles of co-existence, cooperation and coordination among three tiers of government. The capacity of sub-national governments, especially in evidence-based planning, procurement and supply chain management, health service delivery, deployment of human resources and sector coordination, remained the major focus of the federal MoHP in this reporting period. A number of high-level dialogues with representatives of the three levels of government were held in this reporting period, leading to progressive understanding towards managing health sector transition to federalism. Federal MoHP with more full deployment of personnel in its newly formed structures is expected to facilitate decision processes, human resource management, and timely responses to emerging issues in the sector.

However, the federal MoHP also continues to be constrained with uncertainties, uninformed structural reform, limited institutional capacity and also inappropriate allocation of resources among three levels of government in the ongoing annual workplan and budget, among others. Despite these constraints, the successful completion of the Joint National Annual Review (J-NAR) provided a strategic platform, bringing together federal and sub-national governments along with other stakeholders including academia, development partners, civil society and the private sector in reviewing the health sector progress and challenges and developing a common understanding on sector priorities. Managing growing demand from sub-national governments in support of health sector strengthening at provincial and local level has been a challenging task for the federal MoHP. In response, a number of laws and bylaws, regulatory framework, minimum standards and guidelines were developed and made available; however, implementation of these developments is challenging. Periodic meetings with provincial social development ministers, health directorates and other relevant health officials was a focus of the federal MoHP, aligning with sectoral priority within given working conditions. Nevertheless, sector coordination and communication especially between the three levels of government and intra-ministerial functions continue to be an issue.

Commencement of the mid-term review of NHSS was another important step in reviewing progress of the sector's performance. In the changed context, the MTR comes with the additional objective of reviewing MoHP's transition management to federalisation, which will help in making informed decisions towards successful management of federalisation in health sector.

1.4 CHANGES TO THE TECHNICAL ASSISTANCE TEAM

There were a few changes in the structure and the personnel of the technical assistance team during the reporting period. The Team Leader resigned during the quarter. This was immediately followed by the start of recruitment efforts for a replacement. As GESI is a cross cutting issue, the programme decided to separate the GESI team from the HPP line management. As the team works across the other work streams, it will now report to the Team Leader. Finally, the HRH Adviser line management has been changed to the Team Leader from the service delivery team.

1.5 RISK MANAGEMENT

The team has taken a rigorous approach to the identification and management of risk. Risks were identified, evaluated, and discussed in the Senior Management Team meetings and shared with DFID in monthly meetings. The SMT has analysed the existing risks table and identified two additional risks:

- Flux over the MoHP leadership can have implication on AWPB development processes and service delivery.
- Frequent change in FMoHP structure may affect the relationship management with the counterpart

R13, “Delays in government approval causing further delays on m-health implementation” (See Appendix 2 Risk Matrix), is approved now so no longer relevant.

Despite the two additional risks noted above, the overall risk scenario remains at the same level as in the previous Quarter.

1.6 LOGICAL FRAMEWORK

There is one update: The HMIS data has now been finalised for the last fiscal year 17/18. As stated in the last report, the indicators related to HMIS have now been updated.

1.7 TECHNICAL ASSISTANCE RESPONSE FUND

Two applications were received. The first application was from the Coordination Division of FMoHP and dealt with FMoHP human resource data updates; this was approved. The second application was from NHRC for the Fifth National Summit of Health and Population Scientists in Nepal; this is under consideration.

The TARF guidelines were revised to allow for applications from both provincial and local levels. The revised guidelines were then shared with senior FMoHP officials for their information.

2.1 HEALTH POLICY AND PLANNING

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

ACTIVITY I2.1.1 PROVIDE STRATEGIC SUPPORT ON STRUCTURES AND ROLES FOR CENTRAL AND DEVOLVED FUNCTION

On-going The federal and provincial level health structures were approved by the cabinet and the structure of the local level were also finalized in the previous quarter. However, the MoHP proposed revision in the structures to improve functional linkages across different entities of the health sector and to also better adjust the existing human resources. NHSSP provided advisory support in this process. The new structure has made provision to retain Training Centres and Medical Stores at the provincial level. Similarly, the District Health Offices have been retained in each of districts as an extended office of the Provincial Health Directorates, whereas the previous decision of creating 35 provincial health offices have been cancelled. These revisions were approved at Cabinet level (December 24th, 2018) of GoN.

No specific inputs are scheduled for the next Quarter. However, should there be requests from the MoHP, support will be provided within the scope of NHSSP.

Challenge: Adjustment of the human resources as per the new structures. Tailoring TA in line with new structure of the health sector. Frequent changes in the structures may create further confusion. NHSSP will continue strategic discussion with the FMOHP and DFID to better address the emerging health sector needs within the current scope of the programme.

Activity i2.1.2 Enhance capacity of Policy Planning and International Cooperation Division (now replaced by Policy, Planning and Monitoring Division(PPMD) and Health Coordination Division (HCD) in the MoHP) and respective Divisions to prepare for federalism.

On-time: The transition plan developed by PPMD is being implemented and NHSSP TA is supporting in monitoring the implementation. NHSSP provided support to MoHP in organising the interaction meeting with high level officials from seven provinces on 12 – 13, October 2018. The TA supported in developing the agenda (attached) and presentation for the interaction including logistic support for the event. Key discussion topics include governance and management; coordination and partnership; budget and financial management; human resource management; procurement and supply chain management and information management in health sector. The NHSSP also supported to synthesize the discussion which is also attached separately.

Inputs are scheduled for the next Quarter: Support for the strategic discussion on the AWPB preparation for FY 2019/20. Development of the framework document to inform the planning process across three levels of the government is also expected.

Activity i2.1.3 Develop guidelines and operational frameworks to support elected local governments' planning and implementation

On-time: The TA team provided support in producing a final draft of the Guidelines on Pharmacy Registration for Local Governments. This has been submitted to FMOHP for approval. The draft is **attached**. The team also supported preparation of the Guideline for

Health Facility Operation and Management Committees, which has been approved by the MoHP and is available in the link www.nhtc.gov.np/index.php/publications/other-publications.

Inputs are scheduled for the next Quarter. Orientation and roll out of these newly developed guidelines at the learning lab sites.

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

Activity i2.2.1 Develop gender-responsive budget guidelines, (incl. in Year 2 revision of Gender Equity and Social Inclusion operational guidelines)

On-time: A Technical Committee on Gender Responsive Budgeting chaired by Chief of Policy, Planning and Monitoring Division was formed. The committee contained representatives from Policy, Planning and Monitoring Division, Health Coordination Division, Family Welfare Division, Management Division, Population Management Division, Epidemiology and Disease Control Division, Nursing and Social Security Division and Nepal Health Sector Support Programme. The Technical Committee's role was to prepare final draft of Gender Responsive Budgeting Guidelines including implementation plan consultation with local and provincial level as well as FMoHP and other key stakeholders. The purpose of this work is to bring health sector budgeting in line with the Ministry of Finance's *Gender Responsive Budget Guidelines*. A high level international GRB consultant was identified and contracted. In addition, the NHSSP-contracted local specialist consultant was also contracted and preparatory work started on developing the guidelines. The Technical Committee met twice to provide guidance to the technical working group. Similarly, consultations took place with the appropriate FMoHP divisions and centres. The national consultant, FMoHP staff and the NHSSP team visited Province five and two, and two municipalities (Bharatpur Metropolis and Butwal Sub-Metropolis) to review their *Annual Work Plan and Budgets* (AWPBs) during this quarter.

Inputs are scheduled for the next Quarter. NHSSP will organize a workshop with participation from all divisions/centres of the FMoHP (Department of Health Services, Department of Drug Administration and Department of Ayurveda) to get inputs on the draft guidelines; TWG meetings will also take place. These will focus on development of the results framework and finalization of the guidelines; submission of the final draft guidelines to the FMoHP for approval; and translation of the guidelines in English. Next quarter's work will include significant inputs from International STTA. The NHSSP GESI lead specialist and the international GRB specialist will support the team to ensure that the draft guidelines meet international good practice as well as GoN's own specific requirements.

Activity i2.2.2 Support the Department of Health Services to consolidate and harmonise the planning and review process

On-time: Technical support was provided to prepare the final draft of long-term vision paper (for 25 years) of the health sector as per the prescribed format from National Planning Commission (NPC). Similarly, support was provided to prepare the final draft of the concept paper of the 15th Periodic (5 year) Plan of the health sector. Both drafts have been internally discussed in the FMoHP and with the NPC. Both documents **are attached**.

Inputs are scheduled for the next Quarter. Support in finalizing the health and population sector related drafts of the long-term vision paper and the 15th Periodic Plan based on feedback from the submission to the NPC.

Activity i2.2.3 Implement learning laboratories to strengthen local health planning and service delivery

Ongoing: NHSSP continued to support the annual review of the health sector at the local level using the format suggested by the federal level. TA supported Dhangadimai municipality and Itahari Sub-metropolitan city in defining the format of the health programme review, preparing presentations using HMIS data and other references, facilitating discussion and financial support for the review workshop. The review focused on the progress made in the 2017/18 and challenges being faced.

One of the key activities in this quarter was the Organisational Capacity Assessment (OCA) of the National Health Training Centre (NHTC) which is the institutional home for capacity enhancement in the health sector. A five-day workshop was organized and led by the NHSSP team and an international OCA specialist in November for the NHTC in which all technical staff of NHTC were orientated on OCA tool including its scope and implementation process. Prior to the workshop, the TA team along with an international specialist prepared an orientation package tailored to the Nepali context. Relevant partners supporting the local levels were also invited to this orientation session while GIZ, UNICEF and DFID participated in the workshop.

Subsequently, the OCA tool was implemented for the capacity assessment of the Dhangadimai Municipality in December which led to the development of the capacity enhancement plan for the strengthening of the health sector at the municipal level. During the five-day workshop, the municipal team adapted the tool tailored to local context, assessed the municipal capacity in terms of health sector needs and developed a capacity enhancement plan. Elected representatives and health staff at the municipal office and in-charges of health facilities participated in the workshop. NHTC staff and NHSSP advisors facilitated the process for the assessment and the development of the capacity development plan during the workshop. Learnings from the implementation of the OCA tool at the local level were documented (attached) and the approach will be adopted for the other learning lab sites.

NHSSP also initiated the process of hiring seven full time Health Systems Strengthening Officers to be stationed at six LL sites, except for Madyapur Thimi municipality where GIZ is working. One Health Systems Strengthening Coordinator will also be hired to be stationed at MoHP to coordinate the work on LL at the Federal level.

NHSSP supported local level participation (one per learning lab site) in the National Annual Review (NAR) and covered their travel and accommodation costs. The total amount spent for NAR/JAR support was £ 8,103.00

For local participants we spent £1,018.00 that includes travel, accommodation and DSA of the local participants. The local level representatives included Mayor, Deputy Mayor, Chief Administrative Officer, and Health Coordinators from each of 7 Provinces. Their presence provided an opportunity for inclusive discussions on the issues and challenges at the local level. Their attendance was particularly beneficial during the panel session of the annual review which was dedicated to the local health system including challenges in the delivery of quality health service delivery.

In addition, a separate meeting between NHSSP, a FMoHP representative (Planning Officer), and the local-level representatives from the learning lab sites was organised by NHSSP to discuss the current issues at the local level and way forward. The key issues raised were insufficiency of the budget (federal grants), HR management, and limited health facilities and their capacity. Potential ways forward identified during the meeting included coordination with MoF for budget, and doing OCA and MSS to strengthen the health system, although it was recognised that addressing these challenges will be an on-going process.

Inputs are scheduled for the next Quarter: Implementation of OCAT in the remaining 6 Learning Lab sites along with the implementation of other tools such as MSS and RDQA.

Activity i2.2.4 Develop Leaving No-One Behind budget markers at National and local level

On-time: TA support provided for the development of guidelines on LNOB Budget Markers and submitted to FMoHP for their inputs/comments. We are still waiting for FMoHP's inputs/comments. The document will be forwarded to DFID after its finalisation and translation in English.

Inputs are scheduled for the next Quarter: Incorporate inputs/comments received from the FMoHP; share the final draft guidelines to FMoHP for approval; translate in English after the approval.

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

Activity i2.3.1 Conduct institutional assessments, market analysis (including political economy analysis), provider mapping for private sector engagement

Ongoing: The draft report of the mapping of existing partnership arrangement was developed and discussions held with the TWG in the FMoHP. The main focus of the discussions was that various types of partnership modalities exist in the health sector and there is a need to provide a guideline from FMoHP to harmonise and effectively manage partnerships in health. The outline of the Partnership guideline was developed based on the partnership mapping exercise and circulated to EDPs by MoHP to trigger discussions. In the meantime, the Political Economy Analysis (PEA) was commissioned. The ToRs for the PEA for engagement with the private sector was developed to hire the International STTA. An ISTTA was identified and contracted; the work will take place in the next quarter. The recommendations from the partnership mapping and the PEA will help to better inform the development of the guideline for effective engagement of the private sector in health. (Note: Activity 2.3.5. "The Partnership Guideline" is still in draft and is being finalised together with inputs from EDPs and MoHP.)

Inputs are scheduled for the next Quarter: PEA for the engagement of the private sector, finalisation of mapping of the existing partnerships and development of the guideline on partnership.

Activity i2.3.2 Update Partnership Policy for the health sector in line with that of the central government

Completed: The *Partnership Policy* for health sector was developed and submitted to the PPICD in 2017. Due to changes in the government, it has not been endorsed. Key contents of the draft partnership policy were incorporated while drafting the national health policy.

No inputs are scheduled for the next Quarter.

~~Activity i2.3.3 Develop recommendations on the institutional structures including roles and responsibilities manage SNS partnerships~~

Deleted: This will be included in Activity i2.3.1

No inputs are scheduled for the next Quarter.

Activity i2.3.4 Review existing policy and regulatory framework for quality assurance in the health sector

On-time: The Minimum Service Standards (MSS) for Hospitals was approved by the FMoHP and printing of the documents is in process. TA was provided to the Curative Service Division (CSD) of the Department of Health Services to finalise the Standards for Health Posts. The final draft of the standards for Health Posts was submitted to FMoHP for approval. The implementation guideline for MSS is being revised and is in the process of finalisation. Printing of the MSS for HP and the MSS Implementation guideline will be done once these documents are approved.

TA was provided to CSD to develop the regulation for the Public Health Service Act (PHSA) 2018. As a member of the TWG, the TA has been engaged for discussions on developing the operational guideline for the implementation of Basic Health Service Package (BHSP) and its referral guideline. However, since BHSP is yet to be approved and STPs development process has been initiated, the TWG suggested to wait for the final draft of the STPs and BHSP approval to better inform the operational and referral guideline. From the EDPs, WHO, GIZ and NHSSP are members of the TWG.

Inputs will be continued in the next Quarter: Finalisation of the regulations of PHSA and the guidelines.

Activity i2.3.5 Assess institutional arrangements needed for effective private sector engagement (PD 49)

Delayed: A Senior STTA was hired to support this task. A draft report of the partnership mapping, (Activity 2.3.1) was shared with the TWG and a draft outline of the guideline for effective engagement of the private sector in health was developed. The draft outline of the guideline was shared with the TWG and EDPs. Based on the inputs received, the guideline is being drafted. The recommendations from the PEA on private sector engagement in the health sector will also inform the guideline.

This PD has been postponed with approval from DFID with a new deadline of February 2019.

Inputs are scheduled for the next Quarter: Finalisation of the guidelines, including integration of the PEA findings will be done with the support of ISTTA.

Activity i2.3.6 Undertake policy stock take for the health sector and disseminate findings (PD 31)

Completed: The final report of this completed payment deliverable was submitted and approved by DFID, and uploaded in the Programme's website ([http://www.nhssp.org.np/Resources/HPP/Stocktaking the Health Policies of Nepal April2018.pdf](http://www.nhssp.org.np/Resources/HPP/Stocktaking%20the%20Health%20Policies%20of%20Nepal%20April%202018.pdf)),

No inputs are scheduled for the next Quarter.

Activity i2.3.7 Revise/update major policies based on findings and emerging context

On-time: TA was provided to the FMoHP to support development of the new National Health Policy in the federal context. Along with the recommendations of Activity 2.3.6, the TA availed the *draft National Health Policy 2017*, *draft Partnership Policy 2017* and other key Policies and Acts to ensure the essence in the new health policy was incorporated into the drafting process. TA supported the finalization meeting of the *National Health Policy 2018*.

Inputs will continue to next Quarter. Incorporate comments received and produce final draft of the new health policy.

RESULT AREA: I2.4 FMOHP HAS CLEAR POLICIES AND STRATEGIES FOR PROMOTING EQUITABLE ACCESS TO HEALTH SERVICES

Activity i2.4.1 Revise health sector Gender Equality and Social Inclusion Strategy (PD 18)

On-time: The TA team submitted the final draft of *Health Sector Gender Equality and Social Inclusion Strategy* to the FMOHP in September. This was then submitted to the Cabinet in December by the FMOHP, for final approval. While developing the guideline, inputs from relevant government agencies such as National Planning Commission, Ministry of Women, Children, and Senior Citizen (MoWCSC), and Ministry of Federal Affairs and General Administration (MoFAGA) were reviewed and included as appropriate. The strategy was translated into English to reach a wider audience and EDPs. We are still waiting the approval from the Cabinet.

Inputs are scheduled for the next Quarter: Printing of the strategy after approval; dissemination of the strategy with a wider audience and development of GESI Strategy-Implementation Plan.

Activity i2.4.2 Revise and strengthen GESI institutional structures, incl. revision of guidelines in Year 2

On-time: The GESI institutional mechanism has been integrated into the revised GESI strategy. Thus, a separate guideline is not required. Establishment of the mechanism will be initiated after approval of the strategy from the Cabinet.

Inputs are scheduled for the next Quarter: Establish the GESI institutional mechanism in selected Provinces following the approval of the strategy.

Activity i2.4.3 Revise the National Mental Health Policy and develop a mental health operational plan

Not scheduled: No inputs were provided in this Quarter. The Epidemiology and Disease Control Division (EDCD) has decided not to develop the Mental Health Policy as per the instruction of FMOHP as the revised National Health Policy will cover the key concerns and areas for mental health. Thus, the EDCD has planned developing a mental health strategy and action plan in future considering the role and responsibility of federal and sub-national levels. This is the preliminary thinking of EDCD, which needs further discussion and clarification.

No inputs are scheduled for the next Quarter.

Activity i2.4.4 Develop guidelines for disabled-friendly health services (PD 42)

On-time: The TOR on Guidelines for disabled-friendly health services was approved by DFID. Meetings with the TWG were conducted twice during this quarter and a separate meeting with the key organizations working on disability also took place to create a roadmap for the development of guidelines. A half-day workshop with concerned divisions and stakeholders at DoHS was held to gather their ideas on different types of disabilities and to share the roadmap developed for the guidelines. The other processes such as consultations at field level have been planned as required for the drafting of the guidelines. Inputs from a very high-level international disability specialist are intended for this deliverable.

Inputs will continue for the next Quarter: Review of the disability related latest evidence and policies (acts, regulations, strategies, protocol, guidelines) and other relevant documents;

consult with province, municipalities, hospitals and rehabilitation centres for ensuring disability-friendly health service delivery; consult with the concerned FMOHP divisions and centres; relevant ministries and National Federation of the Disabled; sharing the draft guidelines with Technical Committee and incorporate their feedback on guidelines; submit the final draft guidelines to the FMOHP for approval. In addition to the support to be provided by the lead GESI international STTA, an additional specialist will also be sourced to ensure these guidelines match international standards in addition to those of GoN.

Activity i2.4.5 Revise Social Service Unit and One Stop Crisis Management Centre (OCMC) Guideline

On-time: Technical assistance was provided to revise the OCMC operational guidelines. A one-day workshop was organised. All sectoral ministries participated: Ministry of Women Children and Senior Citizen, Office of the Prime Minister, Police Head Quarter, Ministry of Federal Affairs and General Administration; Central hospitals, FMOHP and DoHS and EDPS. Based on their inputs/feedback, the guidelines were revised and shared with GESI Section for a final review.

Inputs will continue for the next Quarter: Revise the SSU operational guidelines; translation and printing of the revised OCMC guidelines.

Activity i2.4.6 Develop Standard Operating Procedures for Integrated Guidelines for Services to gender-based violence (GBV) survivors (Year 1), and support roll-out of National Integrated Guidelines for the Services to Gender-based Violence Survivors (Year 2)

Not scheduled in this quarter: This activity has been postponed by the MoWCSC, in consultation with the FMOHP. At present, it is not clear when this activity can be resumed as it is dependent on Ministry of Women, Children and Senior Citizen's initiatives to move forward this guideline for Cabinet approval, although it is assumed that approval will be given at some point during 2019 (see below).

No inputs are scheduled for the next Quarter. Note: Standard Operating Procedures for integrated guidelines for services to GBV survivors will be developed in 2019 once Cabinet approves the guidelines.

Activity i2.4.7 National and provincial level reviews of One-stop Crisis Management Centres and Social Service Units

Not scheduled: No inputs were provided in this Quarter.

No inputs are scheduled for the next Quarter. Note: Annual reviews will be organised in Quarter 2 of 2019.

Activity i2.4.8 Capacity enhancement of GESI focal persons and key influencers from the FMOHP and DoHS on GESI and Leave No-one Behind aspects

Not scheduled: No inputs were provided in this Quarter. We are awaiting the approval of revised GESI Strategy from the Cabinet, which is the key instrument for organising orientation at FMOHP and DOHS.

Inputs are scheduled for the next Quarter: Orientation on revised GESI Strategy and LNOB to key persons from the FMOHP and DoHS.

RESULT AREA: i2.5 MOHP IS COORDINATING EXTERNAL DEVELOPMENT PARTNERS TO ENSURE AID EFFECTIVENESS

Activity i2.5.1 Support strengthening and institutionalisation of Health Sector Partnership Forum

Delayed: Sharing of the concept note for the *Partnership Forum* and preparations was done to hold the event in December 2018. As the NAR was held in December, the Partnership Forum was postponed. The MoHP will identify new date for the Partnership Forum in consultation with EDPs.

Inputs are scheduled for the next Quarter. It is expected that the Partnership Forum will now be held in 2019. However, specific date will be agreed upon in consultation with EDPs.

Challenge: HR adjustment process has begun and changes in FMoHP officials are expected after the adjustment. This may present challenges. NHSSP will continue to have an ongoing dialogue with the key FMoHP officials, documenting the meeting action points and constant follow up on the decisions.

Activity i2.5.2 Support partnership meetings (Joint Annual Review, Mid-year review, and Joint Coordination Meeting) (PD 26 & 58)

On-time: NHSSP support to organise the Joint Consultative Meeting (JCM) between FMoHP and EDPs on 3rd Oct, 2018. The JCM discussion was mainly on progress on last JAR and JCM action points, major highlights of AWPB, 2018/19 and EDPs supported activities in the health sector for FY 2018/19.

NHSSP supported the FMoHP to organise the National Annual Review meeting of the health sector for the FY 2017/18. TA supported production of the progress report of the sector in line with the outcomes of the NHSS. All respective departments, divisions and centres were consulted.

The National Annual Review (NAR) meeting organised during 17-19 December 2018 was a combined event replacing National Annual Review and Joint Annual Review which used to be organised separately in the previous years. NHSSP provided support in organising the three-day event (the first two days were review meeting followed by a half day business meeting between FMoHP and the EDPs). The NAR was organised jointly by the FMoHP and the EDPs supporting the health sector. The list of action points was determined in the business meeting and documented in an Aide Memoire.

The TA also supported the FMoHP to develop a post-NAR proceedings report. The Health Sector Progress Report and Post-NAR Proceedings Report were submitted to the DFID for approval.

Inputs are scheduled for the next Quarter. Public dissemination the approved Health Sector Progress Report and Post-NAR proceeding reports through the website. Also, TA will support in finalisation of the Aide Memoire of the NAR.

Activity i2.5.3 Map technical assistance and update the FMoHP technical assistance matrix

Not scheduled: No inputs were provided in this Quarter as a common understanding is yet to be developed between FMoHP and EDPs on the TA matrix.

Inputs will be provided once a framework for TA matrix is agreed upon.

Activity i2.5.4 Support mid-term review of the National Health Sector Strategy

On-time: The FMoHP formed the MTR Technical Working Group (TWG) led by Chief PPMD/FMoHP. Other members include Chief HCD/FMoHP and EDPs like DFID, KfW, NHSSP, the World Bank and WHO. The MTR review team for NHSS was also formed which included national and international experts. DFID NHSP3 is financing the team leader post and, through NHSS, the GESI expert. The team initiated the review work.

Inputs are scheduled for the next Quarter. The inception and final draft of the MTR report are expected in Jan and Mar, 2019 respectively.

