



Quarterly Report

July 2011 - September 2011



Nepal Health
Sector Support
Programme

Strengthening Health Systems-Improving Services

Contents

Acronyms and Abbreviations.....	2
Introduction.....	3
1. Summary of Key Events in this Quarter.....	4
2. Capacity Achievements and Activities.....	5
2.1 Essential Health Care Services.....	5
2.2 Maternal Newborn Health.....	6
2.3 Gender Equality and Social Inclusion/ Equity and Access Programme.....	6
2.4 Health Policy and Planning/ Health Systems Governance.....	9
2.5 Human Resources.....	10
2.6 Health Financing.....	11
2.7 Procurement and Infrastructure.....	14
2.8 Monitoring and Evaluation.....	17
2.9 Regional Directorates.....	19
3. Key Activities for Next Quarter.....	20
4. Challenges.....	24
5. Key Decisions needed in next one or two quarters.....	26
ANNEX 1 Capacity Enhancement Framework.....	27
ANNEX 2 Summaries of Regional Reports.....	28

Acronyms and Abbreviations

AWPB	Annual Work Plan and Budget
BCC	Behaviour Change Communications
CE	Capacity Enhancement
CEOC	Comprehensive Essential Obstetric Care
CEONC	Comprehensive Essential Obstetric and Newborn Care
CHD	Child Health Division
CSP	Context Specific Planning
D-G	Director General
DGO	Diploma in Gynaecology and Obstetrics
DPHO	District Public Health Office
DSF	Demand Side Financing
DUDBC	Department of Urban Development and Building Construction
EAP	Equity and Access Program
EHCS	Essential Health Care Services
FHD	Family Health Division
FM	Financial Management
FMIS	Financial Management Information System
FMR	Financial Monitoring Report
GBV	Gender Based Violence
GESI	Gender Equality and Social Inclusion
HRH	Human Resources for Health
HKI	Helen Keller International
HMIS	Health Management Information System
HSIS	Health Sector Information System
IEC	Information and Education Campaign
IMCI	Integrated Management of Childhood Illnesses
JAR	Joint Annual Review
LMD	Logistics Management Division
MD	Management Division
MMR	Maternal Mortality Ratio
MNCH	Maternal, Neonatal and Child Health
NAMS	National Academy of Medical Sciences
NCASC	National Centre for Aids and Sexually Transmitted Disease Control
NESOG	Nepal Society of Obstetrics and Gynaecology
NPC	National Planning Commission
NPHL	National Public Health Laboratory
PHCRD	Primary Health Care Revitalisation Division
PLAMAHS	Planning and Management of Assets in Health Services
PPICD	Policy Planning and International Cooperation Division
RHD	Regional Health Directorate
SC	Steering Committee
SMNH	Safe Motherhood and Neonatal Health
TC	Technical Committee
TWG	Technical Working Group

Introduction:

The Nepal Health Sector Support Programme (NHSSP) is pleased to submit this quarterly report for the period of July to September 2011, the third quarter of this programme.

The Nepal Health Sector Support Programme is a programme of technical assistance (TA) to MOHP/DOHS, managed by DFID on behalf of the pool partners in NHSP-2. Options Consulting Ltd leads a consortium of its partners: Crown Agents, Liverpool Associates in Tropical Health, Oxford Policy Management, Helen Keller International and Ipas. Between September and December 2010 was the Inception period for NHSSP in which the consortium carried out a series of capacity assessments covering each output of NHSSP described in section 2.1 onwards. The capacity assessment reports, which included proposals for the focus of technical assistance, were discussed with the Government of Nepal (GON) and External Development Partners (EDPs) and approved by Government in December 2010.

The purpose of this report is to document the activities of the Nepal Health Sector Support Programme (NHSSP) between July and September 2011 in support of the plans of the various Divisions and Centres of MOHP/DOHS. The work of NHSSP Advisors is based on: the requirements of NHSP-2; the ongoing activities and plans of the Divisions and Centres; the capacity assessment reports prepared by NHSSP in December 2010 outlining their strengths and needs; and the work plans of the Advisors. All work plans have been agreed with the Advisors' counterparts. The counterparts of NHSSP Advisors are the heads or directors of Divisions and Centres, such as Family Health Division; Policy, Planning and International Cooperation Division; Logistics Management Division, and so on. All of NHSSP activities are designed to enhance the capacity of MOHP/DOHS to carry out NHSP-2.

Enhancing capacity, for our purposes, is defined as: *the changes in organisational behaviour, skills and relationships that lead to the improved abilities of organisations and groups to carry out functions and achieve desired outcomes.*

A diagrammatic representation of Potter and Brough's Capacity Enhancement framework (2004) is provided on page 27 of this report.

1. Summary of Key Events in this Quarter

A new Minister of Health was appointed on August 30, Mr Rajendra Mahato. Three new Directors were appointed: Dr M. Sherpa to LMD, Dr Thakur to EDCD and Dr Anand to PHC-RD.

All of the NHSSP regional teams were in place by early August. Three specialists, in EHCS, GESI and health systems strengthening were appointed to West, Central and Eastern regions in consultation with the Regional Directors (the other two regions were staffed in July). The international HR advisor resigned, and will be replaced by a national HR advisor, supported by international consultants. One of the Senior Procurement Advisors in LMD resigned and will be replaced.

The quarterly report to Government has been revised following a suggestion of Dr Suvedi to report NHSSP activities and achievements against NHSP-2 strategies. Reports from the NHSSP regional staff are included in the annex.

A key achievement was the formation of the GESI Steering Committee at MOHP which will initiate the formation of GESI technical working groups in DoHS, RDs and DHOs.

Other achievements included:

- a successful workshop on Repositioning Family Planning in Nepal
- finalisation of the guidelines for One-stop Crisis Management Centres,
- development of guidelines for planning and implementation of the JAR
- discussion of a draft HR Strategic Plan
- dissemination of a report reviewing the Demand-Side Financing Schemes
- design and field work for the Service Tracking Survey
- agreement of the concept note to establish a Transactional Accounting System
- a consolidated procurement plan was prepared and sent to the WB by LMD for approval. Even though it still needs changes before final approval, this is an improvement on last year's process.
- an increase in the number of multi-year tenders and contracts
- updated Building Guidelines for health facilities
- formation of an 'HSIS implementation Unit' within MIS Section and supporting Technical Working Committee for HSIS

NHSSP has developed a communications strategy and is beginning the process of getting its web-site set up. Standardised formats for reports and presentations have been prepared, a Facebook page is set up and a brochure is being finalised.

2. Capacity Achievements and Activities

NHSP-2 STRATEGIES	CAPACITY ACHIEVEMENTS AND ACTIVITIES BY NHSSP THEMATIC AREA
	<u>2.1 ESSENTIAL HEALTH CARE SERVICES - EHCS</u>
<p>4.1 EHCS</p> <p>4.1.1 Family Planning and Population <i>Accelerate progress towards replacement level of fertility by:</i></p> <ul style="list-style-type: none"> BCC, Micro-planning to raise CPR in low CPR districts and populations, Offer 5 FP methods in all health posts, PHCCs and health posts; VSC in district hospitals, Integrate FP services with other services, Reduce barriers, including adolescent friendly services, Public private partnerships to raise awareness, increase access and demand 	<p><u>Structures, Roles & Systems; Skills</u></p> <ul style="list-style-type: none"> Advisors supported the FHD at the Repositioning Family Planning in Nepal workshop by presenting literature reviews on global family planning scenarios and evidence. Discussions were held with NHTC/FHD about plans to strengthen IUCD training at SBA training sites. The NHTC/ FHD agreed to plans to piloting initial strengthening work in 2-4 training sites. The aim of this piloting is to improve the quality and availability of IUCD services in rural health facilities.
<p>4.1.5 Child Health –Nutrition: - reach targets of MDG1 – <i>improve nutritional status of children and women</i></p> <ul style="list-style-type: none"> Implement the Multi-Sectoral Nutrition Plan– including a community-based nutrition programme 	<p><u>Structures, Roles & Systems</u></p> <ul style="list-style-type: none"> At the Nepal Nutrition Group meetings, Advisors advocated successfully for the inclusion of maternal nutrition in the overall nutrition strategy. The strategy previously focused on child health nutrition only and this change will ensure that a focus on maternal nutrition is not lost. Advisors also participated at Regional Annual Review in Mid-Western, Eastern and Central Regions, Nepal Nutrition Group meetings to ensure a maternal nutrition focus in regional plans.

