

**Progress Report on
Procurement
2012/13**

Report Prepared for Joint Annual Review (JAR)

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Government of Nepal (GoN)
Ministry of Health and Population (MoHP)
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EXECUTIVE SUMMARY

Progress report on procurement achievements in 2013

This document reports the progress in 2013 on the procurement of drugs and health commodities for Nepal's public health system and on building and maintaining health facilities and other health-related buildings in Nepal.

A. Achievements

Procurement systems were strengthened by the procurement of the Logistics Management Division (LMD) taking place in 2012/13 through a Consolidated Annual Procurement Plan (CAPP), with NPR 2,362 million worth of goods and services procured in this way in FY 2012/13. The design and taking into use of a Contract Management Database System (CMS) and the activation and use of a databank of 800 standard technical specifications for health commodities and drugs, have made procurement more efficient and transparent. The capacity of key procurement personnel was improved by training LMD contract and warehouse managers on supply chain management.

The highlight of 2013 on the planning and management of health infrastructure was the approval and institutionalisation of the web-based Health Infrastructure Information System (HIIS). This database enables policymakers and planners to more systematically plan the location of new health buildings and to know the condition of existing buildings. Technical personnel were trained on the new system and it was used in 2013 to select new construction projects. Other achievements were the development of standard land selection guidelines for new facilities, standard criteria for identifying which facilities should be upgraded, and standard bidding documents. The strengthened system, including more supervision visits, is reflected in the improved rate of completion of new health facility construction projects and a reduction in the number of 'sick' projects. As of the end of 2013, 211 new projects are planned for FY 2013/2014 and there are 418 on-going projects.

B. The Way Forward

Procurement — In 2014 MoHP with support from its partners will focus on 1) the timely preparation of each year's CAPP; 2) the official approval by DoHS of the specifications databank and contract database and keeping the databank up-to-date; and 3) procurement related training for DoHS executives and all levels of LMD personnel.

Infrastructure — In 2014 MoHP with support from its partners will 1) train more district health and Department of Urban Development and Building Construction (DUDBC) officials on using the HIIS and entering data into it; 2) get the health facility upgrading, selection criteria and prioritisation models endorsed by the government; and 3) build the capacity of DUDBC, DHO and DPHO staff on planning the health infrastructure.

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ACRONYMS

| | |
|--------|--|
| AWPB | annual work plan and budget |
| BCG | Bacillus Calmette-Guérin |
| CAPP | Consolidated Annual Procurement Plan |
| CHD | Child Health Division |
| CMS | Contract Management Database System |
| DHO | district health office |
| DMPA | Depot Medroxyprogesterone Acetate (or Depo Provera) |
| DPHO | district public health office |
| DUDBC | Department of Urban Development and Building Construction |
| EDP(s) | external development partners |
| FY | financial year |
| GIS | geographical information system |
| ICB | international competitive bidding |
| IND | individual |
| LIB | limited international bidding |
| LMD | Logistics Management Division |
| NCB | national competitive bidding |
| PHCC | primary health care centres |
| QCBS | quality and cost based selection (= same as request for proposals [RFP]) |
| WHO | World Health Organisation |

1 BACKGROUND

1.1 Procurement

Background — The Logistics Management Division (LMD) is responsible for procuring drugs, pharmaceuticals, health equipment and other health commodities for much of Nepal’s public health system. LMD carries out this procurement through international competitive bidding (ICB) that complies with World Bank guidelines and national competitive bidding (NCB) following Nepal’s public procurement acts and regulations.

LMD procurement generally begins with the receipt of requisition orders from MoHP’s divisions. These requisitions are then consolidated in to annual procurement plans for the coming financial year. Key parts of LMD’s work are: estimating costs, preparing bid documents, advertising tenders, soliciting bids, receiving and evaluating bids and awarding contracts. These activities are carried out routinely to ensure timely procurement and best value for money.

Objective and rationale — This progress update on performance with regard to procurement covers major achievements and the main lessons learned in Nepali financial year (FY) 2069/70 (2012/13).

1.2 Infrastructure

Background — In the context of substantial shortages of appropriate, quality infrastructure, the improved management of existing and new physical assets is a priority for the MoHP, to create an enabling and safe environment for the provision of quality health services and to ensure the retention of human resources. The Government of Nepal (GoN) is working to institutionalise evidence-based planning for the construction, operation and maintenance of the health infrastructure and to ensure effective management and the efficient use of resources for the more equitable distribution and access to health care at all levels of health facility. Appropriate and clear policies, strategies, plans, standards and guidelines are being developed, and the skills of implementers improved.