2.2 HEALTH SERVICE DELIVERY

HEALTH SERVICE DELIVERY

i3.1 THE DOHS INCREASES COVERAGE OF UNDER-SERVED POPULATIONS

i3.1.1 Support expansion, continuity, and the functionality of Comprehensive Emergency Obstetric Neonatal Care (CEONC) sites

Ongoing: TA supported the capacity enhancement of FWD and service sites in order to ensure functionality of CEONC services. TA provided guidance to local *palikas* on recruitment of HR and selection of trainees for advanced skilled birth attendants (ASBAs) and Operation Theatre management trainings.

Site selection and the establishment of services as per AWPB and mentoring

Delayed: The feasibility assessment at Sotang, Solukhumbu was delayed, due to FWD's decision to postpone expansion of CEONC service at Sotang. Detailed discussion on population coverage is ongoing to ensure an informed decision on whether to expand CEONC services at Sotang PHCC.

Inputs are scheduled for the next Quarter. What these are will depend in part on the decision that is made regarding Sotang.

Improving reporting, monitoring, and response mechanisms

Ongoing: TA monitored and reported to the FWD's safe motherhood section chief and Director on the functionality status of all CEONC sites. Of the 83 CEONC sites (in 77 districts) monitored, a minimum of 69 were fully functional over the quarter (table 1) and the C-section service was provided. At between 12 – 14 CEONC sites, however, services were affected. As in previous quarters the major problem was due to the persistent lack of availability of skilled HR to provide CEONC services due to delay in budget release and difficulty in recruiting providers for very remote locations. Among 72 districts with established CEONC services in the district, 60 districts had a functioning CEONC site for the entire three months of the report quarter, two more districts had a functioning CEONC service site for two months and one district had one month. 14 of 77 districts did not have a functioning CEONC services for the whole three months (including five districts where CEONC services is not yet established). CEONC services in three hospitals become non-functional due to transfer of staff during the last quarter. TA is consistently supporting FWD to monitor and respond based on the human resources gaps.

Table 1 Status of CEONC functionality over the Quarter Oct - Dec 2018¹

	Province 1	Province 2	Province 3	Province 4	Province 5	Province 6	Province 7	Total
Existing sites	16	8	14	9	13	11	12	83
Functioning								
Awain	14	6	11	6	13	8	11	69
Kartik	14	7	11	6	13	8	12	71
Marghsira	14	7	11	6	13	7	11	69

TA continues to support the monitoring through a combination of off-site follow-ups as well as joint visits with FWD to the CEONC sites, with an aim of improving reporting and the response mechanism.

Inputs are scheduled for the next Quarter. These will include continued monitoring, and exploration for developing a sustainable monitoring system linking with the existing MIS.

Potential challenge: Budgets continue to be not released in a timely way from *palika* or provincial governments to hospitals. This impacts negatively on their ability to recruit appropriate staff.

Continuation of the caesarean section study and implementation of recommendations

Delayed: The *Aama Implementation Guideline* is not yet finalised. Introduction of Robson criteria to selected hospitals may start in the first quarter of 2019, pending the Guideline finalisation. Discussions on Aama guidelines and introduction of the Robson criteria, have been however included as a part of the SMNH Roadmap discussion. FWD suggested to wait until the finalisation of the reproductive health act and regulation, SMNH and the BHS before finalising the guideline. Update on the Aama programme provisions have been communicated to Palika and hospitals through a circular on 32/03/2075 (beginning of the FY2075/76). Similarly, update on Aama programme entitlements has also been communicated through the FWD programme implementation guideline

Inputs are scheduled for the next Quarter through the SMNH Roadmap finalisation, finalisation of Aama implementation guidelines, and discussion with the Nepal Society of Obstetricians and Gynaecologists (NESOG) for introduction of the Robson classification. Aama programme guideline finalisation is shifted to next fiscal year.

i3.1.2 Support the FHD and District Health Offices to upgrade health posts with Basic Emergency Obstetric and Neonatal Care services

Changed: As reported in Quarter 3, the selection and upgrading by DHO for the strategically located sites to deliver Basic Emergency Obstetric and Neonatal Care (BEONC) has been discontinued. However, as part of the SMNH roadmap planning, recommendations for criteria

¹ Non-functioning CEONC sites during last quarter – non-functioning new sites (Inaruwa, Kolti); non-functioning for three months (Sarlahi, Manthali, Dhading, Sindhupalchowk, Tanahu, Parbat, Burtibang, Jajarkot, Humla, Dolpa, Gokuleswor); non-functioning for two months (Trishuli); non-functioning for one month (Salyan, Upayapur).

to select service sites (for CEONC, BEONC and strategic BC) by *palikas* has been discussed and will be included in the roadmap.

Inputs are scheduled for next Quarter through the SMNH Roadmap finalisation. This will include leading the Safe Motherhood Roadmap development process and providing key inputs to the BEONC and strategic BC selection and upgrading criteria.

i3.1.3 Support the Primary Health Care Revitalisation Division to assess Community Health Units and modify guidelines

Completed: no inputs in this quarter.

Inputs are scheduled for the next Quarter, especially discussion of the revised FCHV strategy. TA inputs from NHSSP will be provided after NSSD takes forward the future community-based strategy. NHSSP proposes to wait for the new health policy and 25-year plan as a higher-level guidance on community health workers is expected through them.

i3.1.4 Facilitate the design and testing of Reproductive, Maternal, Neonatal, Child, and Adolescent Health; Family Planning; and nutrition innovations

BBC Media Action m-Health

Ongoing: NSSD continued to lead this process, and NHSSP TA along with BBC Media Action had ongoing interactions to report on progress and plan ahead. The initial delays as a result of the approval process had a knock-on effect on the implementation, but this has now resumed. A detailed literature review on mHealth, another on FCHV, and a mapping exercise of existing mHealth initiatives in Nepal led to development of a Formative Research plan. This was shared with NSSD to facilitate the *'tippani'* process, as well as for their approval. Nepal Health Research Council (NHRC) approval was also received, Data collection was completed in the three districts. BBC Media Action revised their workplan with proposed completion of the evaluation report by March 2020, due to the delay in approval from the DOHS.

Inputs are scheduled for the next Quarter. This will include undertaking the formative research, conducting a Theory of Change workshop and designing the initial prototypes through Human Centred Design workshops.

Performance-based incentive to encourage better productivity and retention of Skilled Birth Attendants

On time: As reported in an earlier Quarterly report, NHSSP has provided support to the FWD to mobilise skilled birth attendants (SBAs) to provide postnatal care (PNC) through home visits. These will be facilitated via local planning processes and provision of incentives by the FWD to SBAs for each PNC home visit. The entire activity was budgeted under FHD AWPB in 2017/18 in 30 *gaunpalikas* (across 15 districts). All 30 *palikas* started PNC home visits by end of fiscal year 2017/18.

In 2018/19 the PNC home visit programme will be expanded to 51 *palikas*² (across 27 districts). In 2018/19 the budget was sent directly to 32 *palikas* (30 old *palikas* and two new *palikas*) and to the provincial level for the remaining 19 new *palikas*. However, the Provinces have had no mechanism to transfer these funds to *palikas*, and there have been delays, with all of the new 19 *palikas* yet to receive funds. The actual implementation of PNC home visits in 30 *palikas* continues and the 2 new ones are beginning to plan implementation. NHSSP is working with the FWD to help organise workshops at the provincial level to advocate, allocate, and facilitate the transfer funds to the *palikas*. HMIS reporting shows increased post-partum home visits among women who had institutional delivery, from 38.5% in 2016/17 to 50% in

² Total 51 *palika* including 30 old *palika* and 21 new *palika*

2017/18 fiscal year. Implementation of PNC home visits started in second quarters of 2017/18. Institutional delivery rate in these 30 Palikas was 30% in 2017/18.

Delayed: Support to FWD to review and planning workshop in Provinces could not complete on time because delayed in approval by FWD director.

Inputs are scheduled for the next Quarter. Workshops for managers and implementers from 51 *palikas* and managers from provincial levels are planned to support FWD to review the implementation of the PNC home visit programme in 2017/18 *palikas* and plan for new *palikas*; in the first quarter of 2019. This has been approved by the FWD director after receiving provincial directorate's request for technical support. The main aim of these workshops will be to enable *Palika* coordinators and providers to review programme processes and to plan for PNC home visits for their *palikas* using 2018/19 budget. The second aim will be to raise awareness of the importance of the PNC home visit programme and budgeting through Province AWPB for next FY. Three workshops will be organised for 51 *palikas*. *Palikas* which started PNC home visit in 2017/18 received budget from central level for 2018/19 and they are able to continue the PNC home visits. Delay in implementation of PNC home visit by new *Palikas* is due to delayed budget release from the province.

i3.1.5 Support the FHD/Child Health Division (CHD)/PHCRD and DHO to improve access to Reproductive, Maternal, Newborn, Child and Adolescent Health and Family Planning services in remote areas building on Remote Areas Maternal and Newborn Health Project approach

On-time: TA followed-up on budget allocation by the three *Gaunpalikas* where planning support was provided. Table 2 shows the budget allocation by three supported *Gaunpalikas* and shows that the percentage allocation for health increased.

Table 2: Percentage allocation for health at three *Gaunpalikas*

Gaunpalika	2017/18			2018/19		
	Approved Local Budget	Approved Health Budget	% of Total Budget	Approval Local Budget ³	Approval Health Budget ⁴	% of Total Budget
Umakunda	166,334,000	6,500,000	3.91	110,900,000	5,500,000	4.96
Bigu	184,075,000	2,330,000	1.27	112,800,000	7,350,000	6.52
Gaurishankar	173,389,000	5,500,000	3.17	105,400,000	5,900,000	5.60

Inputs are scheduled for the next Quarter. TA will continue to support the off-site monitoring of the *palikas'* implementation of their activities and follow up in next fiscal year planning. This will be recorded and presented as a case study covering the experiences of supporting the planning and budgeting process including an analysis of the expenditure against the budgeted amount for the financial year 2018/19. The case study will also compare budget allocation by rural *palikas* where planning support is not provided by partners. The report will be ready by August 2019. The fiscal data is expected to be available by Sept 2019.

Implement social mobilisation and behaviour change approaches with local non-government organisations (NGOs)

³ Grant from Ministry of Finance

⁴ Information from health coordinators

Ongoing: As described in the previous Quarter, due to the changing context of federalism, and experiences during planning with *palikas*, the NHSSP TA decided to focus on strengthening Female Community Health Volunteers (FCHVs) instead of working with local NGOs. This is because there appear to be more opportunities to strengthen FCHVs' capacity due to the strong relationship between the *palikas* and FCHVs. Moreover, TA supported six *palikas* on budgeting processes to ensure reaching the unreached occurred through PNC home visits and strengthening FCHVs. The discussions at these meetings had brought forth clearly the need to work with the health system rather than through NGOs. Hence, in this quarter, NHSSP supported the FCHV basic training through STTA in Paribartan (first phase) and Rolpa (second phase). A total of 24 FCHVs were trained in the first phase and 28 FCHVs were trained in the second phase (9 days).

Inputs will be provided in the next Quarter. FCHV strengthening will be continued in learning lab *palikas*, starting from planning with *palikas* and health coordinators.

i3.1.6 Support the FHD and District Health Office to scale-up Visiting Providers, Roving Auxiliary Nurse Midwives, and Integration of Family Planning in EPI clinics

Ongoing: 40 of 46 municipalities began to implement the Roving Auxiliary Nurse Midwives (R-ANM) programme, whilst the Visiting Service Providers was yet to be implemented completely across all seven provinces. In this quarter 32 out of 46 *palikas* from across 19 of 23 planned districts reported that they had hired RANM.

TA had on-going communication through phone calls and visits in Provinces 1, 2, 4, 6, and 7. This was in preparation for implementing the programme from the month of Magh 2075 (mid-January 2019). TA also shared VSP implementation guidelines with Directors and focal persons of Provincial Health Directorate and Health Section, Ministry of Social Development during field visits (in Provinces 1, 3, and 7).

A report on the implementation progress and lessons learnt from the VSP programme (PD 52) between 2016/17 and 2018/19 implemented by the government, UNFPA partners (MSI and ADRA) and MSI with direct support from DFID, was submitted to DFID and approved. The VSP programme is viewed as a useful intervention, resulting in improved access to LARC services, particularly in remote areas. Improvements were also noted in the skills and competencies of the trained health-workers mobilized as visiting providers, mainly due to increased client load. Most increased was observed in implant utilisation, but mixed findings was found for IUCD utilisation in government implement districts. A key lesson for programme design and delivery is that empowering *palikas* can help to improve LARC services, particularly if timely support, resources, training, guidelines and other resources are provided. Programme delivery however has been affected by inadequate budgets and weak planning.

FP/EPI activity implementation, by districts or *palikas*, was not been planned for the AWPB 2018/19. However, orientation on FP/EPI integration by FWD was planned in two districts (Parbat and Bajhang) in the 2nd four months of this fiscal year. The FP/EPI programme however is planned to be implemented in 2019, with DFID's UNFPP support in 2 districts (Baitadi and Udayapur).

Inputs are scheduled for the next Quarter. NHSSP TA will continue to monitor Visiting Provider implementation status alongside FWD and PHDs (provincial health directorates). NHSSP/SD will introduce discussions on the GoN-led VSP approach, as well as during NFPP Annual Review workshop on VSP in the first quarter of 2019. Guidelines and a monitoring format appropriate for a GoN-led approach will be discussed.

Supporting capacity and skills enhancement of Visiting Providers and Roving Auxiliary Nurse Midwives in remote districts

Delayed: No inputs due to delay in recruitment of VP and Roving ANM.

Inputs are scheduled for the next Quarter for capacity building of VP and RANM recruited by provincial and selected local government. The plan is to provide on-site coaching of VP and RANM through capacity enhancement of provincial level nursing staff.

i3.1.7 Support the FWD to expand the provision of comprehensive Voluntary Surgical Contraception

Ongoing: The FWD AWPB 2017/18 had not included a budget for this specific activity, but the 2018/19 APWB, has set aside a budget at the federal level, for Voluntary Surgical Contraception (VSC) camps implementation. FWD however is outsourcing the implementation of this activity and a notice to this effect (Letter of Interest--LOI) was published in December 2018. Reports also show that Province 1 has allocated 40 lakhs for VSC camps this fiscal year.

TA also supported FWD in monitoring partner-supported and government-funded VSC camps. There are reports of VSC camps are being conducted in some districts. For example, MSI/SPN (under DFID support) reported that MoSD conducted 110 VSC camps (in 110 health facilities of 18 districts) in coordination with Provincial Health Directorate/Provincial Health Offices, between August to December 2018.

Inputs are scheduled for the next Quarter. NHSSP TA will continue to support FWD to select an organisation for implementing VSC camps, and will monitor VSC camp activity, especially the camps implemented through contracted organisations.

i3.1.8 Develop a digital platform for social change targeting adolescents

Review of Adolescent Sexual and Reproductive Health pack and GBV IEC materials from GESI perspectives

Completed: NHSSP TA was directly engaged to facilitate the process to mark the 16 Days of Activism against GBV under the overarching theme “End GBV in the World of Work.” The FMoHP along with the Ministry of Women, Children, and Senior Citizens, and the Office of the Attorney General shared their aspirations and voiced their commitments to eliminate GBV. The live talk programme was televised by NTV plus through their program titled *Parisambad* (twice within one week in December) and a number of later showings. It was an hour-long programme where contributions of OCMCs and how they can play a pivotal role were highlighted.

i3.1.9 Support to the FMoHP for improving delivery of nutrition interventions

Opportunities to strengthen nutrition within the Programme in Nepal - Scoping Analysis

Delayed: TA had extended discussions with government counterparts, EDPs as well as internally across workstreams with regard to initiating community based nutrition surveillance. FWD however, recommended that work with nutrition focused initiatives like *Suaahara* should be strengthened rather than designing and implementing new interventions such as nutrition surveillance. FWD and FMoHP at the federal level reported that they would prefer to strengthen existing interventions rather than trial new ones which might not be prioritised in the current federal scenario.

TA had internal discussions and decided to work with FWD to strengthen the SBA strategy, training guidelines and the coaching/mentoring guidelines on adolescent, maternal and infant nutrition issues. The guidelines will be strengthened with dedicated modules on nutrition that align with global recommendations tailoring them to be relevant to the Nepal context. TA will also work with FWD to strengthen the ANC card and PNC checklist with nutrition messages that can be used at counselling sessions, and can be used by women at home to reinforce appropriate feeding and care practices.

The SBA strategy review process started with an initial meeting with the FWD and NHTC

Inputs are scheduled for the next Quarter to review and revise the SBA strategy so it is aligned with nursing and midwives policy and strategy. The SBA training manual will also be reviewed and revised to include nutrition. Refresher training of SBA trainers and clinical mentors – all to be completed before the end of fiscal year 2018/19.

13.1.10 Strengthening and scaling up of OCMCs

Completed: Site visit to hospitals in three districts⁵ were completed for the scoping of new OCMCs. Meetings were conducted with the hospital management committee and staff including multi-sectoral stakeholders⁶, followed by orientation on GBV-OCMC concept, framework and operation guidelines in these districts. These hospitals started the processes for the establishment of OCMC with the formation of GBV Management District Development Committee and the focused Case Management Committee as per the changed federal context with the representation of key partners who will play a key role in making the OCMC functional.

TA participated and provided intensive inputs for the development of Female Friendly Space Training Guidelines in the workshop organized by with UNFPA/CVICT. TA also delivered sessions on GBV-OCMC during the refresher training conducted for psychosocial counsellors from 13 districts. These counsellors will be a resource for these districts given the scarcity of trained counsellors. The training was funded by UNFPA/CVICT in collaboration with Department of Women and Children upon the request of the TA.

TA held a separate meeting with the deputy Mayors and their teams in three selected districts (Kailali, Sunsari and Bhadrapur) to allocate funds for safe shelter homes for GBV survivors. In the changed context, a number of safe homes are on the verge of closure due to the lack of focused guidance, budget and the absence of the district women and children office. In these districts, the Deputy Mayors committed funds from the local government for the establishment of new safe shelter homes and strengthening the existing ones.

The Deputy Mayor of Bhadrapur Municipality, Jhapa committed NRs. 8 lakhs for the establishment of safe shelter home in the district through local government to support the OCMC, which will be established this FY.

Inputs are scheduled for the next Quarter. Scoping for the establishment of the new OCMCs.

Challenge: Key standing challenges include delays in transferring budgets from FMOHP to academies and central-level hospitals, as well as from provinces to referral and district hospitals - creating confusion for the continuation of service delivery. This also causes delays for the new OCMC establishments, multi-sectorial cooperation and collaboration to ensure an integrated one-door services to GBV survivors, regular meetings of OCMC district coordination committees. However, the major challenge is the long-term of rehabilitation of survivors. Given the changed federal context, due to the absence of District Women and Children Offices and lack of clear policy direction from Ministry of Women Children and Senior Citizen, the safe shelter homes run by district cooperative are on the verge of closure.

The process of revising the *OCMC Operational Guidelines* was initiated. Setting out the clear roles and responsibilities of multi-sectorial stakeholders and mentoring will, to some

⁵ Kailali district (Seti Zonal Hospital), Sunsari district (BPKIHS) and Lalitpur district (Patan Academy of Health Sciences)

⁶ District police, district attorney, women police cell, safe home, CDO, I/NGOs and others

extent, support to improve the coordination aspects for the harmonization of services through one-door. The process of revising the guidelines will be completed in the next quarter, when the guidelines will be printed and shared with all OCMC sites/hospitals and partners.

Support the strengthening of OCMCs through mentoring/monitoring and multi-sectorial sharing/consultation

Ongoing: Site visits for coaching/mentoring and monitoring in three OCMCs and meetings with district-level multi-sectorial stakeholders to review the progress, challenges, and achievements for the strengthening of OCMCs was conducted. At the Federal level, TA facilitated half-a-day workshop with multi-sectorial partners and FMoHP/GESI section. This workshop was held to share the updates on their activities and to understand the scope concerning the OCMC strengthening. TA presented on the highlights of revised GESI strategy – objectives and scope, capacity development, scale-up and strengthening plan of OCMC, the concerns of the Supreme Court including other social health security programmes such as Social Service Unit (SSU), geriatric and mental health services.

The Supreme Court of Nepal inquired with the FMoHP with regards to the scaling-up of OCMCs in all districts across the country. The concern was raised by the Supreme Court that OCMCs are required in all districts and scaling-up processes shouldn't be delayed anymore. The FMoHP has a roadmap to scale-up OCMC in all districts by 2020/21, which they shared with the Supreme Court.

TA supported NHTC and GESI Section for the planning of Clinical Medico-Legal Training as per the request of OCMC based hospitals from all Provinces. Numbers of participants, venue and the course contents have been finalized. The training, which will take place early in 2019, shall be led by Forensic Department-Institute of Medicine (IOM), Marajgunj. Likewise, planning for the conduction of Basic GBV-Psychosocial Counselling Training for staff nurses from newly established OCMCs and OCMCs with no counsellor have been identified and planned with NHTC and GESI Section. The agency to conduct training, cost estimation, training contents and methodology has been identified. The cost for both the trainings – clinical medico-legal and GBV-psychological - shall be covered by the FMoHP through red-book budget under the capacity development heading. The Medical Superintendent from these hospitals reported that due to the lack of trained medical officers, there have been difficulties in the examination of GBV, especially rape cases and preparation of medico-legal reports. An estimated 108 Medical Officers and 100 Staff Nurses will have enhanced capacity to deal GBV cases more appropriately after the trainings. The trainings will begin from the first week of February in referral hospitals of different provinces. Additionally, during this quarter, the process to compile the disaggregated data from all 45 OCMCs to analyse the trend by the types of GBV has started, which is due for completion by February including the case study booklet on GBV survivors.

Inputs are scheduled for the next Quarter. Printing of the OCMC guidelines and sharing with the OCMC sites and partners. Mentoring and follow-up support to select OCMC hospitals that are newly established; update the status of all 45 OCMCs including reporting for the dashboard. TA support to plan two batches of medico-legal training to medical officers from OCMC based hospitals as per the request.

i3.1.11 Supporting the roll-out the GBV clinical protocol

Planned: Four days On-the-Job Training (OJT) on GBV clinical protocol has been scheduled in 2 hospitals (at Koshi and Bharatpur) from mid-February. TA support will be provided for the development of presentation slides and facilitation of the sessions including coordination with NHTC for trainers.

Inputs are scheduled for the next Quarter. Follow-up and monitoring of training sites to strengthen them; facilitate to provide TOT to medical officers and senior nursing staff on GBV clinical protocol (based on the dropout rate of the trainers at the hospital) in coordination with the NHTC. Support to conduct a monthly case conference among the service providers to review the different GBV cases dealt by the various departments of the hospitals for sharing and to identify effective ways to address them. Plan to conduct one-day workshop with GBV survivors' groups in 2 hospitals/districts⁷.

i3.1.12 Rolling out the GBV Standard Operating Procedures (after approval)

Not scheduled: The Standard Operating Procedures will be developed once the Integrated Guidelines for Services to GBV Survivors are approved from the Cabinet. The rollout process will take place after that.

Supporting the rollout of the protocol (and Standard Operating Procedures once approved)

Not scheduled: The Standard Operating Procedures will be developed in 2019 once the *Integrated Guidelines for Services to GBV Survivors* are approved from the Cabinet. The rollout process will take place after that.

i3.1.13 Scaling up Social Service Units

Completed: Orientation completed for the establishment of new Social Service Units (SSUs) at Sahid Sukraraj Tropical hospital during this quarter. The hospital management informed the team that the services to the target population will start from mid-January. The orientation was highly participatory and revolved around TA's presentation on the SSU framework, modality and SSU operational guidelines for the effective functioning of SSUs.

Inputs are scheduled for the next Quarter. Visit to 2 hospitals for the new SSU scoping/establishment; update the status of all 32 SSUs including reporting for the dashboard.

Support for the capacity enhancement of SSUs through mentoring/monitoring and online reporting workshops.

Ongoing: Site visits for coaching/mentoring and monitoring in four SSUs and meetings with NGO partners to review the progress, challenges, and achievements for the strengthening of SSUs were conducted during this Quarter. Consultations were held with Population Management Division and GESI Section to plan and conduct the three days training on "Inspirational Volunteerism and Humanitarian Approach" for newly established five SSU based hospitals to more effectively facilitate and to reach the unreached. The identification of the agency to conduct the training, cost estimation, training contents and methodology was completed. The training will start from last week of January.

