Health Sector Transition and Recovery Programme

FIFTH QUARTERLY REPORT

August – October 2016

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NHSSP

This report is submitted in accordance with the Health Sector Transition and Recovery Programme's (HSTRP's) payment delivery (PD) schedule, specifically NHSSP PD Ext 4: 5th Quarterly (Aug-Oct) Progress Report.

During this period, HSTRP's three implementing partners: Handicap International, Transpersonal Psychosocial Organization and the Spinal Injury Rehabilitation Centre completed their programme inputs and submitted final reports. As such, information on their activities in the quarter is not reported here.

While HSTRP is funded by the UK government's Department for International Development and implemented through Nepal's Ministry of Health, the views expressed in this report do not necessarily reflect those of the UK or Nepal governments.

TABLE OF CONTENTS

List of Acronyms

ANC	ante-natal care
ANM	auxiliary nurse midwife
ASBA	advanced skilled birth attendant
AWPB	annual work plan and budget
BC	birthing centre
CAPP	consolidated annual procurement plan
CBR	community based rehabilitation
CEONC	comprehensive emergency obstetric and neonatal care
CHD	Child Health Division
CHU	community health unit
CMC	case management committee
CMS	contract management information system
COFP/C	comprehensive family planning/counselling
CPR	contraceptive prevalence rate
CPSW	community psychosocial worker
C/S	caesarean section
CYP	couple years of protection
DCC	district coordination committee
DDC	district development committee
D(P)HO	district (public) health office(r)
DfID	UK Department for International Development
DG	Director General
DHIS-2	District Health Information System-2
DHO	district health office(r)
DLI	disbursement linked indicators
DMT	decision making tool
DoHS	Department of Health Services
DoWC	Department of Women and Children
DPO	Disabled People Organisation
DRFU	Disability and Rehabilitation Focal Unit
DSF	demand side financing
DUDBC	Department of Urban Development and Building Construction
EDP	external development partner
EDCD	Epidemiology and Disease Control Division
EHCS	essential health care services
EHR	electronic health records
EOC	emergency obstetric care
EM	equity monitoring
EQ	earthquake
EWARS	early warning and reporting system
FA	financial aid
FCGO	Financial Comptroller General's Office
FCHV	female community health volunteer
FEP	follow-up enhancement programme
FHD	Family Health Division
FMIP	Financial Management Improvement Plan
FMR	Financial Monitoring Report
FP	family planning
FY	fiscal year

GBV	gender-based violence
GESI	gender equality and social inclusion
GiZ	Deutsche Gesellschaft für Internationale Zusammenarbeit
GoN	Government of Nepal
H4L	Health for Life
HF	health facility
HFOMC	health facility operation and management committee
HI	Handicap International
HISP	Society for Health Information Systems Programmes
HMIS	Health Management Information System
HP	health post
HPP	health policy and planning
HQIP	hospital quality improvement process
HR	human resources
HSTRP	Health Sector Transition and Recovery Programme
HW	health worker
ICB	international competitive bidding
IEC	information and education communications
IMC	International Medical Corps
IOM	International Organization of Migration
IP	infection prevention
IRSC	Injury and Rehabilitation Sub Cluster
IUCD	intra-uterine contraceptive device
JAR	Joint Annual Review
JCM	Joint Consultative Meeting
JFA	Joint Financing Agreement
JICA	Japan International Cooperation Agency
KOICA	Korea International Cooperation Agency
LARC	long acting reversible contraceptive
LCD	Leprosy Control Division
LMD	Logistics Management Division
LMBIS	Line Ministry Budget Information System
MA	medical abortion
MDM	Medicines du Monde
MEC	medical eligibility criteria
mhGAP	mental health gap action programme
MHPCS	mental health and psychosocial counselling services
MNH	maternal and neonatal health
MoH	Ministry of Health
MoWCSW	Ministry of Women, Children and Social Welfare
MPDR	maternal and perinatal death review
MPDSR	maternal and perinatal death surveillance and response
MSI	Marie Stopes International
MSS	minimum service standards
MToT	master training of trainers
NCB	national competitive bidding
NDF	National Disabled Fund
NHFS	Nepal Health Facility Survey
NHSP-2	Second Nepal Health Sector Programme
NHSSP	Nepal Health Sector Support Programme
NHTC	National Health Training Centre

NNBC	Nepal National Building Codes
NPC	National Planning Commission
NPPAD	National Policy and Plan of Action on Disability
NSI	National Statistical Institute
NSV	non-surgical vasectomy
OAG	Office of the Auditor General
OCMC	one stop crisis management centre
OPD	out patient department
OPM	Oxford Policy Management
OPMCM	Office of the Prime Minister and Council of Ministers
P&O	prosthetics and orthotics
PDNA	post disaster needs assessment
PFM	public financial management
PHA	Public Health Act
PHAMED	Public Health Administration, Monitoring and Evaluation Division
PHCC	primary health care centre
PHCRD	Primary Health Care Revitalisation Divison
PNC	post-natal care
PPICD	Policy, Planning and International Planning Division
PPMO	Public Procurement Management Office
PT	physiotherapy
QI	quality improvement
QIC	quality improvement committee
QoC	quality of care
RA	rapid assessment
RHTC	regional health training centre
SA	social audit
SBA	skilled birth attendant
SBC	strategic birthing centre
SIRC	Spinal Injury Rehabilitation Centre
SOP	standard operating procedures
SN	staff nurse
SSU	social service unit
SW	social worker
TA	technical assistance
TABUCS	Transaction Accounting and Budget Control System
TARF	Technical Assistance Response Fund
TPO	Transpersonal Psychosocial Organisation
TTT	Technical Team
TWG	technical working group
UNICEF	United Nations Children's Fund
UNFPA	United Nations Family Planning Association
UOO	University of Oslo
USAID	United States Agency for International Development
VDC	village development committee
VP	visiting provider
VSC	voluntary surgical contraception
WDO	women's development office
WHO SEARO	World Health Organisation South East Asia Regional Office

1.0 Introduction

1.1 Background

The Nepal Health Sector Support Programme (NHSSP) is pleased to submit its fifth quarterly report for the period August to October 2016 under the Nepal Government Ministry of Health's (MoH's) Health Sector Transition and Recovery Programme (HSTRP, commonly termed TRP).

In July 2015, DFID provided GBP 6 million of financial aid (FA) to MoH for the delivery of 'Transition and Recovery of Nepal's Health System in Post-earthquake Situation' as part of its multi-sector earthquake response. DFID contracted Options Consultancy Services, UK, to provide service delivery support and technical assistance (TA) to the programme at a cost of GBP 4.15 million.

The HSTRP builds on DFID's FA and TA support to NHSSP, since July 2010, to help MoH implement its Nepal Health Sector Programme (NHSP-2, 2010-15). Both programmes (NHSSP and HSTRP) ran concurrently between July 2015 and February 2016. This is the second quarterly report covering HSTRP activities alone.

Under the programme, Options is partnering with Oxford Policy Management (OPM) and, until September 2016, three non-governmental organisations (Handicap International Nepal [HI Nepal], the Spinal Injury Rehabilitation Centre [SIRC], and the Transcultural Psychosocial Organization [TPO]).

HSTRP aims to restore essential health care services, including obstetric care, family planning, physical rehabilitation, and psychosocial support in the 14 worst earthquake affected districts with a focus on Ramechhap, Dolakha, and Sindupalchowk. HSTRP's three NGO partners provided further rehabilitation and psychosocial services in Nuwakot, Kavre, and Rasuwa districts.

Immediately following the earthquakes, MoH prioritised emergency services, medical evacuations and the supply of essential commodities to the hardest hit areas. District level post-disaster needs assessment (PDNAs) followed and district and national level plans were made, supported by external development partners (EDPs), to restore health services in the 14 worst affected districts. A summary of HSTRP inputs by thematic areas and districts is given below:

Planned Inputs by District

Services	Districts with TA Support Funding					
	Ramechhap	Dolakha	Sind.	Rasuwa	Nuwakot	Kavre
Repair buildings	X	X	X			
Restore MNCH services	X	X	X			
Restore CEONC services	X	X				
Restore FP services (VP; LARC)	X	X	X			
Support e-reporting from HFs	X	X	X			
Strengthening HMIS	X	X	X	X	X	X
Planning support to DHO	X	X	X			
Establish OCMC Units	X	X	X			
Equity monitoring	X	X	X			
Support Establishment of CHUs	X	X	X			
Trauma rehabilitation		X	X	X	X	
Psychosocial services	X	X			X	X
TABUCS	X	X	X	X	X	X
TARF	X	X	X	X	X	X

MoH approved HSTRP's implementation plan in September 2015. Later that month Nepal's new Federal Constitution was approved but protests over new state boundaries and ethnic representation led to a five month blockade with India. This created shortages of essential goods and limited transportation across the country, thereby restricting opportunities for patients and staff to travel to receive treatment at district health facilities. The blockade ended in February 2016 allowing the pace of programme implementation to somewhat recover. Recognising the impact of the blockade on implementation, DFID extended partner inputs by one month.

In July 2016 the programme was extended, without NGO partners, to March 2017 through a costed extension. The DFID project log frame for HSTRP gives the following outcome:

'The expanded availability of essential health services including rehabilitation and psychosocial services.'

Its three outputs are to:

1. Restore functionality of health facilities to deliver essential health care services;
2. (Improve) access to psychosocial and rehabilitation services by people in earthquake affected districts, and
3. Restore the health system's capacity to plan, manage and monitor post-earthquake health and wellbeing needs.

Following the DFID Annual Review of TRP (June 2016) a third Indicator for Output 1 was agreed:

> 'Number of health facilities repaired or a pre-fabricated facilities established to restore service delivery in three focal districts among the earthquake affected areas': Target 9.

The work plans of the combined TA team cover the following technical areas:

- Essential health care services
- Family planning
- Infrastructure
- Procurement and supply chain
- Health finance/public financial management
- Value for money
- Health policy and planning
- Gender equality and social inclusion
- Monitoring and evaluation

Section 2 of this report describes progress made in these areas against MoH and DFID approved work plans. Other advisor activities, many continuing from NHSSP-2, are also described.

In addition to providing programmatic support, a technical assistance response fund (TARF) is available to MoH divisions and centres and district health offices (DHOs). The TARF status in the quarter was as follows:

1. **CEONC Research Study**: Proposal from FHD approved by DFID and Primary Health Care Revitalisation Division (PPICD). Consultant and enumerators hired; design work completed with enumerator and consultant currently collecting data in the field.
2. **Detailed Engineering Assessments in 17 Moderately Earthquake Affected Districts**: Proposal submitted by PPICD approved by DFID. Basic work on methodology completed and hiring of technical staff now underway.
3. **SBA Refresher Training**: Proposal from National Health Training Centre (NHTC) submitted to DFID pending approval.

1.2 Developments during the August-October 2016 Reporting Period

1.2.1 Wider Environment

Appointment of Health Minister: Mr Gagan Kumar Thapa was appointed as Health Minister in August. He rapidly met with officials and EDPs and initiated a '100 days' achievement programme which includes procurement reform and the strengthening of human resource availability in remote areas with a focus on doctors posted to Primary Health Care Centres (PHCCs).

Changes in the Ministry of Health: During October, a number of personnel changes took place in MoH as follows:

- New Policy, Planning and International Cooperation Division (PPICD) Director: Mr Bogendra Dotel,
- New Director of Management Division: Dr Naresh Pratap K.C,
- New Director of Epidemiology and Disease Control Division (EDCD): Dr Bhim Acharya.

The TRP team knows these officials well from their previous MoH assignments and welcomes these moves.

Regional Reviews: Throughout September, all five Regions conducted their Annual Regional Reviews, chaired by the Secretary Health, Dr Urpreti. These reviews required the presence of all the senior MoH officials together with the concerned district health officers (DHOs)/district public health officers (DPHOs) within the Region.

Joint Consultative Meeting: This meeting between MoH and EDPs was held on the 26th September. A few points of notable interest:

- DFID raised the issue of the signing of the Joint Financing Agreement (JFA) that is required for the release of pledged donor funds. MoH said that internal discussions were complete, that the matter had been referred to Ministry of Finance (MoF), and that signing should take place by the end of October 2016 (*as of the date of this report signing had not taken place);*

- A revision of the Public Health Act (PHA) was presented by MoH. Following a number of EDP comments, MoH said that representation from EDPs would be sought to work with the PHA drafting committee at MoH *(this has not yet happened*).
- MoH is in progress to establish a separate structure to support post-earthquake reconstruction namely a Project Implementation Unit/Project Coordination Unit model. This will support the reconstruction of more than 1,200 health facilities across 31 districts as outlined in the post-disaster recovery framework. Detailed engineering assessments will be carried out in the remaining 17 affected districts soon (*beyond the 14 districts where this has already been carried out*) to identify the budgetary estimation of reconstruction. This work is being supported by DFID through the TRP programme.
- In response to a question on the duration of the new Nepal Health Sector Strategy (NHSS), MoH replied that the 2016 Joint Annual Review (JAR) had documented a deferral and extension to 2016-2021 and the Implementation Plan was being prepared on this basis.
- The ToR for the Health Sector Development Partners Forum (HSDPF) has been finalized following inputs received from EDPs. MoH plans to hold the first meeting around the third week of Oct 2016 (*as of the date of this report the meeting of the HSDPF has been shifted to early December).*
- The MoH was preparing to update the Procurement Improvement Plan (PIP) *(TRP support has been pledged for this in the context of procurement training planned for November).*

Resumption of DFID Health Advisor: Mr Deepak Karki resumed in August as the new national Health Advisor for DFID. The TRP programme welcomed him and provided an office based orientation since travel was largely restricted due to the heavy monsoon.