Objectives — Work is going ahead towards achieving the following overall objectives:

- The rationalisation and coordination of procurement planning for infrastructure building and maintenance.
- The development of policies, strategies, and guidelines to ensure the cost effective expansion of health facilities that are sufficiently and appropriately located.
- The improved monitoring of health infrastructure projects by strengthening the Health Infrastructure Information System.

2 PROGRESS AND ACHIEVEMENTS: PROCUREMENT OF GOODS AND SERVICES

2.1 Preparation of the Consolidated Annual Procurement Plan

In mid-2012, all DoHS's Divisions pooled their procurement requirements for the production of a consolidated annual procurement plan (CAPP) for 2012/13. Technical assistance was provided from the Nepal Health Sector Support Programme (NHSSP), and suggestions from DoHS's Finance Section and divisions were incorporated in the plan. A final no objection letter to the CAPP was received from the World Bank on 16 October 2012.

2.2 Procurement of Goods

The approved 2012/13 procurement plan contained 27 procurement lots clubbed together for ICB, NCB and quality and cost based selection (QCBS) procurements. In 2012/13, LMD procured NPR 2,362 million worth of goods and services out of the targeted NPR 3,790 million (see Table 1).

Also, in 2013, an NHSSP consultant developed a price model to improve the cost estimation of goods. This report has been circulated to EDPs. The model will be trialled for procurements in 2013-14 and will be compared against the current practice in order to try and improve the accuracy of cost estimation.

Table 1: Summary of LMD procurement of goods and services in FY 2012/13

| | Lot no. | Description of goods and works | Target | Actual | Remarks |
|---|---------|---|---------------|--------|--|
| | | | (million NPR) | | |
| 1 | ICB 29 | Minor hospital equipment and furniture | 130.90 | 113.51 | 15 of the 26 different items (slices) were procured. 11 items were not procured because of either lack of responsiveness from bidders or too high cost estimates. |
| 2 | ICB 30 | Cold chain and refrigeration equipment | 216.52 | 46.78 | 8 of the 16 items were procured. 8 items, including Gamow bags and refrigerated micro centrifuges were not procured because of the non-receipt of responsive bids. |
| 3 | ICB 31 | Hospital equipment including anaesthesia, CT scan, X-ray and ultrasonogram machines | 641.54 | 633.86 | 16 of the 22 items were procured. |
| 4 | ICB 32 | Safe motherhood and neonatal health equipment | 80.58 | 74.83 | Family planning commodities, hospital furniture and vacuum extractors were procured. |
| 5 | ICB 33 | Vaccines, syringes and safety boxes | 574.10 | 415.79 | Oral polio, Japanese encephalitis and tetanus diphtheria (Td) vaccines, anti-retroviral drugs, BCG, insulin and other syringes were procured. BCG vaccine, safety boxes, and reconstitution syringes are in process of |

| | Lot no. | Description of goods and works | Target | Actual | Remarks |
|----|---------|---|---------------|--------|--|
| | | | (million NPR) | | |
| | | | | | procurement. |
| 6 | ICB 34 | Medicines, micronutrient powder and surgical goods | 953.2 | 664.73 | Of the 16 items in this bid, micronutrient powder and miltefosine could not be procured. |
| 7 | ICB 35 | 20 single cab 4X4 pickup vehicles | 50 | 0 | This procurement was cancelled due to non-availability of funds. |
| 8 | ICB 36 | Family planning contraceptives | 407.32 | 152.99 | Of the 4 items in this bid, oral contraceptive pills, IUCDs and disposable syringes were procured. DMPA (Depo Provera) could not be procured because no bidder was responsive. |
| 9 | ICB 37 | Contraceptive implants (3-years' efficacy) | 82.5 | 0 | Cancelled as the 3-year implants were going to be more expensive than the 5-year implants. |
| 10 | ICB 38 | Contraceptive implants (5-years' efficacy) | 28.80 | 11.83 | Purchased through direct contracting |
| 11 | ICB 39 | Measles rubella vaccine | 64.13 | 70.05 | Procured through direct contracting with UNICEF. |
| 12 | ICB 40 | Japanese encephalitis vaccine | 53.00 | 52.98 | Already procured as a slice of ICB 33.9. |
| 13 | ICB 41 | Miltefosine 50mg | 13.2 | 0 | Following a no objection from the World Bank, this was cancelled at request of Epidemiology and Disease Control Division (EDCD) |
| 14 | NCB 42 | Printing and distribution of HMIS Health Sector Information System (HSIS) forms | 37.30 | 21 | Procured through national competitive bidding |
| 15 | NCB 43 | Office accessories | 11.20 | 0 | Not procured due to lack of funds |
| 16 | LIB 44 | Anti snake venom serum | 13 | 5.2 | Purchased directly because of emergency need. |
| 17 | ICB 45 | Vaccines and syringes | 132.09 | 69.67 | Among the 4 vaccines, only tetanus toxoid was procured. The other 3 have been carried forward to ICB 56 |
| 18 | ICB 46 | Procurement of anaesthesia machine and bedside monitors | 60.36 | 0 | Not procured due to budgetary constraints. These items will be carried forward to 2013/14 CAPP. |
| 19 | NCB 101 | Procurement of security services | 8.00 | 11.00 | Completed |
| 20 | IND 201 | Individual contracts for 6 biomedical engineers | 16.85 | 16.85 | Completed |