Inputs are scheduled for next Quarter: Mentoring and follow support to select new SSUs; Plan to conduct capacity building for another five new SSU based hospitals by March 2019.

i3.1.14 Capacity building to put LNOB into practice

Completed: Orientation was provided on GESI and LNOB to stakeholders at the Mechi Zonal hospital and Ilam hospital. Similarly, orientation was provided to the Chief of Planning Section at FMoHP. Since there have been changes at all levels, continuous orientation on the GESI framework of the FMoHP, a revised GESI strategy and targeted interventions (OCMC, SSU,

⁷ Koshi Zonal hospital, Biratnagar and Bharatpur hospital, Chitwan

disability and mental health) are required to build capacity and to raise the awareness of stakeholders at all levels. During this quarter, TA provided detailed inputs during the development of Periodic Plan Concept Paper of Province 3 focusing on GESI aspects.

Inputs are scheduled for the next Quarter. Orientation on GESI-LNOB and targeted interventions at provinces 6 and 2.

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

i3.2.1 Skills transfer to paramedics and nursing staff to perform physiotherapy technicians' functions in two earthquake-affected districts

Ongoing: The National Health Training Centre (NHTC) had called a series of meetings with TWG formed to develop the physiotherapy skills transfer and physiotherapy experts to identify and prioritise the essential physiotherapy skills for health assistants' training who work at health posts/primary health facilities. According to the experts' recommendations, the NHTC forwarded a written request letter to the NHSSP for the number of health assistants to be trained in three districts (Dhanusha, Dhading, and Dolakha) along with the training duration and topics to be included in the training package for health assistants. Following this, a call for proposals to implement the pilot the intervention was put forth by NHSSP, and Humanity & Inclusion (HI) was selected through competitive bidding for the implementation. Implementation is planned to begin by early Feb 2019. TA also drafted a ToR to put out a call for proposals for the independent evaluation agency which will be selected through competitive bidding. In addition, a ToR to produce payment deliverables (PD 59) was submitted to DFID for approval.

Inputs are scheduled for next Quarter: the NHSSP and HI will develop a position paper that sets out the content of the task-shifting training, based on the outline drafted by the Technical Working Group. This will be followed by a needs assessment in the three districts. NHSSP will also finalise the evaluation design and plans with the contracted evaluation agency.

i3.2.2 Support the institutionalisation of mental health services

Completed: TA participated in the meeting organised by Epidemiology and Disease Control Division (EDCD) and shared the areas for technical support. These include the standardisation of psychosocial counselling, an integrated information package on mental health, and documentation of good practices/innovations that have taken place in mental health. Similarly, TA contributed to the development of the Operational Guidelines for Helpless, Deprived and Severe Mental/Psychosocial Patients' Treatment and Rehabilitation, as a TWG member. Likewise, meeting with EDCC, CVICT, TPO and CMC was conducted regarding the standardization of psychosocial counselling curricula."

Inputs are scheduled for next Quarter: Initiate the task of revising and standardising psychosocial counselling curricula under the leadership of EDCC; and development of geriatric health strategy under the leadership of NSSD upon EDCC's request.

i3.2.3 Strengthen the capacity of District Health Offices and HFOMC in two earthquake-affected districts

Discontinued: This activity is combined with the remote areas activity under support to the FMOHP and DHO to improve access to Reproductive, Maternal, Newborn, Child, and Adolescent Health (RMNCAH) and family planning services. (i3.1.5)

No inputs are scheduled for the next Quarter.

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

i3.3.1 Free emergency referral for obstetric complications

Changed: This support came to an end on 16th July 2018. It has been agreed with DFID that NHSSP will not do the evaluation of the free referral due to absence of baseline data. The payment deliverable for this assessment PD 32 has been replaced by “Report on the Safe Motherhood and Neonatal Health (SMNH) Programme Review and the development of the SMNH Roadmap 2030”

Inputs are scheduled for the next Quarter. This will include a review of lessons learned on implementation through local government.

Safe Motherhood and Neonatal Health (SMNH) Programme Review and the development of the SMNH Roadmap 2030

Ongoing: National and provincial level consultation meetings and workshops were conducted and led by NHSSP in this quarter. This included significant inputs based on a programme implementation review of the available literature, interviews with stakeholders and NDHS data analysis. The work was undertaken by TA. Innovative techniques were also used. These included the use of GIS information to map and study the influence of distance to nearest delivery facilities on choice of delivery place. TA led on generating user-friendly information sheets and posters to present the key RMNCH issues in Nepal to national as well as provincial stakeholders from provinces 4, 5, 6 and 7. These were completed with the support of NHSSP, WHO and USAID. These consultations led to shaping the Roadmap which is currently under development.

Inputs are scheduled for next Quarter: The SMNH Roadmap discussions and development will continue. Provincial level consultations are planned for Provinces 1, 2 and 3 in January 2019. The final draft roadmap will be ready by end of Feb. 2019

i3.3.2 Support the FMOHP/DUDBC to upgrade infrastructure for maternity services at referral hospitals

Ongoing: NHSSP supports NSSD to develop national nursing and midwifery policy, strategy and action plans till 2025. One of the strategic areas agreed include establishing nurse/midwife led birthing unit at referral hospitals with more than 300 deliveries per month.

Inputs scheduled for next Quarter include continue support to finalise national nursing and midwifery policy, strategy and action plans and inclusion of similar recommendations in the SMNH roadmap. Develop advocacy materials on nurse/midwife led birthing unit to be included at infrastructure work-stream meetings and trainings. Discussion with NESOG for members' support on approach of birthing units at referral hospitals.

i3.3.3 Support the implementation and refinement of the Aama programme

Ongoing: During the SMNH review and the roadmap planning, extensive discussions took place on the Aama programme implementation and future Aama programme. It was agreed that the financing mechanism of maternity care which is currently under three separate financing mechanisms - BHCS, Aama and Social Health Insurance programme - needs clarification and policy discussion was recommended. FWD annual AWPB implementation guideline integrated the updated Aama programme guideline.

Inputs are scheduled for next Quarter: Finalisation of the Aama guideline and disseminate to all ~~palikas~~ and concerned officials. Review of Aama programme is proposed to be

conducted later once the BHCS package is endorsed and the operating procedures are in place.

Support FHD planning, budgeting, and monitoring of Aama and other selected DSF programmes at the revised spending unit level

Ongoing: The Aama programme rapid assessment report incorporating all comments from DFID was finalised. TA provided a brief analysis report on the status of Aama programme budget and expenditure in zonal and above level health facilities for FY2017/18. Similarly, TA also provided a brief analysis on findings from Aama Rapid Assessment Round XI report and its potential implication to DFID funds. A final ToR for Aama programme rapid assessment round XII was shared to FWD. FWD called for Expression of Interest for RA round XII which was published in Gorkhapatra on 24th December 2018.

Inputs are scheduled for next Quarter: Communicate Aama programme rapid assessment findings with DoHS and FWD. Share the report with DG, support DG to write the management letter. Support FWD in preparing EOI selection criteria. Aama programme monitoring at the federal, provincial and local level health facilities to get an update on current status of implementation.

13.4 CONTINUOUS QUALITY IMPROVEMENT INSTITUTIONALISED

i3.4.1 Support the DoHS to expand implementation of Minimum Service Standards and modular HQIP

Completed: In the previous quarter TA supported the finalisation of MSS tools and implementation guidelines for three levels; primary, secondary, and tertiary hospitals, and the tools have been submitted to the Health Secretary for endorsement. MSS tools for health post level is being tested in learning lab *palikas*.

Inputs are scheduled for next Quarter: Inputs will be provided after MSS at HP level endorsed by the FMoHP, being led by the HPP and EA work-streams at the Ministry, for implementation guides through *palikas* health coordinators and clinical mentors.

Hospital and Birthing Centres Quality Improvement Process (HQIP and BC QIP)

Ongoing: Hospital Quality Improvement Process (HQIP) has included four monthly self-assessment and action planning to improve delivery service readiness at CEONC sites. 18⁸ hospitals (72%) completed HQIP self-assessments out of the 25 hospitals that were due to self-assess during this period. Follow up actions to improve the quality of services were undertaken.

Data of total 35 Hospitals (CEONC sites)

	Green (Good)	Yellow (Medium)	Red (Poor)	Total
Total score in 8 quality domains (280)				

⁸ Charikot PHCC Dolakha, Manthali PHCC Ramechhap, Terathum district hospital, sub-regional hospital Dadeldhura, Darchula, Bajura, Panchthar, Rolpa, Rautahat, Taplejung, Siraha, Lahan, Gulmi, Myagdi district hospital, Bara kalaiya hospital, Hetauda hospital, Rapti zonal hospital, Lamjung community hospital and Rapti sub-regional hospital (now converted into Rapti Academic of Health Science).

% obtained among total score of 8 quality domains (Baseline)	14.3	54.6	31.1	100.0
% obtained among total score of 8 quality domains (Endline)	40.7	52.9	6.4	100.0
Total score in 9 Signal functions (315)				
	Green (Good)	Red (poor)	Total	
% obtained among total score of 9 signal functions (Baseline)	54.9	45.1	100	
% obtained among total score of 9 signal functions (Endline)	81.0	19.0	100	

Note: Scores comparison of baseline to the most recent self-assessment in reporting in last two quarter (endline) self-assessment.

A total of 26 new HQIPs had been planned from central (10 sites), provincial (10 sites through the hospital strengthening programme), and partner support (6 sites) in FY 2018/2019. Out of 26 new HQIP sites, only 3 hospitals (Sankhuwasabha, Khotang and Bhojpur district hospitals) have now implemented QI self-assessment supported by NGO partners. NHSSP TA has however continued to provide monitoring support to the ones which have been actively pursuing HQIP.

Challenge: Only one Palika provides budget to continue HQIP. However, HQIP at these hospitals has continued to be led by SBA mentors and nursing in-charge. Moreover, although FWD plans to continue and scale-up HQIP at CEONC sites, funds transfer will need co-ordination from the federal level along with provincial governments. In Provinces 2, 5, 7 the budget for HQIP has been included within the hospital strengthening budget, but its implementation is not clear yet. NHSSP TA will work closely with FWD to strengthen capacities of Provincial Health Coordinators and other focal persons in the FWD for this. Also in future months, alignment of the HQIP with MSS will be considered so that the already established HQIP processes are built on.

Inputs are scheduled for next Quarter: Support FWD for continue monitoring the old HQIP sites and plan for capacity enhancement of staff from Province and Palika through Quality Improvement Program (HQIP at CEONC hospital, QIP at BC/BEONC and coaching/mentoring) review and orientation at province level. SBA mentors at referral hospitals will be trained as MSS trainers and implementers to ensure sustainability of quality improvement processes.

i3.4.2 Support the FHD to scale up on-site mentoring of Skilled Birth Attendants

Ongoing: The FWD scaled-up the SBA on-site clinical skills mentoring programme to 33 districts in 2017/2018, and the programme continued, and will continue to be implemented through AWPB in FY 2018/2019, in 324 *palikas* (33 districts)⁹. Three *palikas* started on-site clinical mentoring during this quarter. NHSSP TA supported FWD to enhance capacity of district clinical mentors through training and onsite support at CEONC and BCs to make them competent coaches/mentors.

⁹ 31 districts (old districts). 33 districts (based on 77 districts)

In this quarter, NHSSP supported FWD to train 28 clinical mentors from 14 districts¹⁰ and continued to coordinate with Palika Health Coordinators and District mentors to plan and implement *palika* level coaching mentoring programme, as the budget had been sent directly to the 324 *palikas*. NHSSP will work with the FWD to support this at the provincial level to select *palikas*, which will then be continued by FWD. TA is planning to support a framework to help systematic and regular reporting from the *palika* level through an online system. This is currently being discussed and concept note will be shared with FWD. At present, more than 800 SBA received on-site coaching from clinical mentors. Till date 71 SBA clinical mentors had visited 199 health facilities and provided on-site coaching to 697 MNH service providers and facilitated QIP in these health facilities, through AWPB budget since beginning of this programme in 2016/17. Another 38 health facilities and 124 staff coaching was conducted through the financial and technical support of supporting partners including UNICEF, One Health World Wide, SCI and Care Nepal. Analysis of QIP scores and MNH service providers' knowledge and skills is being done and will be reported in next quarter.

Challenge: Transfers and extended leave of coaches/mentors influences the systematic implementation of the programme, and new mentors need to be developed. Among 77 mentors across 33 districts, 27 mentors were transferred out or are on study leave. Health Coordinators' capacity still needs to be strengthened to enable them to implement, monitor and report.

Delayed: The plan was to support FWD for three batches of mentoring training in this quarter, but only two batch of training were completed and one batch of training was delayed as the advance clearance by FWD focal person was delayed.

Inputs are scheduled for next Quarter: TA will support the FWD and NHTC for two batches of SBA clinical mentors' training and onsite support to district mentors and Palika coordinators in at least 5 districts. Clinical mentors' refresher training and review of programme is being planned with FWD to be completed before end of this fiscal year. TA is currently analysing reports from clinical mentors for QIP scores and MNH service providers' knowledge and skills.

13.4.4 Support revision of the standard treatment guidelines/protocols and roll out of the updated guidelines

Ongoing: NHSSP TA has been supporting the development of operational guidelines for Basic Health Care Services implementation. This support is being led by the HPP team for the operational guidelines and the SD team for revising the STP, though both teams provide inputs for both guidelines. TA had consultations with senior specialists in the field and the draft revised STP is expected in the following quarter.

Inputs are scheduled for next Quarter: Drafting the STP and consultations to continue with NHSSP support and leadership.

13.4.5 Prevention of Anti-Microbial Resistance support including infection prevention, sanitation, and waste management at health facilities

Ongoing: No specific activities on AMR conducted except infection prevention and waste management improvement efforts under clinical mentoring and QIP/MSS, and drafting of STP for BHCS which will emphasise rational drugs prescription.

Inputs are scheduled for next Quarter: Rational prescription and monitoring will be included under STP.

¹⁰ Darchula, Dang, Bahjang, Bajura, Jajarkot, Salyan, Nawalparasi, Panchter, Okhaldunga, Solukhumbu, Ramechhap, Bojpur, Terathum, Sankhusawa districts.

i3.4.6 Support the NHTC (FHD and CHD) to expand and strengthen training sites focusing on SBAs, family planning, and newborn treatment

On-time: The second phase, skill assessment and coaching mentoring, on SBA, family planning, and SAS were completed in Koshi Zonal Hospital, Biratnagar Morang and Western Regional Hospital (Pokhara Academy of Health Sciences-PoHS) Pokhara, Kaski. Nine hundred copies of the revised NHTC Training Management Guidelines (TMG) – Nepali version - were handed to NHTC.

Inputs are scheduled for next Quarter: (1) print NHTC Training Management Guideline (TMG) in English and handover to NHTC, (2) support NHTC in the introduction of new NHTC TMG in selected venues, (to be collectively decided by NHTC and NHSSP).

13.5 SUPPORT FWD IN PLANNING, BUDGETING, AND MONITORING OF RMNCAH AND NUTRITION PROGRAMMES

i3.5.1 Support the FHD, CHD, and PHCRD in evidence-based planning and monitoring progress of programme implementation and performance

On-time: Provided TA to NSSD to develop “national nursing and midwifery policy, strategy and action plans 2019-2022”.

Inputs are scheduled for next Quarter including finalisation of the “national nursing and midwifery policy, strategy and action plans 2019-2022”, and technical support to FWD on orientation of provincial and palika level for FWD’s programme implementation guidelines. This orientation activity will be conducted in conjunction with existing programmes such as PNC home visit planning, VP workshops, immunisation orientation, etc.

i3.5.2 Capacity enhancement of local government on evidence-based planning, implementation, and monitoring of programmes aimed at LNOB and quality of care

Ongoing: NHSSP jointly with NHTC organised a five-day residential workshop on organisational capacity assessment (OCA) in Godavari. Twenty-two participants (12 from NHTC, 1 from UNICEF, 5 NHSSP advisors from across workstreams and 2 STTA) attended this workshop. The purpose of this workshop was to develop the capacity of facilitators at national level who will, in turn, facilitate seven workshops and will pilot OCA in seven learning lab sites.

Following the workshop, NHTC and NHSSP jointly conducted two five-day OCA workshops one in each of two municipalities; Dhangadimai and Itahari. The participants were employees and elected members of municipality, health posts in-charges and elected ward chairs. Around 37 participants attended in Dhangadimai and 50 participants in Itahari. The purpose of OCA at the local level was to strengthen their local health system by using the WHO six building blocks approach. At the end of five-day workshop both local governments expressed their commitment to implement their Capacity Development Plan (CDP) that was prepared based on the findings of self- assessment scoring, and the plan was contextualized to their specific local , needs, environment and conditions. The CDP plan of two municipalities is fully integrated with the series of interventions in two learning lab sites ensuring holistic approach.

Inputs are scheduled for next Quarter, including activities planned under Learning Lab sites

In addition, a concept note was produced on opportunities for nurturing women’s leadership, supporting women working in the health sector. The transition to Federalism is creating opportunities for more women to take up leadership positions in all three tiers of government. Women are now in place as ward members, ward chairs, chairs and deputy chairs of rural municipalities and mayors and deputy mayors of municipalities. Dalit women are also represented, although this is still low, as is representation of other underprivileged castes. As

a pre-cursor to enhancing the capacity of local government on specific issues such as evidence-based planning, it is important to enable newly appointed women representatives to understand and undertake their general roles effectively. The internal concept note identifies opportunities for an integrated programmatic approach to women's leadership support, focusing initial capacity enhancement at the priority Learning Lab (LL) sites. The target group for support would be three female deputy chairs from rural municipalities of three districts covered by the LL and four female deputy mayors from municipalities of the four LL districts. Participatory identification of challenges followed by one-to-one support and group workshops would then continue through peer-to-peer learning and support. The key initial capacity enhancement objectives would be increasing understanding of roles, remit, opportunities and challenges; strengthened planning, decision making, communication, problem solving and influencing skills; increased knowledge of relevant legislation and its relevance to women's citizens; expanded understanding of the significance of GESI and the role they can play in taking forward issues such as gender, maternal and newborn health, and rights-based and gendered approaches to disability.

Inputs are scheduled for next Quarter, particularly discussion of the concept note internally, including budget and resource requirements. Following that, the concept note will be shared externally to obtain support for this proposed activity.

Organisational capacity assessment, using OCAT, following consultations with FMOHP and implementation of prioritised findings

Not scheduled: No inputs were provided in this Quarter.

No inputs scheduled for next quarter

i3.5.3 Support to the FHD and CHD for monitoring of free care

Not scheduled: Continued support to monitor Aama programme through rapid assessment as reported in i3.3.3. Discussion with the FWD director and SMNH section chief revealed that TA for monitoring of safe abortion is being provided by IPAS and free new born care is being provided by UNICEF.

Inputs are scheduled for next Quarter: continue support monitoring of Aama as reported in i3.3.3

Extra –planned or un-planned activities (not included in the inception plan)

1. On the request of FWD, TA facilitated the contraceptive update to FP trainers (3) and supervisors (4)
2. TA also responded to government and provided technical expert inputs on several areas of work. These included: (a) follow-up discussions with FWD along with DFID/MSI/Ipas representatives on Sayana Press pilot; (b) Inputs to the revision of RH Clinical protocol workshop; (c) RH IEC/BCC Technical Committee Meeting at NHEICC; (d) finalisation of ASRH curricula at a workshop called for by NHEICC; (e) bid verification meeting on IUCD specification at Logistic Management Section; (f) inputs on shelf-life of DMPA (Depo); (g) revision and finalisation of NFPP logframe (h) drafting ToR for VSC camp outsourcing
3. Reviewed and provided feedback on the draft report Youth Health in Nepal: Levels, Trends, and Determinants, DHS Further Analysis Reports No. 123
4. Provided insights/opinions as a Respondent (on request) on the Gag Rule and its implications in Nepal---by CREHPA interview team
5. Provided insights to the development of regulation of Public Health Act (PHA) related to Basic Health Care Services

6. Provide inputs to the development of regulations based on the Reproductive Health Bill

2.3 PROCUREMENT AND PUBLIC FINANCE MANAGEMENT

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

Activity i4.1.1 Develop AWPB Improvement Plan and report Quarterly on progress - including training to the concerned officials

On-time:

The meeting of TABCUS implementation unit made a decision to prepare the new planning and budgeting guidelines and tracking of NHSS progress indicators for FMOHP. We presented the findings of the budget analysis including specific issues on the budget allocation under conditional grants. Additionally, supported PPMD to orient officials from provincial health directorate in federal planning and budgeting process. Support FMOHP in preparing the monthly and quarterly progress report.

Inputs are scheduled for the next Quarter. We will utilise the findings of spot check and political economy analyses conducted by the PPFM (an oversight agency). We have requested PPFM team to send the findings of recently completed PEA. Government of Nepal has recently appointed the chair of Fiscal Commission, which may help in improving the allocation patterns and practice in health conditional grants.

Activity i4.1.2 FMOHP Budget analysis report with policy note produced by HRFMD using eAWPB (PD 50)

On time: The findings of the budget analysis (BA) were presented at the National Annual Review (NAR), provincial review meetings and to provincial officials during their orientation. The report was also shared with the PFM, and PEA teams of PPFM (an oversight agency). More than 200 people have viewed the BA report at:

http://www.nhssp.org.np/Resources/PPFM/Budget_Analysis_of_Nepal_Federal_MoHP_FY2018_19_Sep2018.pdf

Activity i4.1.3 Revise eAWPB to include 761 (TBC) spending units and prepare a framework for eAWPB

Completed:

There were no new activities planned in this quarter. FMOHP has given priority to prepare the planning and budgeting guideline, training materials to Provincial government which would inform in preparing a practical eAWPB framework.

Inputs are scheduled for the next Quarter. The new chart of activities will be included in the eAWPB, which will allow all level of governments to capture the activity wise budget and expenditure of all sources (conditional, equalisation and local etc.). The suggestions from independent review of TABUCS will be included in the update.

Activity i4.1.4 Prepare a Framework for an Annual Business Plan

On time: Organisational structural change is on-going.

The draft framework of the business plan was updated in consultation with FMOHP's planning section.

Inputs are scheduled for the next Quarter. The framework of the annual business plan will be finalised in consultations with respective divisions and centres. We will hand over the framework to FMOHP's Planning section.

Activity i4.1.5 Requirement analysis of Aama programme in eAWPB

On-time: Completed. The decision was made to maintain the original activities.

The requirement analysis of Aama programme in eAWPB is only applicable after the update of planning and budgeting guidelines. Thus, the priority has been given in updating guidelines in this quarter.

Inputs are scheduled for the next Quarter. While building the new chart of activities in eAWPB and TABUCS, the requirements will be provided to the system designer.

Activity i4.1.6 Package evidence into advocacy materials

On time: TA supported the FMOHP to prepare guidelines and policy notes based on the recent evidence. The relevant evidence was used while preparing an Aama policy brief, a procurement handbook, a TSB brochure, a financial management improvement plan, a procurement improvement plan and an internal audit improvement plan. All spending units functioning under FMOHP are using the materials. More than 400 users at local level are using the electronic TSB.

This activity has now been taken up under the overall NHSSP communication activities.

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

Activity i4.2.1 Revise TABUCS to report progress against NHSS indicators and disbursement-linked indicators

On time: Three meetings of the TABUCS implementation unit were organised in this quarter. The committee has recognised the importance of adding the new chart of activity, updating the manuals and handing over TABUCS to FCGO.

Inputs are scheduled for the next Quarter. A new chart of activity will be included in TABUCS. The overall system, manuals, instructions, materials will be updated and handed over to Financial Comptroller General's Office. We will request the participation of PPFM team in various review meetings organised by the FMOHP. The report of spot check analysis will be considered while updating TABUCS.

Challenge: If Ministry of Finance demand inclusion of the Sustainable Development Goals (SDGs) indicators, and gender-based budgeting in eAWPB and TABUCS, there is no existing capacity within NHSSP staff to provide the technical support. This can be discussed in the PFM committee meeting to develop the scope of work and identify the potential partners or STTA to provide the technical and financial support. NHSSP will develop a ToR and share with DFID.

Activity i4.2.2 Support FMOHP to update the status of audit queries in all spending units

On time: Ongoing support was provided to the finance section. The updates on the audit queries are on-going and the most recent were presented in the meeting of PFM committee. The committee has decided to update the audit queries from all hospitals in TABUCS. NHSSP has supported finance section to prepare the instruction letters and sent to all hospitals. Almost all hospitals have responded positively. The updated figures will be presented in the next PFM

committee meeting. The process of developing the progress reports, using TABUCS, organising the meeting and sharing the meeting minutes has been institutionalised in FMoHP's finance section. The meeting of audit committee functioning under the leadership of Secretary has been organised regularly. The appointment of a fulltime person in audit unit has contributed to preparing the reports. To update the audit queries data from hospitals in TABUCS will require short term technical support from NHSSP to FMoHP. This is a part of building the capacity of the recently appointed audit focal person.