NHSP-2 STRATEGIES	CAPACITY ACHIEVEMENTS AND ACTIVITIES BY NHSSP THEMATIC AREA
<p>4.1.2 Safe Motherhood – reach MDG 5 by 2015</p> <p>Expand SBA training – 5000 to be trained by 2012 Invest in BEOC and CEONC facilities, deploy staff, and use existing NGO or private facilities if no public facilities Upgrade 1000 sub-health posts to health posts with birthing units Extend safe abortion services, especially to poor populations</p> <p>Strengthen and expand blood centres, improve HR skills, start accreditation process</p>	<p><u>2.2 MATERNAL NEWBORN HEALTH – MNH</u></p> <p><u>Structures, Roles & Systems</u></p> <ul style="list-style-type: none"> • In partnership with the National Public Health Laboratory, CEONC sites were selected for Blood transfusion service strengthening and training. Key staff will receive training with the aim of ensuring that blood transfusion, a key CEONC function, is available at selected sites. • The SBA focal person at the NHTC was supported in planning the 2011 training programmes for Advanced SBA, Operation Theatre management, Anaesthesia Assistant, and Clinical Training Skills training. Criteria for new SBA training sites, standardisation of SBA training skills for trainers and revitalisation of training information system are also under discussion. • The review of functioning of CEONC sites continued – preliminary results and initial health systems recommendations for improving functionality are expected in October. <p><u>Staff</u></p> <ul style="list-style-type: none"> • Advisors supported the FHD to post six DGO trained doctors in six CEONC districts: (Dhankuta, Taplejung, Rautahat, Dhading, Sarlahi, Baitadi). In addition, advisors facilitated the FHD training process for the second batch of DGOs and supported FHD counterparts with the development of guidelines for DGO training to private doctors as bonded scholarships. This training has been endorsed by MOHP and a request letter has been sent to NAMS to initiate training private doctors. The programme’s support to DGO training is intended to improve the deployment of appropriately skilled staff to both public and private facilities.
<p>4.1.4 Newborn Care - reduce neonatal mortality to 16/1000 by 2015</p> <ul style="list-style-type: none"> - CB-IMCI to be implemented at community level, including immediate and essential care of newborns and care of sick newborns • CB-NCP to be integrated with SM and CB-IMCI programmes 	<p><u>Structures, Roles & Systems</u></p> <ul style="list-style-type: none"> • Advisors provided inputs in CB-NCP evaluation and CB-IMCI protocol review as part of an ongoing programme of work to support the integration of CB-NBC with CB-IMCI programmes.
	<p><u>2.3 GENDER EQUALITY AND SOCIAL INCLUSION/ EQUITY AND ACCESS PROGRAMME – GESI/ EAP</u></p>
<p>4.1 EHCS</p> <ul style="list-style-type: none"> • Address GESI-related barriers by identifying target groups, increasing access to and use by the target groups of universal and targeted free care programmes 	<p><u>Tools</u></p> <ul style="list-style-type: none"> • Technical support was provided to facilitate context specific planning in 3 districts of the mid-western region. District stakeholders including district health supervisors, PHC and health post in-charges participated. An agreed health service development and social mobilisation plan was

NHSP-2 STRATEGIES	CAPACITY ACHIEVEMENTS AND ACTIVITIES BY NHSSP THEMATIC AREA
<ul style="list-style-type: none"> Conduct context specific analysis of current issues in the health sector and design and implement interventions for specific poor, vulnerable and marginalised caste and ethnic groups and area 	<p>developed and submitted for endorsement to the DDC.</p> <ul style="list-style-type: none"> Advisors supported “antenatal rural ultrasound” piloting in Mugu and Dhading districts.
<p>4.1.8 Health Education and Communication – <i>increase knowledge and demand for quality essential health services and improve behaviours regarding key health issues</i></p> <ul style="list-style-type: none"> Health education and communication focused on prioritised EHCS programmes Using mass media, community-based media and interpersonal communication Catering to gender needs, needs of poor and social excluded through use of local language and for different socio-cultural contexts Strengthen institutional capacity of NHEICC, RHDs, DHOs and hospital to provide BCC and coordination with other organisations Develop and implement IEC programmes to improve health seeking behaviour of the poor, vulnerable and marginalised groups: materials, media 	<p><u>Structures, Roles & Systems</u></p> <ul style="list-style-type: none"> A concept note to support the institutional strengthening of NHEICC was finalised. It is anticipated that as a first step, an NHSSP consultant will be deployed to support the NHEICC to produce implementation plans for three recently developed communication strategies: for maternal, newborn and child health, family planning, and adolescent sexual and reproductive health. It is intended that this work will contribute to improved communication of health based messages to poor, vulnerable and marginalised groups <p><u>Skills</u></p> <ul style="list-style-type: none"> Technical support was provided to guide and facilitate NHEICC’s team to produce design documents and scripts of public health radio programmes (particularly on RH and maternal & child health) to be produced and aired through Radio Nepal.
<p>6.7 Governance and Accountability</p> <ul style="list-style-type: none"> Expand piloting of the Strengthening of Local Health Governance Programme to other districts 	<p><u>Structures, Roles & Systems</u></p> <ul style="list-style-type: none"> In Myagdi district Advisors supported preparatory planning for LHGSP piloting and provided facilitation at an introductory advocacy workshop.
<p>6.8 Gender Equality and Social Inclusion</p> <ul style="list-style-type: none"> Accelerate the process of establishing Social Service Units in hospitals Support the establishment of One-stop Crisis Management Centres in hospitals, starting with a pilot 	<p><u>Skills</u></p> <ul style="list-style-type: none"> Advisors supported the Population Division to conduct a rapid assessment of social service units currently available in three central level hospitals. The review will help understand the experiences and lessons learned to date and inform plans to establishing social service units in hospitals across Nepal. Technical assistance was provided to support a scoping exercise of 10 different hospitals and respective districts for the establishment of OCMC. The scoping work was conducted by the Population Division, jointly with Department of Women and Children. This exercise helped to improve coordination between the OCMC (which will be in hospitals under MoHP) and the service

NHSP-2 STRATEGIES	CAPACITY ACHIEVEMENTS AND ACTIVITIES BY NHSSP THEMATIC AREA
	<p>centre (which is run by MWCSW). During the field missions, consultation was done with concerned GOs, DDCs, Municipalities, NGOs, and service centres. Rapid appraisal reports were also prepared.</p> <ul style="list-style-type: none"> The Population Division was supported in finalising the guidelines for the One-stop Crisis Management Centre, incorporating some of the major gaps identified during the scoping exercise of 10 districts. The guidelines were also translated into English and the Population Division was supported to prepare for the workshop presentation materials and planning for the OCMC establishment.
<ul style="list-style-type: none"> Update social audit guidelines, disseminate and use community scorecard, and provide training for undertaking social audits 	<p><u>Tools</u></p> <ul style="list-style-type: none"> Technical support was provided to PHC-RD division to conduct a review exercise of existing social audit guidelines and practices in Nepal. To facilitate this process, a Technical Working Group was formed under the PHC-RD director. The review was done jointly with PHC-RD division staff, which even joined the field observation.
<ul style="list-style-type: none"> Strengthen GESI unit at the Ministry and roll out to district level, describing roles and responsibilities of departments and sections, regional directorate, D/PHO and Social Service Units for GESI at hospitals Follow up on the MMM study of 2009 findings on suicide 	<p><u>Structures, Roles & Systems</u></p> <ul style="list-style-type: none"> Formation of a GESI Steering Committee at MoHP was facilitated. The memo approving the formation of the GESI steering committee under the chairpersonship of the Secretary, MoHP has been signed by the Secretary and the first Steering Committee meeting fixed for Oct 18. The Population Division of MoHP will be the GESI-Secretariat. GESI technical working groups will be formed in DoHS, RDs and DHOs as per the approved concept note on institutional modalities. Technical support was provided to MoHP to prioritise the GESI related activities under AWPB 2011/12. The Equity and Access Programme (EAP) is now housed in PHC-RD in line with the expanded scope of its coverage (including SMNCH, RH, free health, nutrition etc.). This shift from FHD to PHC-RD was supported. <p><u>Tools</u></p> <ul style="list-style-type: none"> NHTC was supported to review the training module on Gender based Violence. <p><u>Skills</u></p> <ul style="list-style-type: none"> EAP programme orientation was provided to PHC-RD staff.
<ul style="list-style-type: none"> EHCS to poor, vulnerable, marginalised castes and ethnic groups in an equitable manner, and make service providers responsible and accountable 	<p><u>Tools</u></p> <ul style="list-style-type: none"> PHC-RD was supported to finalise the ToR for Urban Health consultant to provide technical support in finalising urban health policy & strategy. It is anticipated that the strategy will represent an

NHSP-2 STRATEGIES	CAPACITY ACHIEVEMENTS AND ACTIVITIES BY NHSSP THEMATIC AREA
<ul style="list-style-type: none"> Address GESI-related barriers by identifying target groups, increasing access to and use by the target groups of universal and targeted free care programmes) Develop urban health policy and strategy 	<p>important step in improving the provision of essential health services to poor urban populations.</p>
<p>Human Resources</p> <ul style="list-style-type: none"> Review and revise existing training packages of NHTC to support the pilot “Strengthening Local Health Governance” and the GESI strategy 	<p><u>Structures, Roles & Systems:</u></p> <ul style="list-style-type: none"> A technical committee was formed in NHTC for developing a process to review and revise training curricula from a GESI perspective.
<p>Research, Monitoring and Evaluation</p> <ul style="list-style-type: none"> Continue with household surveys annually, health facility surveys and annual social audits at each health institution 	<p><u>Tools</u></p> <ul style="list-style-type: none"> Technical support was provided to design questionnaire for health service tracking survey from a GESI perspective.
2.4 HEALTH POLICY AND PLANNING/ HEALTH SYSTEMS GOVERNANCE – HPP/ HSG	
<p>4.1 EHCS</p> <ul style="list-style-type: none"> Address GESI-related barriers by identifying target groups, increasing access to and use by the target groups of universal and targeted free care programmes Conduct context specific analysis of current issues in the health sector and design and implement interventions for specific poor, vulnerable and marginalized caste and ethnic groups and areas Enhance or modify services to be sensitive to GESI to ensure equitable access 	<p><u>Structures, Roles and Systems</u></p> <ul style="list-style-type: none"> Advisors supported a review of RHCC structures as a first step in improving committee coordination and integration. Supporting improvements to the committees is central to the delivery of NHSP-2 objectives. Advisors facilitated the FHD and CHD to form a Technical Advisory Group for conducting operational research to improve continuum of care for MNCH and strengthen district referral system. The “Tipani” has been submitted to DG by FHD director for review. Provided input at USAID-organised research priority setting meeting. <p><u>Skills</u></p> <ul style="list-style-type: none"> District plans based on local needs and resource availability were finalised for Kalikot and Banke districts with input from DHO staff and district stakeholders. This process of context specific planning has supported the development of key analytical skills amongst local planners and it is anticipated that this will contribute to an increased sense of buy-in to the resulting plans.
<p>5.6 Partnerships</p> <ul style="list-style-type: none"> Develop a comprehensive policy and clear strategy for non-state sector’s contribution to health service delivery 	<p><u>Tools</u></p> <ul style="list-style-type: none"> TOR for a consultancy to develop a Public Private Partnership (PPP) policy for Nepal’s health sector was developed in consultation with ministry officials. The ToR incorporates the specific objectives envisaged in NHSP 2. The task will be undertaken in two parts; the first part will focus on initial scoping and background research and the later part will cover policy preparation.