| | Lot no. | Description of goods and works | Target | Actual | Remarks |
|---------------|----------|--|----------------|----------------|--|
| | | | (million NPR) | | |
| 21 | IND 202 | Individual contracts for nutrition programme, safer motherhood and newborn health (SMNH), maternal and child health (MCH) programme coordinators | 1.74 | 1.74 | Delegated to Child Health Division (CHD) |
| 22 | IND 203 | Recruitment of software consultant | 0.3 | 0 | Carried forward to CAPP 2013/14 |
| 23 | IND 204 | Hiring of individual contract (IC) firms for infant and young child feeding (IYCF) | 46.37 | 0 | Delegated to CHD |
| 24 | QCBS 205 | Pre-shipment inspection and quality assurance (QA) services | 90.00 | 0 | To be carried forward to CAPP 2013/14 |
| 25 | QCBS 206 | Post shipment inspections | 15.00 | 0 | To be carried forward to CAPP 2013/14 |
| 26 | QCBS 207 | Service contract for detailed design of storage facilities at Central Medical Store and Pathalैया store | 2.50 | 0 | To be carried forward to CAPP 2013/14 |
| 27 | QCBS 208 | Service contract for Logistics Management Information System (LMIS) data entry functions | 60.00 | 0 | To be carried forward to CAPP 2013/14 |
| TOTALS | | | 3,790.5 | 2,362.8 | |

2.3 Contract Management

A Contract Management Database System (CMS) has been designed, and is being developed and taken into use. Activities are being designed to link and improve demand forecasting, delivery procedures and financial activities, particularly with respect to LMD's interaction with contractors. This should improve the information flow to prevent late payments to contractors and will facilitate coordination between the contract management section, warehouses and DoHS's Finance Section.

2.4 Preparation of Technical Specifications Databank

By the end of December 2013, over 800 technical specifications for medical equipment, surgical instruments, drugs and hospital furniture had been drafted and uploaded to a databank on LMD's website. This databank is being continuously updated and improved with inputs from an international biomedical engineer. Although it is in use, the databank has yet to receive DoHS approval and be formally launched. Nevertheless, it is being accessed and used by some organisations in Bangladesh.

The databank provides LMD with standard agreed technical specifications that are available with open access to all and especially to district health offices, district public health offices (DHOs and DPHOs) and potential bidders. This should help to make procurement processes more efficient and should

improve transparency including by giving all interested parties the opportunity to comment on the specifications. The databank should also improve the efficiency of procurement officers and users in LMD and district health offices. The specifications will form an integral part of the development of future bidding documents.

A draft maintenance manual has been produced for maintaining the databank.

2.5 Market Surveys

NHSSP's two biomedical engineers continued to carry out surveys of prices in the market of drugs and health commodities to help prepare and update the technical specifications. For ICB 36, for the procurement of contraceptives, one contract was awarded for just over (104%) of the estimated cost whilst all the others came in under the estimates. This is a considerable improvement over last year's identical procurements. Due to some more accurate estimates, and the perception that malfeasant practices have been reduced in LMD, an encouraging increase has been seen in the number of international bidders and manufacturers who are prepared to bid. However, there is still room for increased international competition. This should result in more accurate cost estimates for drugs and equipment. Since the estimates serve as background knowledge for bidding documents for these drugs, the estimates will be passed back to programme divisions so that they can more accurately draft their procurement budgets and tally up their budgets with the annual work plan and budget (AWPB).

