



# PULSE

UPDATING YOU ON HEALTH DEVELOPMENTS

## QUARTERLY HIGHLIGHTS: October - December 2013

This brief presents the main achievements of MoHP's Technical Assistance Support Team in the last quarter of 2013 under the Nepal Health Sector Support Programme-2 (NHSSP). The following activities were all led by MoHP sections, divisions and centres with support from NHSSP. Visit [www.nhssp.org.np](http://www.nhssp.org.np) for the full quarterly report and other publications, and follow us on Facebook (*Nepal Health Sector Support Programme*) and Twitter (*@NHSSP*) to hear about the latest developments.

### Highlights

- ▲ NHSSP began its second phase, which will run from September 2013 to mid-2015. A report on the achievements of the January 2011 to August 2013 Phase 1 is available at [www.nhssp.org.np/resources](http://www.nhssp.org.np/resources)
- ▲ A new draft NHSSP logical framework was developed with three output areas and nine indicators. This logframe will be finalised in early 2014.
- ▲ Under Phase 2, a smaller, more focused and embedded technical assistance team is working on fewer thematic areas under a new team leader, Mr Stuart King.
- ▲ A Technical Assistance Resource Fund (TARF) was established under MoHP's Policy Planning and International Cooperation Division (PPICD), with five initiatives selected for support in the first round of funding.
- ▲ Good progress was made to put improved systems in place for health-related procurement, for planning new health facilities and for financial management by MoHP cost centres.
- ▲ Progress was also made on strengthening the Health Management Information System (HMIS), mechanisms for protecting survivors of gender-based violence and the improved provision of essential health care services.
- ▲ Preparatory work began for developing the Nepal Health Sector Programme-3 (NHSP-3, 2015–2020).

## Strengthening Core Health System Functions (Output 1)



### Physical Assets and Logistics Management

- ▲ A total of 840 technical specifications of health commodities and drugs have been uploaded into the Logistic Management Division's (LMD's) Technical Specifications Bank, with open access to all potential users.
- ▲ Preparatory work was undertaken for a feasibility study that will enable the introduction of an LMD contract management information system.
- ▲ Supply chain management meetings were supported and the enhanced quality assurance of procurement documentation began.
- ▲ Studies were completed on estimating the costs of procurement tenders and on supplier markets.
- ▲ Land Selection Guidelines were approved to ensure that new health facilities are built on suitable sites.
- ▲ The web-based Health Infrastructure Information System (HIIS) was endorsed and used for the first time by the Management Division to select new construction projects. District staff were trained to use the system.

### Health Governance and Financial Management

- ▲ The piloting of the Transaction Accounting and Budget Control System (TABUCS) was completed in 11 cost centres with findings used to modify the operating software. Manuals were updated and a training of trainers course run.
- ▲ Internal financial control and audit clearance guidelines were prepared for MoHP cost centres.
- ▲ Web connectivity was established with the Financial Comptroller General's Office (FCGO) to enable MoHP's direct access to FCGO data.
- ▲ A Public Financial Management (PFM) Working Committee was formed and a draft revision of the Financial Management Improvement Plan (FMIP) prepared.

## Sustainable Health Financing

- ▲ Draft concept notes were prepared for reviewing the Aama Programme and its per unit implementation cost.

## Strengthening Service Quality, Equity and Access (Output 2)



### Availability and Distribution of Quality Maternal Health Services

- ▲ A senior consultant was hired to help referral hospitals address overcrowding and the quality of care.
- ▲ The Family Health Division (FHD) was assisted to prepare a concept note for a CEONC Coordination Group to support hospitals to provide comprehensive emergency obstetric and neonatal care (CEONC) services.
- ▲ FHD was further supported to analyse safe motherhood and family planning programming gaps for addressing in its 2014/15 annual workplan and budget (AWPB).
- ▲ FHD and the Child Health Division (CHD) were assisted to finalise the report of the study on access to maternal, neonatal and child health (MNCH) services in remote areas. The report recommended the piloting of a package of interventions, which FHD and CHD plan to implement in 2014.
- ▲ The Management Division and FHD prepared the ToR for a National Quality Improvement Technical Assistance Group.
- ▲ Social service units (SSUs) are now operational in seven hospitals, including new units in the Maternity Hospital and Kanti Children's Hospital. MoHP prepared an SSU capacity development plan and a monitoring and evaluation framework.
- ▲ A five-day training on psychosocial counselling was run for 106 staff from one-stop crisis management centres (OCMCs), safe homes, rehabilitation centres, women development offices and the Nepal police.

## Supporting Institutional Reform (Output 3)



### Sector Management

- ▲ Preparations were made for a workshop on the process of designing NHSP-3.
- ▲ NHSSP worked with the government and other development partners to document health sector progress in 2013 in eight background papers for the 2014 Joint Annual Review (JAR).

### M&E and Health Management Information System

- ▲ Progress was made on adopting unified coding in the nine management information systems (MISs) that come under MoHP. Efforts are continuing to ensure that all these MISs use the standard district and VDC codes of the Central Bureau of Statistics, the health facility codes of the HIIS, and the unified codes for basic health services.
- ▲ The Management Division prepared a detailed road map for the development and institutionalisation of the District Health Information Software (DHIS-2), which will be used by the revised HMIS.
- ▲ The 2012 Service Tracking Survey and Household Survey reports were disseminated and the draft STS 2013 report was shared with MoHP.
- ▲ NHSSP supported the preparation of a generic toolkit of templates, guidance notes and other material to enhance MoHP's capacity to design and manage surveys.

### Progress of the Technical Assistance Response Fund

PPICD developed and finalised guidelines for managing the TARF funding mechanism. The TARF was created to fund initiatives proposed by MoHP and its partners. A fund management team (FMT) was formed and five initiatives selected

- ▲ two senior national consultants and a workshop to help MoHP develop a new national health policy (PPICD);
- ▲ two consultants to help improve CEONC service quality and reduce overcrowding in referral hospitals (FHD);
- ▲ a coordinator to help manage the preliminary phase of the Nepal Family Planning Project (FHD);
- ▲ the development of an integrated curriculum for orientation and induction training for 1,200+ new MoHP health personnel (National Health Training Centre, NHTC); and
- ▲ two procurement specialists to support and build the capacity of LMD procurement officers (LMD).

NHSSP (Nepal Health Sector Support Programme) is funded and managed by DFID and provides technical assistance to the Nepal Health Sector Programme (NHSP-2). Since its inception in January 2011, NHSSP has facilitated a wide variety of activities in support of the NHSP-2 objectives, covering health policy and planning; health financing; public financial management; human resource management; essential health care services (EHCS); gender equality and social inclusion (GESI); procurement and infrastructure; and monitoring and evaluation.