Inputs are scheduled for the next Quarter. The updates on the audit queries will be presented in the next meeting of PFM committee.

Activity i4.2.3 Support the FMoHP to update the systems manual, a training manual and user handbook of TABUCS and maintenance of the system

On time: There were no specific activities in this quarter

Inputs are scheduled for the next Quarter. All the systems manual, a training manual and user handbook of TABUCS and maintenance of the system will be completed in next quarter.

Activity i4.2.4 Support TABUCS through the continuous maintenance of software/hardware/connectivity/web page

On time:

Ongoing support provided. This included addressing the IT related issues from 102 spending units including maintenance of server

Inputs are scheduled for the next Quarter. Ongoing support will be provided

Activity i4.2.5 Update TABUCS to be used in the DUDBC, and to include data on audit queries

On-time: Ongoing support provided.

Inputs are scheduled for the next Quarter. Ongoing support will be provided

Activity i4.2.6 TABUCS training and ongoing support to the DUDBC and concerned officials

On time: This is an on-going process. Specific activities in this quarter focussed on capacity enhancement. FMoHP conducted 4 days TABUCS training from 30th December 2018. A total of nineteen personnel was trained. NHSSP has provided support as a trainer in training.

Inputs are scheduled for the next Quarter. During on-going TABUCS training, we will help FMoHP to provide effective technical support during ongoing TABUCS training

Challenge: Staff transfer is an issue in terms of institutional knowledge. This is beyond the direct scope of NHSSP to prevent, but efforts are being made to compensate for this by rolling out additional training and uploading the electronic manuals in the FMoH's website

Activity i4.2.7 TABUCS monitoring and monthly expenditure reporting

On time: This is an on-going process.

NHSSP TA trained the new Health Secretary, and managers in using TABUCS as a monitoring tool. User IDs were created for the officials. Details of people's login can be obtained through TABUCS but in the changing context of frequent placements and transfers it is very difficult to monitor use. After the placement of personnel, it will be possible to manage this better.

Inputs are scheduled for the next Quarter. We are planning to provide a 2-hour follow-up training to the secretary and high-level officials with the aim of consolidating their knowledge.

Activity i4.2.8 Conduct a rapid assessment and evaluation of TABUCS

Not scheduled: No inputs were provided in this Quarter.

Further inputs are planned for the next Quarter. Independent review of TABUCS will be carried out. The PPFM team drafted ToRs. An international consultant has been identified to carry out the review.

Activity i4.2.9 Support the annual production of Financial Monitoring Report using TABUCS (PD 27)

On time: This is an on-going process.

The third FMR (FY 2017/18) draft was presented to DFID in the previous quarter (28 August 2018). Following revisions, the final version was submitted on 27, November 2018. The unaudited financial statements (FY 2017/18) were prepared on 27 December 2018.

Inputs are scheduled for the next Quarter. FMR-1 of FY 2018/19 will be finalised.

Activity i4.2.10 Support FMoHP with the further development of TABUCS to capture the Nepal Public Sector Accounting Standards report

Delayed: The previous quarterly report detailed the reasons for the on-going delay: The full expenditure data is not available (because, mostly, in-kind support amount is not captured in TABUCS). This could be a good initiative for provincial and local governments. TABUCS meets the reporting standard but the question is on the complete expenditure data entry from provincial and local government. Please note that Nepal Public Sector Accounting Standards (NPSAS) needs the total expenditures, and in-kind support.

Not scheduled: No inputs were provided in this Quarter

No inputs are scheduled for the next Quarter.

Challenge: Fully capturing the NPSAS report in TABUCS is being discussed. At present it appears that the expenditures can be captured from all spending units functioning under FMoHP. However, there is no electronic mechanism to capture the expenditure of conditional grants provided to Provincial and Local Governments. The current design of SUTRA has a focus to capture the expenditure of budget provided through federal Red Book and local revenue. It needs improvements to capture all the requirements of NPSAS and activities from health conditional grants. FCGO is taking responsibility to update current systems including TSA, and SUTRA.

Activity i4.2.11 Requirement analysis of Aama programme in TABUCS (one of the SD team core areas)

Completed

No inputs are scheduled for the next Quarter.

Activity i4.2.12 Share the features of TABUCS with other governments' ministries

Completed: The MoF decided to use/update TABUCS and change its name to GARIS (Government Accounting Reporting Information System). FCGO sent a letter (8th October 2018) to FMoHP for the source code, technology and knowledge transfer of TABUCS.

On the request of FCGO, FMoHP transferred (on 12 December, 2018) to FCGO the accounting module with source code, technology and knowledge of TABUCS for reuse as GARIS. GARIS will be used in all GoN entities. The technology and knowledge transfer requires additional resources. This has proved DFID's health sector's contribution to the other ministries. It has opened the scope of capturing health related expenditures from all ministries. Since TABUCS source codes are being used there are no negative implications to health sector.

Inputs are scheduled for the next Quarter. Support FMoHP in finalising the software, guidelines, training manuals and user handbooks.

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

Activity i4.3.1 Update internal control guidelines

Completed: As reported in the previous quarterly report. No further activities have taken place (see Challenges below)

Challenge: Execution of the guidelines at subnational level did not take place. This is because FMoHP cannot enforce Provincial and Local governments to execute federal internal control guidelines. FMoHP has put this guideline on its website. Subnational entities can take this as a reference material and develop their own but it seems unlikely that they will do this without support. Opportunities for NHSSP TA to provide such support will be explored in the next quarter. NHSSP will discuss this agenda with DFID's PFM team and PPFM oversight agency.

Activity i4.3.2 Discuss with the DFID whether a PETS is more useful and appropriate than a PER

Deleted: DFID has advised that the PETS will be carried out by the World Bank at some point in the future.

No inputs are scheduled for the next Quarter.

Activity i4.3.3 Conduct PER

Deleted: DFID has advised that the PER will be carried out by the World Bank at some point in the future.

No inputs are scheduled for the next Quarter.

Activity i4.3.4 Finalise, print and disseminate the FMIP

The PFM Committee meeting (held on 30, November) decided to review the existing FMIP, through consultation with national and international consultants. On 18th December, a revised draft of FMIP was shared with Joe Martin from the PPFM team for his inputs. NHSSP will share a draft FMIP to EDPs by the end of March 2019.

Inputs are scheduled for the next Quarter. With the inputs from PPFM team, we will support FMoHP to finalise the FMIP that will be applicable across all level of government.

Activity i4.3.5 Support monitoring of the FMIP in collaboration with the PFM and Audit committees

On time: The minutes of the PFM and Audit Committee are regularly shared with the concerned development partners. A PFM team led by an accounts officer of the FMoHP and the NHSSP team visited province no. 7 Far West province Bajura and Accham districts in December 2018 and monitored an internal audit and other PFM functions. The team has made following observations:

1. Manual practice while keeping 'book of accounts'.
2. Two separate 'book of accounts' being kept for conditional grants and health funds allocated by the province and Palikas;
3. Weak capacity in preparing the financial report;
4. Weak internal control system

The team presented these in the meeting of PFM technical committee meeting. The meeting has made recommendation to put all the PFM and procurement related documents in the website of FMoHP and share through the TABUCS Facebook.

Inputs are scheduled for the next Quarter. A joint team of MoHP and NHSSP has plan for field visit to monitor FMIP.

Activity i4.3.6 Update the training manual on PFM and finalise by a workshop, printing

On time: The development of the training manual revision is in progress. About 70% revision has been made. As the GoN is going to revise or develop a new Financial Procedural Act and regulations, as well as other financial related rules in the three tiers of government, this means that progress on the training manual is becoming delayed.

This will be completed in the next Quarter. Once the new Act and regulations have been passed the manual will be completed, and a workshop held. At present, it is not clear when this will be.

Activity i4.3.7 Build the capacity of the FMoHP and the DoHS officers in core PFM functions

On time:

No activities took place in this quarter because of the reasons given in 4.3.6.

Inputs are scheduled for the next Quarter. Once the training manual has been completed, a workshop will be conducted to build the capacity of the FMoHP and the DoHS officers in core PFM functions.

Activity i4.3.8 Support the process of institutionalising the internal audit function through IAIP and internal audit status report (PD 43)

On-going: Based on DFID's suggestions we strengthened and implemented our plans to support FMoHP in improving the internal audit functions through: 1) PPFM team to support NHSSP in developing the ToR for international STTA (done), 2) an international STTA identified (done); 3) develop a system within TABUCS to monitor internal audit function (on-going) 4) FMoHP to direct its spending units to follow the IAIP, and 5) revise the IAIP after discussions with FCGO (done). The Internal audit status report of FY 2016/17 was presented in the PFM committee meeting held on 30th November 2018.

Inputs are scheduled for the next Quarter. We will organise a workshop to finalise the IAIP. Before that, we will organise a one day meeting with PPFM team to prepare a final draft. The TOR for the international consultant will be finalised. The ISTTA inputs are scheduled for March 2019.

Challenge: The internal audit functions records (reports) have been collected from only 81 units out of 312. The FMoHP needs to ensure the entry in TABUCS by all spending units. In the present federal context, the federal, province and local financial procedural Act and Regulation may affect the FMoHP's IAIP. We will bring this issue in the workshop. This is felt to be the most effective environment in which to discuss this challenge and collaboratively agree an approach to try to resolve it.

Activity i4.3.9 Work with HRFMD on potential PFM system changes required in the devolved situation

Delayed: In the previous quarter the TA team provided a series of updates on PFM and procurement in development partners' meetings. PIP, IAIP, FMIP, TABUCS are key strategic documents and systems and need to be revised and updated in the context of Federalism. NHSSP will support FMoHP to have wider level discussions to ensure the current guidelines, systems address the changing needs, and that these talk to each other. In this reporting quarter, insufficient progress had been made for any activities to take place although support is provided as and when needed.

Inputs are scheduled for the next Quarter. We will organise consultative meetings in provincial level (Karnali Province).

Activity i4.3.10 Support to the PFM & Audit committee

The last formal meeting of the PFM committee, chaired by PPMD Chief, was held on 30th November 2018. The meeting discussed on the progress made in FMIP, PIP, Internal audit status and letter of FCGO on reuse of TABUCS into GARIS. The last meeting of the Audit Committee chaired by the Secretary was held on 31 December 2018. The committee discussed the progress of audit clearance, annual audit clearance plan, responding to OAG's primary audit report within 35 days, and advance settlement in this Audit committee meeting.

Inputs are scheduled for the next Quarter. Regular meeting of the committee will be organised and, when applicable, we will recommend FMoHP to invite PPFM team.

Activity i4.3.11 Support FMoHP in designing, updating, and rolling out a Performance-Based Grant Agreement in Hospitals

On time: A joint committee including the members of FMoHP officials and NHSSP officials visited the Bayalpata hospital. The hospital has not been submitting progress reports to FMoHP. During the visit, additional support was provided to the hospital, to help them prepare a report. The committee made a strong recommendation to the hospital that they need to regularly submit their reports. If requires, NHSSP will request Bayalpata hospital to make the presentation in EDP meeting.

Inputs are scheduled for the next Quarter. A revised performance-based grant agreement (PBGA) framework will be presented in the meeting of PFM committee.

Activity i4.3.12 Review and revise the current Performance-Based Grant Agreement Framework

Completed: The issues from the field were presented in the meeting of the TABUCS Implementation Unit (TIU). These issues included weak reporting practices, lack of focal person to manage the PBGA, irregular monitoring from FMoHP and weak institutional home at FMoHP. As a result, it was agreed that to make an agenda of the meeting of PFM committee and explore the solutions. A well-functioning section at FMoHP would help in addressing the abovementioned issues.

In next quarter, the PBGA framework will be presented in the ongoing PBGA learning café with stakeholders

Challenge: A lack of an institutional home for the PBGA might undermine its implementation. After the upcoming structural changes, TA may need to provide additional support. A discussion is required in the meeting of PFM committee, which will help in outlining the key recommendations. The next PFM committee meeting is due in February 2019, and we will request this is put on the agenda.

Activity i4.3.13 Redesign PBGA for hospitals

On time: This is an ongoing process. Series of discussions were held to explore the scope of PBGA in public hospitals. The FMoHP has agreed to initiate a discussion with one public hospitals in next quarter.

Inputs are scheduled for the next Quarter. TA will test the willingness of public hospitals in PBGA and draft initial modality. We will start from national heart hospital.

Activity i4.3.14 Policy discussion on PBGA for Hospitals in the federal structure

Ongoing: Several rounds of discussions were conducted with the FMoHP/PPMD and Finance section. The PBGA would be more relevant in the changed context. A field visit at a provincial hospital such as Seti zonal and Tikapur hospital has provided some insights in the scope of PBGA implementation in public hospitals in the federal context. One of the findings are related to the duplication of the resources. The hospitals are receiving the grants from all levels of governments in same activity. In the absence of proper reporting mechanism there is a potential fiduciary risk. NHSSP will put this as an agenda in the meeting of next PFM committee meeting which will make sure the use of TABUCS at all hospitals.

Inputs are scheduled for the next Quarter. A 2-hour meeting with FMoHP/PPMD will be organised to discuss the PBGA and business planning process of the central level hospitals.

Activity i4.3.15 Expansion of PBGA in selected hospitals

Not scheduled:

Inputs are scheduled for the next Quarter. Initiate a dialogue with national heart hospital.

Activity i4.3.16 Contribution to the learning laboratories

Not scheduled:

No inputs are scheduled for the next Quarter. The PPFM team has assigned one adviser to provide ongoing/required inputs to the Learning Lab. The adviser is coordinating PPFM issues with the learning lab focal person. This is not considered as an independent activity.

Activity i4.3.17 Develop performance-monitoring framework and support its implementation

Not scheduled:

No inputs are scheduled for the next Quarter.

Activity i4.3.18 PBGA training (preparation of manual)

Not scheduled:

No inputs are scheduled for the next Quarter.

Activity i4.3.19 Discuss with the best performing governments and provider on PBGA modality

The TA team has discussed this with Naya Health. The PPMD is still considering our request to prepare a case study from Bayalpata hospital run by Naya Health. The field visit team has recommended Naya health to present its modality in the meeting of PFM committee.

Inputs are scheduled for the next Quarter. TA will follow up our request to PPMD to have a presentation in the meeting from Naya health.

Activity i4.3.20 Initiate PBGA learning group

Not scheduled: No learning group meeting was organised in this Quarter. This is a loose forum to have issue based discussions as and when they are needed. Three meetings were held in the previous quarters.

Inputs are scheduled for the next Quarter. A meeting will be organised at an appropriate time during the forthcoming quarter. At such time, the PBGA receiving agencies, the FMoHP, and TA will participate in the meeting. The agenda will address the evolving grant management issues.

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

Activity i4.4.1 Re-assess and build on the organisation and management survey and disseminate findings

The DG has agreed to conduct the market analysis of the essential drugs and commodities to inform the CAPP. NHSSP is recruiting a senior pharmacist to conduct a rapid market assessment this will help in identifying the major gaps in technical skills. At the same time the process of finding ITTA has been started. We have requested PPFM team to support in finding the right consultant. NHSSP will share the ToR of ITTA to DFID within second week of March 2019.

Not Scheduled: The agenda of conducting organisation and management survey is now over and dropped in the new plan. The new FMoHP structure includes Logistic Management Section under Management Division of DoHS, which is responsible to deliver the procurement functions of DoHS Divisions.

No inputs are scheduled for the next Quarter.

Activity i4.4.2 Revise Standard Operating Procedures and obtain endorsement by the DoHS

Completed.

No inputs are scheduled for the next Quarter.

Activity i4.4.3 Workshop, Approval of Standard Operating Procedures (SOP) by the DoHS

Completed (See 4.4.2)

No inputs are scheduled for the next Quarter.

Activity i4.4.4 Preparation of SOP for Post Delivery Inspection and Quality Assurance

Delayed: The TOR for the STTA to prepare the SOPs for Post Delivery Inspection and Quality Assurance was approved by MD-LMS. Hiring of STTA is in process.

Inputs are scheduled for the next Quarter. Confirmation of STTA appointment and preparation of the SOP

Activity i4.4.5 Review Draft Standard Bidding Document of Framework Agreements (FA) and support its endorsement by the Public Procurement Monitoring Office (PPMO)

Ongoing: The PPMO has still not finalised reviewing the SBD for FA for the health sector, submitted by the LMD. Several meetings have been conducted in December 2018. FMOHP is also taking initiative from the Secretary level to get PPMO to endorse the SBD. A Minister-level meeting was also conducted to ensure participants realise the need for SBD for FA. Since public procurement regulation is in process of amendment the intended recommendations for FA arrangements have been proposed to OPMCM.

Inputs are scheduled for the next Quarter. What inputs are provided will depend on whether the PPMO endorse the SBD. The focus will be on continuing to push for this.

Activity i4.4.6 LMD (now LMS) Capacity building on standardised procurement processes

Ongoing: Capacity building including support to the procurement clinics and systematic support on procurement functions is ongoing. In this quarter 10 clinics were supported.

Inputs are scheduled for the next Quarter. These will be on-going embedded support.

Activity i4.4.7 Support PPMO for endorsement of SBDs of FA

Ongoing: The draft SBD of FA prepared by the PPMO is still in review process.

Inputs are scheduled for the next Quarter. If feedback on the draft SBD of FA has not been obtained from PPMO, we will request FMOHP to follow up and try to speed up the process. We will also continue to request PPMO to provide feedback.

Activity i4.4.8 Preparation and endorsement of SOP of FA

Delayed: (See 4.4.7 above) As the SBD is not endorsed and announced by PPMO, the preparation of its SOP is initiated but waiting for endorsement of SBD for FA.

Inputs are scheduled for the next Quarter. (See 4.4.7 above).

Activity i4.4.9 Provide TOT on FA through exposure/training

Delayed: (See 4.4.7 above) Due to lack of SBD for FA, procurement under FA could not be initiated.

Inputs are scheduled for the next Quarter. (See 4.4.7 above)

Activity i4.4.10 Train the DoHS staff on FA

No inputs are scheduled for the next Quarter until the SBD have been issued by the PPMO and are ready to use (see 4.4.7 above).

Activity i4.4.11 Orient suppliers on FA

Delayed: As the SBD has not been endorsed and announced by the PPMO, the preparation of its use and orientation is delayed (see 4.4.7 above).

Inputs are scheduled for the next Quarter (See 4.4.7 above)

Activity i4.4.12 Revise and update the Procurement Improvement Plan

Not Scheduled: Already Completed. PIP is necessary to further revised in the new context and also needed to prepare framework for guiding provinces in preparation of their provincial PIP. Nepal Health Sector Public Procurement Strategy Framework (NHSPPSF) have been drafted and shared with PPFM team. NHSSP will share the draft document to DFID by second week of March 2019. FMOHP intends to finalise the document through the workshop by end of March or first week of April 2019.

Inputs are scheduled for the next Quarter.

Activity i4.4.13 Train all the DoHS divisions on CAPP preparation using SOPs

Not Scheduled: Completed in the last Quarter.

No inputs are scheduled for the next Quarter.

Activity i4.4.14 Establishment and regular meeting of the CAPP Monitoring Committee

On time: The fifth CAPP Monitoring Committee meeting was organised in December at the DoHS. During this meeting, progress in the implementation of the Procurement Improvement Plan (PIP), CAPP, Technical Specifications Bank (TSB), achievements on Disbursement-linked indicators (DLIs), and eLMIS status were discussed. The meeting suggested revising the CAPP. The progress made in CAPP has been shared with the PPFM team.

Inputs are scheduled for the next Quarter. The sixth CAPP meeting will be organised and held in February.

Activity i4.4.15 e-CAPP designed, tested, provide training and implement

On time: The e-CAPP was designed and developed along with preparation of a training manual and a system manual. A validation and dissemination workshop was organised and held. This resulted in useful feedback on the e-CAPP system. This feedback is being incorporated and the e-CAPP piloting at DoHS will be initiated in next Quarter.

Inputs are scheduled for the next Quarter. e-CAPP pilot will begin at DoHS.

Activity i4.4.16 CAPP produced within the agreed period

Not Scheduled: Already completed. Execution of the CAPP was discussed in the CAPP Monitoring Committee meeting (Minutes were taken and shared). Moderately satisfactory progress was observed and instructions were given to expedite the remaining procurement activities. Support from the PPFM team was received while finalising the CAPP.

No inputs are scheduled for the next Quarter.

Activity i4.4.17 Review of the Public Procurement Act and Public Procurement Regulation for Health Sector Procurement in coordination with the PPMO

Ongoing: Several meetings were held with PPMO to make the PPA and PPR health sector friendly. A Secretary-level meeting was also held with PPMO Secretary and FMOHP Secretary, this was organised by PPMO. Following these meetings, PPMO filed the amendment bill to the Cabinet.

Inputs are scheduled for the next Quarter. An amendment on PPA/PPR is expected to be approved by parliament in the next quarter.

Challenge: There is a challenge to make the Public Procurement Act and Public Procurement Regulation health sector friendly. Another challenge is to balance the constitutional mandates for federal, provincial, and local governments. In this context, we are talking about health sector friendly Public Procurement Act and Public Procurement Regulation. An amendment bill has been filed (see above), but it is not clear how successful this will be. Otherwise, we will focus attention on making the guideline more health-sector friendly.

Activity i4.4.18 Preparation of SBDs for the Procurement of Health Sector Goods

Delayed: The SBD for the procurement of Health Sector Goods was already prepared and submitted to the PPMO. Continuous discussion and presentations were held with the PPMO, for the second quarter in succession. In an effort to move things forward, the TA team have engaged the FMOHP's Secretary with the PPMO to get the endorsement

Inputs are scheduled for the next Quarter. Continuing efforts will be made to obtain endorsement. This will be done directly by NHSSP but also by working with others such as the FMOHP who may be able to exert more pressure.

Challenge: The challenge is that there is lack of capacity with PPMO to understand the need and use of special conditions for procurement of health sector goods, which are to be included in the SBD. Requirement of separate SBD for health sector goods is realised by PPMO. However, the frequent changes of the Secretary and other staff in PPMO made it difficult to comprehend our concern. We continue to engage with a range of PPMO staff – both new and existing, to ensure they understand the significance of this issue.

Activity i4.4.19 Training for the DoHS staff and suppliers on Catalogue Shopping, Buy-Back method and LIB

Suspended: This activity has been suspended because the PMO has not yet issued necessary Standard Documents of these methods (see 4.4.18 above). If the PPMO requires capacity-building programme on these procurement modalities, we can provide technical support on this matter.

No inputs are scheduled for the next Quarter.

Activity i4.4.20 Capacity building on Procurement System in federal, provincial, and local government

Ongoing: Capacity building of provincial and local government is in continuous process. SOPs for the standardisation of the procurement of drugs and eGP were already prepared with the involvement of the DoHS staff and distributed to all provincial and local governments including health institutions since April 2018. Officials from provinces and local levels are visiting MD-NHSSP office to understand about the SOPs and know the procurement procedures. Province 4,5, and 6 are partially using the system. The TA are coaching them on a one-to-one basis as requested. NHSSP will further involve its TA to facilitate the provincial and local government in procurement functions by visiting their place and providing distance support through telephone as and when necessary. The province 2 and some municipalities have requested a support to build the capacity of their staff members. NHSSP has limited capacity to provide such training. This agenda will be disused in the next meeting of CAPP monitoring committee.

Inputs are scheduled for the next Quarter. We plan to organise support for provincial Procurement trainings to be managed by MD or similar. In addition, NHSSP TA will be available to take some of the sessions for any capacity building training/workshops organised by any level of Government or partners.

Challenge: As there are huge number of procurement units, including local governments, the capacity of NHSSP to facilitate all the procurement units, effective implementation and monitoring remains a risk.

RESULT AREA: ACTIVITY I4.5 LMD SPECIFICATION BANK IS USED SYSTEMATICALLY FOR THE PROCUREMENT OF DRUGS AND EQUIPMENT

Activity i4.5.1 Develop coding of specification bank and orientate all DoHS divisions on their use

Completed

An expert group should work on this under DoHS, FMOHP to define "essential equipment" and a workshop should be organised. In the case of drugs, there are many drugs in the essential drug list; but the list of "Free Essential Drugs" is limited and exists separately.

Activity i4.5.2 Prepare and endorse Grievance Handling Mechanism

Completed

No inputs are scheduled for the next Quarter.

Activity i4.5.3 Specification bank updated by LMD in consultation with development partners

Ongoing: Updating of the TSB is in process. LMS is taking initiative to review old technical specifications. DoHS has passed the SOP for operating the TSB with updates and revisions of technical specifications.