Monsoon conditions: Landslides were very frequent during this year's heavy monsoon and the programme restricted district field visits to essential travel only. Sindhupalchowk was particularly severely affected by floods.

1.2.2 Developments within the Programme

This quarter presented a number of difficulties in terms of implementation. The high level personnel changes within MoH necessitated periods of settling in and briefing for the concerned MoH officials and slowed taking forward some of the reform issues on which the team had been working and which required leadership from the highest level. This particularly affected infrastructure institutional development and procurement reform. The Regional Reviews throughout September consumed the time of senior MoH officials and, as noted, monsoon conditions made access to districts difficult.

Sunil Khadka (Infrastructure Advisor) was invited by GiZ to lead a session on 'Use of Open Source Software for Engineering Assessment of Earthquake Damage' at a GiZ global meeting in Germany held in September.

Rekha Rena (GESI Advisor) received a full scholarship from the organisers to attend the 12th World Conference on Injury Prevention and Safety Promotion (Safety 2016 World Conference) in Finland. Rekha made a presentation on "One Stop Crisis Management Centres (OCMCs): A First Line of Treatment and Help for Survivors of HIV AIDS and Gender Based Violence." The co-authors were Sitaram Prasai and Deborah Thomas.

1.3 Summary of DFID TRP Annual Review Recommendations and Follow-up Actions[1]

UPDATED NOVEMBER 2016

	RECOMMENDATION	TIME PERIOD	LEAD PERSON/S	SUMMARY OF PROGRESS
1	1.1 Follow-up on the indicators where the delivery of services and utilisation is still low, e.g. 1.1.1 access to safe abortion and 1.1.2 family planning uptake 1.2 Discuss remedial action with district health authorities and DFID if required	By end September 2016. **End October** **Revised date**	Maureen (with Yuburaj and Rajendra)	**Submitted to DFID on 11th November**
2	In relation to key risks, undertake equity analysis of key service indicators and outcomes as far as is possible with the data available to assess whether inequitable distribution is an issue	By October 2016	Sitaram and Pradeep	**Submitted to DFID on 11th November**
3	**TA team** to provide benchmarks/comparators for the value for money TA indicators.	By end October 2016.	Krishna	**Draft being reviewed by Options London**
4	For **implementing partners and TA team:** to examine the gender trends for care seeking behaviour and propose actions to inform future disaster response strategies	By October 2016	Sitaram to lead supported by Pradeep and Maureen	**Submitted to DFID on 11th November**
5	5.1 **TA team** should continue to support the MoH on prioritising and monitoring health infrastructure work in the 14 EQ affected districts, 5.2 Where appropriate facilitating discussions with implementing agencies and other donor partners.	Ongoing.	Sunil	**The date of the Infrastructure Progress Review which will address this recommendation has been postponed several times by government including the most recent date of 11th November. A new date from the Secretary is awaited.** **Meanwhile Sunil has briefed the Secretary and the Minister and his team on progress with infrastructure.**

[1] Note: the Recommendations are arranged in chronological sequence for ease of management and not as they are listed in the Annual Review Report.

6	6.1 Continue to engage with other External Donor Partners (EDPs) on the implementation of the Consolidated Annual Procurement Plan (CAPP), Procurement Improvement Plan (PIP)	Ongoing	6.1 Sunil	**6.1 and 6.3. A Concept Note prepared by NHSSP for a series of capacity building workshops and preparation of standard operating procedures (SOP) for LMD has been agreed by LMD (Dr Tinkari), Secretary (MoH) and endorsed by the Director General. The process will be substantially led by Dr Poornalingam, high level external consultant, together with other regional experts from India.** **The workshop series is arranged for 20th – 22th November. The 23rd November will be a special session with those EDPs supporting strengthened procurement processes. The change of Minister and change of Secretary Health has significantly delayed this procurement reform activity which requires high level government endorsement.**
	6.2 Financial Management Improvement Plan (FMIP).		6.2 Suresh	**MoH's PFM Committee met on the 23rd August and has endorsed the FMIP. It has been shared with EDPs for comments which have been received from DFID and USAID. A half day workshop is planned provisionally for 30th November to obtain the views of remaining JFA EDPs, especially the World Bank.**
	6.3 **TA team** to step up level and quality of TA engagement on these issues.		6.3 Sunil	**See 6.1 above.**
7	For **DFID and TA team:** the Project Completion Review (PCR) to consider whether just supporting birthing centres rather than a health post as a whole was the best approach and make recommendations for future EQ response programmes	February 2017	Maureen	**Planning is underway for a Knowledge Café event to be held for EDPs and INGOs/NGOs to get their views. Director FHD has agreed December 7th.**
8	DFID support for (i) coordination in the three focus districts and	By end of February 2017	Krishna	(**i) Consultant recruited and started work. Draft case study to be submitted in December**
	(ii) on infrastructure has been commended by key informants.	End February 2017	Sunil	(**ii) Consultant recruited and about to start work on a desk review case study to be completed in November**
	(iii) the Aama programme (maternity incentives), supported through TRP FA, has been instrumental in helping sustain access to and use of institutional delivery. **These three areas should be documented as case studies and used to inform future EQ planning**		Hema and Suresh	**(iii) Suresh and Hema will work on a case study to be completed in January 2017.**

9	**TA** to continue the process of supporting MoH in the development of seismic resilient infrastructure. DFID should consider documenting and disseminating this as a case study.	February 2017	Sunil	**This exercise to be combined with 8(ii) above. A consultant has started work on a desk based case study which will be completed in November.**
10	**DFID and GIZ** should consider expanding the detailed infrastructure assessment to 10.1 the remaining 17 districts under HTRP 10.2 the balance of 75 districts under DFID's future NHSP3.	December 2016 **January 2017 Revised date**	Sunil	**DFID approval received. Krishna and Sunil working on logistics with GiZ. A joint planning meeting has been held. Assessment started w/b 14th November.** **10.2 To be taken up in NHSP-3.**
11	**TA team** to undertake a process evaluation/lesson learning exercise of the: 11.1 free referral for obstetric emergencies and	By Feb 17	Maureen	**11.1. Methodology for the process review and lesson learning evaluation has been developed and shared with FHD for approval. The process review will focus on:** **(i) Establishment of the system (internal NHSSP discussion, FHD approval, consultations with the district system in Ramechhap and Dolakha, community engagement)** **(ii) Implementation issues** **(iii) Effect – analysis of service utilisation** **Lessons learned and implications for scale up and Aama sustainability will also be captured. The process review will combine a record of actions taken, inputs provided, utlilisation data and key informant interviews.** **Completion will be in January 2017.**
	11.2 quality improvement programme In order to inform future Aama and Family Health Division programming.			**11.2 The process of introducing the Quality Improvement (QI) approach to Birthing Centres will be reviewed in Dolakha, Ramechhap and Sindhupalchowk. A methodology has been developed and shared with FHD for approval. Data collection will take place in December.** **Lessons learned will be placed in the context of the national strategy for QI and assurance which is being supported by a number of EDPs and which is led by Management Division. The implications for the Aama programme will be drawn out.**

12	**DFID and HSTRP** to work with EDPs and the MoH/DoHS on steps needed to support and scale up within the MoH Annual Work plan and Budget	Feb 2016	Krishna to coordinate supported by Sagar Rajendra, Maureen and Sitaram to pick up on specific areas	**In house discussions have been held across the NHSSP team.**
	12.1 The Visiting Provider and Comprehensive Family Planning (VSC+) approach			**12.1: VP services will be provided in 18 districts as per the FHD district budget. The EHCS team has proposed one VP per district for 3 of the districts where the DFID-USAID pilot was carried out. FHD has to start the process of hiring VPs for the districts within the funds available. NHSSP is in constant follow up to move things ahead with the new FP focal person in FHD.**
	12.2 physiotherapy/rehabilitation (HI and SIRC)			**12.2 and 12.3: A joint NGO advocacy event was successfully held on the 10th November to enable showcasing of the HI, TPO and SIRC programmes as well as the delivery of specific advocacy messages around government support for sustainability.** **12.2 (i) Discussions with SIRC are underway and a costing study is being developed to inform proposals for possible future support from the government budget.** **12.2 (ii) Discussions with Handicap International to be initiated on proposals for continued support for physiotherapy/rehabilitation from the government budget.**
	12.3 mental health services (TPO)			**12.3 The free drugs list has already been revised with respect to psycho-tropic drugs, after sustained advocacy from NHSSP, and signed off by the Secretary. Advocacy needed now to ensure provision of the free psycho-tropic drugs to all facilities where prescribers are based.** **A possibility for next FY AWPB is support for the revision of the Mental Health Policy which dates from the 1990s. In addition, NHSSP can propose continuing capacity development/ refresher training for health workers**

				and FCHVs in the 14 EQ affected districts (see item 14 below).
13	**TA Team:** to undertake a case study on the level to which the HTRP TA has been able to strengthen processes, systems and capacity of the MoH/DoHS/DHO to enable strong sector coordination for future EQs.	By Feb 2017	Krishna to coordinate Sagar to advise	**Consultant has started work. Draft case study to be submitted by December.**
14.	TA team to prioritise which interventions they would like to be eventually integrated into the red book and strategize how best to do that, in a timely manner.	By end March 2017	Sagar	**On-going discussion and strategizing within the team:** **(1) EHCS proposing availability of CEONC drugs for those PHCCs which are also CEONC sites. This will be captured in the proposal to scale-up CEONC services at PHCC level.** **(2) M&E proposing support for e-initiatives (i) e-attendance (ii) dashboards of integrated MIS indicators at key individuals' offices.** **(3) GESI proposing: (i) establishment of SSU at all referral hospitals, community and teaching hospitals; (ii) increase of SSU budget to reflect increase in target groups; (iii) revision of the Mental Health Policy (developed in the 1990s) and development of the Mental Health Act; (iv) Continuing capacity development/ refresher training for health workers and FCHVs in the 14 EQ affected districts, and (v) provision of psycho-tropic drugs for those health facilities with trained prescribers.** **Note: A 10 year National Action Plan for Disability has been developed for MoH. Further consultations are needed on the strategy including efforts to align it with the National Strategy on Physical Rehabilitation of the Disabled which has been developed by the Ministry of Women and Children. It also needs to be aligned with the national Action Plan on NCD which includes both disability**

				and mental health. **The NHSSP team will include this in the handover to the provider of support for NHSP-3 to be considered as part of the health policy agenda for the next phase.**
15	Summarize and disseminate the key lessons learned, for DFID internally and for the wider external audience to inform future EQ response	End of programme	Anne (with all team members and with Greg for the dissemination event)	Material for this was generated during the relevant session of the team retreat 4th-5th August. It will be complemented with 1:1 interviews with the team and with government and other stakeholders. **Additional discussions took place in the management meeting on 8th Nov on the response to the blockade.**

2. Detailed Quarterly Updates

2.1 Essential Health Care Services

TA Objective	Key Activities for August-October 2016	Summary Progress
Institutionalisation of the quality improvement (QI) and monitoring mechanisms	Hospital quality improvement process (HQIP) started in two additional CEONC sites – Chautara and Sindhuli hospitals. Support for HQIP at a further 5 sites planned in AWPB 2016/17.	Completed in one hospital Chautara hospital: planned in January AWPB funded hospitals: second half of March
	Continue HQIP through follow up enhancement programme (FEP) and QI process at 4 hospitals and 2 PHCCs (Manthali, Ramechhap, Jiri and Charikot + Rukum and Rautahat)	Completed as planned
	Continue to support institutionalisation of QoC monitoring. (working together with DHIS2 implementation and e-reporting implementation)	Ongoing
Strengthening and expansion of CEONC sites as per 2016/17 AWPB	Continue financial support to CEONC sites (5 district hospitals) to bridge human resource (HR) gaps before AWPB budget approval and release (essential in Gorkha, Ramechhap, Sindhupalchowk, Dhading, and Bhaktapur)	Completed. Service continuity interrupted in Gorkha and Dhading hospitals
	Continue monitoring functionality of CEONC sites across the country and support for continuity and mentoring for quality improvement	Ongoing
	Continue support to establish CEONC service at Chautara hospital, Sindhupalachowk and selected district hospitals as planned in AWPB.	Planned: January 2017 (based on renovation progress)
PHC facilities functional - Skilled birth attendance (SBA), family planning and medical abortion availability at strategic located health facilities and support to other health posts (2 districts)	Continue mentors' development and support field visits by KTM staff	Completed as planned
	Continue support for SBA rotation	Will be done in Dec/January. Delayed due to unavailable place and awaiting staff transfer to be completed in November 2016
	Continue district level medical abortion orientation	Delayed in Dolakha due to delayed certification
Implementation and quality improvement of strategic birthing centres and birthing centres and implementation of free referral	Continue process evaluation of free referral implementation in two districts (Dolakha and Ramechhap) and sharing with wider stakeholders to contribute to future Aama strategy and implementation guideline. Dissemination of lessons learnt from strategic birthing centres and from free referral from birthing centres to referral facilities	Ongoing