NHSP-2 STRATEGIES	CAPACITY ACHIEVEMENTS AND ACTIVITIES BY NHSSP THEMATIC AREA
<p>5.7 External Development Partners</p> <ul style="list-style-type: none"> Improve the coordination of Technical Assistance – require TA missions and TORs be agreed to by Ministry; develop an annual TA plan as an adjunct to the AWPB and an outcome of the JAR; all TA proposals to be undertaken on behalf of the SWAp partnership, in response to needs identified by the ministry 	<p>Skills</p> <ul style="list-style-type: none"> Provisions regarding JTAA were analysed and on that basis, discussions were held with concerned officials in the ministry, in order to facilitate the signing of the agreement at JAR. HSRU has provided the inputs and the guidelines were widely discussed with EDPs. Consultation with PPICD/HSRU is in progress for preparation of upcoming JAR.
<ul style="list-style-type: none"> Strengthen SWAp management capacity, especially in HSRU Develop a more balanced partnership, including a stronger focus on EDP performance assessment as well as government performance in implementing NHSP-2 	<p>Structures, Roles & Systems</p> <ul style="list-style-type: none"> Ongoing support was provided to strengthen SWAp management capacity and to streamline the JAR process including the preparation of JAR preparation guidelines. To strengthen SWAP and other related issues, draft TOR for consultancy on Aid Effectiveness was prepared. No further activities in this area were undertaken as other agencies were found to be involved in activities similar to those planned by the NHSSP team. <p>Tools</p> <ul style="list-style-type: none"> Guidelines for JAR preparation and implementation have been developed.
<p>6.7 Governance and Accountability</p> <ul style="list-style-type: none"> Establish mechanism for a functional downward accountability that helps develop local ownership eg. involving local stakeholders in health planning and management through participatory planning, regular social and public audits Define the role of local government in PHC, with clear functional assignments with financial backup Establish a mechanism for effective coordination and collaboration with other sectors 	<p>Structures, Roles & Systems</p> <ul style="list-style-type: none"> Ongoing supported was provided to enhance the planning process and ensure that it is consistent with NHSP 2. <p>Skills</p> <ul style="list-style-type: none"> Advisors supported the preparation of a TOR for the development of Health Planning Guidelines. It is anticipated that the revised guidelines will strengthen bottom-up planning and also improve planning linkages. <p>Structures, Roles & Systems</p> <ul style="list-style-type: none"> A comparison between the new Health Service Act and Civil Service Act was completed, highlighting major areas of difference and cross over.
2.5 HUMAN RESOURCES	
<p>6.3 Human Resources</p> <ul style="list-style-type: none"> Revisit the HR development strategic plan of 2003, to deal with issues of insufficient numbers, inequitable distribution, retention, productivity, skill mix, promotional opportunities and career ladders, participation of dalits and other excluded groups in the workforce, and increased demand for services 	<p>Structures, Roles & Systems</p> <ul style="list-style-type: none"> Following feedback at the June meeting of the HR Technical Committee further general progress was made on the development of a coherent HRH strategic plan and specific work was carried out in two areas: <ul style="list-style-type: none"> An analysis of the needs for strengthening the in-service training systems was

NHSP-2 STRATEGIES	CAPACITY ACHIEVEMENTS AND ACTIVITIES BY NHSSP THEMATIC AREA
<p>following expansion of free health care.</p> <ul style="list-style-type: none"> • Develop a robust projection of human resources up to 2015 • Improve HuRIS data quality, and make compatible with the PIS of MoGA • NHTC --Restructure as an autonomous health training centre to conduct both national and international training programmes • Explore opportunities for integrating training, supported by the National Health Training Coordination Committee • Initiate decentralisation of training to the district level 	<p>undertaken. This proposed the way forward for developing a training strategy. These recommendations have been incorporated in the broader draft HRH strategic plan. A review of the HR information systems (HuRIS) and provision of recommendations for consolidating MoHP and Ministry of General Administration (MoGA) HR information systems. This will support the improvement and consolidation of HRIS to support the development and implementation of a workforce plan (which will include staffing projections and target for staff production) during the first year of the HRH strategic plan.</p> <ul style="list-style-type: none"> • A first draft of an HR Strategic Plan was completed. This will now be put to the MoHP for review and completion. <p>Skills</p> <ul style="list-style-type: none"> • The team focused on supporting the development counterpart skills in relation to: <ul style="list-style-type: none"> - Refining HR strategy development by five HR TWGs. - MoHP officers have been facilitating the TWGs, writing up group outcomes and coordinating with various stakeholders.
<u>2.6 HEALTH FINANCING</u>	
<p>6.5 Financial Management</p> <ul style="list-style-type: none"> - Strengthen web-based financial management information system, connected with FCGO's system 	<p><u>Structures, Roles & Systems:</u></p> <ul style="list-style-type: none"> • A concept note on transactional accounting system, was developed and presented to the MoHP. The MoHP has subsequently included funding to establish a Transactional Accounting System (TAS) in the AWPB 2011/12. This activity will be implemented under the PPICD with support from HR&FM division and represents an important step towards strengthened web-based financial management in Nepal. It is hoped that TAS will reduce the workload of cost centres and strengthen the current financial reporting practices, contributing to the timely and submission of quality FMRs. • An observation visit in DTCO organised by programme Advisors provided initial awareness on the importance of Transactional Accounting System. MoHP finance section is now committed to enhance existing staff skills on accounting and reporting system. <p><u>Tools:</u></p> <ul style="list-style-type: none"> • The TAS implementation framework and concept note will be a useful tool to support the roll-out of TAS.

NHSP-2 STRATEGIES	CAPACITY ACHIEVEMENTS AND ACTIVITIES BY NHSSP THEMATIC AREA
<ul style="list-style-type: none"> - Introduction of a database for preparing and analysing the AWPB - Implement timely fund release to health facilities: support to districts to submit AWPB; establish norms and procedures for appraisal of plans and approvals of budget; use software for fund-flowing tracking; set deadlines for key budget decisions - Budgeting and M&E at central and local levels 	<p><u>Structures, Roles & Systems</u></p> <ul style="list-style-type: none"> • In accordance with the Annual Policy and Programme, Advisors supported the PPICD to engage officials from a range of divisions and centres in preparations for the AWPB. In addition, support was provided to the PPICD in preparing a list of activities that are enshrined in the Policy and Programme but not included in the existing eAWPB. This ‘gap check’ is key to ensuring the accuracy and usefulness of 2012/13 AWPB. • The current eAWPB has been upgraded to be web based. Some modifications have been made on budget line items as per the new guideline from MoF. • Officials from PPICD, finance section and HEFU were actively involved in preparing the budget analysis report. • Advisors supported the FHD to conduct joint planning of the AWPB 2012/13 in July, 2011. Aama, other demand side financing schemes and various reproductive health related programmes, were reviewed jointly at regional level. <p><u>Skills</u></p> <ul style="list-style-type: none"> • Support was provided to PPICD officials in maintaining the consistency between Policy and Programme and AWPB. This will prove central to ensuring the usefulness and integrity of the AWPB. • MoHP officials were supported in skills and tasks necessary for the coordination and analysis of the AWPB. This included preparing dummy tables, writing reports, drafting terms of reference, and producing a manual for the AWPB. <p><u>Tools</u></p> <ul style="list-style-type: none"> • Various key tools were developed in advance of the AWPB and the STS including a manual, dummy tables, and a standardised reporting format with examples of last year’s analysis. In addition, advisors transferred the policy/programme into a format which can be compared against the priority one programme.
<ul style="list-style-type: none"> - Simplify the structure of the budget sub-heads - Improve transparency of financial information and audit reports by posting on the Ministry web-site and other measures - Enhance accountability mechanisms and verify performance through the use of measures to improve accountability to users eg. social audits, posting of information on services available, prices and budgets, periodic Performance Audit 	<p><u>Structures, Roles & Systems</u></p> <ul style="list-style-type: none"> • Advisors have worked to support improvements to the AWPB system. PPICD has now agreed to involve EDPs from the early stage of the preparation of AWPB. Directors of concerned divisions and centres were more engaged in the process of finalising AWPB, and the MoHP has started engaging the finance section more actively in the process of AWPB preparation. • With support from the NHSSP team, the MoHP has engaged all programme directors in reviewing the existing programme activities against the NHSP-2 result framework. This means that programme directors are now familiar with the indicators listed in NHSP-2 result framework.