Additionally, a manufacturers' market survey was conducted by an NHSSP consultant. His report has been issued to EDPs and other stakeholders.

2.6 Development of Manuals and Guidelines

In 2013, several separate LMD procurement-related guidelines were developed into an LMD Operations Manual on procurement procedures. The manual covers:

- the information flows needed for the smooth operation of the supply chain;
- quality assurance procedures; and
- a step-by-step guide for staff and managers on who is responsible for which tasks, where to find information and the possible approaches to resolve different situations

LMD's deputy director is the contact person for developing the manual/guidelines.

Most LMD's contract managers only had experience of LMD's central warehouse in Kathmandu and no in-depth knowledge of the challenges faced by other warehouses for supply management. An important initiative in 2013 was therefore for LMD's deputy director and four contract managers to visit LMD's Transit Medical Store at Pathalैया sponsored by NHSSP. There is a plan to expand these visits to regional warehouses in 2013/14.

2.7 Supply Chain Communication

A three-day workshop on supply chain communication was held for LMD contract managers and warehouse managers in April 2013 to discuss their roles, tasks and communication flows; to map LMD's supply chain and to describe procedures and requirements in the supply chain. As they support LMD on warehouse management, the workshop included representatives from USAID and UNICEF. Additionally, a half-day workshop was held for LMD contract managers and DoHS finance officers to improve communications between these two groups and to encourage their inputs into the contract

management database. A key theme of these workshops was the bundling of goods in consolidated annual procurement plans for more systematic procurement.

These two workshops contributed to the following achievements:

- The production of the procurement operations manual cum guidelines.
- LMD staff being more aware of their responsibilities and how to carry out their jobs more efficiently.
- Improved communication between the main actors in the supply chain.

2.8 Drug Quality Assurance

In 2013, LMD introduced a higher level of quality assurance for the drugs it procures. It now requires WHO pre-qualification (WHO-PQ) certification for most internationally procured drugs and vaccines (where appropriate and where a sufficient number of bidders or manufacturers qualify to ensure proper competition). Where the latter is not the case, the requirement was introduced by LMD in 2013 that bidders must have successfully supplied the public sector within the past three years. Note that laboratory tests are used by LMD to check the quality of drugs and vaccines.

3 PROGRESS AND ACHIEVEMENTS: INFRASTRUCTURE

3.1 Web-based Information System to Strengthen Infrastructure Planning and Management

The web-based Health Infrastructure Information System (HIIS) was completed, officially approved and adopted this year. The system was developed under the leadership of MoHP's Management Division with technical support from the Nepal Health Sector Support Programme (NHSSP). Geographical information system (GIS) location coordinates of the health facilities (including hospitals) in 57 districts (provided by the HMIS section of the Management Division) were converted into shape files and put into the HIIS. For the remaining 18 districts shape files for the settlement levels of facilities have been used. The web-based HIIS covers all Nepal's public health facilities and many private facilities.

The database includes information on all types of health facilities from village level sub-health posts (SHPs) to central level hospitals. It also includes information on district health offices, medical stores, health training centres and other types of government health sector-related buildings. Among the wealth of information in the database are photographs, architectural plans and location data. The database is web-based and allows health staff with an internet connection to access and update the information from anywhere. It being web-based allows policymakers and planners to use the system to plan new health buildings and to know the condition of existing buildings from the visual and written records contained in the database. The HIIS is open access and can be located via the link on the home page of MoHP's website (www.moHP.gov.np).¹

In 2013, the Management Division, in collaboration with NHSSP, conducted training events in two regions on the web based HIIS. Technical personnel from 35 districts from Department of Urban Development and Building Construction (DUDBC) division offices, district health offices (DHOs) and district public health offices (DPHOs) learned how to use the software.

3.2 Criteria for Planning New Construction

Under the leadership of the Management Division, the selection of construction projects in 2013 was completed using the web-based HIIS. The main criteria developed for the selections were as follows:

- Accessibility — Population within the described radius minus the population served by other same level institutions within the same radius (GIS mapping)
- Population — GIS mapping.
- Suitable land — GIS mapping and land documents submitted by facility owners.
- Morbidity — Prevalence of Illness using HMIS Data (only for hospitals and primary health care centres [PHCC]).
- Condition of existing buildings.