	Support to FHD to develop district clinical mentors. Capacity building of SBA clinical mentors from CEONC sites in three focal districts (EQ affected) and three districts where AWPB allocated for SBA on-site coaching from district level mentors (assumption – current FHD budget approved)	Ongoing
	Continue support on monitoring and quality improvement of birthing centres (BCs), strategic birthing centre (Str. BC) development/upgrading to Comprehensive Centre of Excellence (CCE) as per AWPB. On-site coaching for staff of BCs and Health Posts completed and followed-up; HFOMC strengthened at Str BCs (10 sites)	HFOMC strengthening planned in Nov/Dec 2016
	Continue mentor capacity development in Dolakha and Ramechhap and support DHO to strengthen Str. BCs: onsite coaching and follow up by district mentors; continue training SBAs.	Two mentors in Ramechhap are capable and one in Dolakha. In Sindhupalchowk one is being mentored
		They will receive training from NHTC to become a certified mentor
Family Health Division (FHD) has developed implementation plans for NHSS 2015-20	Continue support FHD in prioritising strategies and programmes in line with global and national strategies and goals; and for evidence based planning.	Ongoing
	Support FHD in developing guidelines on C-sections in FHD's Operational Guidelines for 2016/17 including a consultation workshop on achieving optimal C-section rates at different facility types (assumption: a C-section study will be done using TARF fund + additional international statistical QA with a contribution to dissemination costs in the extension budget)	Ongoing
FHD has developed plans and budgets for the fiscal year 2016/17	Continue support for Annual review and planning meeting conducted by FHD in coordination with supporting partners; AWPB and business planning process supported. [DFID share costs with EDPs]	Supported revision of guidelines; AWPB planning in Feb/March 2017
District Plan implementation support in three focal districts	Continue support for district level implementation and monitoring by DHO staff	Will be completed in Dec/January
District health plans in place for 2017/18 in selected districts	Support will be provided to facilitate planning in selected districts and linking with central budgeting process	Will be completed in Dec/January
Strengthened community-based services available through FCHVs	One day FCHV training/orientation on misoprostol and Chlorohexidine (with FP)	Planned in Nov/Dec 2016
	Continue FM radio programming for referral fund implementation in two districts	Not done in 2016.

2.1.1 Institutionalisation of the Quality Improvement and Monitoring Mechanisms

Sindhuli district hospital was the site for training on the hospital quality improvement process (HQIP) programme supported by Management Division (MD), Family Health Division (FHD) and NHSSP during 13-14 September 2016. Seventy four participants attended from the hospital, DHO, hospital development committee members and District Development Committee (DDC). A 13 member Hospital Quality Improvement (HQI) committee was formed under the leadership of the hospital Medical Superintendent. Participants assessed the hospital using the self-assessment tools and scored their findings using the traffic light scoring system. The hospital achieved all yellow scores in the eight HQIP quality domains while four out of nine signal functions for CEONC services were red (tables 1 and 2). Participants developed an action plan to remedy gaps, and by end of October they had completed 11 (58%) of the 20 activities planned. The committee commented that "this is the right time to start a quality improvement committee and improvement plan - after we have completed three cycles of minimum service standard (MSS) workshops"; and "we were not able to improve the quality of the hospital with the MSS and it is a good time to plan for quality improvement". Committee members achieved more than 80% of the eight MSS domains, but only 50% of its quality management domain. The HQIP workshop could not however be organised at Chautara hospital (Sindhupalchowk district hospital) as the building is not ready to start CEONC services. FHD's plan to organise the HQIP in five district hospitals will only be implemented in the third quarter of the fiscal year.

The HQIP follow up assessment and action plan was carried out by Jiri community hospital during the reporting period. The hospital achieved 'green' for all signal functions and seven out of eight quality domains (Table 1 and 2). Committee members implemented all nine activities remaining after the second assessment and planned to improve the availability of drugs.

Table 1: HQIP scores of four CEONC sites

QUALITY DOMAINS		Jiri hospital			Charikot PHCC			Manthali PHCC		Sindhuli hospital	
		Assessment			*Assessment*			*Assessment*		*Assessment*	
		1	*2*	*3*	*1*	*2*	*3*	*1*	*2*	*1*	*2*
		2015 Dec	*2016 May*	*2016 Oct*	*2016 Feb*	*2016 Jun*	*2016 Nov*	*2016 July*	*2016 Nov*	*2016 Sept*	*2017 Jan*
1	Management										
2	Infrastructure										
3	Patient Dignity										
4	Staffing										
5	Supplies and Equipment										
6	Drugs										
7	Clinical Practice										
8	Infection Prevention										

Table 2: Signal functions scores of fours CEONC sites

SIGNAL FUNCTIONS		Jiri hospital			Charikot PHCC			Manthali PHCC		Sindhuli Hospital	
		Assessment			*Assessment*			*Assessment*		*Assessment*	
		1	*2*	*3*	*1*	*2*	*3*	*1*	*2*	*1*	*2*
		2015 Dec	*2016 May*	*2016 Oct*	*2016 Feb.*	*2016 Jun*	*2016 Nov*	2016 Jul	2016 Nov	2016 Sept	2017 Jan
SF1	Parenteral antibiotics (mother and new born)										
SF2	Parenteral utero tonic drugs										
SF3	Parenteral anti-consultants										
Sf4	Manual removal of placenta										
SF5	Removal of retained products of conception										
SF6	Assisted vaginal delivery										
SF7	New born resuscitation										
SF8	Perform blood transfusion										
SF9	Perform surgery										

NHSSP TA continues to support the Quality Assurance and Facility Management section of the MD in developing the MSS tool for health posts and identifying quality indicators for Quality MIS, together with supporting partners.

2.1.2 Strengthening and Expansion of CEONC sites as per 2016/17 AWPB

NHSSP provided financial support to four district hospitals having CEONC services to prevent service interruption at the beginning of 2016/17. CEONC services continued without interruption in Ramechhap (Manthali PHCC) and Bhaktapur hospital during the reporting period. Dhading hospital recruited a medical doctor general practitioner (MDGP) and began CEONC services from September 2016. At Gorkha hospital, services were interrupted as a result of Patan Academy of Health Science's (PAHS) inability to support them. CEONC services continued without interruption in the seven other districts. Sindhupalchowk district hospital is still unable to begin CEONC services due to delays in renovating the operating theatre and post-operation ward.

NHSSP continued to assist FHD support CEONC service provision across the country. The team visited nine districts for on-site supervision and mentoring support in Mugu, Syangja, Kanchanpur, Kailali, Saptari, Morang, Banke, Chitwan, and Udayapur and visited two additional districts, Jajarkot and Rasuwa, for site assessments with a view to establishing CEONC services at the district hospitals. These districts are experiencing problems with infrastructure. In Rasuwa district services can only

start once the Red Cross completes a pre-fab structure. In Jajarkot the hospital management committee decided to rent a building to establish CEONC services in the district.

NHSSP supported district hospitals and DHOs to recruit CEONC service providers in Manthali PHCC, Mugu district hospital, and Dhading hospital. NHSSP also helped two referral hospitals to recruit doctors to be posted as "locum" doctors for remote districts. NHSSP reported findings and challenges faced by the district to the FHD Director based on field visit and verbal reports, and to the Director General to facilitate staff transfers. This action resulted in the posting of newly qualified doctors of gynaecology (DGOs), the transfer of DGO doctors and the transfer of two Anesthesia Assistants. Out of 73 CEONC sites monitored in 69 districts using HMIS data and functionality status through distance communication, 65 in 59 districts were functioning at the end of October 2016.

2.1.3 PHC Facilities Functional - Skilled Birth Attendance (SBA), Family Planning and Medical Abortion availability at Strategically Located Health Facilities and Support to other Health Posts (2 districts)

During the reporting period FHD certified 21 Birthing Centres, staffed with trained SBAs, in Ramechhap district to provide medical abortion services. A district level orientation programme was conducted on 11th September 2016 which was attended by 38 participants from the DHO and other district stakeholders. Health facility level orientation was completed in eight BCs and is currently ongoing in other sites. Onsite staff capacity enhancement activities were also conducted.

2.1.4 Implementation and Quality Improvement of Strategic Birthing Centres and Birthing Centres and Implementation of Free Referral

Free referrals continue in both Ramechhap and Dolakha districts. A total of 31 women from Dolakha and 18 from Ramechhap received free referral support during the reporting period. A process review of the free referral implementation will be carried out in December 2016 as per the recommendations of the DFID Annual Review of TRP (June 2016).

Birthing centre quality improvement activities, including capacity building of three SBAs using the follow up enhancement programme (FEP), continued in three BCs. Follow up visits for the capacity enhancement of staff were completed at Chautara hospital for five SBAs. 49 participants from three BCs took part in a BC QIP and infection prevention demonstration. A total of 10 Str. BCs in Sindhupalchowk district have now completed the first round of QIP and SBA capacity enhancement. Follow up visits will be carried out in November in seven BCs and in 3 further facilities in December.

The second round of QIP self-assessments was completed by 23 BCs of Dolakha district. Follow up for staff capacity enhancement using the FEP tool was completed in 15 BCs in Dolakha and 11 BCs in Ramechhap district. Delays in carrying out some follow–up visits were experienced due to heavy monsoon rains. The district coordinators and DHO teams are continuing to make follow up visits to the remaining BCs. Two clinical mentors from Ramechhap are able to carry out the on-site capacity enhancement of BC staff while two new staff members from Dolakha and Sindhupalchowk districts are being trained to become clinical mentors. Progress on quality improvement and staff capacity enhancement at these BCs will be reported in the QIP review to be completed in February 2016.

A guideline to develop mentors at district hospitals (CEONC sites) was developed by NHTC and FHD with the support of NHSSP, NSI and Maternity Hospital. This guideline includes criteria for selecting clinical mentors from trained SBAs, the process of skills development to help SBAs become mentors, and the process of training clinical mentors at SBA training sites. The first batch of training is due to be conducted in December/January 2016. NHSSP will support FHD and NHTC to develop mentors from 5 districts who will then provide on-site skills enhancement, mentoring and quality improvement at BCs in their districts using funds provided by FHD under its AWPB.

The methodology matrix used to review the process of developing and implementing QIP, skills enhancement, and free referrals for obstetric complications from birthing centres to referral facilities is currently being drafted. Development of the methodology and tools will be completed in November and data collection will be completed by end of December.

2.1.5 Family Health Division (FHD) developed Implementation Plans for NHSS 2015-20; FHD Developed Plans and Budgets for the Fiscal Year 2016/17

NHSSP supported FHD to finalize various operational guidelines to help implement its AWPB at district level. These included the Aama and Free New Born Care Guidelines, Maternal and Newborn Health Manual and Obstetric First Aid Training Manual. Advisers are continuing to support FHD in finalizing its NHSS-IP plans.

NHSSP, together with other EDPs, also supported preparation of the Nepal Every Newborn Action Plan (NENAP) implementation plan, with implications for the Nepal Health Facility Survey report. NHSSP is also supporting FHD to conduct a Caesarean Section study in 30 public and private hospitals using TARF funding. The Nepal Health Research Council approved the study proposal in October and data collection is now underway.

2.1.6 District Plan Implementation Support in Three Focal Districts; District Health Plans in Place for 2017/18 in selected districts

Health Facility Operation Management Committee (HFOMC) strengthening and local level planning will begin from the last week of November 2016.

2.1.7 Strengthened Community-based Services Available through FCHVs

FCHV orientation will be conducted in selected VDCs of Dolakha district where HFOMC strengthening is being implemented.

HMIS data from two focal districts is given below:

		Ramechhap		Dolakha	
SN	Variable	2072/73 (3 months)	2073/74 (3 months)	2072/73 (3 months)	2073/74 (3 months)
1	Total number of ANC 1st visit any time	808	570	888	709
2	Total number of ANC visit at 4th month	623	453	686	657
3	Total number of ANC 4th visit as protocol	405	349	436	541
4	Total number of institutional deliveries	342	338	422	474
5	Total number of pills new acceptors	101	102	251	206
6	Total number of depo new acceptors	428	393	901	627
7	Total number of IUCD new users	79	22	9	12
8	Total number of implant new users	680	168	62	182
9	Total number of safe abortion service	53	26	57	50
10	Total number of C sections done in district	0	15	51	34
11	Total number of children immunized for measles	664	921	643	1202
12	Total number of U-5 children treated for diarrhoea [2]	3256	441	9732	7666
13	Total number of U-5 children treated for pneumonia	1847	441	1490	886
16	Total number of OPD cases treated (new OPD visits)	60350	42936	57708	51402
17	Total number of OPD cases treated (new and repeated OPD Visits)	63004	45701	64041	53623

Note: reporting status of 2073/74 the first three month is incomplete.