NHSP-2 STRATEGIES	CAPACITY ACHIEVEMENTS AND ACTIVITIES BY NHSSP THEMATIC AREA
	<p><u>Tools</u></p> <ul style="list-style-type: none"> • A format to review the existing activities against NHSP-2 result framework is ready for use.
<ul style="list-style-type: none"> • Implement financial management actions specified in the GAAP including: improvements in financial management systems at central, district and facility level; timely action on audit irregularities through a clearance committee; improvement in procurement at central and district level; enhancing alternative assurance arrangements such as social audit and performance audit; implementation of transparency and disclosure measures • Establish a permanent Ministry working committee to follow up on the implementation of the improvements, including audit irregularities and recommendations 	<p><u>Structures, Roles& Systems</u></p> <ul style="list-style-type: none"> • Under the leadership of Chief of PPICD, a TWG for evidence-based policy making has been formed as a permanent group with a special mandate to translate research findings into policy. Relevant divisions from within MoHP and DoHS are represented on the TWG, which will report to the Secretary for policy amendment or formulation. Initial discussions between members have focused on the need to integrate research studies in order to reduce duplication. <p><u>Skills</u></p> <ul style="list-style-type: none"> • Advisors supported staff members of the PPICD to prepare the annual working calendar in a given format. It is hoped that this will improve coordination with EDPs. • Advisors provided technical support to PPICD staff members in developing the objectives, modalities and ToR of the TWG. <p><u>Tools</u></p> <ul style="list-style-type: none"> • Format of annual working calendar.
<ul style="list-style-type: none"> • Include GESI related issues in plans and programmes 	<p><u>Structures, Roles& Systems</u></p> <ul style="list-style-type: none"> • New committee, named Technical Committee for Health Financing Strategy, has been formed under MoHP. • Supported PHC Revitalisation Division for the revision of social audit. GESI and DSF groups have jointly reviewed and developed comprehensive guidelines for social audit for DSFs (Aama) and free care.
<ul style="list-style-type: none"> • Move toward output-based budgeting 	<p><u>Skills</u></p> <ul style="list-style-type: none"> • Advisors provided reading documents related to HF strategy to the members of the Technical Committee. • With support from the advisors, the MoHP came some way towards realising the importance of output based budgeting in identifying the contribution of existing programme activities to the indicators listed in the NHSP-2 result framework.

NHSP-2 STRATEGIES	CAPACITY ACHIEVEMENTS AND ACTIVITIES BY NHSSP THEMATIC AREA
<p>4.1.2 Safe Motherhood</p> <ul style="list-style-type: none"> Invest in BEOC and CEOC facilities, deploy staff, and use existing NGO or private facilities if no public facilities <p>4.1 EHCS</p> <ul style="list-style-type: none"> Address GESI-related barriers by identifying target groups, increasing access to and use by the target groups of universal and targeted free care programmes Conduct context specific analysis of current issues in the health sector and design and implement interventions for specific poor, vulnerable and marginalised caste and ethnic groups and areas 	<p><u>Structures, Roles & Systems</u></p> <ul style="list-style-type: none"> Following the production of a report reviewing demand side financing schemes, Advisors supported the Family Health Division in discussions about the possible a merger of incentives for the 4th ANC visit, EOC monitoring, and Aama programmes. A concept note was prepared, suggesting the merger of benefits, procedures, and recording and reporting formats. A working group prepared merger guidelines to simplify the procedure and reduce the transaction cost of the schemes. In addition, the EOC reporting and recoding procedures were made consistent with the Aama scheme. A joint meeting of the Safe Motherhood and Newborn Sub Committee (SMNSC) and the DSF Advisory Committee reviewed the revised operational guidelines for the merger. The committees recommended the guidelines for endorsement with only minor changes. This represents an important step in the integration of demand side financing schemes. Data management of the uterine prolapse scheme by district was initiated with support from the Advisors. Advisors supported the PHC Revitalisation Division to conduct a review of community health insurance and prepare a plan of action for 2012/13. <p><u>Skills</u></p> <ul style="list-style-type: none"> Advisors supported FHD staff to prepare the concept proposal, tentative costings and TOR for the rapid assessment of demand side financing schemes to reduce the fiduciary risks and monitoring cost. In addition, support was provided to the CHD in calculating the Disability Adjusted Life years (DALYs) gain if WASH, Nutrition and CB IMCI programmes are integrated. <p><u>Tools</u></p> <ul style="list-style-type: none"> The Management of Uterine Prolapse guidelines were reviewed to ensure that they are consistent with Aama. Data collection was begun for a coping strategy for institutional delivery.
<u>2.7 PROCUREMENT AND INFRASTRUCTURE</u>	
<p>6.6 Procurement and Distribution</p> <ul style="list-style-type: none"> Develop a specification bank of standards/qualities of commodities and instruments to be procured for each tier of health facility, and carry out market surveys on products and prices regularly to maintain the data bank up to date Require the Divisions to prepare procurement plans as part of 	<p><u>Structures, Roles & Systems</u></p> <ul style="list-style-type: none"> Production of a consolidated procurement plan for 2011-2012 has been completed and passed to the WB for a no objection letter. The new bidding documents for the Employment of Consultant Services have been in use for all slices (5) of the HIV/AIDS TA. Meetings of all Divisional Directors were held, which resulted in a more comprehensive and consolidated Procurement Plan than heretofore by bundling similar products.

NHSP-2 STRATEGIES	CAPACITY ACHIEVEMENTS AND ACTIVITIES BY NHSSP THEMATIC AREA
<p>their annual budget planning</p> <ul style="list-style-type: none"> • Prepare consolidated annual procurement plan • Introduce e-bidding process for procurement, providing orientation to the bidders and staff, and including mechanisms for pre-bid consultation and for managing complaints 	<p><u>Skills</u></p> <ul style="list-style-type: none"> • Capacity enhancement support was provided to Management Division staff to improve use of HIIS for planning. • Advisors supported the Management Division with the finalisation of site selection for facility construction in FY 2011/12 and helped coordinate the preparation of the procurement plan. • Advisors supported DUDBC in the preparation of Procurement Plan which was submitted to World Bank. This is a good tool for DUDBC to monitor construction progress. • Ongoing supported was provided to DUDBC on tendering processes. Skill enhancement focused on preparing bidding documents in line with the WB guidelines, following the Joint Financing Agreement. <p><u>Tools</u></p> <ul style="list-style-type: none"> • Need assessment forms for infrastructure development and repair and maintenance will work as tools for future assessments with further improvement • The site selection for facility construction was done in early July, supporting DUDBC for early preparation of the Procurement plan. This is a record completion of site selection; previously this was completed in the second trimester of the fiscal year. • For the selection process, a detailed list of all the ongoing constructions to date was prepared and given to the MD. This helped avoid duplication and to identify new priorities for construction. Needs assessment forms were developed and distributed to the districts to identify actual needs from the field. For rationale for selection and prioritisation, HIIS was used. • Divisional Directors were gathered for a meeting where they were instructed to provide their procurement requirements for 2011-2012. The results were examined by NHSSP and comments were given, and revised requirements were consolidated into the 2011-2012 Procurement Plan, which has been submitted to the WB for 'NOL'.
<ul style="list-style-type: none"> • Revise procurement policy and guidelines for MOHP • Develop a system for quality assurance for all goods and commodities procured at central and district level • Introduce quality control mechanisms, including the use of WHO GMP certified producers, lab tests to ensure quality of drugs and commodities, partnership with private laboratories 	<p><u>Tools</u></p> <ul style="list-style-type: none"> • A draft Procurement Code of Ethics was presented to LMD on 19 July for comment • A draft Complaint and Dispute Resolution process was also submitted in July for approval. • Suggested Organogram for LMD and Job Descriptions for Procurement Officers were prepared. <p><u>Skills</u></p> <ul style="list-style-type: none"> • The Procurement Plan has taken into account the hiring of a Firm for Pre- and Post-Shipment Inspections in an attempt to improve the quality of goods delivered to Nepal. • Evaluation of bids for procurement of goods and consultants' services by LMC and NCASC continues gradually to strengthen skills. • The importance of technical evaluations and pre-shipment inspection and how to examine quality

NHSP-2 STRATEGIES	CAPACITY ACHIEVEMENTS AND ACTIVITIES BY NHSSP THEMATIC AREA
	<p>of goods was demonstrated through a case example of a defective procurement.</p> <ul style="list-style-type: none"> • Advisors supported the FHD and LMD to move forward with pending issues of 2009/10 FHD SMNH procurement; for each case of non responsive results from the pre shipment inspection, an instrument/equipment explanation was prepared and required improvements were suggested for each item in report form and also verbally, and agreed upon in the form of minutes. This has made it clear to LMD what was wrong with the products that went through pre-shipment inspection and what action needs to be suggested to the suppliers. • Visited Pathlaiya store to verify the quality of corrected items against the remedial actions agreed on earlier with the supplier on DFID direct procurement. Demonstrated how qualities are examined. Some techniques to correct the items were imparted to suppliers in the presence of LMD officials. <p>[NOTE: This issue has now been taken over by DFID and will be dealt with by them with the suppliers.]</p>
<ul style="list-style-type: none"> • Improve efficiency through multi-year contracts, and further develop the practice of central bidding and local purchasing for essential drugs • Adopt multi-year framework for contracting for essential drugs, commodities and equipment 	<p><u>Structures, Roles & Systems</u></p> <ul style="list-style-type: none"> • Multi-year tenders and contracts have been expanded.
	<p>The following activities were also carried out:</p> <p><u>Skills</u></p> <ul style="list-style-type: none"> • Supported DUDBC in design of different health facilities and different sites as per the existing standards and site conditions. • Enhanced the skills of architects in DUDBC in designing of health infrastructure in the Nepalese Context. These drawings will add to the existing archive of knowledge with DUDBC • Monitoring and supervision of different construction sites in Palpa District. Different sites were visited with engineers/architects from DUDBC (centre) and field office, including an officer from Management Division. During the visit different valuable suggestions were imparted to improve the existing construction, such as light and ventilation aspects, design aspects and other requirements. Also site problem for store construction and relocation of mortuary was discussed and agreed with the Hospital. This issue has been pending since last year due to lack of technical capacity to design on the available location. • Improvements have been seen in the construction of health facilities. Technicians understand more about the needs of health facilities. Shift to solar energy over the electrical energy has been noticed. This is the result of repeated orientation in this area. • Initiated preliminary work for updating and upgrading of HIIS. This is an important planning and