Inputs are scheduled for the next Quarter. These include updating the TSB, for example formation of technical committees and hiring a pharmacist.

Challenge: LMS/Management Division has not formed technical committees for reviewing the technical specifications of drugs and equipment by appointing and deputing Biomedical Engineers and Pharmacists. NHSSP is actively advocating for formation of the committees.

RESULT AREA: ACTIVITY I4.6 PPMO ELECTRONIC PROCUREMENT PORTAL IS USED BY LMD FOR AN EXPANDED RANGE OF PROCUREMENT FUNCTIONS

Activity i4.6.1 Support PPMO on changes needed on e-GP for health sector procurement

Deleted. The PPMO is currently undergoing organisational restructuring. The change in the current Electronic Procurement Portal (e-GP) is not a current priority for the PPMO. In this context, LMD/LMS has agreed to delete this activity.

No inputs are scheduled for the next Quarter.

Activity i4.6.2 Develop guidelines to support the use of e-procurement at local levels

Completed: The e-GP guidelines for the health sector and the facilitation booklet were prepared, printed and distributed to all the health facilities including provincial and local level governments in a previous Quarter.

Inputs are scheduled for the next Quarter. The development of the guidelines is completed but there is concern about its use and the overall capacity of LLGs. There is no doubt, e-GP is being started by the Provincial Health Directorates. And NHSSP TA must facilitate them, but it is difficult to facilitate to all LLGs given their numbers.

Challenge: There was a challenge to develop the capacity of the local institutions to use e-GP. Therefore, NHSSP must involve its TA to facilitate capacity enhancement of provincial and local procurement entities. At the same time, NHSSP has been engaged with PSM/USAID to discuss the possibility of leveraging their support in building the capacity of LGs.

Activity i4.6.3 Adapt e-GP to be used for handling of grievances

Not scheduled: A separate web-based grievance handling mechanism was adapted in LMD/LMS for the health sector.

No inputs are scheduled for the next Quarter.

Activity i4.6.4 Adapt e-GP to support e-payments

Not scheduled: FCGO will be taking over this activity.

No inputs are scheduled for the next Quarter.

2.4 EVIDENCE AND ACCOUNTABILITY

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

Activity i5.1.1 Support the development of Routine Data Quality Assessment (RDQA) tools for different levels and their rollout (PD 33)

Completed: Web-based RDQA tools and the related e-learning materials aimed at facility based staff and health governance units, have been developed in collaboration with GIZ, USAID and WHO and published on the FMoHP website (www.mo hp.gov.np/rdqa.org). This quarter the e-learning package has been improved based on the feedback from the users.

Activity i5.1.2 Support the institutionalisation and roll out of RDQA at different levels

Ongoing: The concept note on orientation of the health team at the local level on web-based RDQA system and for onsite coaching of the health facility staff in the Learning Lab sites was developed in collaboration with Integrated Health Information Management Section (IHIMS), Management Division, DoHS.

The MoHP (FWD, DoHS) has provided conditional grant to the provinces for roll out of the RDQA. NHSSP will engage with the local governments in the learning lab sites to facilitate the roll out of the RDQA in the next Quarter. The SSBH/USAID will support the provincial and local governments in roll out of the RDQA in its programme areas. NHSSP is engaged with

IHIMS, MD, DoHS to include implementation of the RDQA as one of the key activities related to information management in the implementation guideline for the next AWPB.

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

Activity i5.2.1 Support the development of a framework for improved management of health information systems at the three levels of federal structures

Completed: The NHSSP in collaboration with the FMOHP led the development of 'Health Sector M&E in Federal Context', a guideline for the three levels of government. The DFID/NHSP3 NHSSP and MEOR jointly collaborated with GIZ, WHO, USAID and other EDPs in the development and finalization process. The document defines the health sector M&E functions of the three levels of government, identifies the data needs at each level and includes the survey plan to meet the data needs with specific response to the NHSS RF and the health related Sustainable Development Goals. Support to implementation at different levels is explained in section i5.2.2 below.

Activity i5.2.2 Support the effective implementation of the defined functions at different levels

Ongoing: The NHSSP together with the PPMD prepared the 'Integrated Monitoring Checklist' to monitor the effective implementation of the defined functions at the three levels of government. The tool was finalised and used to collect information from health facilities, local governments and the provincial governments for the National Annual Review (NAR) 2018.

The EA team supported the development and finalisation of OCA tools for Nepal context; conducted the Master Training of Trainers (MToT) and its roll-out in the two Learning Lab sites.

Inputs are scheduled for the next Quarter. TA will be engaged with the local governments in the learning lab sites to support them plan their health sector M&E activities in line with the 'Health Sector M&E in Federal Context' and their work plan based on the organizational capacity assessment in the next Quarter.

Activity i5.2.3 Support the development, implementation, and customisation of the Electronic Health Record System (PD 45)

On-going: Electronic Health Record (EHR) systems for a primary hospital, primary health care centre and health post were developed in collaboration with PPMD, IHIMS, GIZ, WHO and Possible Health. PD was approved in December 2018 as per the schedule.

Inputs are scheduled for the next Quarter. FMOHP has prioritized implementation of the EHR in at least one public health facility in each province in this fiscal year. NHSSP will support the FMOHP in initiating the implementation of the EHR in two government health facilities in one of the seven Learning Lab sites.

Activity i5.2.4 Support the development and institutionalisation of an electronic attendance system at different levels

Delayed: No inputs were provided in this Quarter. The TA's engagement with the local governments in the learning lab sites will be aligned with their overall work plan developed by them during the organizational capacity assessment process. Based on this work plan, the TA will support the learning lab site(s) that chose to use electronic attendance system on their own in the development, institutionalization and maximize its use to better manage the human

resource as per need. However, NHSSP support on this initiative will not include the hardware support in procurement and installation of the device. OCA has been completed in Dhangadimai Rural Municipality, Siraha district, Province 2; and Itahari Sub Metropolitan City, Sunsari district, Province 1 and planned in other learning lab sites next quarter.

Inputs are scheduled for the Learning Lab sites in the next Quarter.

Activity i5.2.5 Support the expansion and institutionalisation of electronic reporting from health facilities

On-going: The TA supported the IHIMS to prepare and provide a MTOT to the staff working at the provincial level. The purpose was to build capacities of the local government health staff to initiate electronic reporting of HMIS from health facilities. The TA supported IHIMS in preparation of immediate, short and the long-term plans to improve the quality and use of HMIS data. Also, provided technical assistance to the FMOHP and IHIMS in planning the two days' workshop with programme focal persons to improve quality and use of HMIS data.

In the next quarter the TA will support the IHIMS in facilitating the orientation sessions in selected sites based on the plan developed together with the IHIMS and the Provincial Health Directorates.

Activity i5.2.6 Support the development of OCMC and SSU modules in DHIS2 platform Not scheduled: No inputs were provided in this Quarter.

In the next quarter the TA will work with the IHIMS at the DoHS and the Population Division at the FMOHP to develop the OCMC and SSU software in DHIS2 platform for better integration with the HMIS.

Activity i5.2.7 Support the development of a guideline for effective operationalisation of e-health initiatives

On-time: The TA discussed and agreed with FMOHP counterparts to develop a guideline for effective operationalization of e-health initiatives. A concept note was also developed in coordination with Options London to get expert inputs from international STTA. The development of guidelines is due for submission to DFID as a PD for May 2019. A terms of reference (ToR) is being developed and will be shared with DFID for approval in February 2019.

In the next quarter the TA will lead the collaboration with other EDPs to support the FMOHP in the development of e-health guideline for standardization, integration and better harmonization of the e-health initiatives.

RESULT AREA: i5.3 FMOHP HAS ROBUST SURVEILLANCE SYSTEMS IN PLACE TO ENSURE TIMELY AND APPROPRIATE RESPONSE TO EMERGING HEALTH NEEDS

Activity i5.3.1 Support the strengthening and expansion of Maternal and Perinatal Death Surveillance and Response (MPDSR) in hospitals and communities

On-going: The TA is continuously engaged with the FWD, WHO and other EDPs for implementation of MPDSR in the changed context. A policy brief on the strengthening and expansion of MPDSR in hospitals and communities in the federal context was developed and shared with stakeholders during the NAR 2018. This and other policy discussion briefs are

published on the NHSSP website. The FMoHP is also preparing for publication of this and other similar policy briefs in the FMoHP website soon.

Inputs are scheduled for the next Quarter. These include publication of the policy brief and uploading of this and others developed by NHSSP TA onto the FMoHP website. Also, refer to Sections i5.3.3 and i5.3.4 below.

Activity i5.3.2 Develop and support the implementation of a mobile phone application for FCHVs to strengthen MPDSR

Delayed: The focussed technical discussions with FMoHP counterparts and other stakeholders on development of mobile phone application to strengthen MPDSR could not take place this Quarter, as planned. As stated in the last Quarterly report, there needs to be a consensus amongst the FMoHP and its stakeholders on whether targeting the FCHVs or the ANMs for this initiative is appropriate. Consultation with the partners like GIZ, Medic Mobile and One Heart World-Wide working with FCHVs and mHealth solutions has revealed that based on the technology literacy of the FCHVs they have been using the SMS-based system. The BBC Media Action uses the mHealth solution with 'Interactive Voice Response (IVR)' system. NHSSP is continuing consultations with government counterparts and the partners to explore further on how best the existing mHealth solutions can address the issue of strengthening MPDSR with particular focus on effectiveness, scalability and sustainability of the initiative. . Introducing the mobile technology to the ANMs (rather than the FCHVs) could be a more effective approach which is being discussed. This initiative will be accelerated with development of a guideline for effective operationalisation of e-health initiatives (see activity I5.2.7 above).

Inputs are scheduled for the next Quarter. The level and nature of the activities will depend on progress made with 5.2.7, as described above.

Activity i5.3.3 Collaborate with health academic institutions to enhance their capacity to lead the institutionalisation and expansion of MPDSR at the provincial level

Delayed: The TA is continuously engaged with the FMoHP counterparts to advocate for collaborating with province level Academy of Health Sciences for institutionalization and expansion of MPDSR at the provincial level. A policy brief was developed on this theme and shared with stakeholders during the NAR 2018 (also see activity I5.3.1 above). The NHSSP discussed with counterparts the aspects and the modalities of collaboration between the FMoHP and the provincial level Academy of Health Sciences. There is a growing understanding and acceptance of this approach at the federal level. A preliminary concept note on the parameters of collaboration is currently being developed, which will be discussed internally across NHSSP work streams and subsequently shared with FMoHP counterparts, in the next Quarter.

Detailed activities will be planned and implemented in the next Quarter. These focus on finalisation of the concept note and engagement to discuss this with MoHP counterparts and other NHSSP workstreams.

Activity i5.3.4 Develop an e-learning package on MPDSR (web-based audio and visual training package) and institutionalise it

Not scheduled: No inputs were provided in this Quarter.

Inputs are scheduled for the next Quarter. TA will support the FWD in developing e-learning package on MPDSR (similar to the RDQA - see I5.1.1 above).

Activity i5.3.5 Support effective implementation of EWARS in the District Health Information System platform with a focus on the use of the data in rapid response to the emerging health needs

On-time: The TA along with WHO and GIZ continued to support to initiate the process of integrating the routine MISs and the surveillance systems including EWARS in line with the spirit of forming the IHIMS in the federal context. Focussed technical discussions with the relevant divisions/centres and sections are planned for the next Quarter.

Inputs are scheduled for the next Quarter. These will focus on a range of technical discussions with key stakeholders. Discussions will revolve around integration.

RESULT AREA: i5.4 FMOHP HAS THE SKILLS AND SYSTEMS IN PLACE TO GENERATE QUALITY EVIDENCE AND USE IT FOR DECISION MAKING

Activity i5.4.1 Support the development and implementation of a harmonised survey plan to meet the health sector's data needs

Completed: The 'Health Sector M&E in Federal Context', includes a harmonized survey plan till 2030 (See i5.2.1 above).

Inputs are scheduled for the next Quarter for printing and dissemination of the document in English and Nepali version.

Activity i5.4.2 Analyse HMIS and National level survey data to better understand, monitor and address equity gaps (PD 20 and 53) [and assist in planning]

Analysis of the equity gaps in health service utilisation

Completed: In collaboration with the PPM, FMOHP and Integrated Health Information Management Section, the DoHS, the TA carried out analysis of equity gaps in utilisation of maternal health care services using the data from NDHS, NHFS, and HMIS. This analytical report was submitted to the DFID as a payment deliverable (PD 53) in August 2018. DFID/MEOR comments on the draft were addressed and resubmission was approved by the DFID during this reporting period.

The TA also analysed survey and routine data to demonstrate equity gaps in achievement of major health sector outcomes for the NAR 2018 report.

The team analysed data from different sources and presented the evidence to inform the preparation of SMNH roadmap; they also provided technical supervision to STTAs (hired by the service delivery team) to carry out such analyses. This also included complex statistical analysis of the effect of distance to the health facility on utilization of institutional delivery services, by combining NDHS 2016 data with the geo-coordinates of the health facilities (ArcGIS). This analysis is currently being completed a brief report will be produced in the next Quarter.

Supported FMOHP to update the online NHSS RF dashboard in the FMOHP website and to update the compendium of indicators.

Inputs are scheduled for the next Quarter. Other similar analyses are scheduled for the next Quarter. The report on data analysed for the SMNH road map will also be completed.

Activity i5.4.3 Support the development of a survey plan to meet the health sector data needs with a focus on NHSS RF & IP, SDGs & disbursement-linked indicators and its implementation

Deleted: This is addressed in Activity i5.4.1. The M&E Guideline explained in Activity i5.4.1 above includes a Survey plan.

Activity i5.4.4 Support the FMOHP to improve evidence-based reviews and planning processes at different levels – concept, methods, tools, and implementation

On-time: National Annual Review 2018: The TA supported the FMOHP in conceptualizing, designing and organising the NAR 17-19 December 2018. This was the first NAR that successfully combined the previous NAR and JAR. TA also supported the FMOHP to prepare provincial profiles with their status on key health indicators to share in the provincial reviews.

TA is preparing list of quality related indicators from routine MISs and surveys; and their compendium to feed to the Quality Improvement Management Information System. This will be finalized in consultation with the FMOHP counterparts and other stakeholders next Quarter.

Assisted the FMOHP in preparation of 15th periodic plan, revision of the National Health Policy and long-term vision paper and regulations related to information management in federal context in line with the Public Health Act 2075.

MTR of the NHSS: TA supported the FMOHP to carry out the mid-term review of the NHSS. The FMOHP formed a NHSS MTR Technical Working Group (TWG) comprising members from FMOHP and EDPs. The NHSSP was also a member of the TWG. A team of experts undertook the MTR and the TA supported the review team with supplies of evidence, reference materials and sharing other appropriate information

Inputs are scheduled for the next Quarter. The quality-related indicators and Quality Improvement Management Information System will be completed in collaboration with FMOHP and key stakeholders.

Activity i5.4.5 Support develop evidence-based programme briefs (two pages/programme) for the elected local authorities and dissemination

On-time: Five policy briefs were published and disseminated at NAR 2018. The briefs were related to equity gaps between caste/ethnicity in achievement of major health outcomes, stock taking of health policies, client satisfaction with antenatal care services; caesarean section service utilisation; and strengthening and expansion of MPDSR. These policy discussion briefs have been published on the NHSSP website. The FMOHP is also preparing for publication of these and other similar policy briefs in the FMOHP website soon.

Inputs are scheduled for the next Quarter. These include developing programme specific evidence summaries to help programme divisions in preparation of the AWPB for the next year.

Activity i5.4.6 Support partners and stakeholder engagement forums for better coordination and collaboration and informed decision-making (M&E TWG)

On-going: Reorganization of the M&E TWG: Due to the change in the FMOHP and DoHS structures in the federal context, the M&E TWG meetings could not take place this quarter. The NHSSP is leading the process of supporting the PPMD, FMOHP to develop the concept and the memo for reorganization of the M&E TWG in the changed context. The structure and

scope of work of the new TWG has been aligned with the new structures and responsibilities of the FMoHP, DoHS, DDA and DoA; it also includes representation from the EDPs. The new TWG will be formed and activated in the next quarter.

This Quarter the NHSSP supported the FMoHP in planning, facilitating and organizing a series of meetings between the FMoHP and partners particularly in relation to preparation for the provincial level annual review, the national annual review and policy revision.

Inputs are scheduled for the next Quarter. Responding to issues arising from activation of the new TWG.

Activity i5.4.7 Support the development of health M&E training packages for the health workforce at different levels

Not scheduled: No inputs were provided in this Quarter.

No inputs planned for next quarter

RESULT AREA: i5.5 THE FMOHP HAS ESTABLISHED EFFECTIVE CITIZEN FEEDBACK MECHANISMS AND SYSTEMS FOR PUBLIC ENGAGEMENT IN ACCOUNTABILITY

Activity i5.5.1 Strengthening and sustaining of social audit of health facilities - revised guidelines in the changed context, develop reporting mechanism and enhance the capacity of partner NGOs

Not scheduled: No inputs were provided in this Quarter.

Planned for next year.

Activity i5.5.2 Support the development and operationalisation of smart health initiatives, including grievance management system for transparency and accountability

On-going: E-health initiatives: NHSSP together with WHO, GIZ and other EDPs provided technical assistance to the FMoHP in the development of health facility registry with unique code to each facility. This is published in the FMoHP website for use by the governance units and the public. Grievance management system, file tracking system and knowledge management portal have also been developed and awaiting final endorsement from the Secretary, FMoHP.

In the next quarter the TA will support the local governments in learning lab sites in updating and use of the health facility registry.

Activity i5.5.3 Establish and operationalise policy advocacy forums through the development of the approach and tools

Delayed: TA supported the FMoHP to conduct two policy dialogues last Quarter. The FMoHP had planned to have this type of dialogues on monthly basis. The FMoHP could not organize such event this quarter due to heavy engagement for preparation of the NAR and development of a number of policy documents - 15th five-year plan, National Health Policy and the long-term vision – all of which NHSSP was also involved in through support provided to FMoHP.

Inputs are scheduled for the next Quarter. This will be support to facilitation of the postponed policy dialogues.

Activity i5.5.4 Support citizen engagement forums at central and provincial levels to jointly monitor performance and feed the decision-making processes

Delete. This activity is covered by Activity i5.5.1 and Activity i5.5.3. The TA will coordinate and collaborate with SAHS for the activities related to citizen engagement forums.

No inputs are scheduled for the next Quarter

Other activities

1. Supported MEOR for knowledge management of DFID's NHSP3 suppliers
2. Participated in a joint meeting with DFID, NHSSP, and MEOR on health sector M&E. The meeting discussed customization of the NHSSP website to share the contents with the DFID/NHSP3 suppliers; agreed on way forward for effective operationalization of the knowledge management of the DFID/NHSP3 suppliers; and also shared with each other the ongoing and planned activities for better harmonization of the efforts. This type of meeting between NHSSP and MEOR is planned regularly on monthly basis.

2.5 HEALTH INFRASTRUCTURE

HEALTH INFRASTRUCTURE KPA 1: POLICY ENVIRONMENT

i7.1.1 Produce post-2015 Earthquake Performance Appraisal Report (PD 13)

Completed: Achieved in Quarter 3, Year One. This report provides an overview of disaster risk reduction (DRR) activities and policies in the FMoHP, and aims to improve and enhance the coordination mechanism for DRR governance in the changed context of federalism.

The FMoHP's Health Emergency and Disaster Management Unit (HEDMU) adopted the **Earthquake Performance Appraisal Report** previously developed by the NHSSP Health Infrastructure team, and established a review committee to strengthen existing DRR documents and guidelines. The NHSSP Policy Development Adviser is a key member of this committee and actively participated in all the events organised by HEDMU. The Policy Development Advisor also supported HEDMU in the implementation of the Hospital Safety Index assessment tool developed by World Health Organisation (WHO) in hospitals located in Province 5 and 7. **The Hospital Safety Index Assessment (HSI) tool is widely used by WHO to assess hospital preparedness and Disaster Management. It includes a structural, non-structural and functional assessment index.**

Jointly with the Nepal Engineers Association, support was provided to the HEDMU in the selection of the national level consultants for the assessment of four hospitals in Provinces 5 and 7. The Health Infrastructure team also coordinated with DUDBC counterparts on this assessment exercise.

The team also worked with the Nepal Engineers Association to identify participants for a two-day training event on the HSI, and a one-day workshop on the Hospital Safety programme, to be organised in January 2019.

In addition, it is now planned to integrate improved coordination of DRR as a pilot within the NHSSP Learning Lab sites. An assessment tool has been prepared which incorporates DRR elements.

This tool uses the Kobo Toolbox open-source platform as a survey app framework developed under the Detailed Engineering Assessment. The app originally included questions to provide an overview of disaster risk, which is now being expanded to secure more information and analyse the existing disaster preparedness plans at facility, municipal and District level. It will also be used to:

- Assess vulnerability, access and other back-up infrastructure required during disasters using the Multi-hazard Resilience perspective
- Analyse facility locations and probable referral locations / hubs to be developed as part of disaster preparedness.

Inputs are scheduled for the next Quarter. The Health Infrastructure team will use the new assessment tool to prepare DRR actions at health facility level linked to the local municipality's DRR plan.

Challenge: There is a risk that the changes in functions and relationships resulting from the new federal dispensation may impact on the approach to mainstreaming DRR at the different levels. In such cases, adjustments will be required in the proposed modality during planning and implementation at the Learning Lab sites.

i7.1.2 Upgrade HIIS to integrate functionality recommendations

On time: An online Health Infrastructure Information System (HIIS) was developed and is being updated. Digitisation and the update of feature information in the HIIS geo-database are taking place. This is an ongoing requirement, particularly as the new federal, provincial, and local structures begin to add to or change the health infrastructure network.

During the quarter HIIS was used to support the FMoHP to identify existing Primary Health Care Centres (PHCCs) which have sufficient infrastructure for upgrading to primary hospital level with minimum financial investment.

The initial categorisation and delineation of health facilities was made for 744 local authorities. Government subsequently created nine additional local authorities, giving a total of 753. The HIIS was updated to include these nine local authorities. Using factors of catchment area population, accessibility and linkage, one hospital was delineated for each local authority, in line with Government's directive. The list of municipalities and proposed hospitals was submitted to the FMoHP Policy, Planning and Monitoring Division. The FMoHP also decided to provide a health facility in each ward in the country. The HIIS was used to identify all wards that did not have any type of health facility. Together with data on ward population, location, distance and type of nearest adjoining health facility, this information was submitted to the FMoHP to support planning and evidence-based decision making.

The HIIS was used to provide data to the FMoHP to review progress made on post-earthquake health facility recovery and reconstruction works funded and implemented directly by different external donor partners.

The NHSSP Service Delivery team used HIIS data for GIS-based analysis and development of maps to examine distribution of Birthing Centres (BC), Basic Emergency Obstetric and Neonatal Care Centres (BEONC) and Comprehensive Emergency Obstetric and Neonatal Care Centres (CEONC). The team also used HIIS analysis of population catchments (5 and 10 km radius) for selected health facilities to plan their activities.

The Health Infrastructure team provided UNICEF HIIS data from Detailed Engineering Assessment of health facilities (DEA) to generate a report on Water, Sanitation and Hygiene (WASH) requirements.

HIIS data was used to generate baseline lists of health facilities to support more detailed assessment in 39 districts.

Inputs scheduled for the next quarter.

- Assessment of health facilities in seven districts with Learning Lab sites.
 - Development of routing maps with cluster information regarding health facilities.
 - Update and development of survey application forms.
 - Data verification and integration into HIIS.
- Formation of a Working Committee for implementation of action plans regarding categorisation of health facilities.
- Roll-out of categorisation of health facilities in different provinces and local authorities.
- Update of categorisation of health facilities with the participation of the Working Committee and in consultation with the representatives from provincial and local authority.
- Upgrading of HIIS online portal.
- Integration of health facility data into HIIS from health facility survey to be conducted by the World Bank.

Challenge: The HIIS is founded on data collected in 2008, along with information from secondary sources for many of the attributes for 47 Districts in the system. It has partial information on the physical status of about 3 900 sub-health posts that were under local government jurisdiction until 2011. These were declared as health posts in 2011, and brought under the jurisdiction of the FMoHP. These data gaps affect the accuracy of any analysis, limiting the scope of intra-country comparisons and facilities distribution. To improve this situation, and to develop a multi-hazard resilience profile, a detailed infrastructure and situation assessment of health facilities in the remaining 46 districts needs to be incorporated in the system. The Health Infrastructure team is coordinating with the World Bank, which has come forward to support FMoHP in this area.

i7.1.3 Transfer HIIS to FMoHP, support the institutionalisation of the tool and enhance capacity in its use

On-time: Government staff from the Department of Health Services (DoHS) continued to periodically work with the Health Infrastructure Team to plan different health infrastructures and facilities. This exposes them to HIIS data analysis, and increases their acquaintance with and use of the system and tools.