2.2 Family Planning (FP)

2.2.1 Overview of Progress against Work Plan (Aug 2016 – October 2016)

	Activity	Summary Progress
1	Train 4 medical officers on male sterilization	Planned for completion in November. Postponed due to NHTC's decision to prioritize training of government staff as per its training plan and FHD's request.
2	FHD's FP activities preparation, budget allocation and program guidelines for 2017/18 AWPB finalized and improved by advocating for and using evidence based information and supporting development of user guidelines on the approved activity	Annual planning and budgeting for 2017/18 will take place in Dec. 2016 and Jan. 2017.
3	Learning from FP pilots shared/advocated and incorporated in AWPB	An update will be provided in the next reporting period
4	Increased attention for DFID earmarked funded activities in AWPB monitored and quality of FP	A monitoring framework for DFID earmarked funded FP activities has been prepared with FHD and follow up with

	services delivered by health facilities ensured through regular visit reviews and mentoring	districts is ongoing.
5	Annual review and planning meeting conducted by FHD in coordination with all supporting partners; AWPB and business planning process planning completed	FP team supported preparation of AWPB and implementation guideline for FP for 2016/17. Annual review and planning for 2017/18 will begin in early 2017.
6	Support LMD in commodity forecasting, procurement and distribution management	Ongoing support being provided as necessary.
7	Technical /programmatic over-sight provided to FHD on NHSS, CIP 2015-2020 and commitment to FP2020	Quarterly progress meetings with FP2020 secretariat are being conducted. Support has also been provided to FHD to prepare FP2020 progress data.
8	Strengthen satellite clinics as per need; monitor availability of male condom boxes and condom availability at strategically located places both in health facilities and non-health facilities; monitor availability of FP commodities and ensure availability of key methods at health outlets	District visits have been planned for end of November and early December to several districts for joint supervision.
9	Quality assure at least three selected NHTC, FP training guides	Support was provided to NHTC to update CoFP/C, NSV and IUCD training packages

The work plan activities cover the three TRP districts and additional activities begun under NHSSP including USAID supported FP activities in five districts. The plan tasks the FP team with supporting FHD for the scale-up of the pilot activities undertaken under TRP to ensure the timely planning, implementation, take up and reporting of FP activities. In this regard, the team:

- Supported FHD to finalize the FP component of the NHSS implementation plan;
- Supported planning and budgeting for 2016/17 in line with the Costed Implementation Plan (CIP) 2015-20 and NHSS (2015-20);
- Supported FHD and LMD in FP commodity forecasting, procurement and distribution management;
- Helped monitor stock-outs of FP commodities and ensure availability at regional, district stores and service delivery points (SDPs);
- Supported monitoring of DFID earmarked funded activities including regular follow-up of DHOs on the status of FP activities, backstopping support to districts, filling critical gaps and ensuring the quality of FP services at health facilities.

More specifically, the following progress was made:

2.2.2 Improved Capacity in the Provision of Sterilization Services

It was planned to train 4 medical officers in 2 batches from Dolakha, Sindhupalchowk, and Ramechhap districts. Although the training was scheduled to be completed in November 2016, it could not be held due to NHTC prioritizing the training of government staff. Training has been re-scheduled for completion by January 2017.

2.2.3 Evidence-based Planning and Budgeting Including FP Commodity Forecasts and Costs

NHSSP's FP team, fellow TA and partners joined FHD colleagues on a 3 day workshop in August at Park Village Hotel, Kathmandu to finalize FHD's FP Implementation Guidelines for 2016/17. Programme TA will continue to support AWPB preparation (activities, budget allocation and

guideline preparation) and advocate for the continuation of the FP activities successfully piloted under TRP in FHD's AWPB for 2017/18. In addition, NHSSP advisers supported FHD to design activities in line with NHSS objectives, the Costed Implementation Plan (2015-2020), and FP2020.

TA also identified key talking points on FP commodity procurement and supply for FHD's Director ahead of his meeting with the Prime Minister. Technical updates were also prepared for FHD's FP focal person who took part in a Nepal Television programme on family planning.

2.2.4 Implementation and Monitoring of FP Services Supported and Quality Assured – National Focus

In order to ensure the accountability to DFID's earmarked FP fund and to systematize the monitoring and review of FP activities, TA worked with FHD's FP section to prepare a FP monitoring framework. This is intended to help FHD link time-bound activities with expected results and to track progress.

During the reporting period, TA also participated in four of MoH's 2016/17 Regional Review Meetings (Pokhara, Nepalgunj, Bharatpur, and Dhangadi).

Further, advisers supported the development of a rapid needs assessment tool and facilitated an orientation session at the Patan Academy of Health Sciences (PAHS) on "Public Private Partnerships to Expand FP in Private and NGO hospitals" (AWPB 2015/2016). In addition, TA supported FHD in FP2020 progress data preparation by participating in quarterly meetings with the FP2020 secretariat. Advisers also participated in, and drafted minutes for, the 46th FP Sub-Committee meeting during the quarter.

Regarding commodity procurement, TA supported LMD to review technical specifications used in bids for FP equipment/instruments for IUCDs, implants, mini-laparotomies and no-scalpel vasectomies.

2.2.5 Implementation and Monitoring of FP Services Supported and Quality Assured – District Focus

In the reporting quarter, officials in Taplejung, Bajura, Salyan, Parbat and Doti districts were oriented on FP activities for 2016/17 including visiting provider activities, DMT/MEC wheel printing and the integrated EPI/FP program through meetings and telephone conversations. A joint district supervision and monitoring plan was prepared to ensure that satellite clinics are providing quality services free from stock-outs with good availability of male condom boxes.

2.2.6 Selected Training Guides on FP Reviewed and Updated as a Component of Quality FP Training

NHSSP's FP team provided inputs for the review and revision of the NHTC-led FP training packages (e.g. COFP/C and NSV). Advisers also helped design and finalize the training programme for 'Certified Clinical Coaches for FP at District Level' (a joint NHTC-H4L initiative). Technical inputs were also provided for the revision of NHTC's Training Strategy (2004) and the design of a 3-day COFP/C refresher trainers of trainers (ToT) course for non-clinical NHTC/RHTC trainers.

2.2.7 Additional Activities

The following additional activities were carried out:

- Submission of project completion report for the USAID funded FP transition and recovery program (with a focus on LARCs) in 5 earthquake affected districts,
- The final payment deliverable was submitted to DFID/USAID in August 2016. This followed a six month programme of support between Feb–July 2016 in 5 districts: Okhaldhunga, Sindhuli, Lalitpur, Nuwakot and Gorkha. In this period, the number of birthing centers (BCs) providing both implant and IUCD services increased almost three-fold, from 18 to 52. The mobilization of 15 visiting providers (3 per district) resulted in 2,405 implant and 175 IUCD adopters while 587 used VSC+ services at mobile outreach camps. Analysis of 316 LARC service users through VPs in Gorkha showed that 22% and 55% of users were Dalits and Janajati compared with their representations in the district as a whole of 16% and 54% respectively. Verbal communication with VPs from other districts also showed that majority of service users were from disadvantaged ethnic groups. This finding suggests that VP's services have had a strong social equity impact. Progress reports can be viewed at nhssp.org.np.
- Supported FHD to prepare NHSS-Implementation plan (2016-2021)
- Coordinated with FHD and DFID to extend the Nepal FP programme (NFPP) from 2013-17 to 2020.
- Coordinated the revision of selected DFID FA budget lines and activities for 2016/17.
- Reviewed the FP/EPI evaluation proposal (both from FHD and UNFPA).
- Responded to clinical FP queries from district health offices.
- Coordinated and made a presentation for the 3rd National FP Day celebrations.
- Reviewed comprehensive cervical cancer screening program (CCSP) implementation guidelines for FHD/NFCC.
- Shared FP related literature reviews and other documents with FP Subcommittee Members and I/NGO partners.
- Revised and submitted 2 FP posters for presentation at HSR 2016 conference, November 14-18, Vancouver, Canada.

2.3 Infrastructure

	Key Activities	Summary Progress
1	Support in preparing various standard design drawings: structural, electrical, GIS mappings, preliminary assessments	Completed August 2015
2	Printing of standards and drawings	Completed August 2015
3	Monitoring visits with government officials in affected areas	One round completed in all districts and still ongoing. About 100 facilities handed over.
4	Minor repairs of health facilities in three districts	Design, estimate, bidding process completed and contract signed with the contractors who are mobilised in the field
5	Major repair (may including minor retrofitting works) in 3 districts	Design, estimate, bidding process completed and contract signed with contractors who are mobilised on the site.
6	Hiring of draftsperson (3 months)	Contracted a draftsperson and also using two interns at the request of different architecture colleges.
7	Construction of prefabs as required type I/type II (as per the approved MoH standards)	Construction of prefab OCMC structure and reconstructing of eye block in Chautara District Hospital already initiated; design estimates, PQ process completed for Manthali PHCC (OT, diagnostic and OCMC) and Ramechhap District Hospital (CEONC) and qualified contractor has been called to submit his rates for the contract, the contract is expected to be signed by end of November. Also with TA support, 361 prefab and shelter type facilities have been approved and implemented in different districts.
8	Drawings, designs, estimates production and photocopies	Drawings designs, estimates have been produced for all the reconstruction recovery civil works including support to other EDPs, bilateral and multilateral agencies as part of MoH technical team supporting the reconstruction process.
9	Updating of HIIS in the context of reconstruction, rehabilitation and relocation of health facilities and addition of additional GIS layers	Regular updates made.
10	Support to Ministry to start the total reconstruction plan for this AWPB (2016-17)	Reconstruction plan made and approved by MoF and RAN.
11	Support to developing a model where MoH can implement reconstruction projects independently, including support for the costing for HR	The model has been developed and submitted to MoH for endorsement
12	Support to KOIKA and GIZ for designing, supervising and monitoring reconstruction activities as part of MoH technical team	Support has been provided to KOIKA, GIZ to finalise their designs and for the implementation process, through supervision and monitoring visits to sites – this is continuing.
13	Support for developing designs, guidelines and, MoU formats	Completed in August 2015
14	Support to signing MoUs	67 signed till date worth more than 7 billion NPR.
15	Once MoUs signed provide technical support as part of the member of recovery team constituted by MoH	Ongoing and about 100 facilities handed over after technical verification, 100 more completed and remaining 161 ongoing.
16	Provide technical support for reconstruction activity	All reconstruction planning completed and

		implementation guidelines completed including the organisational structure required for implementation.
17	Technical support for supervision and monitoring of the on-going constructions, technical backstopping to all the EDPs as assigned by MoH, including liaison with reconstruction authority of Nepal	Supporting EDPs since April 2015 with technical backstopping for all aspects of reconstruction as assigned by MoH; liaison with RAN continues. Since RAN was established, a tripartite agreement has operated to assure MoH standards with RAN's MoU format used for all reconstruction activities proposed to MoH by EDPs, for which TA is coordinating the process.
18	Support to permanent construction design of several specialised hospitals within the valley (Bir, maternity),to finalise the drawings and to resolve all technical issues (**from November)**	The demolition of the buildings, clearing of sites, finalisation of designs, verification of requirements as per the National Building Codes have been finalised. Authorisation has been given to Japanese authority for the tendering procedures on the recommendation of TA.
19	Support to government in developing designs for selected health facilities (**from November**)	Design work has been completed for prefab reconstruction and for permanent structures. The team will be supporting the government to develop site specific designs, cost estimates and tender documents once the PCU and PIU formation is completed.

2.3.1 Support MoH to Plan and Coordinate the Rehabilitation (including repair, maintenance, recovery and reconstruction) of Health Facilities in Affected Districts

Joint monitoring and supervision visits were made to the following sites to support various EDPs' efforts to complete prefabricated construction work. Instructions were provided to each site according to the requirement in a report form to the concerned EDPs. Guidance was also provided on monitoring reconstruction work with TA helping to verify compliance of completed health facilities with construction guidelines and facilitating handover.

1. Mahendrajyoti and Jyamnimandan health posts, Kavre
2. Semjong health post, Dhading
3. Makawanpurgadhi, Phalate and Tistung health posts, Makawanpur
4. Baluagaun health post, Ramechhap
5. Ghyalchowk, Tanglichowk health posts, Gorkha
6. Taruka health post, Nuwakot
7. Bhotechaur, Sindhupalchowk
8. Mahadev Besi, Jogimara, Naubise health posts, Dhading

Advisers continued to support MoH for the approval of design drawings from various EDPs including Save the Children, BNMT, Community Development Organization-Nepal, Red Cross, JICA, IMC, KOICA, UNICEF and TDH for the reconstruction of health facilities in various districts.

Support was also provided to MoH to coordinate with JICA and DUDBC for the approval of designs for Bir Hospital and Maternity Hospital in compliance with National Building Codes.

Additionally the TA team supported MoH to finalise ToR for an Initial Environmental Examination (IEE) of Maternity Hospital as required by the Ministry of Environment.

A district-wise summary of reconstruction progress is as follows:

District	No. of facilities being reconstructed	No. facilities completed	No. facilities on-going	No. facilities cancelled
Bhaktapur	3	3	0	
Dhading	41	21	20	
Dolakha	45	11	34	
Gorkha	55	21	34	2
Kaski	0	0	0	
Kathmandu	4	1	3	
Kavrepalanchok	37	4	33	
Lalitpur	6	0	6	
Lamjung	0	0	0	
Makawanpur	7	0	7	
Nuwakot	48	16	32	
Okhaldhunga	6	0	6	
Ramechhap	18	1	17	
Rasuwa	18	3	15	
Sindhuli	0	0	0	
Sindhupalchowk	62	36	26	
Solukhumbu	9	0	9	
Tanahu	0	0	0	
Total	**361**	**117**	**242**	**2**

MoH's reconstruction and recovery work plan and budget prepared in the last quarter was approved by the Reconstruction Authority of Nepal (RAN). Advisers are now supporting the creation of a Project Coordination Unit (PCU) and Project Implementation Unit (PIU) under MoH to oversee implementation. Following ministerial approval for the units, stakeholder meetings were held to discuss organisational structure, staffing requirements and implementation modalities. The most recent meeting recommended forming an internal committee to finalize district level arrangements.