NHSP-2 STRATEGIES	CAPACITY ACHIEVEMENTS AND ACTIVITIES BY NHSSP THEMATIC AREA
	<p>budgeting tool for infrastructure development in the Health sector. This can also support in fixing short/long term targets for future expansion of the health facilities.</p> <ul style="list-style-type: none"> Supported CHD with need assessment and planning for construction of newborn units at different sites. Drawings of the existing facilities (CEONC, BEOC and HPs) have been requested from places where neo-natal units have been proposed by CHD and CBNCP so that neo natal units can be designed, estimated and sent to the field offices for implementation. In the Physical Asset Management Unit of the Management Division there are now people who can work with computers or use HISS for planning. <p>Tools</p> <ul style="list-style-type: none"> Updated Building Guidelines as per feedback from different stakeholders. This will support DUDBC technician to plan functional health facilities in a transparent and more coordinated matter. Report on seismic retrofitting of hospitals in Nepal prepared by DFID consultant.
2.8 MONITORING AND EVALUATION – M&E	
<p>6.9 Research, Monitoring and Evaluation</p> <p>a. Develop a monitoring and evaluation plan and implement as part of annual programme implementation, including regular supervision to solve problems identified by M&E activities</p>	<p>Skills</p> <ul style="list-style-type: none"> Advisors supported the Public Administration, Monitoring & Evaluation Division, Policy Planning and International Cooperation Division, and Health Sector Reform Unit, MoHP to initiate discussions on developing the 'NHSP-2 Implementation Plan'. Advisors supported the Public Administration, Monitoring & Evaluation Division and Policy Planning and International Cooperation Division, MoHP to initiate a process for developing a monitoring and evaluation plan for NHSP-2.
<p>b. Develop training curricula guidelines and manuals to support M&E activities</p>	<p>Skills</p> <ul style="list-style-type: none"> Advisors worked with MoHP and DoHS officials in developing training curricula guidelines and manuals to support M&E activities. This will be initiated once the NHSP-2 M&E plan is developed.
<p>c. Review monitoring of all programmes, including free care, to ensure data will be able to measure progress as characterised by NHSP-2 Results Framework (including HFMC functioning, disaggregated data...)</p>	<p>Skills</p> <ul style="list-style-type: none"> Advisors supported the Public Administration, Monitoring & Evaluation Division, MoHP to initiate a process to review monitoring of all programmes, including free care, to ensure data will be able to measure progress as characterised by NHSP-2 'Results Framework' and 'Governance & Accountability Action Plan'. Two workshops have been planned to review NHSP-2 Results Framework and GAAP Indicators to move ahead with developing implementation plan and M&E plan for NHSP-2. NHSSP is working with the MoHP to undertake a Service Tracking Survey (STS) (previously called 'Facility Survey') to provide specific information for monitoring indicators in the NHSP-2 RF,

NHSP-2 STRATEGIES	CAPACITY ACHIEVEMENTS AND ACTIVITIES BY NHSSP THEMATIC AREA
	<p>incorporating GESI, and GAAP. Data collection for the STS is underway.</p> <p>Tools</p> <ul style="list-style-type: none"> MoHP, with support from NHSSP, prepared three modules to be used in the STS. EDPs provided inputs in preparation and finalisation of the STS tools.
<p>d. Synchronise government and EDP efforts in M&E and survey research to report at NHSP 2's beginning, midterm and end</p>	<p>Structures, Roles & Systems</p> <ul style="list-style-type: none"> Advisors shared and discussed with USAID the ongoing 'Service Tracking Survey' supported by NHSSP and the 'Service Provision Assessment' to be funded by USAID on its scope and timing. Advisors supported Management Division to initiate discussions with EDPs for their support in successful implementation of HSIS pilot and strengthening HMIS. UNICEF has verbally agreed to support MIS Section, Management Division in IT, including software preparation and human resources.
<p>e. Decentralize M&E activities and strengthen capacity below federal level to analyse and use information</p>	<p>Structures, Roles & Systems</p> <ul style="list-style-type: none"> Supported Regional Health Directorates in preparation of Regional Annual Reviews. This has initiated the process of increasing the capacity of the RHDs to understand and utilise available information.
<p>f. Review HSIS pilot results and revise so as to ensure the measurement of progress in achieving health-related MDGs and outcomes, and targets for NHSP-2 objectives 1,2 and 3</p> <ul style="list-style-type: none"> 	<p>Skills</p> <ul style="list-style-type: none"> Based on the recommendations of HSIS pilot assessment the National Health Information Policy Committee (NHIPC) extended HSIS piloting in 3 districts for one more year (Asar 2068/July 2012). Advisors supported MIS Section, Management Division to form a Technical Working Committee (TWC), develop a ToR for the committee and form an 'HSIS implementation Unit' within MIS Section as directed by the NHIPC. The TWC and its ToR is in the process of approval from the Secretary, MoHP. This will enable oversight of the ongoing development of the HSIS. Advisors supported MIS Section, MD to prepare a detailed action plan with budget breakdown for extension of HSIS pilot in 3 districts for one year and gradual scaling up in all 75 districts reviewing HSIS pilot results and recommendation from the NHIPC. The Action Plan is in the process of approval from the Secretary, MoHP. Management Division is in a process of reviewing and revising HMIS/HSIS indicators so as to ensure the measurement of progress in achieving health-related MDGs and outcomes, and targets for NHSP-2 objectives 1, 2 & 3.
<p>g. Continue with household surveys annually, health facility surveys and annual social audits at each health institution</p>	<p>Structures, Roles & Systems</p>

NHSP-2 STRATEGIES	CAPACITY ACHIEVEMENTS AND ACTIVITIES BY NHSSP THEMATIC AREA
	<ul style="list-style-type: none"> • Service Tracking Survey 2011 (previously called 'Facility Survey') is underway. • Household survey is planned in 2012.
h. Include GESI related issues in M&E at central and local levels, including disaggregated data collection	<p><u>Structures, Roles & Systems</u></p> <ul style="list-style-type: none"> • Advisors are supporting Management Division to review HMIS and HSIS indicators with focus on GESI and collecting disaggregated data.
<u>2.9 REGIONAL DIRECTORATES</u>	
	<p><u>Staffing:</u></p> <ul style="list-style-type: none"> • NHSSP regional teams (of 3 specialists: EHCS, GESI and systems strengthening, especially M&E) were in place by August 1, 2011. Regional Directors assigned counterparts to each specialist and workplans were prepared by each team with regional staff of MOHP. <p><u>Skills:</u></p> <ul style="list-style-type: none"> • NHSSP specialists supported supervision and monitoring visits to districts by regional staff. • Facilitated planning of regional reviews, to be held in October. <p>See Annex: Regional reports</p>

3. Key Activities for Next Quarter

EHCS

- Support the FHD/CHD to form a TAG to oversee the Context-Specific Planning component. In addition, baseline data collection will begin along with the initiation of interventions at district level.
- Support the FHD and CHD to develop/ revise/ compile strategic guidelines for reaching un-reached areas and population.
- Support the CHD to develop an IMCI maintenance strategy.
- Continue support to CHD with the CBNCP evaluation.
- Facilitate coordination between CHD (Nutrition section) and FHD in maternal nutrition discussion and promote further development in this area (HKI lead).

MNH

- Support the FHD/NHTC to strengthening IUCD in SBA training in Baglung and Surkhet SBA training sites.
- Support the FHD Consultative meeting by presenting CEONC study findings and recommendations.
- Conduct CEONC planning and review meeting in Argakhanchi, Baitadi district hospitals.
- Facilitate FHD in contracting Regional Safe Motherhood Coordinators.
- Prepare presentations on Aama and CEONC studies at Safe Motherhood Conference.

GESI

- Provide technical support to the PHC-RD in producing a concept note and TOR for a rapid assessment of Free Health Care in selected districts.
- Facilitate implementation of BCC related activities in AWPB 2011-2012, including BCC working group.
- Support the NHEICC to develop implementation plans for MNCH, FP, and adolescent sexual and RH communications strategies.
- Support Local Health Governance Strengthening Project in Myagdi district (formation of & training of LHGSP technical committee, selection of the working VDC, orientation and preparation for VDC profile collection).
- Evidence based piloting of OCMC in four out of seven districts will be facilitated.

- Support piloting of Social Service Unit in two hospitals.
- Ten DHOs (out of 21) to be supported to contract-out local NGOs to implement EAP.
- Support PHC-RD to initiate preparation of EAP reference manual for NGO training.
- Support MoHP to introduce multiyear contracting of NGOs for EAP implementation.
- The institutional modalities for GESI mainstreaming in the ministry and its structures have been approved. The different structures (technical working groups) will need to be formed by MoHP and capacity strengthening process started.
- Steering Committee formation and its orientation, Technical Working Group (TWG) at DoHS and Regional Health Directorate and their capacity strengthening are key tasks for this quarter.
- Facilitate development of a GESI implementation plan by MoHP.
- Develop GESI operational guidelines, including regional level workshops.
- Support to PHC-RD to develop and pilot comprehensive social audit guidelines for health sector and to finalise Urban Health Policy & develop new Urban Health Strategy.