The web-based HIIS portal has been configured so that each local authority can access the information on health facilities under in their jurisdiction. HIIS user account credentials for each local authority along with GIS-based data packages will be disseminated to the representatives of local authorities and provincial government. Provincial and local authority staff will participate in HIIS user training programmes, as well as events to support the revision and upgrading of health facility categorisation. The GIS-based data packages (including location, categorisation status, building block physical status, land information, utilities, and accessibility) from the HIIS will aid the local and provincial governments in devising their development plans. The Health Infrastructure team is co-ordinating with the National

Reconstruction Authority (NRA) and World Bank in the assessment of health facilities not covered by the DEA.

Inputs are scheduled for the next quarter. These will focus on providing the HIIS user training and supporting the revision and upgrading of health facility categorisation as described above.

Challenge: The DoHS and FMoHP need to develop a comprehensive data centre to house different information systems in a secure and efficient way. The Health Infrastructure team is continuously following up on this issue with the FMoHP.

i7.1.4 Revision of the Nepal National Building Code (NNBC) in relation to retrofitting, electrical standards, Heating, Ventilation and Air Conditioning (HVAC), and sanitary design.

Terms of Reference (ToRs) for the development of a handbook and training module for electrical, HVAC and sanitary services design in health infrastructure were prepared and shared with the Department of Urban Development & Building Construction (DUDBC). Content and training requirements are being discussed with DUDBC and other experts - once these are finalised, the modules, handbooks and standard guidelines will be developed.

Inputs are scheduled for the next Quarter. This will include development of modules, handbooks and standard guidelines when the training requirements are agreed (see Challenges below).

Challenge: The development and endorsement of new codes and guidelines can be a lengthy process. The Team will engage closely with DUDBC officials to seek to expedite the process as necessary.

i7.1.5 Nepal earthquake retrofitting and rehabilitation standards produced and adopted (PD 21)

Completed: The PD was achieved during this Quarter. Initially, the standard was produced as guidelines, after which a high-level workshop involving the FMoHP and DUDBC representatives recommended that these should be further developed to become standards for Nepal.

The standards development process has been initiated as per the detailed plan of action agreed with DUDBC during the last quarter and is being finalised in close coordination with DUDBC through the working committee under its leadership.

Inputs are scheduled for the next quarter. Finalisation of the draft standards followed by dissemination.

i7.1.6 Development of the Climate Change and Health infrastructure framework (PD 22)

Completed: Achieved in this Quarter.

This activity is linked with i7.1.1. The detailed conditions assessment of existing health facilities in seven Learning Lab Districts is scheduled to take place in the next quarter. The assessment tool has been prepared to also examine the types of health infrastructures existing in the districts, which will be useful for analysing different risks to the health facilities, including climate change and natural disasters.

i7.1.7 Support the development of implementation plan for Infrastructure Capital Investment Policy (PD 89), and Preparation of framework for the development of supporting tools for effective implementation of the categorisation of health facilities (PD 46)

Completed: The Infrastructure Capital Investment Policy and its provisions were developed previously, and planning is still on-going to implement and disseminate this widely to support evidence-based decision making at all levels of government. The PD 89 and PD 46 reports were approved by DFID. These set out a rationale, and action plan, along with activities, responsibilities, and timeline, and were discussed with the FMoHP for its endorsement. The FMoHP gave broad agreement to implementing the action plan.

The Health Infrastructure team supported a working session with FMoHP and Management Division high-level officials on 10 October 2018 to discuss capital investment policy and categorisation.

The session discussed the conflict between policies from different line agencies and the FMoHP health infrastructure development policy, and the need to resolve these issues in coordination with the respective ministries. There was also discussion on the following items:

- Roles and responsibilities of all levels of government with regard to ownership, operation and management of health infrastructure transferred to provincial and local level
- Land issues relating to the development of health facilities

The meeting noted that the decision to establish a 15-bed hospital in each municipality had not been made on rational / scientific basis, and that strong advocacy would be required.

It was agreed that dissemination further down to the provincial and local level is very important, and that the issues relating to land and health infrastructure be taken for discussion and consultation at local level with a view to jointly developing a policy to address these aspects.

Acting on the invitation from the FMoHP to the Annual Work Plan and Budget preparation workshop on 13 October 2018, the Health Infrastructure team presented to all Social Development Ministry Secretaries, Directors, Director General and other high-level officials from FMoHP and DoHS. The presentation focussed on rationalising the number of hospitals and facility locations, using evidence from GIS maps developed using the HIIS.

The Health Infrastructure team conducted an Orientation Programme event on Nepal Health Infrastructure Development Standards in Bhaktapur on 1 October 2018. Issues discussed included construction of multi-hazard resilient health infrastructure, approach to integrated health infrastructure planning and standards, land selection and development, retrofitting approach adopted for Bhaktapur Hospital and its details, and categorisation of health facilities.

Dates have been fixed in the next quarter for Orientation Programme events in Province 3 and with Manthali Municipality.

Inputs are scheduled for the next quarter. Orientation Programme events as described above.

Challenge: Coordination at different levels and time management are the main challenges. Implementation of both documents requires intensive interaction and widespread dissemination across provincial and local government levels. Similarly, the Working Committee developing the new evidence-based approach will need active representation from all levels of government. There will need to be considerable input to co-ordinate communications, linkage, and participation between each tier of government to ensure compliance with the National Constitution.

The Health Infrastructure team will engage closely with counterparts at all levels of government to mitigate these challenges. These implementation plans have been discussed with Department of Local Infrastructure (DOLI) and FMoHP and a joint implementation plan has been prepared in the form of a concept note. This has been submitted to the Ministry of

Federal Affairs and General Administration (MoFAGA) and FMoHP and is being discussed jointly. The concept note proposes wider dissemination and interaction with local government on the documents through workshops, discussion and events to receive inputs and suggestions supporting revision, local ownership and implementation. The concept note is being reviewed by both the Ministries at the time of writing.

i7.1.8 Revise existing Health Infrastructure Design Standards and upgrade Guidelines to ensure equity by bringing them in line with LNOB good practice and orient infrastructure stakeholders on these

On-time: The final draft document for Gender Equity and Social Inclusion (GESI) and Leave No One Behind (LNOB) compliance in health infrastructure development was welcomed and agreed by the Ministry of Urban Development (MoUD). Compliance requirements were incorporated in the tender documents for retrofitting of the two Priority Hospitals. After moving into the tender process, a sensitisation programme will be held for contractors and relevant construction professionals on these issues to ensure compliance and implementation during the construction phase.

Inputs are scheduled for the next quarter. It is intended that the sensitisation programme will be implemented.

HEALTH INFRASTRUCTURE KPA 2: CAPACITY ENHANCEMENT

i7.2.1 Ongoing capacity development support to the FMoHP and DUDBC, including capacity assessment and the formation of a Capacity Enhancement Committee

On time: Following a request from the FMoHP and Social Development Ministry of Karnali Pradesh, (SDMKP), the Health Infrastructure team presented inputs on the development of the planned Surkhet tertiary-level hospital at the Chief Minister's Office in December 2018.

A later presentation was made to concerned provincial leaders and officials on immediate human resources, equipment and other support services required to get the Surkhet Hospital functional. The team also stressed the need to adopt an integrated approach to deliver services, rather than focusing on an expansion of bed numbers. Projections developed by the Health Infrastructure team under NHSSP 2 show that an increase in beds will not be required for another ten years.

The Health Infrastructure team is supporting the SDMKP in the preparation of an investment plan for the budget allocated by the provincial government for the development of Surkhet Hospital.

The Health Infrastructure team visited Humla to assess the District Hospital (Primary A3) on the request of the Social Development Ministry. Detailed drawings of the hospital were prepared by the team to identify opportunities for immediate improvement, and short- and long-term investment plans for the facility. A similar rapid appraisal visit was made in December 2018 to Kalikot, Jajarkot, Dailekh and Mehlkuna Hospital.

The Health Infrastructure team also supported the FMoHP to monitor progress and resolve construction-related issues in Bir Hospital and Paropakar Maternity and Women's Hospital. Both projects are funded by the Japanese International Cooperation Agency (JICA). Monthly progress briefings are attended by a Health Infrastructure team member representing technical support for the Ministry as part of ongoing technical support to the Ministry for monitoring of reconstruction work through EDPs. This role has been assigned to the team since TRP. The issues addressed at the progress briefings included provision of hospital furniture in time for project hand-over in May 2019, electrical supply, heating system issues

and provision of security screens. The Health Infrastructure team is currently supporting the FMOHP in preparing cost estimates for the procurement of the hospital furniture.

The Health Infrastructure team assisted the FMOHP in reviewing the designs of five health facilities submitted by USAID for approval, and two designs submitted by Terres De Hommes (TDH). The team also reviewed the final structural designs submitted by KFW for Gorkha Jiri, Ramechhap and Rasuwa districts.

The DUDBC also received support in the review of designs of Bheri Zonal Hospital.

The NHSSP Structural Engineer embedded in the DUDBC Health Buildings division has been continuously supporting the structural design of different health infrastructures planned in the FMOHP's AWPB and authorised to DUDBC for implementation. The embedded advisers at DUDBC also supported the analysis of retrofitting structural designs as required by the International Monitoring & Verification team appointed by DFID.

Inputs are scheduled for the next quarter. Regular support to the ongoing retrofitting works and support to DUDBC in designing and analysis of health infrastructure projects planned in the FMOHP's AWPB and authorised by DUDBC for implementation.

i7.2.2 Training Needs Analysis (TNA) for FMOHP and Staff (PD 14)

Completed: The PD was achieved in Quarter Three. It is an on-going process.

The technical skills training provided through the NHSSP Capacity Enhancement Programme in the last quarter has been greatly appreciated and is clearly meeting immediate needs. These activities have continued to generate demands from DUDBC to add more targeted components into the existing Training Needs Analysis (TNA). In line with this request, the programme will include technical training on design of electrical services, sanitary services, and HVAC for health facilities, along with health waste management. ToRs on these areas, as well as retrofitting, have been shared with DUDBC for inputs.

Implementing the new federal arrangements requires substantial administrative restructuring and staff deployment, and is placing considerable strain on existing managers. There is a continuing high demand from DUDBC to support and strengthen the technical skills and competencies of these mid-level managers to implement the transition and ensure service delivery continues to improve.

This group includes federal staff, as well as those deployed to provincial administrations and Provincial Project Implementation Units. Focus areas would include transitional arrangements and priorities, finance arrangements, policies, standards, and guidelines related to health infrastructure development, as well as organisation management and health programme leadership. Discussions have been initiated with DUDBC and the Nepal Administrative Staff College (NASC) and a detailed concept note is being developed.

Inputs are scheduled for the next quarter. Finalisation and submission of the concept note. Ongoing support as described above on an 'as and when requested' basis.

Challenge: The Health Infrastructure team pays constant attention to ensuring that scheduling and participation are compatible, and that events are accessible. Strenuous efforts are made to ensure female participation in all training events, but these are restricted by the small number of women staff in technical and managerial positions.

i7.2.4 Health Infrastructure Policy Development Training Programme Implementation Y1

Completed: PD approved by DFID and payment already made during the last quarter of 2017.

No inputs are scheduled for the next quarter.

i7.2.4 Health Infrastructure Policy Development Training Programme Implementation Y2

Completed: The Health Infrastructure Policy Development Training Programme Implementation (PD 67) was rescheduled from May 2019 and conducted in last quarter of 2018.

Inputs are not scheduled for the next quarter.

i7.2.5 Policy Development Training Impact Evaluation (PD 38)

Completed: During the last quarter

No inputs are scheduled for the next quarter

i7.2.6 DUDBC technical skill training design and conducted Y1 (PD 34)

Completed: during last quarter Year One

No inputs are scheduled for the next quarter

i7.2.7 DUDBC technical skill training design and conducted Y2

On-time: No activities took place.

Inputs are scheduled for the next quarter. A workshop on Global Practices in Retrofitting has been planned, as has a 35 days training package for mid-level DUDBC managers/officials from different districts has been planned. The 35-days training package will cover a large area related to technical, contractual, policy and managerial skills with regard to development of health infrastructure across the country.

i7.2.8 Technical Skills Training Impact Evaluation (PD 39)

Completed: This activity was achieved during the last quarter.

No inputs are scheduled for the next quarter

i7.2.9 Feasibility Study and Recommendations for Establishment of Mentoring Support (PD 54)

Completed: The assignment has been completed and approved by DFID.

No inputs are scheduled for the next quarter.

i7.2.10 Skills Development Training for contractors and professionals designed and implemented Y1

Completed: On time in Year One.

No Inputs are scheduled for the next quarter (see Y2 below).

i7.2.11 Skills Development Training for contractors and professionals designed and implemented Y2

Inputs are scheduled for the next quarter. Likely to be publication of tenders (see Challenges).

Challenges: This activity is closely linked to the timing of publication of the tenders for retrofitting works at the two Priority Hospitals, however progress has been made and tenders will be published in the next quarter.

i7.2.12 Design & Roll-out of Roadshows & Information Sessions in Priority Districts (PD 47)

Completed: The programme completion report has already been submitted to DFID and approved.

No inputs are scheduled for the next quarter.

~~*i7.2.13 Annual Impact Review: assess the impact and effectiveness of capacity programme activities developed, implemented and adopted in Year One.*~~

Delete. This is redundant with the assessments mentioned above.

No inputs are scheduled for the next quarter.

HEALTH INFRASTRUCTURE KPA 3: RETROFITTING AND REHABILITATION

i7.3.1 Strengthening Seismic, Rehabilitation, and Retrofitting Standards and orientation on the standards, incl. report with recommendations (PD 16)

Completed: Achieved in Quarter Three. A technical working group has since been formed under the leadership of DUDBC to finalise the standards for adoption as a National Standard. A framework for further discussion has been developed and agreed by DUDBC and accordingly the process is progressing.

Inputs are scheduled for the next quarter. Standards will be drafted as per the framework.

i7.3.2 Identification and Selection of Priority Hospitals (PD 15)

Completed: Achieved in Quarter One.

No inputs are scheduled for the next quarter

i7.3.3 Geotechnical site survey, structural element test, production of drawings, detailed condition assessment

Completed: Geotechnical investigations, structural element tests using non-destructive and destructive tests and detailed condition assessments were conducted during the last quarter. The process was reviewed by the international Monitoring & Verification (M&V) experts contracted by DFID. The M&V review team was satisfied overall with the test results and application in designs, and recommended that additional tests of stone strength are made during the construction period.

No inputs are scheduled for the next quarter.

i7.3.4 On-site training to FMoHP and DUDBC technical staff on seismic assessment of hospital buildings

Completed: On-site training to FMoHP and DUDBC technical staff on seismic assessment of the two Priority Hospitals was completed in the last quarter. No inputs were scheduled for this quarter.

No inputs are scheduled for the next quarter.

i7.3.5 Design of retrofit works (structural/non-structural) with the DUDBC (PD 29)

On-time: The design has been completed and submitted to both DUDBC and to DFID in Year One.

DFID's M&V review process has been completed satisfactorily, with implementation and follow-up on recommendations taking place.

Inputs are scheduled for the next quarter. Work will take place on the follow-up actions as recommended by the review team. The design will be finalised.

i7.3.6 Training on retrofitting design and tendering, and sharing of the design and measures (PD 35)

Completed: Achieved in Quarter One 2018. In line with the TNA report, a further event on Global Retrofitting Practices and Experiences is scheduled in the next quarter. This event was moved from December due to non-availability of DUDBC officials establishing PIUs in the provinces.

Inputs are scheduled for the next quarter. The event on Global Retrofitting Practices and Experiences will take place.

i7.3.7 Preparation of final drawings

All the required sets of architectural, structural, sanitary, and electrical drawings were updated with more details, and revised cost estimates were prepared as per the revised rates of DUDBC for this fiscal year. Recommendations made by the M&V Review team are being added to the drawings. These final drawings will be sent to DUDBC for approval early next quarter.

Inputs are scheduled for the next quarter. These include seeking approval by DUDBC for the final drawings.

Challenge: Delay in approval of the designs is a potential difficulty. The Health Infrastructure team is in close engagement with DUDBC to support the drawings review approval process and avoid any unnecessary delays.

i7.3.8 Production of Bills of Quantities

Completed: A Bill of Quantities is being updated as per the additional requirements required in the designs and some minor changes in the functional design. This process will be completed and submitted early in the next quarter to DUDBC for review and approval.

Inputs are scheduled for the next quarter.

i7.3.9 Tender process and contractor mobilisation (PD 40)

Delayed: This PD has now been scheduled for the next quarter.

Inputs are scheduled for the next quarter. Submission of this PD.

Challenge: Programme budget approval and release is required to be sent to DUDBC as soon as possible. The Health Infrastructure team is following up on the issue.

i7.3.10 Priority Hospitals Work Implementation and Supervision, completion of the first phase (PD 55)

Not scheduled. No inputs were provided in this quarter.

No inputs are scheduled for the next quarter.

i7.3.11 Tatopani Health Post Retention wall construction

Completed: In Year One. A visit to the site has been proposed in the next quarter.

Inputs are scheduled for the next quarter. Site visit to Tatopani Health Post

i7.3.12 Engagement of FMoHP/ DUDBC officials in design and tendering activities

It is a continuous process. Two NHSSP structural engineers embedded in the DUDBC to support its technical staff have been engaging with their counterparts in retrofitting design of different health facilities planned in FMoHP's AWPB as part of hands-on capacity development. The updated designs and tender documents have been regularly discussed with FMoHP and DUDBC officials.

Inputs are scheduled for the next quarter. In particular, the continuation of hands-on capacity development of DUDBC's technical staff; and engagement with FMoHP and DUDBC officials as and when required.

3 CONCLUSIONS

The Annual Review and Mid-Term Review findings were received and provided useful information on how NHSSP3 is achieving its objectives (Annual Review score was A) and guidance on the way forward. The latter is particularly important given the current political situation which continues to create challenges (as well as opportunities) for all DFID supported programmes.

Some of the challenges raised in previous quarterly reports continue, particularly those related directly or indirectly to devolution. Active efforts, however, are being made by TA to work around these as they continue to support the health sector and in their partnerships and collaboration with other EDPs. The team is becoming more familiar with the challenges and their impact and so are better able to identify approaches which mitigate as much as possible the potential for reducing NHSSP3's progress.

The forthcoming DFID workshop in Quarter 1 will also provide an important opportunity for joint planning and discussion between all partners and DFID in terms of how best to proceed over the remaining years of the programme.

Notable achievements as a result of NHSSP TA in the last quarter of 2018 include

- OCA training as an important pre-cursor to setting up Learning Labs, but also as a tool which can be used effectively beyond the NHSSP programme.
- Approval from the international Monitoring & Verification (M&V) experts, validating NHSSP's approach and enabling the retrofitting and rehabilitation work to move forward.
- Working alongside other EDPs to support the MoHP to successfully hold the first combined JAR/NAR

In addition, there has been a significant increase in the sourcing of international STTA (ISTTA) for the forthcoming quarter. In addition to the on-going support from ISTTAs who provide high quality consistent support to the work streams, this is being supplemented by additional international specialists with global reputations in their specific skills areas. This is particularly the case for the forthcoming work on disability issues and reflects the importance given to this issue by both GoN and DFID, as well as by the NHSSP team.

APPENDIX 1 UPDATE OF LOG FRAME

PROJECT TITLE:		NEPAL HEALTH SECTOR SUPPORT PROGRAMME (March 2016- December 2020)							
OUTCOME 1	Outcome Indicator 1.1		Baseline Value (Mid July 2015 - Mid July 2016)	Milestone Y1 (Mid July 2016- Mid July 2017)	Milestone Y2 (Mid July 2017- Mid July 2018)	Milestone Y3 (Mid July 2018-Mid July 2019)	Milestone Y4 (Mid July 2019-Mid July 2020)	Target (Mid July 2020-Dec 2020)	Assumptions
Health system is more resilient to environmental shocks and natural disasters	% of newly constructed health facility buildings adhered to environmental shocks and natural disaster resilience (structural and functional) criteria	Planned	Not applicable	No milestone planned	No milestone planned	No milestone planned	100	100	Revised standards are timely endorsed by MoHP.
		Achieved			Revised standards are endorsed by MoHP.				
			Source DUDBC report						
OUTCOME 2	Outcome Indicator 2.1		Baseline Value (Mid July 2015 - Mid July 2016)	Milestone Y1 (Mid July 2016- Mid July 2017)	Milestone Y2 (Mid July 2017- Mid July 2018)	Milestone Y3 (Mid July 2018-Mid July 2019)	Milestone Y4 (Mid July 2019-Mid July 2020)	Target (Mid July 2020-Dec 2020)	Regular availability of SBAs at all BCs, BEONCs and CEONCs
Equitable utilization of quality health services	% point reduction in gap between the average SBA delivery (disaggregated by Province) 2.1.a) % point reduction in gap between the average SBA delivery of the bottom 10 and top	Planned	Not applicable	No milestone planned	5.0	No milestone planned	No milestone planned	No milestone planned	
		Achieved			2.0				
			Source HMIS						

	10 districts (for Y1, Y2)									
	2.1.b) % point reduction in gap between the average SBA delivery of the bottom 10% and top 10% of local government (for Y3, Y4)	Planned	Not applicable	No milestone planned	No milestone planned	Establish baseline for Local Governments	5	No milestone planned		
		Achieved								
		Source HMIS								
OUTCOME 3	Outcome Indicator 3.1		Baseline Value (Mid July 2015 - Mid July 2016)	Milestone Y1 (Mid July 2016- Mid July 2017)	Milestone Y2 (Mid July 2017- Mid July 2018)	Milestone Y3 (Mid July 2018-Mid July 2019)	Milestone Y4 (Mid July 2019-Mid July 2020)	Target (Mid July 2020-Dec 2020)		For Province and Local Government, baseline and targets will be established by December 2018.
Improved governance and accountability of the health sector at the three levels of government that leaves no one behind	% of allocated health budget expended at central, provincial and local levels									
		Planned	83.1	No milestone planned	85	87	88	No milestone planned		
		Achieved			82					
	Source AWPB, TABUCS, FMR									
	3.1b) Provincial government	Planned	Not applicable	No milestone planned	No milestone planned	TBC	TBC by year 2	No milestone planned		
Achieved			Not applicable	Not applicable						
Source										

		AWPB, TABUCS, FMR							
	3.1c) Local government	Planned	Not applicable	No milestone planned	No milestone planned	needs to be set	TBC by year 2	No milestone planned	
		Achieved		Not applicable	Not applicable				
		Source							
		AWPB, TABUCS, FMR							
INPUTS (£)	DFID (£)		Govt (£)		Other (£)		Total (£)	DFID SHARE (%)	
INPUTS (HR)	DFID (FTEs)								
OUTPUT 1	Output Indicator 1.1		Baseline Value (Mid July 2015 - Mid July 2016)	Milestone Y1 (Mid July 2016- Mid July 2017)	Milestone Y2 (Mid July 2017- Mid July 2018)	Milestone Y3 (Mid July 2018-Mid July 2019)	Milestone Y4 (Mid July 2019- Mid July 2020)	Target(Mid July 2020- Dec 2020)	Assumptions
Evidence based policies and guidelines developed in the federal context endorsed by the respective authorities in MoHP	% of local governments adhering to guidelines on health structure in federal context (defined in terms of the sanctioned posts of health staff at local government/Palika)	Planned	Not applicable	No milestone planned	No milestone planned	50	75	No milestone planned	Health structures in federal context will be defined in year 1
		Achieved		Not applicable	MoHP has submitted the proposed health structures in federal context to the Ministry of Federal Affairs and General Administration for endorsement in May 2018.				
		Source							

MoHP report on organization restructuring in federal context							
Output Indicator 1.2		Baseline Value (Mid July 2015 - Mid July 2016)	Milestone Y1 (1 July 2016- 30 June 2017)	Milestone Y2 (1 July 2017-30 June 2018)	Milestone Y3 (1 July 2018- Mid July 2019)	Milestone Y4 (Mid July 2019-Mid July 2020)	Target (Mid July 2020-Dec 2020)
Number of priority health policies, strategies and guidelines endorsed by MoHP							
1.2a) Policies	Planned	MoHP priorities set for Year 1 & 2	1 (Partnership in Health)	1 (AMR)	To be determined based on MoHP priority	To be determined based on MoHP priority	To be determined based on MoHP priority
	Achieved		1 (Policy on Partnership in Health drafted. The partnership issues are included in the revised National Health Policy)	1 AMR is included in the revised National Health Policy (draft) developed with NHSSP support.			
	Source						
MoHP endorsed policies, strategies and guidelines							