Progress by agency to the end of the reporting period was as follows:

MoU signing Organization	Total number of Health facilities covered in the MoU	Number of completed construction as per MoU	Number of Ongoing construction as per MoU
ADRA Nepal	4	0	4
ANMF	12	11	1
Asal Chimekee Nepal	5	1	4
BNMT	7	0	7
CARE Nepal	3	0	3
CDO	2	0	2

GIZ	34	28	6
Good Neighbors International	4	0	4
Health Foundation-Nepal	1	0	1
Himalayan Health Care	10	1	9
IMC	22	4	18
JICA	3	0	3
Kaam Sustainable Development	1	0	1
Karuna F.	14	2	12
KFW	4	0	4
KOICA	11	0	11
Malteshwor International	2	0	2
MdM France	18	18	0
MDM-Spain	1	1	0
Netherlands Leprosy Relief	1	1	0
NHSSP	9	0	9
Nick Simons Institute	1	1	0
NRCS - Canadian RC	1	0	1
NRCS - Japanese RC	14	0	14
NRCS - Korean RC	13	0	13
NWED	1	0	1
Nyaya Health Nepal	21	7	14
One Heart World-Wide	6	4	2
PHASE Nepal	3	0	3
Plan International Nepal	1	0	1
Rainbow Pokhara	1	0	1
Rewa Alliance	1	1	0
Rural Reconstruction Nepal	1	0	1
Save the Children	18	18	0
ShubaAwasarGraam Nepal	2	2	0
Sipradi	1	0	1
SWAN	9	9	0
TDH	11	4	7
Tilganga Eye Center	1	1	0
UNICEF	74	1	73
USAID	1	0	1
World Vision International	10	2	8
Total	**359**	**117**	**242**

2.3.2 Support Immediate Minor Repair and Maintenance of Health Facilities in Selected Districts to Ensure Continuity of Essential Health Care Services

In the reporting period, NHSSP's infrastructure team also signed a contract with a contractor for the construction of a one stop crisis management centre (OCMC) and comprehensive emergency obstetric and neonatal care (CEONC) block at Chautara Hospital. Work is scheduled to commence on

these sites in November. A contract was also signed with a contractor for the repair and retrofitting of Tatopani Health Post in Sindhupalchowk and the training centre at Charikot PHCC in Dolakha District.

Regarding other infrastructure activities, the bid evaluation report and contract document for the repair and retrofitting of Khopachangu, Laduk and Bhimeswor Health Posts were forwarded to Options for approval.

Further, design drawings, bills of quantities (BoQ) and the contract document were finalized for the construction of Manthali PHCC and the CEONC facility at Ramechhap district hospital. Bidder prequalification for this package was also completed in the quarter.

Name of the District	Total Number of Health Facilities	Health facility with Collapsed or Irreparable damage	Health facility with Partial Damage	Health facility with Superficial Damage	Number of completed construction	Number of Ongoing Construction
Bhaktapur	26	4	7	8	3	
Dhading	59	23	10	13	21	20
Dolakha	59	28	13	4	11	34
Gorkha	79	45	8	6	21	34
Kathmandu	89	10	16	17	1	3
Kavrepalanchok	102	22	11	32	4	33
Lalitpur	51	13	9	9		6
Makawanpur	54	9	11	9		7
Nuwakot	77	28	14	13	16	32
Okhaldhunga	62	20	15	12		6
Ramechhap	60	23	11	6	1	17
Rasuwa	23	11	3	2	3	15
Sindhuli	62	15	2	25		
Sindhupalchowk	86	50	14	7	36	26
Total	**975**	**351**	**158**	**170**	**153**	**259**

Additional Activities

Support was provided to Management Division for the assessment of different hospitals for expansion, partly in order to promote a culture of needs assessment for all construction planning in the Division. A need assessment was carried out for Narayani-sub regional hospital based on which the proposed master plan for the hospital was revised by advisers and presented to local stakeholders, users and political parties. Feedback received helped in finalising the drawings which will be presented to stakeholders, including users for approval.

A needs assessment was carried out at the proposed site at Mehlkuna Hospital by TA, DUDBC, MoH and MD officials. Based on the assessment and interactions with stakeholders, a 50 bed hospital was considered most appropriate and agreed by stakeholders. Similarly technical support was provided to assess Lumbini Zonal Hospital, Koshi Zonal Hospital and Bharatpur District Hospital for expansion.

Support was also provided to MoH to delineate catchment areas for health facilities and assess accessibility in eight districts for which the new health insurance scheme will be piloted.

2.4 Procurement

	Planned Activity	Summary Progress
1	Development of a monitoring framework for e-bidding	This has been addressed by world bank DLIs
2	Linking approved specification bank with the bidding system (**from November)**	This is planned to start after the procurement workshop to be held on 23rd November 2016.
3	Direct support to individual procurements as required	This is ongoing and support has been provided for all the bidding in the CAPP
4	Support for specification writing standardisation (drugs)	Workshop conducted and process completed.
5	Support to CAPP implementation and workshops	CAPP prepared and approved for the fiscal year with CAPP approved in August record time for LMD.
6	Capacity building training in procurement for government officials	Procurement workshop completed.
7	Consultation on procurement legal issues (including reform agenda)	Consultation has been made at several forums, reform areas have been submitted to PPMO
8	Hiring BMETs on short term basis for Inspection/installation of equipment and specification review	Hired as required.
9	Support procurement reform through implementation of the PIP, in accordance with government leadership.	Ongoing, PIP updated and shared in workshop organized with NHSSP support. The progress in PIP also summarized during the workshop, the updated PIP will be shared by next week.
10	Training of LMD human resources to handle procurement cycle **(November)**	Training conducted, SOPs being developed to support the process.
11	Training of LMD human resources in contract management; understanding of procurement rules and regulations, interpretations, supply chain management **(November)**	SOPs being developed, once finalized, trainings will be finalized.
12	Support to LMD to incorporate training budget in AWPB (**November)**	Issues identified for training areas, budget planning to be initiated soon.
13	Equipment specification bank for general health equipment developed	Specifications already in place, standard list of equipment being developed for all facilities updto District level.
14	liaising with USAID and the EDP PSCM group	Liaison continues

As noted, NHSSP is providing technical and executive procurement support to LMD to procure commodities and enhance its procurement capacity in the post-earthquake setting. A procurement reform adviser and a procurement officer are embedded in the division. The procurement officer works with the procurement section to support routine tasks and carry out other functions including training of procurement section staff.

Major procurements facilitated included in this quarter included:

- Insecticides for Malaria and Kala-Azar Control,
- Pick-ups and Ambulances,
- DEC Tablets,
- Security Services at DoHS

In September, NHSSP helped revise technical specifications for the free essential drugs list. The updated specifications were subsequently incorporated in bidding documents for the international competitive bidding of 53 essential drugs.

Technical specifications for some hospital equipment were also upgraded, including for X-ray machines. Specifications for 5 items were incorporated in ICB bidding documents which will be tendered in the coming quarter.

In the reporting period, advisers helped LMD prepare its Consolidated Annual Procurement Plan (CAPP) for 2016/17 within one month of the beginning of the financial year, in August – a record. They also supported various bidding processes and the monitoring and dissemination of procurement progress.

Of note here is the high level Ministry leadership currently being shown for procurement reform to ensure the timely supply of high quality equipment and supplies at reasonable prices. In the reporting period, a one hundred day action plan was prepared by LMD and forwarded to the Minister to demonstrate its commitment to reform.

The present small pool of LMD procurement staff face an challenging task keeping up with procurement demands but with TA support has been able to keep up with demand. This result can be seen in the table below which compares CAPP preparation, bid announcements and other improvements with the same period last year. Sixty-five out of 122 contracts had been published by October 28, 2016.

Procurement Method	Number of contracts in CAPP		Comparison of progress during the same period for 15/16 and 16/17	
	FY 2015/016	FY 2016/17	FY 2015/016	FY 2016/17
ICB	66	95	0	62
Direct Contract	0	0	0	0
LIB	0	0	0	
NCB (goods)	27	20	1	1
NCB (works)	-	4	-	0
NCB (non-consulting services	6	1	6	1
QCBS (Consulting services)	3	2	0	1

The issuing of RFP documents for the procurement of Pre-shipment Inspection and Laboratory Testing Services for goods also took place.

Standard bidding documents (SBD) for the procurement of health sector goods using a framework agreement were drafted by LMD with TA support and submitted to the Public Procurement Management Office (PPMO) for approval. The PPMO formed a committee, which included the NHSSP procurement reform adviser, to finalize the document which will help expedite the procurement process and e-bidding.

Additional activities:

TA also coordinated with PPMO to discuss amendments to procurement legislations for health sector goods. Discussions were held at ministry, departmental and PPMO levels.

2.5 Public Financial Management (PFM)

	Planned Activity August-October 2016	Summary Progress
1	Continued TABUCS support for hospitals in earth quake affected districts	On-going throughout the reporting period. Expenditures have been captured and reported in regional review meetings.
2	Continued support to TABUCS recovery in 31 districts (expanded from 14)	A customized TABUCS module was developed to help MoH capture monthly expenditure in 31 earthquake affected districts. This is now operational and able to track expenditure on standard activities, line items and cost headings and produce detailed financial reports.
3	Financial data from earthquake affected districts is updated	On-going.
4	On-going and day to day support from the team towards the production of the trimester FMRs	3rd FMR for FY 2015-2016 to DFID submitted.
5	On-going and day to day support from the team towards the development of the unaudited financial statement.	Team helped finalise the financial management improvement plan (FMIP) and supported MoH to prepare the unaudited report by capturing the audit status from all MoH spending units.

2.5.1 Transaction Accounting and Budget Control System (TABUCS)

Up to the end of October, 75% of total financial expenditure in 2016/17 had been entered into TABUCS. The corresponding total by the same period in 2015/16 was 68%. In addition, data from FY 2015/16 was verified using the Treasury Single Account (TSA).

Other progress in the reporting period included:

- Continuous monitoring of TABUCS in earthquake affected districts
- Delivered and installed power back up systems to 10 earthquake affected districts (Sindhupalchowk 2, Kabhre 3, Bhaktapur 3, Nuwakota 2, Rasuwa) to support TABUCS functionality
- Ongoing support to TABUCS users around the country.
- Participated in DFID's 'Digital Day' on 30 August 2016.

Anticipated NHSS (2016-21) activities include

- Adaption and expansion of TABUCS to other ministries
- Share learning from TABUCS with Bangladesh's Ministry of health
- Formal handover of TABUCS to MoH
- Linking TABUCS with other MIS including the Treasury Single Account, Line Ministry Budget information system, HMIS, the Human Resource Information System (HuRIS), Health Infrastructure Information System (HIIS) and Logistics Management Information System (LMIS)

- Ensuring consistency between TABUCS and the Nepal Public Sector Accounting System (NPSAS)
- Improving reporting systems and upgrading TABUCS to include an inventory control and procurement system.

2.5.2 Responding to Emergency Needs across 14 Directly Affected Districts and 17 Additional Affected Districts

In the previous reporting period the HF/PFM team helped MoH prioritise and cost activities in and a customised TABUCS module was developed to capture monthly expenditure in 31 earthquake affected districts. This is now operational and able to track expenditure on standard activities, line items and cost headings and produce detailed financial reports.

In the reporting quarter, the functionality of TABUCS in the 31 districts was verified and monthly expenditure reports against planned budgets were prepared. A report capturing expenditure from the 31 districts including an analysis of budgets against expenditure was submitted to DFID in April 2016. Additionally, unsettled cash advances were captured and included in the annexes of FMR-3 of FY 2015/16.

2.5.3 Building the Capacity of Cost Centres to Deal with Audit Queries and Provide Financial Reports

In the last quarter, NHSSP helped MoH capture 9 years of audit query data and analyse these queries by spending unit. These records were then uploaded to TABUCS so that each cost centre can now directly access its audit status on line. MoH now plans to capture three more years (FY 2012/13 to 2014/15) of audit query data in TABUCS.

Looking forwards, recommended activities include strengthening the institutional set up to support use of the Internal Financial Control Guidelines (IFCG) and Audit Clearance Guidelines (ACG) and the development of an internal control system. It is recommended that dedicated audit clearance units in MoH and DoHS be established for this purpose. These units will require a detailed scope of work, the recruitment and capacity enhancement of staff, and performance indicators linking to the NHSS 2015-2020 monitoring mechanism. TA are well positioned to help prepare the ToR for these units.

Additionally, provision is needed to review and update both the IFCG and ACG and to support the Office of the Auditor General (OAG) in using the digitised audit clearance records to analyse overall MoH's audit status. The OAG should also be encouraged to rollout TABUCS to capture the audit clearance status of other ministries. The team has organised two separate meetings with FCGO and OAG to discuss using TABUCS to capture the audit status from all spending units functioning under the MoH. Meetings have suggested the importance of developing a concept note to carry out this important task. Here it is important to note that 'internal audit' falls under the jurisdiction of FCGO and final audit falls under the function of OAG.