Health Policy & Planning/ Health Systems Governance

- Conduct a review of committee structure.
- A consultant will start the process of developing a Public Private Partnership (PPP) policy for Nepal's health sector.
- Provide inputs and coordinate studies on Aid Effectiveness to be undertaken by other development partners.
- Support development of Urban Health Policy and Strategy.
- Support MOHP to conclude signing of the JTAA during the upcoming JAR in January.
- Support MOHP in preparations for the upcoming JAR.
- Finalise draft report on development of Health Planning Guidelines.

Human Resources

- Discuss HR Strategy at Country Coordination Forum and agree final version of Strategy and the way forward.
- Recruit national HR long-term consultant.

Health Financing

- Produce report of Service Tracking Survey with accompanying policy briefs.
- Report of budget analysis for FY 2011.
- Coordinate / support workshops on output based budgeting and on translating research into policy.
- Cluster group meetings for health financing strategy and financial management.
- Support for meetings of TWG on health financing strategy.
- Prepare household survey.
- Provide support for upgrading the eAWPB.
- Provide support to development the transactional accounting system (TAS).
- DSF: Develop monitoring framework for demand side financing schemes; implement rapid assessment of DSF; facilitate adoption of DSF guidelines.
- Prepare coping strategy for institutional delivery to accommodate the excess demand for institutional delivery, particularly at referral and central level hospital (joint work with EHCS and DSF).

Procurement and Infrastructure

- Complete updating and upgrading of HIIS. The updated system will give the status of all health infrastructure in Nepal to date, including details on expenditure, progress, status and other details that have been completed within the last six years in each health infrastructure development. The updated software will have features like accessibility, location and orientation, which will be useful tools to analyse the suitability of existing sites for service delivery and as a future planning tool for infrastructure development work. New output tables will be added into the software to give regular progress reports based on the procurement plan which can be used by respective divisions to plan their inputs into the infrastructure dovetailing the construction completion. This will be web based design, so the staff in the Districts can directly update the progress.
- Train the concerned stakeholders on the new software and distribute the database on a DVD to stakeholders for their planning.
- Support DUDBC for preparation of ICB documents, progress reports, and prior reviews of ongoing construction documents.
- Publication of Standards documents and guidelines and orientation.
- Complete needs assessment of sites selected for upgrading to special new born care sites. This will be taken as a case study for the skill enhancement of DUDBC staff.
- Initiate formation of Steering Committee for Infrastructure development.
- Recruit replacement for senior Procurement Adviser.

- Recruit an STTA to undertake evaluation of ICB-6.
- Provided the Bio-Medical Engineers have been contracted, provide ST training to show them how to upgrade Technical Specifications.
- Recruit STTA to provide Quality Assurance training to LMD.

Monitoring and Evaluation:

- Support MoHP to develop NHSP-2 'Implementation Plan'.
- Support MoHP to develop a monitoring and evaluation plan and implement it as part of annual programme implementation.
- Support MoHP and DoHS in developing training curricula guidelines and manuals to support M&E activities.
- Support MoHP to conduct workshops to review RF and GAAP indicators.
- Provide inputs for successful accomplishment of the STS.
- Continue facilitating synchronisation of government and EDP efforts in M&E and survey research to report against NHSP-2.
- Support Management Division in successful implementation of HSIS pilot in 3 districts.
- Support Management Division in reviewing and revising HMIS/HSIS indicators and tools so as to ensure the measurement of progress in achieving health-related MDGs and outcomes, and targets for NHSP-2 objectives 1, 2 & 3.
- Support design of household survey.
- Ensure that revision of HMIS and HSIS indicators includes GESI related issues at central and local levels.

Regional support:

- Preliminary review of regional team performance, after 3-4 months of work, with Regional Directors and staff.

4. Challenges

Overall:

Changes of Health Minister (3) during the quarter have had various effects, including transfers of programme directors working at different divisions and centres. This has an impact on timely implementation of programme activities and on having financial and progress reports completed in a timely manner.

Health Financing:

- The major challenge is to harmonise both formal and informal (one-to-one) discussions and their follow-up between MoHP and external development partners. The issues related to financial management, irregularities and response to auditor's report need to be discussed in both formal and informal settings.
- Second challenge is to maintain professional cohesiveness among the MoHP officials. High level officials may express different opinions during official presentations of MoHP, and this has been questioned by the stakeholders. This can be addressed through making good preparations and holding discussions among MoHP officials before having official presentation to stakeholders.
- Third challenge is the involvement of programme directors and MoHP's high-level officials during the preparation of AWPB. This has been partially resolved with the extensive involvement of chief of PPICD and partial involvement of programme directors.
- The fourth and more crucial challenge is continuation of the spending tendency during the last trimester. Importantly, despite the late programme approval, there is 100% expenditure in allocated funds for supervision. This is one of the many instances that can systematically be addressed through the involvement of account officers during the planning and review meetings.
- MOHP has a challenge to make the eAWPB more in line with the NHSP-2 Results Framework; it needs to formalise the committee to ensure consistency between policy/programme and AWPB.

- The newly formed TWG on evidence-based research for policy making needs to discuss inviting other research agencies as members of the committee. More importantly, it would be beneficial if the committee could organise a one-day workshop on bridging the research findings into policy.

Human Resources:

- The loss of the international advisor in HR slowed the pace of preparation and endorsement of the HRH Strategy which needs to be endorsed and disseminated for discussion at the JAR.

Procurement and Infrastructure:

- The resignation of one of the Senior Procurement Advisors has affected progress in LMD.
- A Draft Procurement Code of Ethics and a Draft Complaint and Dispute Resolution process were presented to the LMD Director in July, and need to be discussed, agreed, and implemented.
- The training of Bio Medical Engineers in the writing of generic specifications and the upkeep of the specification bank is now critical.
- DUDBC needs to foster its relationship with WB. This can happen with timely reporting of progress, plans and documents as requested and the settling of old cases of construction on which issues have been raised by WB.
- A suggested Organogram for LMD and Job Descriptions that were prepared for Procurement Officers need to be discussed and action taken.
- For the second quarterly session, a great deal of executive assistance was provided by the international advisers for procurement. The previous report that ‘this is lessening’ proved to be too optimistic. This takes time away from building and sustaining government capacity to manage procurement.

Regional Issues

- An important challenge is the lack of senior level staff in Regional Directorates who can act as effective counterparts to the NHSSP team. About 50% of officer-level positions are vacant. This makes it difficult to develop capacity in the RDs to carry out their functions in the districts. A review of the structure and functions of RDs could be considered, as part of an approach to help resolve the chronic under-staffing – could the role of RDs be extended from mainly monitoring and supervision (for which their technical skills are sometimes lacking) to: supporting districts with planning, managing HR deployment and transfers, supporting HR management, and possibly other functions?

5. Key Decisions needed in next one or two quarters

EHCS: Approval of Technical Advisory Group to guide operational research identified as part of context-specific planning (an NHSP-2 strategy).
Approval of the TORs for review of Reproductive Health Coordination Committee to be consonant with NHSP-2.

Human Resources: Approval of HRH Strategic Plan and plan for dissemination.
Approval of a National Health Training Coordination Committee.

Gender Equality and Social Inclusion: Approval of a GESI implementation plan and operational guidelines.

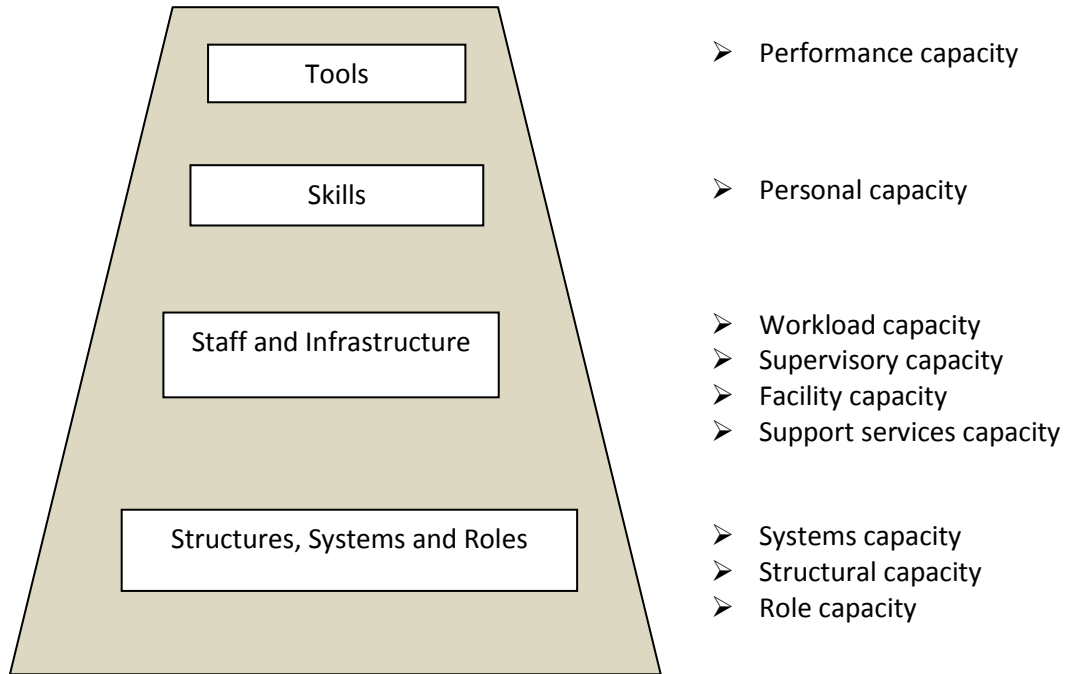
Health Financing: Approval of Service Tracking Survey report and resulting recommendations.
Approval of guidelines for merged DSF schemes.

Monitoring and Evaluation: Agreement on revised NHSP-2 Results Framework and GAAP indicators.
Agreement on revised HMIS/HSIS indicators and tools.