Using these criteria, a prioritisation model was developed and scores assigned to criteria. The selections were presented to the Honourable Minister, the secretary and other officials of MoHP, after

¹ The HIIS was selected for presentation at the Second International Conference on 'Innovation and Entrepreneurship in Health' held in New Delhi in October 2013 by the All India Institute of Medical Sciences (AIIMS). A report of the presentation was published in the health magazine *Medgate Today* (published from Delhi).

the process was agreed and *the list* was finalised and officially endorsed. This *procedure* is being finalised under the leadership of the Management Division as the standard process to identify suitably sited health facilities for upgrading at all levels within districts (district hospitals, PHCCs and health posts).

3.3 Development of Land selection Criterion for New Buildings

Site selection is one of the most important and first step of health building construction. Up to now most delays and the commonly high costs of building health facilities constructions have been due to inappropriate site selection. This has generally been the result of lack of any policy for the selection of appropriate sites for building new health facilities. With the initiatives of the Management Division, land selection guidelines were developed and communicated to DUDBC. These guidelines also set criteria for accepting voluntarily donated lands. The criteria have been agreed on and all sites selected in 2013/14 for construction will be assessed by DUDBC against the criteria. Tenders will only be called if sites fulfil all criteria. If strictly implemented these criteria will save significant amounts of money that have been wasted by developing unsuitable and hazardous lands provided by communities and health facility management committees. It is planned to carry out a study to analyse the value for money of this initiative.

3.4 Improved Standard Design Drawings

The improved standard designs with more details with opening schedules, basic sanitary layouts, furniture layouts and 3D drawings were completed this year. As requested by the Policy, Planning and International Cooperation Division (PPICD), a design and drawings for a 15 bed hospital for Nepal was developed. The revised standard drawings are under endorsement by the Management Division.

3.5 Review of Role and Performance of DUDBC on health infrastructure work

In 2013 a study was carried out to address the 2013 JAR's Aide Memoire call to "review the role and performance of DUDBC in the procurement and implementation of public health infrastructure". The study has been completed and the report delivered by the consultant. The report will be distributed at the 2014 JAR.

3.6 Upgraded Criteria for Health Facilities

In the past there were no criteria for upgrading sub-health posts, health posts and PHCCs to 15 bed hospitals and sub-health posts and health posts to PHCCs. Criteria have been developed using GIS prioritisation lists. This work was the result of directives from the Hon. Minister and the secretary of MoHP basically to avoid inappropriate site selection. The list and prioritisation model has been developed and submitted to MoHP for further inputs. The list focusses on underserved areas where the number of people meets the criteria and they are not served by a secondary or higher level health facility.

3.7 Standard Bidding Documents

Standard bidding documents were prepared and published to prevent inconsistencies in differing documents produced by different districts. This was a major highlight of the World Bank's recent Post Review report (PRR) and was recommended as one of the major areas for improvement for DUDBC.

There are two volumes of standard bidding documents; one with guidelines and one for use. The documents have been prepared in line with World Bank guidelines for the procurement of civil works and in line with the Joint Financing Arrangement (JFA).

3.8 Increased Monitoring and Supervision Visits

A joint monitoring team was established to help resolve construction delays. This team was made up of officials from the Management Division, architects and engineers from DUDBC, NHSSP's infrastructure adviser and local officials from DUDBC and the health sector. The team made frequent visits to 'sick' project sites in 2013 and at a number helped resolve problems that were preventing progress on building projects. For example, a visit to a health post construction site at Rim, Baitadi helped overcome problems with the site, after which revised designs were prepared and sent to the district and building works are now progressing well. Another example was the visit to Udasipur VDC, Kailali, where the construction of a new PHCC building was being held up by a dispute over where it would be located. The team's visit and interactions with the stakeholder communities led to the most suitable site being accepted.

3.9 Improved Bidding Procedures and Accelerated Progress

The completion rate of new health facility construction projects is increasing and the number of 'sick' projects is going down. At the same time DUDBC has more confidence in preparing national and international competitive bids (NCBs and ICBs) and the numbers of ICBs is increasing. As of the end of 2013, 211 new projects are planned for FY 2013/2014 and there are 418 on-going projects. The status of the on-going projects is shown in Table 1. The 211 planned projects are at the design and cost estimate stages.