In other work, NHSSP advisers supported a fiduciary risk review and contributed to discussions on a governance structure to for implementation of MoH's Financial Management Improvement Plan (FMIP). A revised FMIP was circulated to MoH officials and external development partners (EDPs) in the quarter and MoH is now organising a workshop to finalize it.

Other tasks supported by TA included:

1. monitoring MoH's performance based grant agreements (PBGAs) with hospitals.
2. Submission of the 3rd FMR for FY 2015/16 to DFID on 23th September 2016.
3. Completion of the scanning of 9 years (FY 2003/04 to 2011/12) of audit query reports to ensure a permanent record is available.
4. The clearing of 51.5% of audit queries in FY 2015/16 compared with 45.2% in the same reporting period for 2014/15.

Recommended future activities in this area include MoH taking action to establish a PFM committee in DoHS to develop a comprehensive PFM framework incorporating MoH, FMIP and Procurement Improvement Plan (PIP) indicators. We should note that there is currently no PFM committee at DoHS.

2.5.4 Support in Planning and Budgeting of Ministry of Health and Family Health Division

NHSSP TA helped MoH and FHD finalise their AWPBs for FY 2016/17 and to design and pre-test a localized electronic annual work plan and budget (eAWPB) programme which has now been embedded in TABUCS. This will allow districts to plan their activities using TABUCS and concerned divisions and centres to track expenditure from the centre. Following design, the eAWPB was tested and a workshop held to discuss its application and use. Looking aheads, it is recommended that this system be tested in selected cost centres including hospitals, central level entities and facilities across the three ecological belts (Tarai, Hills and Mountains).

2.5.5 Aama Programme

	Planned activities August- October 2016	Summary Progress
1	Support integration of central with district planning of MoH and DoHS activities, linking up with all NHSSP advisors	Using TABCUS, the process of capturing Aama budget and expenditure from all districts began.
2	Aama rebuild second generation features	Desk review and internal discussions within FHD underway
3	On-going support to Aama implementation and monitoring	On-going
5	Support FHD to Monitor the status of Aama implementation through Rapid Assessment-X	Preparation for RA round X completed and TOR shared with FHD
6	Support policy discussions on social protection programmes	Guidance provided to the Insurance Board and recommendation made to defer Aama linkage until further technical discussions have taken place

A desktop review is ongoing ahead of discussions on the next generation of the Aama Programme under NHSS. TA also approached FHD's safe motherhood focal person to include this topic in the next Safe Motherhood Subcommittee meeting in December and to organise a technical workshop with experts at regional and central levels.

A recognized risk to this process is that FHD may be disinclined to hold technical consultations on policy integration or to act on the recommendation to upgrade the Aama Programme Guidelines.

Ongoing support was provided to FHD to update data on health posts, PHCCs and district and referral hospitals. The records for private hospitals were also brought up to date in the reporting period. Further, TA requested the TABUCS team to add transport incentives and facility reimbursement expenditure to give a more accurate picture of expenditure including, critically, payments made to mothers at the point of discharge. It is planned that this revision will be incorporated in TABUCS from FY 2016/17 onwards.

One of the main recommendations of the Aama Rapid Assessment (RA) round IX was to refine its methodology and review the tools used. The review of tools was completed in the reporting period and an assessment design workshop is planned for November 2016. Preparation for RA round X was completed and ToR shared with FHD. Further, an updated list of public facilities implementing Aama was prepared including public hospitals, PHCCs and HPs.

2.5.6 Develop Aama Family Health Division (FHD) Plan of Action and/or Review Aama Guidelines

As noted, TA supported FHD to finalise the Aama AWPB for FY 2016/17 and several meetings were held to discuss the future of Aama. In this regard, TA provided guidance to the Insurance Board on the policy direction of Aama and recommended that Aama not be included in the proposed National Health Insurance Programme until further technical discussions have taken place. Specialised technical support will be needed to help MoH link Aama with any national social health insurance programme.

Key activities identified for implementation under NHSS include harmonising the Aama programme within a broader framework of social health protection, and further developing modalities for involving private sector institutions in Aama implementation through state non-state partnership (SNP) arrangements.

During the programme's annual review in July 2016, DFID acknowledged Aama as an effective instrument to help sustain access to, and use of, institutional delivery. A key recommendation was to document Aama achievements from the three TRP focal districts. In this quarter, discussions began on developing a methodology for a case study to be completed in January 2017.

2.6 Gender Equality and Social Inclusion

	Planned Activity	Summary Progress
1	Support the establishment of OCMCs in 3 district hospitals and strengthen 3 existing OCMCs at earthquake districts	OCMC established in three districts, orientation to hospital and OCMC staff as well as Case Management Committee (CMC), multi-sectoral stakeholders on OCMC guidelines twice. 5 days GBV and psychosocial counseling training to OCMC staff from 6 OCMCs of disaster districts. Exposure visit to newly established OCMC staffs to OCMC Maternity Hospital and Rapti Sub-regional Hospital Dang. Participation and presentation at OCMC national annual review. Regular monitoring, on-site coaching and mentoring.
2	Support SSU establishment and strengthening in referral hospitals	SSU establishment in 6 referral hospitals: (Hetauda, Gorkha, Trishuli, Rapti, Dhaulagari and Lumbini. Orientation to hospital staff and partner NGO on SSU guidelines completed. MIS training and establishment in all SSU hospitals (14) for online recording and reporting completed.
3	Case study on how patients benefit from OCMC/SSUs	ToR developed and consultant identified to carry out the task.
4	Support to establish, facilitate and monitor Community Health Units (CHUs) in DFID districts	9 CHUs established in DFID supported districts. CHU guidelines updated.
5	Process evaluation of contribution of CHUs	ToR developed.
6	Capacity building of 6 newly established SSUs (for establishment) and orientation of SSU Guidelines, Management Information System (MIS), communication and psychosocial support training	SSU guidelines orientation completed in all 6 SSU hospitals. MIS training and establishment in all SSU hospitals for online recording and reporting. 4 days training to SSU and hospital staffs on communication, psychosocial support, coordination and volunteerism. Continued technical support to SSU staff.
7	Capacity building of CHUs Staff and orientation of management committee and guidelines up-dated	1 day orientation to CHU staff and management committee conducted and on-the-job training provided to new CHU staff at nearby health facilities. CHU guidelines updated. 3 days capacity building training to CHU and UHC staff planned; content designed.
8	Finalize equity monitoring guidelines and tools	Equity monitoring guidelines and tools finalized

9	Report on equity monitoring in 3 districts (53 VDCs) and action plans developed	Report on equity monitoring completed and action plan developed.
10	Support the process evaluation on equity monitoring to identify equity gaps in disaster affected DFID districts	ToR developed. Methodology for evaluation identified.
11	Technical support for the implementation of action plan to address the equity gaps identified by the equity monitoring process in 3 DFID districts	Equity monitoring finding presented to wider-level stakeholders. Action plan shared with EDPs, NGOs and government agencies to fulfill the equity gaps. Commitment shown by different agencies to address the equity gaps (number of gaps have been already fulfilled).
12	Social audit guidelines revised based on social audit evaluation and to include equity monitoring	Meetings with PHCRD, Secretary and DG conducted for revision of Social Audit guidelines. Technical Working Group (TWG) formed. TWG meetings held to update the guidelines and revise process.
13	Integrate GESI sustainability into design of interventions (TA to revise GESI strategy based on the aspirations of new Constitution, NHSS and new Health Policy and field experiences; revise operational guidelines related to marginalized, remote areas, referral for target group patients and poor citizen medical treatment fund; stakeholders consultation on GESI mainstreaming, etc.)	6 operational guidelines related to marginalized remote areas, referrals for target group patients and poor citizens medical treatment fund; stakeholders consultation on GESI mainstreaming updated as per the NHSS, new health policy and the new constitution. Meeting held with PHAMED and GESI section, MoH regarding revision of GESI strategy and agreed to revise in 2016/17.
14	Continuous monitoring and technical backstopping support for the strengthening of the 17 old OCMCs and 8 SSUs at districts.	National annual review of OCMCs conducted. OCMC and SSU guidelines updated. Refresher training on GBV and Psychosocial training provided to OCMC staff nurse from all OCMCs. 8 new OCMCs will be established in 8 districts as per the demand from the districts within this fiscal year. On-site coaching, monitoring and mentoring provided on a regular basis to all OCMCs and SSUs.
15	Agree exit plan with government at centre and district levels (disaster affected DFID districts)	OCMCs and SSUs established in disaster affected DFID supported and other districts have been owned by MoH. The budget for these OCMCs, SSUs and CHUs from this fiscal year will go through the government red book.
16	Support development of referral mechanism with TPO in Ramechhap and Dolakha	Budget for referral mechanism established in these districts. The practice of referring clients from health post to referral hospitals and from there to the center has increased in these districts. The Teaching Hospital (Psychiatric Department) and Patan Mental Hospital have played an important role in receiving clients referred from these districts.

17	Lobbying at MoH to establish mental health section to move forward the mental health agenda further	The role of the Management Division and PHCRD regarding mental health programming was clarified following confusion over who should lead. A decision was made that PHCRD will lead the mental health related programme. At MoH, Curative Division will be a focal point for mental health related policies. Psychotropic drug's free list was revised to include more effective drugs. Standard Treatment Protocol (STP) for the use of psychotropic drugs revised.

2.6.1 Assessing and Adapting the Design of One-stop Crisis Management Centres and Social Service Units in Affected Districts

The three OCMCs established in TRP's focal districts continued to provide gender based violence (GBV) services to survivors although infrastructure shortages continue to limit the range of services available - notably access to safe homes. This situation led TA to seek assistance from UNFPA who agreed to extend their Female Friendly Spaces (FFS) to include temporary shelter for GBV survivors in Dolokha and Ramechhap until December 2016. MoH made budgetary provision in its AWPB 2016/17 for the continued functioning of these OCMCs.

In Dolakha, the OCMC treated 48 GBV cases to the end of October 2016 and multi-sectoral support was provided, including referrals for police support and safe home services. In Ramechhap and Sindhupalchowk, 14 and 13 cases respectively have been treated to date. In all three focal districts regular meetings of OCMC Case Management Committees (CMCs) and District Coordination Committees meetings took place in accordance with OCMC guidelines.

Also in the reporting period, the OCMC teams (medical officer, staff nurse and focal person) from six districts (Ramechhap, Dolokha, Sindhupalchwok, Hetauda, Dhulikhel and Maternity hospital), including staff nurses from PHCCs of these districts, received 5 days of basic GBV and psychosocial training. Advanced training for this group is scheduled for the next reporting period. The costs of training were supported by other EDPs upon request of NHSSP TA while facilitation was led by TPO Nepal.

Advisers also provided support to help finalize the districts in which eight new OCMCs will be established in the current fiscal year. Given the high demand for OCMCs from district hospitals, TA helped facilitate a series of district level multi-sectoral stakeholders meetings and requested the district Police and Women and Children Offices to share data on GBV prevalence and the number of cases received by them. Meetings were also held centrally with the Department of Women and Children and Police HQ to assess the availability of safe homes.

The 8 new districts (Rupandehi, Chitwan, Udayapur, Banke, Dhading, Sindhuli, Kaski and Okhaldhunga) were prioritized on the basis of a) GBV prevalence, b) GBV cases reported and c)

resource commitments from multi-sectoral stakeholders. Importantly, establishment of these OCMCs was included in the Health Minister's 100 days priority program.

In addition to supporting the establishment of new OCMCs, TA developed ToR for the preparation of a case study on how GBV survivors have benefited from OCMC in TRP districts.

2.6.2 Social Service Unit (SSU)

MoH assumed responsibility for the 2 new SSUs supported by NHSSP making budgetary provision for their continued operations in its 2016/17 AWPB. In order to improve service quality, SSU staff from Lumbini Zonal Hospital (Butwal), Rapti Sub-regional Hospital (Dang), Trishuli Hospital (Nuwakot), Dhaulagari Zonal Hospital (Baglung), Hetauda Hospital (Makawanpur) and Gorkha Hospital (Gorkha) received 4 days training on interpersonal communications, psychosocial support and facilitation skills. This training was facilitated by TPO Nepal with financial support provided by EDPs upon the request of TA.

TA paid visits to SSUs in Bir Hospital, Maternity Hospital, Hetauda Hospital, Bharatpur and Trishuli Hospitals to support and review programme effectiveness including the efficiency of the recently developed SSU management information system (SSU-MIS). Follow up on the functionality of the SSU-MIS in other SSUs (Dang, Dhangadi, Nuwakot and Gorkha) also took place. Data showed that 3057 patients had received services in Lumbini; 687 in Hetauda; 256 in Gorkha; 1181 in Dang; 85 in Trishuli and 837 in Baglung by the end of October (confirm). In addition, ToR were prepared for a case study on how patients benefit from SSUs in TRP districts.