Procurement and Infrastructure: Agreement of draft Procurement Code of Ethics and a Draft Complaint and Dispute Resolution procedure.
Publishing of agreed Infrastructure Standards documents and guidelines and orientation of stakeholders.

Health Systems Governance: Agreement on JAR agenda, reports, consultants, organising structure, other preparations.
Approval of NHSSP Steering Committee.

Capacity Enhancement Framework



Potter and Brough, 2004

ANNEX 2

Summaries of Regional Reports

1. Eastern Region (July – September 2011)

Introduction

The NHSSP Eastern team started working with the Eastern Regional Health Directorate (RHD) within this reporting period. The NHSSP team provided technical assistance in preparation of the annual programme review meeting. The full report can be accessed through the NHSSP central office, but highlights of the recent reporting period are:

Output 1: DOHS / regions have capacity to deliver quality and integrated EHCS, especially to women, the poor and under-served.

Staff

- Focal points for each thematic area were identified at the regional directorate during the reporting period. For each thematic area (GESI, PMSS and MNCH) two personnel have been identified to work together with NHSSP team.

Tools

- Discussions at regional level were carried out to identify target groups and map their access to the free care services.
- Based on the results from the analysis of HMIS data, districts are identified as having higher performance and lower performance in each of the programme indicators.

Output 3: MOHP and DOHS has systems, structures and capacity to implement the GESI Strategy

Staff

- GESI focal persons (two) have been identified in the RHD.

Skills

- Support to the RHD in the preparation for the regional health review.
- NHSSP team are supporting the RHD in preparation and planning for the regional operational plan.

Output 5: MOHP has capacity to strengthen and effectively use an information system to support planning and delivery of quality EHCS

Structures, Roles & Systems

- Initiated the coordination of various EDPs and I/NGOs with the RHD.

Skills

- Integrated monitoring and supervision in Udayapur districts was conducted together with RHD team (including RD) and UNICEF towards the end of September.
- Supported the RHD in the development of the Annual Plan.

Key Activities for Next Quarter

EHCS:

- Mapping of access to free care services zooming in on one district and one institution.
- NHSSP team together with the RHD team will visit one of the low performing districts, Khotang, and meet with the DHO and his team to develop a plan for improving the performance.

GESI:

- Coordination with Morang and Dhankuta DDCs will be done in the next quarter to establish a mechanism for functional downward accountability and local level ownership.
- Support to the regional team in coordination with concerned DHO/DPHO attending DDC's pre-planning orientation to the VDC officials.
- Support to developing health education through FCHV – mother's group meeting, schools, street drama, radio to address the worm infestation (top ten diseases in ERHD).
- The recently drafted regional operational plan will be finalised during orientation workshop with the regional team.

Planning, Monitoring and Evaluation:

- Finalising the integrated monitoring and supervision in Udayapur district (together with UNICEF).
- Discussion and further planning to explore the possibilities of public private partnerships for implementing CB-IMCI will be conducted at the meeting with EDPs.
- Facilitate Districts' annual planning.
- Support on the development of a Calendar of Operations.
- Facilitate the situation analysis of the region.
- Improve the coordination mechanism by holding regular meetings, and minuting these meetings.
- Review and mapping of the different I/NGOs that work within the Eastern Region.
- Support the development of HFMCs.

2. Central Region (July – September 2011)

Introduction

The NHSSP Central Regional team started working with the Central Regional Health Directorate (RHD) within this reporting period. During this time, the primary activity was assisting in the preparation and conducting of the Annual Review Workshop. For this the Specialists worked with their counterparts on workshop management and supported the annual district review, data verification and planning workshop. The team has also started collecting detailed information from entire districts that lead into the comprehensive Regional Health Profile. The full report can be accessed through the NHSSP central office, but highlights of the recent reporting period are:

Output 1: DOHS / regions have capacity to deliver quality and integrated EHCS, especially to women, the poor and under-served.

Structures, Roles & Systems

- Supported D/PHO supervisors and HF in-charges for planning at community level to increase coverage of key service (i.e. immunisation) based on the available field level data. Focused on disaggregated data to focus on hard-to-reach areas and to cover the ethnic minorities and other socially excluded groups of people.
- Encouraged the development of a CEOC Management Committee for effective operation and regular monitoring.

Skills

- The regional team with the respective counterparts supported the district review meeting to analyse the report related to child health, specifically CB-IMCI with special focus on the use of zinc and ORS for the treatment of diarrhoea.
- Supported the regional team and districts in micro planning with the aim of raising the Contraceptive Prevalence Rate.
- Supported RHD and the districts in ensuring data consistency in timely financial and HMIS reporting under the Aama programme.

Output 3: MOHP and DOHS has systems, structures and capacity to implement the GESI Strategy

Structures, Roles & Systems

- Coordinated with DHO to initiate the establishment of One-stop Crisis Management Centres in Makawanpur district hospital.

Staff

- Advisors started working closely with the GESI point person at RHD and supported the RHD in requesting all districts to assign a GESI focal person.

Tools

- The team worked with the RHD to initiate an assessment of the cultural barriers to service utilisation for indigenous and excluded groups.

Output 5: MOHP has capacity to strengthen and effectively use an information system to support planning and delivery of quality EHCS

Structures, Roles & Systems

- Facilitated RHD to conduct coordination meeting with multilateral (UN), bilateral agencies, INGOs and NGOs, including some of the service providing institutions, to improve the Regional and District monitoring systems.

Skills

- Supported strengthening districts in developing a systematic plan of action to deal with the issues raised in the annual review meeting.
- Facilitated district supervisors and Health Facility in-charges in verification and analysis of HMIS as well as HSIS data and its proper use.
- Supported RHD team in preparation and conduct of Annual Performance Review Workshop, helped raise issues for improvement in quality service delivery up to periphery level.

Challenges

The Regional Directorate is situated in a government complex which has limited space. It has therefore been challenging to find space for the NHSSP regional team to be co-located. However, with the creative initiative of the Regional Director and the team, space will be managed within the premises in the next quarter.

Key Activities for Next Quarter

EHCS:

- Mapping all the information of the districts and compiling it in the regional health profile
- Support to ensure appropriate recording and reporting of CB-IMCI, Immunisation and Nutrition related activities

GESI:

- Follow up and monitoring of One-Stop-Service Centre (OSSC)
- Support establishment of Social Service Units (SSU) in hospitals
- Support and monitor EAP in the 3 programme districts
- Capacity building of GESI point persons at regional and district level

Planning, Monitoring and Evaluation:

- Support to prepare Annual Report of Central Regional Health Directorate (FY 2067/68)
- Support to prepare Regional Health Profile after gathering all the relevant information from RHD and the D(P)HOs

Regional support:

- Support to RHD for the multi-sectoral coordination with EDPs and other organisations working in the health sector within the region

3. Western Region (July – September 2011)

Introduction

The NHSSP Western team started working with the Western Regional Health Directorate (RHD) within this reporting period. The NHSSP team provided technical assistance in preparation of the annual programme review meeting. The team helped counterparts particularly in analysis of routine M & E reports, trip reports, addressing programme issues identified during the review meeting of the districts, analysis of service data, and in general preparation for the meetings. The full report can be accessed through the NHSSP central office, but highlights of the recent reporting period are:

Output 1: DOHS / regions have capacity to deliver quality and integrated EHCS, especially to women, the poor and under-served.

Skills

- The team supported the RHD in further analysis on thematic presentations made by respective programme supervisors. Key issues were identified in child health, family health and disease control programmes, and other management related issues. In addition, the team supported the preparation of action plans through group work to address those issues, especially in Kaski and Parbat districts.

Tools

- District level issue based draft action plans were prepared and agreed.
- The team prepared a basic information sheet for updating information of CEOC/BECC and birthing centres. Prepared Contact list of PHN for coordination and communication.
- A NGO mapping form was developed by NHSSP specialists in consultation with the Regional Director and Counterparts. This form was circulated by the Regional Director to all DHOs/DPHOs of the region for further circulation to INGOs, NGOs and private sector organisations working in the health sector in their respective districts..

Output 3: MOHP and DOHS has systems, structures and capacity to implement the GESI Strategy

Staff

- A caste, ethnicity and religious minority wise analysis of human resources in Western Health Directorate Office, DHO (HP, SHP and PHC) offices of Kaski and Rupandehi was conducted. Disaggregation of data on staff in Myagdi district (Arman HP, Bibiyachour SHP and Darbang PHC) was undertaken during field visits. The findings demonstrate a clear bias towards major caste groups with their significant involvement in health institutions, e.g. in management committees, employment and FCHVs. The excluded groups do not have an adequate voice in management and service delivery. Therefore, this has also indicated that future recruitment (contract and or regular basis) should consider those excluded groups.

Tools

- Caste, ethnicity and religious minority wise social inclusion of service data of Kaski and Nawalparasi districts were assessed and six category wise disaggregated data sets were generated. The analysis shed light on the representation of different caste and ethnic communities as health service receivers. The outcome of the work was understood by the staff of Western Regional Health Directorate and some of the findings of the analysis were presented in the regional review meeting. The importance of disaggregated analysis of data is realised by the regional team. The need for disaggregated data and its application for planning purposes have just started as a stepping forward towards GESI in the current system.
- Development of a case study on social inclusion of Janajatis and Dalits in Health Management Committees and service provision (staff and FCHV) in three health institutions was carried out.

Output 5: MOHP has capacity to strengthen and effectively use an information system to support planning and delivery of quality EHCS

Skills

- Gaps in programme and data management identified by the study team were presented to key staff in DHO Myagdi including District Health Officer, Senior Public Health Officer, Statistics Officer and other thematic supervisors. Constructive feedback was also given by the team for system improvement. The DHO said in the meeting “This is an important visit for us as you have assessed our systems, identified the gaps that we had not noticed and provided constructive feedback for improvement. We have taken note of all this feedback and we will give our attention to bridge the gaps”.