Table 1: Status of on-going construction projects

| SN | Stage of construction | Numbers | Remarks |
|----|-------------------------|------------|--|
| 1 | At finishing stage | 145 | Should be completed in current trimester |
| 2 | On-going work | 220 | Old projects of which 40 are from fiscal year 2066/67 (2009/10) or before. |
| 3 | Tendering | 3 | All for projects planned before 2013/14. |
| 4 | Design or cost estimate | 3 | |
| 5 | Handover in process | 41 | |
| 6 | Handed over or in use | 6 | |
| | Total | 418 | |

Although the completion rate has increased, the handover of completed buildings is slow. Once the Management Division completes and implements the new handover guidelines the rates of handover should increase as the parties become clearer on their roles and responsibilities.

DUDBC also needs to give more attention to the on-going projects which were initiated or planned in 2067/68 (2010/11) and before. There are 41 such cases that need immediate attention.

3.10 Improved Timeliness of Procurement Plans

For the first time in the history of NHSP-1 and 2, a formal no objection letter was received from the World Bank on the procurement plan of new constructions planned for financial year 2013/14. This is an indication of the improved capacity of DUDBC and the Management Division and the improved coordination for the preparation of the procurement plan by the two entities.

4 LESSONS LEARNED

Procurement of goods and services:

The major lessons learned in 2012/13 were as follows:

- The timely preparation of annual procurement plans (i.e., by the end of the previous financial year) and the adherence to these plans on a day-to-day basis should be the cornerstone of efficient and systematic procurement.
- The standardisation of bidding documents (ICB and NCB) improves the efficiency of procurement unit operations.
- The need for improved coordination between DOHS's Finance Section, programme divisions and LMD is vital for efficiently awarding and managing contracts.
- Supplier performance monitoring is important to ensure the timely receipt of goods and services.
- Malfeasant practices are still being undertaken by some bidders, although these are less than before.
- Judging by the increased number of complaints received, it is clear that: as new practices are introduced (and the technical specifications tightened), some of the old practices are being thwarted. In time, this should lead to improved procurement performance.
- The cash flow situation in DoHS continues to be a cause for considerable concern.

Infrastructure:

- Clearer guidelines, policies and documents can increase understanding between implementing agencies and bring about more efficient planning, procurement and implementation. This will in turn improve value for money in building construction and use.
- More systematic approaches and systems can increase transparency and help in proper people oriented planning and benefit more users with the same investments.
- The regular supervision from central and district level authorities of projects improves the quality of work and helps rectify errors on time without additional costs.

5 MAJOR CHALLENGES

Procurement of goods and services:

- Delays in LMD-related procurement activities due to delays in the approval of budgets and procurement plans and the production of no objection letters.
- Shortfalls in procurement budgets.
- Insufficient formal procurement-related training for all levels of LMD staff.
- Inadequate communication between programme divisions and LMD.
- Adherence to DoHS's contractual obligations concerning timely payments to contractors.

Infrastructure:

- The institutionalisation of the new guidelines, strategies and documents are needed for them to have a sustainable impact.
- Feedback has been received from concerned stakeholders to get the ongoing planning of all types of infrastructure development work implemented under one MoHP division including ongoing retrofitting works and infrastructure development works under grant budgets. This would enable the Management Division to prepare a consolidated procurement plan and more easily report progress.
- Direct grant budgets to zonal and higher level facilities for construction work and construction directly implemented through district health offices (DHOs) and facilities under DHOs need to be included in the regular reporting system as prescribed in the Joint Financing Arrangement. At present there is no procurement plan or progress reporting for these types of construction.
- Institutionalising the web based HIIS.

6 THE WAY FORWARD

Procurement of goods and services:

- The timely preparation of each year's CAPP.
- The official approval by DoHS and subsequent ownership by LMD of the specifications databank and contract database.
- Keeping the specification databank up-to-date.
- Procurement related training for LMD personnel at all levels.
- The availability of more resources for assuring the quality of procured drugs and vaccines.
- Improved coordination between programme divisions and LMD for procurement.

Infrastructure:

Priorities for the immediate future are as follows:

- Training appropriate officials from all DHOs and DPHOs and DUDBC division offices on the web-based HIIS and initiating direct updating of the physical and financial progress of infrastructure from the districts into the HIIS.
- To start incorporating details of existing and upgraded sub-health posts into the HIIS.
- To get the health facility upgrading, selection criteria and prioritisation models endorsed by the government.
- To orientate DUDBC staff on using the standard bidding documents.
- To publish the standard designs and drawings.
- To build the capacity of DUDBC staff at the centre and in the districts, and DHO and DPHO staff in planning health infrastructure, including training staff members to use the standard designs and guidelines.
- To develop typical sanitary and electrical drawings for the published standard designs.