2.6.3 Community Health Unit (CHU) Supported to Provide Adequate Services in 3 Districts

As previously reported, CHUs have been established in TRP's three focal districts and services begun. Primary Health Care Revitalisation Division (PHCRD) has taken responsibility for all 9 CHUs supported by NHSSP and made budgetary provision in its AWPB 2016/17 for their continued functioning. Capacity building of CHU staff is planned for mid-December 2016. To finalize the training content, venue and participants, meetings with the DHOs of all three TRP districts took place in the reporting period. Service providers working at Urban Health Clinics (UHC) will also be included in the training which will be run in 2 phases to allow the continuation of services at the CHUs/UHCs.

2.6.4 Monitoring the Equity of the Health Services in Disaster Response in 3 Districts

In the reporting period, Equity Monitoring (EM) was carried out in 17 VDCs in Dolakha, 18 VDCs in Ramechhap and 18 VDCs in Sindhupalchowk. TA made support and monitoring visits to each district and worked with local stakeholders to organize a two day workshop to analyse and triangulate qualitative and quantitative (HMIS/LMIS) data and prepare a final EM report.

TA also supported DHOs for the dissemination of findings, with recommendations, to district level stakeholders (EDPs, government agencies, NGOs, political parties, local influential, media and

district networks) in all three districts. From this, action plans were developed by DHOs in Dolakha and Ramechhap to address the equity gaps. A draft equity monitoring report for the three districts has been prepared and will be finalised in the next quarter.

2.6.5 Social Audit (SA)

A consultation with PHCRD on updating its Social Audit Guidelines was held based on the recent evaluation findings, feedback from districts and lessons learned from equity monitoring in the 3 earthquake affected districts. A Technical Working Group (TWG) was formed by PHCRD's director comprised of representatives from PHCRD, MD, FHD, CHD, PPICD, the GESI Section at MoH and representatives from GiZ, H4L and NHSSP. Two TWG meetings took place in the reporting period and a preliminary draft document was prepared to be shared with wider stakeholders for feedback NHSSP provided both the technical and financial assistance for this work.

2.6.6 Promote sustainability of GESI support

National level

At national level, TA provided support to the Public Health Administration, Monitoring and Evaluation Division (PHAMED) and GESI Section to develop operational guidelines for districts on SSUs and OCMCs. Extensive support also was provided to PHAMED, GESI Section and PHCRD to help formulate the Minister's 100 days priority program. Key personnel from PHAMED and GESI Section received orientation on GESI for regional review presentations.

Additionally in the reporting period, a meeting was held with MoWCSW to solicit ideas on strengthening multi-sectoral collaboration for safe home services for GBV survivors. This meeting identified several prospective areas for collaboration including enhancing the capacity of (i) service providers, (ii) established safe home in districts where OCMCs are established, and (iii) identifying additional districts in which to establish new OCMCs.

A Steering Committee Meeting chaired by MOWCSW's Secretary attended by members from the prime minister's office and sectoral ministries, national planning commission (NPC), police headquarters, the attorney general's office and DoW&C was held to finalize a 'Draft Integrated National Guidelines for Services to GBV Survivors'. The guidelines have now been finalized and forwarded to MOWCSW for the submission to the cabinet for the approval.

District Level

Monitoring and support visits focused on OCMCs, SSUs, and EM were made to the following facilities in TRP districts (Chautara District Hospital (Sindhupalchowk), Manthali PHC (Ramechhap), Charikot PHC (Dolakha), Trisuli Hospital (Nuwakot), Bharatpur Hospital (Chitwan), Hetauda hospital (Makawanpur).

During these visits, implementation of the GESI activities was assessed. In general, these activities, notably OCMCs, mental health and psychosocial counselling, SSUs, CHUs and EM were seen to be progressing well under DHO leadership. In the three focal districts and in Bharatpur, Hetauda and

Nuwakot, collaboration with district stakeholders including W&CO, UNFPA, Medicines du Monde (MDM), and local NGOs was seen to be particularly effective.

2.6.7 Facilitation of Psychosocial and Mental Health Work

TA continued providing support to PHCRD to revise the essential psychotropic drugs list as initially proposed by NHSSP's TRP partner TPO. The steering committee, chaired by the DG, forwarded the list proposed by the technical committee to the Health Secretary who subsequently approved it. In addition, the psychotropic medicine standard treatment protocol (STP) was revised and forwarded to MoH for approval.

Mental health and psychosocial support services continued in the three focal districts. TA provided backstopping support to TPO for the creation of a district referral fund to help mental health patients who are very poor receive appropriate care.

In addition, a consultation meeting was held with TPO, HI and SIRC on the disaggregation of service data to examine gender trends for care seeking behaviour related to spinal injury, rehabilitation and mental and psychosocial care and to propose actions to inform future disaster response strategies. The report was finalised and is now ready to be submitted to DFID. The sustainability of partner programmes at district level was also discussed during the meeting. In addition, all three partners participated in the national level TRP dissemination program entitled 'Post-earthquake Response: Leave No-one Behind'.

2.7 Monitoring and Evaluation

	Planned Activity August-October	Summary Progress
1	Minimum standards for e-reporting from health facilities developed, endorsed by the MoH and rolled out	Completed. MoH is in the process of printing and dissemination to stakeholders
2	Public health facilities with adequate infrastructure (functioning in a permanent/prefab set up) in the three focal districts report electronically - have a functioning DHIS-2 for monthly HMIS reporting	DHIS2 launched. All districts and selected health facilities meeting minimum standards in three focal districts will start reporting using DHIS2 platform from next quarter onwards
3	Public health facilities in other districts (other than 3 focal districts) initiate e-reporting	Health facilities meeting the minimum standards in other districts such as Nuwakot, Dhadhing, Kanchanpur are expected to initiate e-reporting from next quarter.
4	EHR system initiated in public hospitals and PHCCs in the three focal districts	The process of developing standard modular medical record system (MRS) packages appropriate for different levels and health facilities is in progress. Once the package is developed, selected facilities in the focal districts will supported to use the appropriate modules.
5	Review of health sector response to the earthquake 2015 and lessons learnt completed – the proposed four outputs namely, a consolidated analytical report; photo story book; case studies; and a documentary produced. NHSSP will be responsible for Photo Story Book; and coordination with the partners supporting other components.	All four components of the initiative are in draft form. It is expected to finalize and disseminate the products in the next quarter.

6	Support MoH to develop routine data quality assessment (RDQA) tools and its implementation at district and health facility level	RDQA tools are in the process of field testing in selected health facilities. They will be rolled out in selected districts in the next quarter; and across the country in the next fiscal year.
7	Continual engagement with and support to the MoH in writing the main report and in further analysis of the NHFS 2015 data based on the programmatic needs	NHFS 2015 final report is expected to be released in mid-January 2017. We will continue our active engagement in further analysis of the data in line with the program needs.
8	Support FHD in development of MPDSR Modular Training Package and MPDSR implementation at districts & health facilities	MPDSR modular training packages developed and rolled out in 6 districts. The package is being updated based on learning from these districts.
	Support PHAMED in developing Dashboard with key indicators from different programs/MISs; in setting up the display monitors in key decision makers' office for monitoring and planning purposes.	The practice of monitoring availability of staff at MoH using a Dashboard linked to electronic attendance system is now in place at MoH. The process of initiating using a dashboard linked with other MIS is in progress.
	Support DoHS/EDCD in strengthening EWARS and in knowledge management	Continued support to EDCD to strengthen EWARS provided

2.8.1 DHIS2 Roll Out

During this quarter, the M&E Advisor, in collaboration with WHO and GIZ, supported PHAMED, MoH to finalize the minimum standards for e-reporting from health facilities. This guideline has now been endorsed by the MoH; and is ready for roll out.

All preparatory work for migrating HMIS into DHIS2 platform was completed. Further, Management Division trained statistical officers from all 75 districts and medical recorders from public hospitals to use HMIS in DHIS2 platform.

On 16 November 2016, the health minister, Mr Gagan Kumar Thapa, launched the DHIS2 following which the HMIS was migrated to the DHIS2 platform. In the coming quarter, those public health facilities having adequate infrastructure (functioning in a permanent/prefab set up) in the three focal districts will be supported with a computer, internet connectivity and training to initiate electronic monthly reporting to HMIS. NHSSP will provide support to around 10-15 facilities in each of the three focal districts with GIZ supporting facilities in Nuwakot and Dhading districts.

MoH is planning to expand electronic reporting from health posts and PHCCs in other districts supported by partners including WHO, UNICEF, USAID/Health for Life.

NHSSP, WHO and GIZ are also providing support MoH to develop modular packages for an electronic health records (EHR) system for hospitals, PHCCs and health posts. The EHR packages being used in Bayalpata hospital in Achham and Charikot Hospital in Dolakha will be reviewed and customized to meet HMIS requirements. GIZ has initiated the process of assessing existing systems and HMIS requirements. NHSSP and WHO will provide support to roll out of the relevant packages in selected health facilities ahead of the gradual scaling up of the initiative in other facilities.

2.8.2 Review of Health Sector Response to the 2015 Earthquake and the Lessons

During this quarter, NHSSP continued working with MoH, WHO, GIZ, UNICEF to finalizing four learning products namely (i) a consolidated comprehensive report reviewing health sector

preparedness, damage to the health sector, response, lessons and recommendation for better preparedness and management of a disaster when it occurs; (ii) a photo story book; (iii) a documentary; and (iv) a comprehensive report with compilation of case studies.

During this quarter, NHSSP revised the draft version of the Photo Story Book and shared it during the Lessons Learnt Conference organized jointly by MoH and WHO in April 2016. The revised photo story book and other three components will be finalized and disseminated in the next quarter.

2.8.3 Support DoHS in Improving Use and Quality of HMIS Data

In the reporting period, PHAMED, MoH in collaboration with NHSSP, WHO, USAID and GIZ Nepal, customized the routine data quality assessment (RDQA) tool developed by Measure Evaluation/USAID and in use globally. In December 2016, the tools will be field tested in three districts, Ramechhap (NHSSP), Nuwakot (GIZ) and one of program districts of Health for Life/USAID. After field testing of the RDQA tools, NHSSP will continue to support finalization and roll out of the RDQA system in other districts.

With the roll out of DHIS2, efforts are now being made to generate program specific standard reports for program divisions and centers for regular use in program monitoring. This will help in improving the quality and use of HMIS data.

During this quarter the HMIS coordinators in Dolakha and Ramechhap continued their support to districts and health facilities to improve the use and quality of HMIS data through on-site coaching, mentoring and reviewing the data during monthly meetings at facilities and districts. During this quarter, the HMIS coordinator also supported the district health offices to prepare a district annual report.

2.8.4 Nepal Health Facility Survey 2015 Report Write Up

NHSSP advisors continued working with PHAMED, USAID and New ERA to finalize the Nepal Health Facility Survey (NHFS) 2015 report. During this quarter a technical team of experts from EDPs reviewed the draft report which was prepared jointly by government officials from MoH and DoHS. The final report is expected to be released by end of December 2016 following which a further analysis will be undertaken to explore various sub-themes as per programme needs.

2.8.5 Support FHD in Strengthening and Expansion of MPDSR

NHSSP continued its support to FHD to develop modular training packages with reference to WHO, MoH's Maternal Mortality and Morbidity Study 2008/09, and the maternal and perinatal death surveillance review (MPDSR) implementation guidelines used in Ethiopia and India. The draft materials were used to roll out MPDSR in six districts namely Dhading, Kaski, Kailali, Banke, Solukhumbu and Baitadi districts. These materials have been further improved based on learning from these districts. Once finalized, the modular training packages will be shared with a larger audience in FHD and on the NHSSP website.

2.8.6 Use of Dashboards

NHSSP has been supporting MoH to develop and introduce various monitoring 'dashboards' at different levels. For this, a web-based application, essentially an electronic version of the NHSS and its Results Framework (RF), has been developed to facilitate progress monitoring. Work is now underway to establish functional linkages between this application and routine information systems so that key indicators can be updated automatically. This will potentially help programme managers, policy makers and general users to track the progress of each indicator in the RF through use of tables, graphs and a comprehensive compendium of indicators.

A dashboard of electronic attendance of staff working at the ministry has also been developed and installed in computers in the Ministry including the Secretary's and Head of Human Resource Management. At the end of working hours each day, this system generates and sends an automated summary report to the Minister, Secretary and Chief of Human Resource Management via email. It is expected that this system will help improve the management of staff at the Ministry.

NHSSP also supported the Ministry to develop the prototype for a dashboard to be used to monitor the availability of doctors and other staff at PHCCs and rural hospitals where the electronic attendance system is introduced. NHSSP's M&E advisor is supporting the Ministry in conceptualizing, designing and implementing the system in collaboration with partners.

All these activities have been supported by mobilizing two Kathmandu University computer science students as interns. This has also helped build a functional linkage between the Ministry and University.

2.8.7 Support EDCD/DoHS in Information Management and Surveillance

NHSSP continued its support to DoHS' Epidemiology and Disease Control Division for strengthening information management, particularly related to the Early Warning and Reporting System (EWARS). The information management officer supported by NHSSP has been instrumental in continuing to collect data, process and analysis it and issue weekly EWARS bulletins, which are posted every Sunday. Feedback suggests that this bulletin has been very useful in triggering early responses to the potential outbreaks in the country.

The EWARS has now been migrated into the DHIS2 platform. Transfer of EWARS legacy data for 2014 and 2015 into the DHIS2 database has enabled trend analysis of the diseases to be carried out.