1.2b) Strategies	Planned	MoHP priorities set for Year 2	No milestone planned	1 (GESI)	To be determined based on MoHP priority	To be determined based on MoHP priority	To be determined based on MoHP priority
	Achieved		Not applicable	1 Health Sector GESI Strategy developed and submitted to MoHP with NHSSP support			
	Source						
	MoHP endorsed policies, strategies and guidelines						
1.2c) Guidelines	Planned	MoHP priorities set for Year 2	No milestone planned	1 (National Standard Treatment Guideline)	To be determined based on MoHP priority	To be determined based on MoHP priority	To be determined based on MoHP priority

Achieved		Not applicable	<p>5 Development of NSTG is awaiting finalisation of Basic Health Package.</p> <ol style="list-style-type: none"> 1. Guideline for handover of health facilities to the local governments developed and executed. 2. Health Sector AWPB Preparation Guideline for Local Level 3. SoP of Procurement Management Facilitation Handbook for Local Level; 4. Electronic Government Procurement Handbook for Local Level. 5. Health infrastructure design and construction guidelines 				
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				(Volume 2 of NHIDS 2017)				
Source								
MoHP endorsed policies, strategies and guidelines								
Output Indicator 1.3		Baseline Value (Mid July 2015 - Mid July 2016)	Milestone 1 (1 July 2016- 30 June 2017)	Milestone 2 (1 July 2017-30 June 2018)	Milestone 3 (1 July 2018- June 2019)	Milestone 4 (Mid July 2019-Mid July 2020)	Target (Mid July 2020-Dec 2020)	Minimum service standards for primary hospitals will be updated in line with the standards of IIDP 2017 in year 1.
% of public hospitals implementing the minimum service standards bi-annually (in	Planned	Not applicable	No milestone planned	No milestone planned	50	70	100	
	Achieved		Revision of minimum service standards of	MSS revised for primary hospitals; and MSS developed for				

learning labs sites)			primary hospitals in progress.	secondary and tertiary level hospitals				
Source								
Updated Minimum Standards for primary hospitals, NHSSP periodic progress reports								
Output Indicator 1.4		Baseline Value (Mid July 2015 - Mid July 2016)	Milestone 1 (1 July 2016- 30 June 2017)	Milestone 2 (1 July 2017-30 June 2018)	Milestone 3 (1 July 2018- Mid July 2019)	Milestone 4 (Mid July 2019-Mid July 2020)	Target (Mid July 2020-Dec 2020)	OCAT will be designed, adopted and the first round of assessment completed in year 2.
% of MoHP entities met actions recommended from OCAT as per the plan	Planned	Not applicable	No milestone planned	No milestone planned	100	100	100	
	Achieved			The NHSSP is exploring suitable tools and the process of OCAT used in other countries for adaptation in the local context. This will be shared with the MoHP once the health structures are finalized in the federal context.				
Source								
OCAT progress report, NHSSP periodic progress reports								
Output Indicator 1.5		Baseline Value (Mid July	Milestone Y1 (Mid July 2016- Mid July 2017)	Milestone Y2 (Mid July 2017- Mid July 2018)	Milestone Y3 (Mid July	Milestone Y4 (Mid July	Target (Mid July	

			2015 - Mid July 2016)			2018-Mid July 2019)	2019-Mid July 2020)	2020-Dec 2020)		
	% of agreed actions in Joint Consultative Meeting (JCM) completed timely	Planned	JCM action monitoring mechanism does not exist	No milestone planned	100	100	100	100		
		Achieved		Not applicable	100					
IMPACT WEIGHTING (%)	Source								RISK RATING	
	JCM note for record									
INPUTS (£)	DFID (£)		Govt (£)		Other (£)		Total (£)	DFID SHARE (%)		
INPUTS (HR)	DFID (FTEs)									
OUTPUT 2	Output Indicator 2.1		Baseline Value (Mid July 2015 - Mid July 2016)	Milestone Y1 (Mid July 2016- Mid July 2017)	Milestone Y2 (Mid July 2017- Mid July 2018)	Milestone Y3 (Mid July 2018-Mid July 2019)	Milestone Y4 (Mid July 2019-Mid July 2020)	Target (Mid July 2020-Dec 2020)	Assumptions	
Financial management capacity strengthened by supporting the development, implementation and monitoring of Financial Management	% of MoHP spending units conducting internal audit in line with the internal audit improvement plan (IAIP)	Planned	IAIP does not exist	Milestone not planned	Milestone not planned	30	50	No milestone planned	IAIP will be finalized and implemented in year 1.	
		Achieved			MoHP has finalized IAIP and sent to FCGO. Implementation monitored by PFM committee					
		Source								

Improvement Plan (FMIP)

		OAG Annual Report							
Output Indicator 2.2		Baseline Value (Mid July 2015 - Mid July 2016)	Milestone Y1 (Mid July 2016- Mid July 2017)	Milestone Y2 (Mid July 2017- Mid July 2018)	Milestone Y3 (Mid July 2018-Mid July 2019)	Milestone Y4 (Mid July 2019-Mid July 2020)	Target (Mid July 2020-Dec 2020)		
Number of MoHP officials trained on								Revised eAWPB and TABUCS are in line with the upcoming legal and system frameworks.	
2.2a) Revised eAWPB	Planned	Not applicable	No milestone planned	100	150	200	No milestone planned		eAWPB and TABUCS will be revised/ updated in year 1
	Achieved		Not applicable	109					
	Source								
Health sector eAWPB, Training completion report									
2.2b) Updated TABUCS	Planned	Not applicable	No milestone planned	100	150	200	No milestone planned	The figures in milestones and targets are cumulative.	
	Achieved		156	126					
	Source								
Health sector eAWPB, Training completion report									
Output Indicator 2.3		Baseline Value (Mid July 2015 - Mid July 2016)	Milestone Y1 (Mid July 2016- Mid July 2017)	Milestone Y2 (Mid July 2017- Mid July 2018)	Milestone Y3 (Mid July 2018-Mid July 2019)	Milestone Y4 (Mid July 2019-Mid July 2020)	Target (Mid July 2020-Dec 2020)		
% of MoHP spending units having no Recorded Audit Observations	Planned	30	No milestone planned	32	34	37	No milestone planned		
	Achieved			26					

IMPACT WEIGHTING (%)		Source							RISK RATING
		OAG Annual Report							
INPUTS (£)	DFID (£)		Govt (£)		Other (£)		Total (£)	DFID SHARE (%)	
INPUTS (HR)	DFID (FTEs)								
OUTPUT 3	Output Indicator 3.1		Baseline Value (Mid July 2015 - Mid July 2016)	Milestone Y1 (Mid July 2016- Mid July 2017)	Milestone Y2 (Mid July 2017- Mid July 2018)	Milestone Y3 (Mid July 2018-Mid July 2019)	Milestone Y4 (Mid July 2019-Mid July 2020)	Target (Mid July 2020-Dec 2020)	Assumptions
Procurement capacity enhanced by implementing Procurement Improvement Plan (PIP) that results in improved procurement of drugs, medical supplies and equipment that are of good quality	% of procurement contracts awarded against Consolidated Annual Procurement Plan (CAPP)	Planned	48	No milestone planned	50	60	70	No milestone planned	
		Achieved		60 (Out of 176 procurement contracts in CAPP, a total of 106 contracts were signed as of mid-July, 2017)	57				
		Source							
		LMD Record on CAPP (Baseline taken from NHSS 2015-20, RF)							
	Output Indicator 3.2		Baseline Value (Mid July 2015 - Mid July 2016)	Milestone Y1 (Mid July 2016- Mid July 2017)	Milestone Y2 (Mid July 2017- Mid July 2018)	Milestone Y3 (Mid July 2018-Mid July 2019)	Milestone Y4 (Mid July 2019-Mid July 2020)	Target (Mid July 2020-Dec 2020)	Timely monitoring of progress by PFM and CAPP

% procurement tender completed adhering with specification bank for								monitoring committees.
3.2a) Free drugs	Planned	Standard specification bank is in the process of revision	No milestone planned	85	90	95	No milestone planned	
	Achieved		MoHP has endorsed and published the standard specification for 105 free essential drugs	100				
	Source LMD Report on procurement of free drugs and essential equipment, Specification Bank							
3.2b) Essential equipment	Planned	Standard specification bank revised	No milestone planned	75	85	90	No milestone planned	
	Achieved		DoHS has initiated the process of revising the standard specification for 1088 medical equipment.	No essential equipment procured				
	Source							

LMD Report on procurement of free drugs and essential equipment, Specification Bank									
Output Indicator 3.3		Baseline Value (Mid July 2015 - Mid July 2016)	Milestone Y1 (Mid July 2016- Mid July 2017)	Milestone Y2 (Mid July 2017- Mid July 2018)	Milestone Y3 (Mid July 2018-Mid July 2019)	Milestone Y4 (Mid July 2019-Mid July 2020)	Target (Mid July 2020-Dec 2020)	Procurement clinic will be established in Year 1.	
	% of responses among the cases registered in procurement clinic	Planned	NA	No milestone planned	50	60	70	No milestone planned	
		Achieved		Procurement clinic has been established at LMD, DoHS.	100				RISK RATING
	Source LMD report on procurement clinic								
INPUTS (£)	DFID (£)		Govt (£)		Other (£)		Total (£)	DFID SHARE (%)	
INPUTS (HR)	DFID (FTEs)								
OUTPUT 4	Output Indicator 4.1		Baseline Value (Mid July 2015 - Mid July 2016)	Milestone Y1 (Mid July 2016- Mid July 2017)	Milestone Y2 (Mid July 2017- Mid July 2018)	Milestone Y3 (Mid July 2018-Mid July 2019)	Milestone Y4 (Mid July 2019-Mid July 2020)	Target (Mid July 2020-Dec 2020)	Assumptions
MoHP expands access to RMNCAH and nutrition services,	Number of public CEONC sites with functional caesarean section service	Planned	75	No milestone planned	78	81	84	No milestone planned	The figures in milestones and targets are cumulative.
		Achieved			81				
Source									

especially to underserved groups

		HMIS, and NHSSP update						
Output Indicator 4.2		Baseline Value (Mid July 2015 - Mid July 2016)	Milestone Y1 (Mid July 2016- Mid July 2017)	Milestone Y2 (Mid July 2017- Mid July 2018)	Milestone Y3 (Mid July 2018-Mid July 2019)	Milestone Y4 (Mid July 2019-Mid July 2020)	Target (Mid July 2020-Dec 2020)	
Number of current users of: (Disaggregated by provinces and ecological region)								
4.2a) IUCD and Implant	Planned	420,715	No milestone planned	516,998	604,365	679,979	No milestone planned	
	Achieved			443,531				
	Source							
	HMIS							
4.2b) IUCD	Planned	169,299	No milestone planned	183,533	197,055	209,901	No milestone planned	
	Achieved			143,282				
	Source							
	HMIS							
4.2c) Implant	Planned	251,416	No milestone planned	333,466	407,310	470,078	No milestone planned	
	Achieved			300,249				
	Source							
	HMIS							

Output Indicator 4.3		Baseline Value (Mid July 2015 - Mid July 2016)	Milestone Y1 (Mid July 2016- Mid July 2017)	Milestone Y2 (Mid July 2017- Mid July 2018)	Milestone Y3 (Mid July 2018-Mid July 2019)	Milestone Y4 (Mid July 2019-Mid July 2020)	Target (Mid July 2020-Dec 2020)	
Number of people served by One Stop Crisis Management Centres (OCMC)	Planned	3,480	No milestone planned	4,320	5,160	5,760	No milestone planned	
	Achieved			4,214				
	Source							
	OCMC reports							
Output Indicator 4.4		Baseline Value (Mid July 2015 - Mid July 2016)	Milestone Y1 (Mid July 2016- Mid July 2017)	Milestone Y2 (Mid July 2017- Mid July 2018)	Milestone Y3 (Mid July 2018-Mid July 2019)	Milestone Y4 (Mid July 2019-Mid July 2020)	Target (Mid July 2020-Dec 2020)	
Number of women benefited from Aama programme (disaggregated by ecological region and Province)	Planned	315,355	No milestone planned	321,356	327,355	333,355	No milestone planned	
	Achieved			288,008				
	Source							
	FHD record, HMIS, TABUCS							
Output Indicator 4.5		Baseline Value (Mid July 2015 - Mid July 2016)	Milestone Y1 (Mid July 2016- Mid July 2017)	Milestone Y2 (Mid July 2017- Mid July 2018)	Milestone Y3 (Mid July 2018-Mid July 2019)	Milestone Y4 (Mid July 2019-Mid July 2020)	Target (Mid July 2020-Dec 2020)	Nutrition component of SBA training manual will be revised by year 2
Number of SBA trained using	Planned	Not applicable	No milestone planned	No milestone planned	400	600	300	

	revised SBA training manual on nutrition	Achieved		SBA training manual, including the nutrition, is in process of revision					
		Source							
		Revised SBA training manual, training completion report, FHD and NHTC record							
IMPACT WEIGHTING (%)	Output Indicator 4.6		Baseline Value (Mid July 2015 - Mid July 2016)	Milestone Y1 (1 July 2016- 30 June 2017)	Milestone Y2 (1 July 2017-30 June 2018)	Milestone Y3 (1 July 2018- Mid July 2019)	Milestone Y4 (Mid July 2019-Mid July 2020)	Target (Mid July 2020-Dec 2020)	
	Number of innovative interventions evaluated and disseminated	Planned	NA	No milestone planned	No milestone planned	No milestone planned	2	No milestone planned	
		Achieved							
		Source							
		Evaluation report							
INPUTS (£)	DFID (£)		Govt (£)		Other (£)		Total (£)	DFID SHARE (%)	
INPUTS (HR)	DFID (FTEs)								
OUTPUT 5	Output Indicator 5.1		Baseline Value (Mid July 2015 - Mid July 2016)	Milestone Y1 (1 July 2016- 30 June 2017)	Milestone Y2 (1 July 2017-30 June 2018)	Milestone Y3 (1 July 2018- Mid July 2019)	Milestone Y4 (Mid July 2019-Mid July 2020)	Target (Mid July 2020-Dec 2020)	Assumptions

Availability and use of evidence is improved at all levels	% of local governments in the learning lab sites using equity monitoring dashboards based on HMIS data	Planned	Not applicable	No milestone planned	No milestone planned	50	80	100
		Achieved			Equity monitoring dashboard based on HMIS data has been developed and published in MoHP website. The progress will be monitored and reported in Y3.			
Source								
HMIS								
Output Indicator 5.2		Baseline Value (Mid July 2015 - Mid July 2016)	Milestone Y1 (1 July 2016- 30 June 2017)	Milestone Y2 (1 July 2017-30 June 2018)	Milestone Y3 (1 July 2018- Mid July 2019)	Milestone Y4 (Mid July 2019-Mid July 2020)	Target (Mid July 2020-Dec 2020)	
% of government health facilities achieving benchmark on RDQA in LL sites	Planned	RDQA benchmark not set	No milestone planned	No milestone planned	20	50	80	
	Achieved			Web-based RDQA developed. This will set a benchmark and will be used from FY 2018/19				
Source								
NHSSP periodic progress report, review report of LL sites								

Output Indicator 5.3		Baseline Value (Mid July 2015 - Mid July 2016)	Milestone Y1 (1 July 2016- 30 June 2017)	Milestone Y2 (1 July 2017-30 June 2018)	Milestone Y3 (1 July 2018- Mid July 2019)	Milestone Y4 (Mid July 2019-Mid July 2020)	Target (Mid July 2020-Dec 2020)	
Number of assessments conducted on priority programme areas and results shared with stakeholders	Planned	Not applicable	No milestone planned	No milestone planned	3 (Free referral system, OCMC and Social Audit)	No milestone planned	No milestone planned	
	Achieved							
	Source							
	Assessment reports							
Output Indicator 5.4		Baseline Value (Mid July 2015 - Mid July 2016)	Milestone Y1 (1 July 2016- 30 June 2017)	Milestone Y2 (1 July 2017-30 June 2018)	Milestone Y3 (1 July 2018- Mid July 2019)	Milestone Y4 (Mid July 2019-Mid July 2020)	Target (Mid July 2020-Dec 2020)	Themes will be determined based on MoHP priorities
Number of policy briefs produced based on MoHP priorities and shared to inform policy	Planned	NA	1	3	4	5	2	
	Achieved		1 Policy brief on service utilization by caste/ethnic groups	4 Policy briefs on: 1. ANC service satisfaction 2. Inequalities in use of CS service 3. MPDSR strengthening in federal context 4. Policy gaps and recommendations				
	Source							
IMPACT WEIGHTING (%)								

		Policy briefs produced annually							RISK RATING
INPUTS (£)	DFID (£)		Govt (£)		Other (£)		Total (£)	DFID SHARE (%)	
INPUTS (HR)	DFID (FTEs)								
OUTPUT 6	Output Indicator 6.1		Baseline Value (Mid July 2015 - Mid July 2016)	Milestone Y1 (Mid July 2016- Mid July 2017)	Milestone Y2 (Mid July 2017- Mid July 2018)	Milestone Y3 (Mid July 2018-Mid July 2019)	Milestone Y4 (Mid July 2019-Mid July 2020)	Target (Mid July 2020-Dec 2020)	Assumptions
MoHP has the capacity to ensure health infrastructure is resilient to environmental shocks	Number of health infrastructure related policies endorsed by MoHP								
	6.1a) Policies	Planned	Health infrastructure specific policy does not exist	No milestone planned	1(Facility prioritization and selection)	1(Health sector infrastructure development, upgrade and maintenance)	No milestone planned	No milestone planned	MoHP priorities for retrofitting and rehabilitation continue, and

				<p>1. Policy on 'Nepal Health Infrastructure Development Standards 2017.</p> <p>2. Policy on 'Health facility prioritization and categorization' (Vol. 1 of NHIDS 2017)</p> <p>3. Policy on 'Health facility construction and upgrading' (Section 6 of Health Facility Design and Construction Guidelines; Vol 2 of NHIDS 2017)</p> <p>4. Policy on 'Land Selection Criteria' (Section 5 of Health Facility Design and Construction Guidelines; Vol 2 of NHIDS 2017)</p>			are not diverted by the move towards federalism
	Achieved		Not applicable				
Source							
Health infrastructure related policies and standards endorsed by MoHP							

6.1b) Standards	Planned	NA	1 (Retrofitting and Rehabilitation)	No milestone planned	No milestone planned	No milestone planned	No milestone planned		
	Achieved		1 Nepal health infrastructure earthquake retrofitting and rehabilitation standards submitted to DUDBC	Process defined and necessary steps identified to get legal status of the Nepal health infrastructure earthquake retrofitting and rehabilitation standards from concerned authorities					
	Source								
	Health infrastructure related policies and standards endorsed by MoHP								
Output Indicator 6.2		Baseline Value (Mid July 2015 - Mid July 2016)	Milestone Y1 (Mid July 2016- Mid July 2017)	Milestone Y2 (Mid July 2017- Mid July 2018)	Milestone Y3 (Mid July 2018-Mid July 2019)	Milestone Y4 (Mid July 2019-Mid July 2020)	Target (Mid July 2020-Dec 2020)	Move to Federalism does not result in major staff redeployment	
Number of people trained in policy development and technical skills related to resilient design, construction and maintenance (disaggregated by government staff									

and construction workers)								
6.2a) Government staff	Planned	Not applicable	No milestone planned	80	90	90	No milestone planned	
	Achieved		12	140				
	Source							
	Training completion reports; Annual Impact Evaluation Reports							
6.2b) Construction sector staff	Planned	Not applicable	No milestone planned	No milestone planned	50	100	No milestone planned	
	Achieved							
	Source							
	Training completion reports; Annual Impact Evaluation Reports, Participant's list of MOHP, DUBDC							
Output Indicator 6.3		Baseline Value (Mid July 2015 - Mid July 2016)	Milestone Y1 (Mid July 2016- Mid July 2017)	Milestone Y2 (Mid July 2017- Mid July 2018)	Milestone Y3 (Mid July 2018-Mid July 2019)	Milestone Y4 (Mid July 2019-Mid July 2020)	Target (Mid July 2020-Dec 2020)	
% of new government health facilities designed adhering to hazard resilience criteria (structural and functional)	Planned	Not applicable	No milestone planned	100	100	100	100	
	Achieved			100				
	Source							
	Completion report from NHSSP /consultant. Handover and completion certificate will be in 4th years. Signed contracts, payment reports and completion certificates							
								Government continues to prioritize roll-out of resilient health facilities with funds allocated and effective programme management.

	Output Indicator 6.4		Baseline Value (Mid July 2015 - Mid July 2016)	Milestone Y1 (1 July 2016- 30 June 2017)	Milestone Y2 (1 July 2017-30 June 2018)	Milestone Y3 (1 July 2018- Mid July 2019)	Milestone Y4 (Mid July 2019-Mid July 2020)	Target (Mid July 2020-Dec 2020)	
	Number of health facilities/hospitals retrofitted or rehabilitated with support from DFID's earmarked Financial Aid	Planned	Retrofitting of two priority hospitals proposed using DFID FA	No milestone planned	No milestone planned	No milestone planned	2	No milestone planned	Timely agreement between MoHP and DFID on hospitals to be retrofitted, timely release of fund and procurement of contractor. Design and preparation of tender documents will be completed in year 1; and contract awarded and mobilized in year 2.
		Achieved			Design for retrofitting of two priority hospitals and preparation of procurement document have been completed and submitted to DUDBC and DFID on Feb 2018.				
IMPACT WEIGHTING (%)		Source							
	Standards and retrofitting completion certificate from MoHP								RISK RATING
INPUTS (£)	DFID (£)		Govt (£)		Other (£)		Total (£)	DFID SHARE (%)	
INPUTS (HR)	DFID (FTEs)								

Appendix 2 Payment Deliverables approved in this Quarter

Workstream	Milestone No	Description of Milestone	DFID approval date
PPFM	43	MdP internal audit report produced by HRFMD including progress on response time to audit queries	05-Oct-18
E&A	53	Annual analysis of the equity gaps in health service utilisation for selected services and who are being Left Behind	30-Oct-18
RHITA1	46	Action plan prepared and submitted to FMOHP for implementation of the categorisation of health facilities based on prioritisation and selection process developed by MOHP.	22-Oct-18
RHITA2	47	Design and roll-out of roadshow and information sessions in priority Districts	22-Oct-18
RHITA1	89	Preparation of Plan of Actions for implementation of Infrastructure Capital Investment Policy related health infrastructure construction.	22-Oct-18
Management	48	Quarterly report 5 July -Sep	26-Nov-18
PPFM	50	MdP Budget analysis report with policy note produced by HRFMD using eAVPB	26-Nov-18
SD	52	Learning from the provision of long acting reversible contraceptives (LARC) through visiting service providers in Nepal	28-Dec-18
E&A	45	Design of modular Electronic Health Record System for different levels of health facilities completed	12-Dec-18
RHITA2	54	Feasibility study and recommendations for establishment of mentoring support helpline	11-Dec-18

APPENDIX 3 RISK MATRIX ASSESSMENT

NHSSP Risk Matrix Assessment (Updated on 22nd Jan 2019)

The overall risk factors remain at the same level as previous Quarter, other than R12 which we suggest deleting as it is no longer relevant.