Tools

- NHSSP Planning, Monitoring and System Strengthening Specialist participated in the mismatch study team in Myagdi district. During the data verification process in Babiayachour SHP, Arman HP, Darban PHCC and Myagdi DHO, programme and data management systems were assessed and weak areas which need improvement were identified.

Key Activities for Next Quarter

GESI:

- Needs assessment of the staff of Regional Directorate Office, DHO/DPHO and hospitals on GESI orientation.
- GESI orientation to RHD office.
- Short study of mothers groups.
- Follow up of gender disaggregated data analysis of Kaski and Nawalparasi (social inclusion data of HSIS) districts.
- GESI perspective analysis within integrated joint monitoring of WRHD.

Planning, Monitoring and Evaluation:

- The NHSSP team will follow up with DHOs/DPHOs of the region in close coordination with the focal person, and collect the mapping forms completed by INGOs, NGOs and private sector organisations, analyse them and prepare a report.
- Another coordination meeting with INGOs/NGOs and other private sector organisations will be organised in consultation with the Regional Director and focal person for further strengthening the coordination.

Regional support:

- The team will work with counterparts to finalise the annual programme review meeting report and annual report of the region following the September meeting.

4. Mid-Western Region (July – September 2011)

Introduction

The NHSSP Mid-Western team started working with the Mid-Western Regional Health Directorate (RHD) within this reporting period. The NHSSP team provided technical assistance in preparation of the annual programme review meeting. The full report can be accessed through the NHSSP central office, but highlights of the recent reporting period are:

Output 1: DOHS / regions have capacity to deliver quality and integrated EHCS, especially to women, the poor and under-served.

Structures, Roles & Systems

- Existing situation of B/CEOC and birthing centres of this region has been updated and the keeping of systematic reports in the region has been initiated.

Staff

- Existing status of HR of region has been updated and presented by RD in annual review.
- Identified and analysed the Nurse, ANM and HA filled and vacant posts in this region.
- Monitored and identified the no of SBAs in the 15 districts as a part of regional profile.
- Existing status of FCHVs has been reviewed and updated in the region.
- Current status of infrastructure construction completed and under construction was identified and documented.

Skills

- Coaching during supervision visit: in Mehelkuna PHC Surkhet, all staff were made aware of the following areas:
 - On site facilitation about arrangement of emergency and essential drugs and material for EmONC complication management.
 - On site coaching about waste disposal management and equipment processing regarding Infection Prevention and quality health care services.
 - Onsite facilitation about Aama programme; recording and reporting of DSF and use of unit costs for management of quality BEOC services.
- Technical support provided to the Bara District Hospital to strengthen the CEOC services.

Tools

- Developed brief regional profile; containing MNCH, demographic, geographical and region-specific information of the MWRHD.
- The precise formats are related to the EPI programme, FP and safe abortion care services, Functional B/CEOC, birthing centres and skilled HR availability monitoring formats were designed.

Output 3: MOHP and DOHS has systems, structures and capacity to implement the GESI Strategy

Structures, Roles & Systems

- GESI and NHSP-2 introduced to the regional coordination mechanism; Regional Health Coordination Team (RHCT) oriented by central team (HPP Advisor and Team Leaders).

Staff

- Regional focal person is identified; Senior Public Health Officer Mr. Dipak Chaulagain is assigned by RHD as GESI focal officer who will coordinate overall GESI related activities in the region.
- Human resource profile being updated and analysed from inclusion perspective.
- BCC focal person's position is filled.

Skills

- Regional Review Workshop facilitation support provided by team to strengthen the review process and GESI specific analysis prepared by counterpart.
- Capacity building workshop among the health care providers of four hospitals using Appreciative Inquiry. Each hospital has planned to improve their quality of care, specially focusing on the needs of poor and marginalised communities.

Tools

- Regional profile from the GESI perspective; available information was disaggregated and analysed. Regional profile includes: caste, ethnic and geographical information.
- GESI disaggregated sampling tools have been designed by the region and used in analysis of free health services, delivery services and diarrhoeal deaths in 2009.
- Updating monitoring checklist from GESI perspective.

Output 5: MOHP has capacity to strengthen and effectively use an information system to support planning and delivery of quality EHCS

Structures, Roles & Systems:

- Activate Regional Health Coordination Team (RHCT) and joint supervision.
- Integrated supervision in Dailekh district (RHD staff, NHSSP and WHO).

Staff

- Regional focal person for monitoring and evaluation has been identified as Mr. Kedar Raj Parajuli.

Tools

- Developed a draft plan for joint monitoring visit.
- Agreed to develop joint monitoring framework (RHD and EDPs) in the region.

Key Activities for Next Quarter

EHCS:

- FCHV orientation programme for identification of IUCD clients and strengthening of SBA training site in regional hospital Surkhet.
- Develop and finalise thematic supervision checklist on MNCH and unify it into an integrated supervision and monitoring checklist.
- Conduct capacity enhancement on MNCH/RH/nutrition monitoring and evaluation training workshop for the RHD and districts' representatives.
- Support organising co-ordination meeting among EDPs and RHD to coordinate the CB-NCP and misoprostol intervention programme in particular districts.

GESI:

- Prepare GESI specific work plan with timeline.
- Support and develop measures and indices to be used in annual regional review focusing on GESI.
- Support region to develop and implement regional monitoring checklist from GESI prospective. Initiate feedback and planning meeting after each field visit.
- Support establishment of OCMC - one site in MWR.

Planning, Monitoring and Evaluation:

- Finalise monitoring plan.
- Organise monitoring and evaluation workshop in RHD.
- Organise computer training for supervisors and officers in RHD.
- Situation analysis of RHD.
- Assessment of cold chain situation.

5. Far Western Region (July – September 2011)

Introduction

The NHSSP Far Western team started working with the Far Western Regional Health Directorate (RHD) within this reporting period. The NHSSP team has established a small office at the Regional Health Directorate, Doti. The regional team supported RHD in organising the annual Far West regional performance review meeting and played a key role in managing the workshop by supporting the planning, organising and conducting of the workshop. The team also supported RHD staff members to draft the annual performance review report and the process report of the regional review meeting. The full report can be accessed through the NHSSP central office, but highlights of the recent reporting period are:

Output 1: DOHS / regions have capacity to deliver quality and integrated EHCS, especially to women, the poor and under-served.

Structures, Roles & Systems

- Supported RHD and district staff to establish a CEOC service centre in Baitadi district.
- Establishment of CEOC centre is nearly completed and services will be started within coming February 2012.

Staff

- The team provided support to the RHD to identify and allocate the EHCS programme focal person in the region. As a result, technical persons were appointed as EHCS focal persons and a scope of work (SoW) was specified for each of them.

Skills

- The team facilitated the RHD focal persons (RH including Adolescent health; Child health/Nutrition; FP/PHC-ORC/FCHV) in their provision of supervision and guidance to the district staff within their respective areas.

Tools

- The team collected and reviewed documents, reports and other sources of data related to EHCS, MNCH/Adolescent health and Nutrition to analyse the current situation of the far western region.
- A format has been developed in coordination with the Regional Health Director and team to collect information related to NGOs working in the region. A letter has been sent to the district with a format for collecting information on NGOs' working area, geographical coverage, working strategies, coordination mechanism with government agencies etc.

Output 3: MOHP and DOHS has systems, structures and capacity to implement the GESI Strategy

Tools

- Formulated monitoring & supervision checklist for GESI
- Formulated and approved joint annual monitoring and supervision work plan of Regional Health Coordination Team (RHCT)
- Developed sector wise and integrated next quarter action plan
- Developed a post dated Organogram of regional health directorate

Output 5: MOHP has capacity to strengthen and effectively use an information system to support planning and delivery of quality EHCS

Skills

- Regional Annual Performance Review meeting was conducted differently by the region. The NHSSP team has greatly supported this.
- NHSSP team has prepared regional progress report with the regional health directorate team.

Tools

- A regional integrated monitoring and supervision plan is approved by the regional health directorate. NHSSP team has worked to make this possible.
- Mismatch verification done in Kailali district with the support from consultants from NHSSP. The regional and district counterparts also participated in the verification process.
- The monitoring tools developed by the DoHS were reviewed. The tool used by the RHD to monitor the activities in the district was also reviewed. A consolidated tool is being developed by the NHSSP team with the regional staff.

Key Activities for Next Quarter

EHCS:

- Support to the regional and central (FHD) staff in conducting a regional orientation workshop for the DHO/PHO, PHN, FP/FCHV focal persons about revised FCHV strategies.
- Support to RHD staff for conducting an EPI micro planning orientation for the district supervisors.
- Support for year round joint supervision and monitoring visit to all nine districts with the RHD team.
- Create an up-to-date analysed profile of MNCH/Adolescent health and Nutrition of the region.

GESI:

- Contribute and guide GESI related evidence gathering and lessons learned, and develop a new strategy.
- Mapping of unreached social groups in health care service--zooming in on one district and one health institution and its catchment area.
- Developing and implementing regional work plan with a GESI perspective.
- Formation of GESI technical working group in RHD and DHO.

Planning, Monitoring and Evaluation:

- The monitoring and evaluation checklist will be finalised and used.
- Monitoring of issues identified and commitment made by districts will be followed up.

Regional support:

- Work with the RHD to address governance and accountability at region and district levels. The regional health director has agreed to organise training for district managers.
- Support will be given to the RHD to hold a training for district managers to enhance leadership and governance.