2.8.8 Additional activities

a. Supporting DoHS to improve its Regional Reviews

As in the previous years, during this quarter, all five regional health directorates (RHDs) conducted annual regional reviews in their regions. The first regional review for 2014/15 began on 8th September in Kaski (Western region) while the last review took place in Dhangadi (Far Western Region) on 8th October 2016. The M&E advisor supported Management Division and RHDs to make

the reviews as effective as possible by modifying some of its preparations and processes. Specifically, guidance was provided on improving time management by eliminating self-introductions; initiating evidence based discussions by selecting tracer indicators for each program and analyzing the factors that have contributed to achieving, or not achieving, targets; and sharing best practices.

b. Support DoHS to improve its National Review

The National Annual Health Review for the fiscal year 2015/16, the 22nd series of this type, took place between 16–18 November 2016 at the Hotel Annapurna, Durbar Marg, Kathmandu. NHSSP supported the Ministry, DoHS, and MD in making this year's review more participatory and, in facilitating issue based discussions, generated relevant action points linked to the AWPB of current and next fiscal years. The M&E Advisor prepared a concept note which was discussed with the Secretary, Chief Specialists, Chief of PPICD, Director General of DoHS, Director of Management Division and HMIS staff. Management Division then shared the concept note and the indicative agenda in advance with all stakeholders including development partners.

The key changes made were:

- DG shared the overall performance of all programs by selecting one tracer indicator for each programme (with regional and district variation, lessons learnt from best and least performing districts) and unlike previous years the program division and center directors did not make separate presentations. There was about one and half hour long discussion session where the division, center and regional directors actively participated.
- The Regional Health Directorates shared key outputs of the regional reviews
- The district that stood first in overall performance ranked by MoH; and the district that made a rapid rise in the rank, shared their experiences and learning in improving the overall district health system;
- There were six thematic groups (human resource management, infrastructure, logistics supply chain management, referral system, HMIS and Insurance) formed in advance comprising members from relevant division/centers and development partners, which reviewed the issues discussed in the regional reviews in the respective areas, analyzed the evidence, discussed with thematic experts as relevant, and shared possible action points that need to be done in the current fiscal year and the interventions that need to go in the next AWPB;
- There was a panel discussion on quality of care featuring senior MoH officials and clinicians/hospital managers.
- The councils, Department of Drug Administration, Department of Ayurveda, central level hospitals also had enough time to share their progress, innovations and the action plan.
- In the closing session, the DG, DoHS presented detailed action points on different thematic areas. Work is in progress to further detail out the action plan, which has been agreed to put in the public portal via MoH website so that public and the media can monitor the progress.

2.8.9 Service coverage this quarter of the running and the last fiscal year

The table below shows the number of beneficiaries who utilized the listed services in the quarter (Jul/Aug-Sep/Oct) of the last and running fiscal years (2014/15 and 2015/16 respectively), as

reported by HMIS at the end of October 2016. Comparatively, health service utilization of selected services in this quarter of the running fiscal year (2015/16) has been reported lower than in the same period of the previous fiscal year (2014/15). This does not necessarily mean the service coverage was less than last year but it is because of under-reporting[2]. The service statistics from HMIS and the preliminary findings of the Nepal Health Facility Survey 2015 (as discussed in the previous quarterly report) show that health services were resumed quite effectively after the earthquake.

Number of beneficiaries of selected services in the period Shrawan-Ashoj of running fiscal year 2073/74 (2016/17) and in the same period of the last fiscal year 2072/73 (2015/16).

Indicators	Shrawan-Ashoj (Jul/Aug – Sep/Oct)					
	National		Earthquake affected 31 districts		Earthquake most affected 14 districts	
	2072/73 (2015/16)	2073/74 (2016/17)	2072/73 (2015/16)	2073/74 (2016/17)	2072/73 (2015/16)	2073/74 (2016/17)
Number of institutional delivery	79160	51693	35561	21534	14447	10902
Number of SBA delivery	77128	49853	35417	21220	14343	10831
Number of FP new acceptors	150115	97722	66528	42060	32241	25527
Number of children immunized against measles	117942	72665	53907	29339	18519	14226
Number of under five years children treated for diarrhea	88466	51400	34861	17484	12449	9600
Number of under five years children treated for pneumonia	173537	109835	69527	40790	27492	22137
Number of under five children who received Vitamin A in the last mass campaign*	NA	NA	NA	NA	NA	NA
Number of OPD new cases	5139662	110030	2442097	41046	1101991	22369

Note: * There were no mass campaigns during this reporting period.
Data accessed from the HMIS on 05 November 2016

[2] *Due to the current practice of not having the 'data lock' system (i.e., not allowing the facilities/districts to enter the data into the server after completion of the reporting period') the data recorded in a particular period in the central server may not reflect the actual service coverage data for that period. The data for a particular period of time gets added in the following months as facilities/districts keep on updating the data for the previous months. Some of the facilities delay in reporting; and some districts delay in entering data into the database. This creates change in the reported data when accessed at two different time periods. This is expected to be resolved from the next quarter once the DHIS2 is rolled out.*

2.8 Health Policy and Planning

	Planned Activity	Summary Progress
1	NHSS IP on-going day – to – day TA support	Second draft of IP is prepapred and is circulated to the respective divisions and centers for their final comments. After a joint finalization workshop together with all the departments, divisions and centers the document will be finalized.
2	NHSS IP support planning and review meetings.	
3	AWPB on-going day – to – day TA support	Process to update the AWPB guideline has been started with formation of Technical Working Group at PPICD
4	Support to AWPB review meetings	
5	Review of AWPB planning guideline	
6	Training/orientation on AWPB guidelines	
7	JAR Facilitation	JCM planned for the time period has been met.
8	Regular JCMs facilitation	

2.8.1 NHSS IP Development

MoH established an improved structural arrangement to accelerate NHSS-IP development through the creation of a steering committee chaired by the Secretary; a technical committee led by PPICD's chief and a core team coordinated by PPICD's planning section. The core team is comprised of key MoH officials and representatives from EDPs including NHSSP. The key tasks specific to the respective committees are as follows:

Core Team Task	Technical Team Tasks	Steering Committee Tasks
a. **Review and refine indicators proposed by outcomes and outputs** b. **Review reform aspirations in NHSS and identify gaps by outcome and outputs** c. **Identify proposed reforms/interventions for the higher level technical committee meeting** d. **Prepare 1st draft of the NHSS-IP**	a. Review compiled content of IP draft b. Identify policy level interventions/decisions (eg. Identifying focal division for mental health) c. Hold discussions with respective departments divisions/centres as required d. Review 1st draft of IP e. Submit to Steering Committee	a. Discuss and agree on key policy decisions b. Submit to MoH for final endorsement

IP development progress is ongoing. In the reporting period, the core team refined the interventions proposed by the respective divisions and centre and returned them to stakeholders for final comments in early August. NHSSP's Monitoring and Evaluation Advisors Team then worked to clean and align the proposed IP indicators which were further refined by Core Team Members in October and re-circulated to the respective divisions and centres.

As a next step, the core team decided to consult with designated focal persons from each division/centre in order to refine the document by November and submit the final draft to the Technical Team for review and consideration.

The anticipated timing of IP development is given below:

Table 1 Timeline for IP Development

Timeline	Date
Consult with respective focal persons	November
Consultative Workshop (Technical Committee with Directors)	Early December
Meeting of IP Steering Committee	Mid December
Submit a final draft to MoH for endorsement	January 2017

2.8.2 Support in Sector Coordination and Joint Consultative Meetings

NHSSP is continually offering technical assistance to MoH/PPICD to organise Joint Consultative Meetings. On 26th September, a JCM for the endorsement of the current AWPB took place. In addition, the meeting provided updates on the following issues of common concern:

- Annual Work Plan and Budget for the Fiscal Year 2073/74: Key Highlights and Discussion
- Formulation of the Public Health Act
- Progress update on Reconstruction and Recovery activities
- Progress update on Aide Memoire

Key actions points agreed included:

i) The AWPB for 2015/16 was endorsed by both government and EDPs. TA recommended a dedicated meeting under the leadership of MoH to discuss TA needs and gaps at a later date. These discussion should also include innovations to increase the current absorptive capacity of MoH.

ii) Until ' regular procurement' can restart and we can ensure that the right commodities reach the right place at the right time, any progress on supply chain management will be hampered. MoH to identify immediate short term actions to re-start regular procurement processes. A suggestion was made to prepare a Procurement Improvement Plan.

iii) MoH will discuss the Joint Financing Arrangement with MoF and finalize it ready for signing by end of Oct 2016.

iv) The Public Heatlh Act (PHA) proposed at this stage is a zero draft and requires a comprehensive review including inputs from all stakeholders including EDPs. A representation from EDPs will be sought to work with the Public Health Act drafting committee at MoH.

v) ToR for the Health Sector Development Partners Forum (HSDPF) have been finalized with input received from EDPs. MoH to hold the first meeting soon.

vi) MoH has prepared recommendations for amending current procurement regulations. The PPMO is considering a meeting with MoH in this regard. The Ministry will invite EDPs to share their suggested amendments within a week.

2.8.3 Support in Federalization Initiatives

In September 2015, under the aegis of a broader GoN initiative to transit different sectors towards federalism, MoH formed a 6 member high level team lead by the Chief Specialist and a technical task team coordinated by PPICD comprising government officials and other national experts. NHSSP has been supporting PPICD on preparing for federalization and the HPP Advisor's is actively engaged as a member of the technical task team. The task team is working in coordination with a team from the Ministry of General Administration (MoGA) which has been entrusted by GoN to carry functional analyses across different sectors including health. Under the guidance of the high level team, the task team is working on three main aspects:

- Propose functions for the health sector across the three tiers of governance i.e. federal, provincial and local
- Propose an optimum structure for the health sector to carry out the defined functions effectively and efficiently
- Propose a plan to transit the health sector to a federal form of governance.

In the reporting quarter, the task team prepared a first draft document for submission to MoGA and the Office of the Prime Minister and Council of Ministers (OPMCM). The health secretary was briefed and advised to hold wider consultations with stakeholders. NHSSP, GIZ and WHO supported MoH at each of the regional consultations on federalism. NHSSP is also supporting PPICD to further refine the federalism document in close collaboration with Social Cluster Committee formed to carry out a Functional Analysis for Administrative Restructuring led by the Chief Secretary of OPMCM.

Recently MoH formed a 11 member high level Health Policy and Restructuring Coordination Committee chaired by the Health Minister, Gagan Kumar Thapa, to further review the functional analysis and restructuring of the state in alignment with federalization initiatives.

2.8.4 Updating the AWPB Guideline

Terms of reference for updating the AWPB guideline were drafted and finalized and PPICD's planning section formed a Technical Working Group to take this work forward. NHSSP recruited a consultant to support PPICD with this task. The first meeting of the TWG is scheduled for 8th November with a view to finalising the updated guideline in December.

2.8.5 Additional Activities:

Assistance was also provided to help PPICD finalize the disbursement linked indicators (DLIs) for NHSS and the JFA.

3.0 Payment Deliverables

The following payment deliverables were submitted in the reporting period:

PD	Organisation	Deliverable
HI 6	HI	Harmonized assessment, referral forms and referral pathways in place
SIRC 7	SIRC	Referral systems established between community and HI district rehabilitation points
FP 9	NHSSP	Trained visiting providers provided LARC service to at least 150 HFs without BCs
TPO 9	TPO	300 patients received counselling services from community conunsellors
8	NHSSP	Functionality of CEONC sites in two focal districts (Ramechhap and Dolakha) plus selected BEONC/Birthing Centres in three districts (two focal districts plus Sindhupalchowk) restored in line with MoHP and DHO recovery plans
HI 7	HI	1600 patients and caregivers (including 600 caregivers) trained on proper care and sensitized on the benefits of rehabilitation to ensure proper follow up and referral
HI 8	HI	1,000 persons with injuries and persons with functional limitations affected by the earthquake received rehabilitation support at hospital and continue to receive support at hospital and community level
HI 9	HI	Submission of report with recommendations on work carried out to MoHP Disability and Rehabilitation Focal Unit (DRFU)
5.3	NHSSP	Financial expenditure captured and reported in TABUCS in earthquake districts and trimester Financial Monitoring Report (FMR) prepared with • Line item showing expenditure in 'district integrated health programme' • Comparison of planned budget vs expenditure of 'district integrated health programme' of FY 2015/16
TPO 10	TPO	Submission of final report to MoH Disability and Rehabilitation Focal Unit (DRFU)
SIRC 8	SIRC	30 female patients received a comprehensive vocational training package and seed funding to support commencement of income generation activity
SIRC 9	SIRC	130 people have received in-patient services at SIRC with assessment of functional improvements, psychological acceptance and management of complications
FP 5	NHSSP	Thirty (30) comprehensive FP mobile camps conducted in 5 districts
FP 10	NHSSP	FP project completion report, highlighting overall progress and lessons learned [3]
SIRC 10	SIRC	200 ex-patients of SIRC living in affected districts received follow-up home visits
Ext-1	NHSSP	Monitoring framework for FP implementation by FHD including DFID earmarked funds developed with FHD
Ext-5	NHSSP	Modular maternal & perinatal death surveillance and response (MPDSR) training package developed

Note: PDs Ext 1 and EXT 5 were scheduled in October but submitted on 3rd November 2016.