General Health TAMatrix												
Risk No	Risk	Gross Risk		Risk Factor RAG rated	Current controls	Net Risk		Risk Factor RAG rated	Net Risk Acceptable?	Additional controls/ planned actions	Assigned manager / timescale	Actions
		Likelihood	Impact			Likelihood	Impact					
	Contextual											
R1	Weak coordination between EDPs and MOHP.	Medium	Medium		NHSSP Team support FMOHP to work with EDPs; Team Leader supports DFID in coordination	Low	Medium		Yes	Continue to Facilitate FMOHP and EDPs for the implementation and monitoring of transition plan and agreed action points	Team Leader/Strategic adviser	Treat
	Political											
R2	Inadequate political will to drive key reform processes for example procurement reform	Medium	High		NHSSP advisors work closely with senior staff in FMOHP to advocate, build understanding and buy in to planned reform processes.	Medium	Medium		Yes	Pace of changes will be carefully planned. Regular meeting of CAPP monitoring committee.	Team Leader /PPFM Adviser/Strategic Adviser	Treat
R3	Uncertainty over the sub national structure; may affect programme implementation	High	High		NHSSP Advisors are supporting the FMOHP to develop a health sector transition plan, informed by best available evidence. The Strategic Adviser is working closely with FMOHP and providing regular updates and advice to the NHSSP adviser for on-going work.	High	High		Yes	NHSSP team will work closely with FMOHP and take flexible and adaptive approaches	Strategic Adviser and FPP Team Lead	Treat

R4	Insufficient capacity of local government in Health sector management may affect timely delivery of quality health service	High	High		Capacity building of local government including orientation on programme implementation guides and planning support in coordination with all supporting partners EDPs	High	Medium	Y	Yes	Regular engagement with the FMOHP in planning processes to recognise if changes need to be made	Concerned Advisers	Treat
R5	Competing priorities at the local level may result less attention to public health interventions	High	High		Support FMOHP in advocating for health and Capacity building of local & provincial government including orientation on programme implementation guides and planning support in coordination with all supporting partners EDPs	High	Medium	Y	yes	N-HSSP will support FMOHP in developing minimum service standard and implement HQIP at different level health facilities.	Service Adviser Delivery	Treat
R6	Frequent Change in FMOHP structure may affect the relationship management with the counterpart	Medium	Medium		N-HSSP advisers will engage with relevant department /units in strategic issues in terms of planning and implementation.	Low	Low		Yes	N-HSSP will participate in induction processes in the relevant department.	All advisers	Treat
R7	Flux over the MOHP leadership can have implication on AMPB development processes and service delivery.	Medium	Medium		N-HSSP TL, Strategic Adviser & DTL will engage with the FMOHP leadership in strategic issues.	Low	Low		Yes	N-HSSP TL will schedule regular meeting with Secretary and other senior officials at FMOHP	TL	Treat
	Programmatic											

R8	Routine reporting system may be affected due to structural change at local level	Medium	High		Engage with FVd-P to provide onsite coaching to Local Government for electronic reporting of HIVIS in DHIS2 platform	Medium	Low		Yes	N-HSSP IS engage with FVd-P to develop, AND MONITOR implementation plan	EA adviser	Treat
R9	Md-P priorities/demands are changeable due to external and internal pressures which deflects TA from sector targets	High	Low		The N-HSSP team is and will continue to closely collaborate with key counterparts to ensure a shared understanding of work plans. The N-HSSP is being flexible and responsive to make certain that adapting plans will have limited impact on overall quality of delivery of the TA.	Low	Low		Yes	N-HSSP team will work closely with FVd-P colleagues and remain flexible and strategic	Concerned Advisers	Treat
R10	Evolving priorities of FVd-P means that less attention is paid to N-HSSP supported activities.	Medium	Medium		N-HSSP will engage with FVd-P and provide flexible and responsive support within the scope of N-HSSP	Low	Low		Yes	N-HSSP team will work with other partners for resource leveraging	Concerned N-HSSP Advisers	Treat
R11	High staff turnover in key government positions limits the effectiveness of capacity enhancement activities with FVd-P and the Dd-S.	Medium	Medium		N-HSSP adopts capacity enhancement at institutional and system level besides individual capacity enhancement so that institutional memory remains in place	Medium	Low		Yes	N-HSSP works with different cadre of Health Staff.	Concerned N-HSSP Advisers	Tolerate

R12	Health workers are not able to complete training/engage in programme activities due to workload, and/or frequent staff turnover, limiting effectiveness of activities to improve QoC.	Low	Low		Capacity enhancement to improve quality of care will be planned with DHOs and facility managers; refresher trainings will be offered on a regular basis; focus is on building capacity and the functionality of the facility, not just training.	Low	Low		Yes	NHSSP will actively encourage on site coaching /training and support training needs identification	Concerned NHSSP Advisers	Tolerate
R13	Delays in government approval causing further delay on m-health implementation.	High	High		Meet with relevant government officials to facilitate an approval.	Medium	Medium		Yes	BBC media action is working with the Nursing Division at the DoH and making available any documents to support the approval processes.	Strategic adviser & Lead SD Adviser	No longer relevant, to be taken out.
R14	Lack of clarity in the FMOHP structure that ultimately disrupt the SD functions at the local level	High	High		NHSSP continue working with FMOHP and priorities the essential service delivery functions through regular monitoring and support.	Medium	Medium		Yes	NHSSP team working with Secretary and other relevant units to minimise the disruption through continue dialogue and support	Strategic adviser & Lead SD Adviser	Treat
	Climate & environmental											
R15	Further earthquakes, aftershocks, landslides or flooding reverse progress made in meeting needs of population through disrupting delivery of healthcare services	Medium	High		Continue to monitor situation reports/Go N data; ensure programme plans are flexible, and re-plan rapidly following any further events. Comprehensive security guidelines will be put in place for all staff.	Medium	Medium		Yes	NHSSP will support MOHP to update disaster preparedness plan	Concerned NHSSP Advisers	Tolerate
	Financial											
R16	The TA programme has limited funds to support the strengthening of major systems components such as HR systems.	Medium	Low		Support policy and planning in the MOHP. Engage with other EDPs who are supporting related areas.	Low	Low		Yes	Continue to work with FMOHP and WHO and other partners who may have financial resources to support these	Advisers	Treat

R17	Financial Aid is not released for expected purposes.	Medium	High		Planning and discussions with FMD-P and MoF. Health Financing TA will support the government in managing release of Financial Aid.	Low	Medium		Yes	Continue with regular and quality monitoring of FMR and regular meeting of PFM committee	Lead PPFM Adviser and PFM adviser	Treat
R18	Financial management capacity of subcontracted local partners is low.	Low	Medium		Carry out a due diligence assessment of major partners at the beginning of the contract.	Low	Low		Yes	Carry out regular reviews of progress against agreed work plans and budgets.	Deputy Leader Team	Treat
R19	Weak PFM system leads to fiduciary risk	High	High		To work actively to support the FMD-P in strengthening various aspects of PFM via an updated FVIP, regular meeting of PFM committee, update the internal control guideline and add cash advance module in TABUCS to reduce fiduciary risk and the formulation of procurement improvement plan (PIP) and establishment of a CAPP monitoring committee	Medium	medium		Yes	Continue to monitor risks and mitigate through periodic update of FVIP, CAPP, and PIP, through the PFM and CAPP monitoring committee. Engaging FMD-P Secretary, FCGO and PFM.	Lead PPFM Adviser and senior Procurement adviser	Treat
R20	Further devaluation of the £ reduces the value of FA and TA commitment.	Medium	Medium		Monitor exchange rates and planned spend against these	Medium	Low		Yes	Strengthen regular monitoring and verification of work plans against budgets	Team Leader/Deputy Team Leader	Tolerate

Risk No	Risk	Gross Risk		Risk Factor RAG rated	Current controls	Net Risk		Risk Factor RAG rated	Net Risk Acceptable?	Additional controls / planned actions	Assigned manager / timescale	Actions
		Likelihood	Impact			Likelihood	Impact					
	Contextual											
	Political											
R1	Lack of buy-in from senior government stakeholders on revising and adopting policies, codes and standards, and drive key reform processes for example procurement reform	Medium	Medium		Infrastructure Advisors work closely with senior staff in Mt-P, DUDBC and NRA to build ownership of proposed policies, codes and standards and buy in to planned reform processes. Pace of planned changes will be carefully considered.	Medium	Low		Yes Yes	NHSSP will work closely with the Health Building Construction Central Coordination and Monitoring Committee	Lead Infrastructure Advisor	Treat
R2	The political process of federalism is complete; However, the creation of sub national structures, with allocations of powers, finance and staff is a long process. This delay will limit the rate and scale of improvements in health infrastructure.	High High	Medium Medium		The Team will work closely with MCH and DUDBC in responding to federalism, providing support in adopting health infrastructure plans and targeted capacity enhancement as the decentralisation process becomes clear.	High	medium		Yes	We will coordinate with other initiatives under the NHSSP (such as Learning Labs) to develop improved models of service delivery under federalism	Team Leader	Tolerate
R3	Lack of clarity over roles and responsibilities of FVd-P, DUDBC and other related departments in health infrastructure	Medium	Medium		Team will support clarification of the roles and responsibilities of departments, and NRA / PCU.	Medium	Medium		Yes	NHSSP will build links and regular communication between MCH and DUDBC, and take forward recommendations of institutional review	Lead Infrastructure Advisor	Transfer

	Programmatic											
R4	MCH and DUDEC priorities and requests for non-planned TA draw advisors away from agreed workplan and exhaust available resource	High	Low		Close collaboration with key counterparts in the mobilisation phase of the TA resulting in shared understanding of work plans.	Medium	Low		Yes	We will regularly review workplans with counterparts and adopt flexible approach.	Lead Infrastructure Advisor	Treat
R5	High staff turnover in key government positions limits effectiveness of capacity enhancement activities with FMOHP and DUDEC.	Medium	Medium		The NHSSP capacity enhancement approach will focus on institutionalising approaches and systems, not rely on individual capacity building to ensure sustainability				Yes	NHSSP will engage with different level staff to strengthen institutionalisation processes.	Lead Infrastructure Advisor	Tolerate
R6	Local construction companies not responsive/engaged in capacity building activities.	Low	Medium		Our team has established working relationships with local companies, design of capacity building will respond to identified needs.	Low	Low		Yes	Capacity building will be part of the contractual arrangement.	Seismic Resilience Advisor	Treat

	Climatic and environmental											
R7	Further earthquakes, aftershocks, landslides or flooding reverse progress made in rehabilitation of existing health infrastructure.	Medium	High		Continue to monitor situation reports/Go N data; ensure programme plans are flexible, and re-plan rapidly following any further events.	Medium	Medium		Yes	Health and Safety guidelines to be developed and shared with staff and to ensure all consortium staff are covered by the relevant insurance scheme.	Lead Infrastructure Adviser	Tolerate
R8	Retrofitting and completed in advance major seismic event; retrofitting does not prevent significant damage if there is another earthquake	Medium	High		Insurance will be in place for construction and retrofitting work to cover damage during such events. There will be 1-year defect liability period for the contractor for any defects against the specification to make it correct.	Medium	Medium		Yes	NHSSP will ensure that retrofitting work will comply with building codes and work is completed as early possible	Lead Infrastructure Adviser	Tolerate
	Financial											
R9	Financial Aid is not released for expected purposes.	Medium	High		Joint planning and early discussions with FMO-P and MCF.	Low	Medium		Yes	PPFM and Health Infrastructure teams will continue to support the government in managing release of Financial Aid.	PPFM Adviser	Treat
R10	Financial management capacity of subcontracted local partners is low.	Medium	Low		We will carry out a due diligence assessment of major partners at the beginning of the contract.	Low	Low		Yes	We will carry out regular reviews of progress against agreed work plans and budgets.	Deputy Team Leader	Treat

R1 1	Risk of fraud with locally contracted construction companies.	Medium	Medium		Due Diligence process, quality control and regular monitoring of local subcontracts (including results-based sign-off and payments)	Low	Low		Yes	Procurement construction management monitoring strengthened	processes, risk and be will	Lead Infrastructure Adviser	Treat
R1 2	Further devaluation of the £ reduces the value of FA and TA commitment.	Medium	Low		Monitor exchange rates and planned spend against these	Low	Low		Yes	Strengthen monitoring of work plans against budgets	regular verification against	Team Leader/Deputy Team Leader	Tolerate
R1 3	Disagreements over land allocations at Bhaktapur Hospital may cause delay in retrofitting work	Medium	High		NHSSP team will seek to promote resolution between the principal parties	Medium	Medium		Yes	NHSSP will work with Bhaktapur municipality to settle disputes between parties.		Lead Infrastructure Adviser	Treat
R1 4	The Independent Review has extended the design timeline, may require extra designs and delay the tender process. This could impact negatively on the construction critical path.	High	High		Strategic dialogue with DFD to facilitate the review processes	Medium	Medium		Yes	Close engagement with Review Team to support process and share information		Team Leader & Lead Infrastructure Adviser	Treat
Overall risk rating		Medium											
Risk definitions:													
Severe		This is an issue / risk that could severely affect the achievement of one or many of the Department's strategic objectives or could severely affect the effectiveness or efficiency of the Department's activities or processes.											
Major		This is an issue / risk that could have a major effect on the achievement of one or many of the Department's strategic objectives or could have a major effect on the effectiveness or efficiency of the Department's activities or processes.											
Moderate		This is an issue / risk that could have a moderate effect on the achievement of one or many of the Department's strategic objectives or could have a moderate effect on the effectiveness or efficiency of the Department's activities or processes.											
Minor		This is an issue / risk that could have a minor effect on the achievement of one or many of the Department's strategic objectives or could have a minor effect on the effectiveness or efficiency of the Department's activities or processes.											

Risk Categories:

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

APPENDIX 4: VALUE FOR MONEY (OCTOBER – DECEMBER 2018)

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

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

The VfM framework was updated in June 2018 to align with the changing context of the country, and to reflect the inputs of each of NHSSP workstreams. NHSSP has formed a VfM committee that meets every Quarter to monitor the progress against the indicators. Detailed below are the indicators that NHSSP has committed to reporting on a Quarterly basis.

VfM results: Economy

Indicator 1: Average unit cost of short term TA daily fees, disaggregated by national and international

The average unit cost for Short Term Technical Assistance (STTA) for this reporting period is £550 for international TA and £170 for national TA. The average unit cost of both international and national STTA is below the benchmark of £611 and £224, respectively.

International STTA	Actuals to date (March 2017 - December 2018)	Average unit cost to date (March 2017 – December 2018)	Current Quarter (October – December 2018)	Average unit cost (October – December 2018)
Days	363	555	53	550
Income	201,635		29,137	
National STTA	Actuals to date (March 2017 – December 2018)	Average unit cost to date (March 2017 – December 2018)	Current Quarter (October – December 2018)	Average unit cost (October – December 2018)
Days	1,289	150	290	170
Income	194,545		49,360	

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

The majority (78%) of STTA used in this Quarter are nationals, which is well above the benchmark of 56%. This Quarter witnessed substantial inputs from the national STTAs mainly: to support development of GRB guidelines (GESI), support review of LARC methods (SD), provide TABUCS training to DUDBC staff (PPFM), support assessment of health facility using MSS tools (HPP), and development of e-learning packages of MSS. Likewise, the international STTAs mainly focused on supporting CCAT adaptation workshop, reviewing of E-R system, and quality assurance of payment deliverables. The International STTAs inputs will increase from Jan 2019 onwards as international experts are contracted to support on various areas: finalisation of GRB guidelines (PD56), development of guideline for effective private sector engagement (PD 49), support internal audit report (PD 63), and guidelines for disabled- friendly services (PD 42)

Short Term Technical Assistance Type	In client contract budget*		Actuals to date (March 2017 – December 2018)		Current Quarter (October – December 2018)	
	Days	%	Days	%	Days	%
International TA	2,291	44%	363	22%	53	15%
National TA	2,942	56%	1,289	78%	290	85%
TOTAL	5,233	100%	1,652	100%	343	100%

Indicator 4: % of total expenditure on administration and management is within acceptable benchmark range and decreases over lifetime of the programme

In this reporting period, 19.6 percent of the budget was spent on administration and management. The key drivers are office running and office support staff's costs which are regular expenditures. The percentage of total expenditure on administration and management cost for this quarter is well below the actuals till date, and compares well with the programme benchmark.

Category of admin/mgmt. expense:	Client budget		Actuals to date (March 2017–December 2018)		Current Quarter (October–December 2018)	
	GBP	%	GBP	%	GBP	%
Office running costs (rent, suppliers, media, etc)	88,550	2%	65,737	6%	8,095	4.7%
Equipment	26,063	1%	29,251	2%	-	0.0%
Vehicle purchase	120,000	3%	52,875	5%		0.0%
Bank and legal charges	13,110	0%	2,469	0%	210	0.1%
Office Set up and maintenance	29,090	1%	34,364	3%	2,460	1.4%
Office Support Staff	383,318	9%	137,850	12%	19,818	11.6%
Vehicle Running cost and Insurance	73,998	2%	18,618	2%	2,512	1.5%
Audit and other Professional Charges	16,000	0%	12,298	1%	307	0.2%
Sub-total admin/management	750,129	18%	353,462	30%	33,401	19.6%
Sub-total programme expenses	3,385,899	82%	817,512	70%	137,195	80.4%
Total	4,136,028	100%	1,170,974	100%	170,596	100.0%

VM results: Efficiency

Indicator (15): Unit cost (per participant, per day) of capacity enhancement training (disaggregated by level e.g. National and local)

During this Quarter, five sessions of capacity enhancement trainings were conducted to 165 participants. At the national level, two training sessions were conducted to reach 40 participants. At the local level, three training sessions were conducted to 125 participants. The average cost per participant per day incurred for national-level training (£68) is slightly higher than the benchmark cost (£62); however average cost of training at local level is half of the benchmark cost (£17 compared to £39). The Organisational Capacity Assessment (OCA) was amongst the trainings conducted both at National and Local level.

Level of Training*	Cost per participant/day Benchmark** GBP	Actuals to date (Jan–December 2018)***			Current Quarter (October–December 2018)		
		Nb. of capacity enhancement training conducted	Nb. of Participants	Average Cost Per Participant/Day (GBP)	Nb. of capacity enhancement training conducted	Nb. of Participants	Average Cost Per Participant/Day (GBP)
National	62	17	531	49.50	2	40	68
Local	39	12	459	22.50	3	125	17

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

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

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

VM results: Effectiveness

Indicator 8: Government approval rate of technical assistance deliverables as % of milestones submitted and reviewed by DFD to date

So far, the programme submitted 50 PDs; 49 PDs have been approved by the Government of Nepal and signed off by DFD.

	Payment Deliverables (March 2017 – December 2018)
Total technical deliverables throughout NHSSP3	105
PDs submitted to date	50
PDs approved to date	49
Ratio%	98%

APPENDIX 5: BLOG

This appendix demonstrates how NHSSP is effectively drawing on social media to disseminate high quality, technically complex information in ways that are easily accessible and can be understood by a wide range of stakeholders including Government, other EDPs, and civil society. Each quarterly report will contain a similar example drawn from different approaches to dissemination. These include case studies, policy briefs, and learning briefs. Each will focus on a different aspect of NHSSP's work. Overall, this set of information will also form a case study of different dissemination approaches

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International | Nepal



Supporting Nepal to achieve Universal Health Coverage

Monday, 10 Dec 2018 18



o credit: Corinne Redfern

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As Nepal transitions towards federalism, health sector policies need to be updated and adapted to the new system. Healthcare is a right for every citizen under Nepal's constitution and NHSSP has been working to ensure this can be provided during the changing administrative situation.

Nepal under federalism: what next for the health sector?

The Nepal Constitution states that basic healthcare is a fundamental right of every citizen. This obligation is further reflected in Nepal's commitment to the Sustainable Development Goal of good health and well-being. Yet, many Nepalese continue to face barriers in accessing health services due to poverty, socio-cultural discrimination, and living in remote and hard-to-reach areas. These barriers are multi-faceted and are further encumbered by health policies that fall short in ensuring no-one is left behind.

For a health system to function properly, i.e. for people to be able to access affordable quality health services, the right policies and procedures need to be in place at both central and local level government.

Nepal is facing a particularly challenging period as it transitions towards federalism; a process whereby powers and responsibilities have been devolved from the federal (central) level to the provincial and local levels. This is a momentous change for a small country like Nepal, which now has 761 government structures; the federal government, seven provincial governments and 753 local governments.

As the roles and responsibilities of each government level are defined, policies are being reviewed and updated, including those in the health sector.

Creating policies that reach the hard to reach

The UKAid-funded Nepal Health Sector Programme (NHSSP) is providing technical assistance to the Ministry of Health and Population (MoHP) to develop policies and strategies that are evidence-based, respond to the changing political context, and ensure everyone - including the poor and underserved - has access to basic health services.

To realise this, an enabling policy and legal framework is essential. As Nepal's health policies were developed under a unitary government system, they remain mostly relevant at the federal level. Few policies can be applied to local levels of government that now bear the

responsibility to deliver basic health services. In light of federalism, NHSSP technical advisors supported the MdHP to review all policies in the health sector.

Most health policies focus on governance and delivery of healthcare services. Aspects that are considered the “building blocks” of the health system, such as infrastructure, equipment, pharmaceuticals and laboratories, are not consistently addressed. Policies pay limited attention to equity and multi-sectoral approaches, which are key components of the Nepal Health Sector Strategy (NHSS) 2015–2020, and are vital to ensuring universal health coverage.

In partnership with the MdHP, NHSSP’s review of 22 health policies provided a crucial opportunity to develop a consolidated national framework that would guide provincial and local governments to develop their health policies.

Recommendations

As part of the review, various recommendations were made to support the development of Nepal’s health policies and legal framework, including:

1. A law to govern the overall management of the health system should be developed, that spells out access to health services as a fundamental right of every Nepali citizen as provisioned in the Constitution of Nepal.
2. A national health policy, which prioritises equal access to healthcare for all, needs to be established at the federal level. With people at the centre of this policy, it should cover aspects such as governance, information, financing, service delivery, human resources, and medicines and technology. It should provide policy guidance, and be aligned with the new roles and responsibilities of all levels of government. Policies should also consider priority areas identified in the constitution, such as the provision of basic health care, emergency health care, health insurance, immunisation, maternal health care and access to clean drinking water. NHSSP is part of the Technical Working Group, supporting the MdHP to develop the 2018 National Health Policy, in line with these recommendations.
3. Provincial and local governments now have the authority to draft their own laws. As functions of each level of government are reviewed, NHSSP has been providing support to the restructure of government bodies. Standard operating procedures and guidelines that support all government levels to fulfil their roles need to be developed, and policy provisions are essential to guide the management of critical service delivery areas that have now been devolved to provincial and local government. This includes the provision of blood transfusion services, procurement of medicines and equipment, and supply chain management. To date, NHSSP has supported the MdHP in developing guidelines for the health sector’s annual work plan and budgeting process, programme implementation guidelines and minimum service standards for hospitals.

The review also showed that many policies acknowledge the importance of multi-sectoral partnerships in the health sector. None of the existing policies currently provide clear directions for this. NHSSP is supporting the MdHP to develop approaches and guidelines for effective partnership with the private sector and sectors beyond health. The programme hopes to see the growth of a transparent and coherent partnership approach with the private sector, and for increased accountability within the private sector.

In all of these priority areas, NHSSP technical advisors will continue to provide strategic technical advice to the MdHP, to develop all relevant policies, legal frameworks, standards, protocols and guidelines, to support Nepal to achieve universal health coverage. In 2019, the programme will be working with the ministry to develop various guidelines including those for Health Facility Operation and Management Committees, for the implementation of Nepal’s Basic Health Services Package, for establishing and upgrading health facilities, and for development of standard treatment protocols for basic health services.

Finally, because the analysis found that the implementation of health policies is not regularly reviewed, NHSSP will work with the MdHP as well as provincial and local governments to develop a culture of periodic review of health policy implementation. In doing so, the programme hopes that measures are taken to correct and update policies, making them more robust and relevant to Nepal’s changing context.

Useful links:
[NHSSP website](#)

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APPENDIX 6: INTERNATIONAL STTA PLAN FOR FIRST QUARTER 2019

SN	Name	Date	Purpose
1	Alison Dembo Rath	2 Jan - 10 Jan	Support N-HSSP team in workshop planning and provide strategic support to SMT team N-HSSP DTL
2	Clare Cummings	6 Jan - 15 Jan	Support HPP team in political economy analysis on private sector engagement (PD 49)
3	Nancy Gerein	13 Jan - 19 Jan	Development of guideline for effective private sector engagement (PD 49)
4	Shanti Mahendra	7 Jan - 18 Jan	Support HPP team and SD team, support Innovations & Learning Lab
5	Deborah Thomas	15 Jan - 24 Jan	Support GESI team to develop Gender Responsive budget guidelines
6	Steve Topham	11 Jan - 26 Jan	Technical assistance to infrastructure team, development of Comms. products, VM land acquisition study
7	Paramita Majumdar	Jan - Feb (5 days)	Specialist Inputs into Development of GRB operational guidelines (PD 56)
8	Rachel Grellier	19 Jan - 9 Feb	Support acting TL and workstream leads with technical needs including finalisation of PDs, planning for International STTA etc. Support N-HSSP team for DFID workshop
9	Jacqueline Boyce	8 Jan - 11 Jan	N-HSSP audits
10	Mark O'Donnell	March - 20 days	Internal audit and TABUS support
11	Natasha Mesko	Jan - March	Strategic support to Service Delivery and to support in innovations
12	Dr. Geeta Rana	21 Dec- 31 March	Development of Standard Treatment Protocol for service providers to provide the basic health care services
13	Cindy Carlson	TBC	Health sector decentralisation
14	Maria Kett	TBC	Disability friendly guidelines