NHSSP

UKaid
from the British people

Nepal Health Sector Support Programme III

(NHSSP – III)

NHSSP Quarterly Report
July to September 2022

Options

Oxford Policy Management

HERD International

Contents

Table of Figures

ABBREVIATIONS

ANC	Antenatal Care
API	Application Programming Interface
ART	Anti-Retroviral Therapy
AWPB	Annual Work Plan and Budget
BA	Budget Analysis
BEK	British Embassy, Kathmandu
BEONC	Basic Emergency Obstetric and Neonatal Care
BHS	Basic Health Services
BoD	Burden of Disease
CAC	Comprehensive Abortion Care
CAPP	Consolidated Annual Procurement Plan
CEONC	Comprehensive Emergency Obstetric and Neonatal Care
CGAS	Computer-Based Government Accounting System
CS	Caesarean Sections
CSD	Curative Services Division
DHIS2	District Health Information Software 2
DLP	Defect Liability Periods
DoHS	Department of Health Services
DUDBC	Department of Urban Development and Building Construction
EDP	External Development Partner
e-GP	electronic Government Procurement
EOC	Emergency Obstetric Care
EWARS	Early Warning, Alert and Response System
FCGO	Financial Comptroller General Office
FCHV	Female Community Health Volunteer
(F)MoHP	(Federal) Ministry of Health and Population
FMIP	Financial Management Improvement Plan
FMR	Financial Monitoring Report
FP	Family Planning
FPIU	Federal Programme Implementation Unit
FWD	Family Welfare Division
FY	Fiscal Year
GBP	British Pounds
GBV	Gender-based Violence
GESI	Gender Equality and Social Inclusion
GoN	Government of Nepal
GRB	Gender-responsive Budgeting
HF	Health Facility
HFR	Health Facility Registry
HI	Health Infrastructure
HMIS	Health Management Information System
HP	Health Post
HSSO	Health Systems Strengthening Officer
ICSG	Internal Control System Guideline
ICU	Intensive Care Unit
IHIMS	Integrated Health Information Management Section

IMU	Information Management Unit
IVR	Interactive Voice Response
JAR	Joint Annual Review
JCM	Joint Consultative Meeting
LG	Local Government (Municipalities and Palikas)
LL	Learning Lab
LLG	Local Level Governments
LMD	Logistics Management Division
LNOB	Leave No One Behind
MD	Management Division
mHealth	Mobile Health
MMR	Maternal Mortality Ratio
MNH	Maternal and Neonatal Health
MoHPFW	Ministry of Health, Population and Family Welfare (Lumbini Province)
MoSD	Ministry of Social Development
MoWCSC	Ministry of Women, Children and Senior Citizens
MPDSR	Maternal and Perinatal Death Surveillance and Response
MSS	Minimum Service Standards
NHFS	National Health Financing Strategy
NHRC	Nepal Health Research Council
NHSP3	Nepal Health Sector Programme 3
NHSS	Nepal Health Sector Strategy (2015-2020)
NHS-SP	Nepal Health Sector-Strategic Plan
NHSSP III	Nepal Health Sector Support Programme III
NHTC	National Health Training Centre
NJAR	National Joint Annual Review
NPR	Nepalese Rupees
NSSD	Nursing and Social Security Division
OAG	Office of the Auditor General
OCMC	One-stop Crisis Management Centre
ODK	Open Data Kit
OPD	Out-patient Department
OT	Operating Theatre
PD	Payment Deliverable
PDI	Post-delivery Inspection
PE(s)	Procuring Entity(ies)
PFM	Public Financial Management
PFMSF	Public Financial Management Strategic Framework
PHC	Public Health Committee
PHLMC	Provincial Health Logistics Management Centres
PHO	Provincial Health Office
PHTC	Provincial Health Training Centre
PIP	Procurement Improvement Plan
PIU	Project Implementation Unit
PMD	Population Management Division (FMoHP)
PNC	Postnatal Care
PPFM	Procurement and Public Financial Management

PPMD	Policy, Planning and Monitoring Division
PPR	Public Procurement Regulation
PPSF	Public Procurement Strategic Framework
PSI	Pre-shipment Inspection
QI	Quality Improvement
QIP	Quality Improvement Processes
QSRD	Quality Standard and Regulation Division
RANM	Roving Auxiliary Nurse Midwife
RDQA	Routine Data Quality Assessment
RF	Results Framework
RH	Reproductive Health
RM(s)	Rural Municipality(ies)
RMNCAH	Reproductive, Maternal, Newborn, Child and Adolescent Health
SARI	Severe Acute Respiratory Infection
SBA	Skilled Birth Attendant
SBD	Standard Bidding Document
SDG	Sustainable Development Goal
SHP	Skilled Health Personnel
SMNH	Safe Motherhood and Neonatal Health
SNG	Sub-national Government
SOP	Standard Operating Procedure
SSU	Social Service Unit
STP	Standard Treatment Protocol
STTA	Short-term Technical Assistance
SWAp	Sector Wide Approach
TA	Technical Assistance
TABUCS	Transaction Accounting and Budget Control System
TARF	Technical Assistance Response Fund
TIU	TABUCS Implementation Unit
TL	Team Leader
ToR	Terms of Reference
ToT	Training of Trainers
TSB	Technical Specification Bank
TWG	Technical Working Group
VfM	Value for Money
VSC	Voluntary surgical contraception
VSP	Visiting Service Provider
WRH/PAHS	Western Regional Hospital Pokhara/Pokhara Academy of Health Sciences
1S2E	Single Stage Two Envelope

EXECUTIVE SUMMARY

This report presents progress of the Nepal Health Sector Support Programme III (NHSSP III) from 1 July to 30 September 2022, the penultimate quarter of this phase of the programme. During this period, we have been implementing the exit and sustainability plan: this has included meetings with provincial and local level governments to share and learn from experience, before ending the work of the subnational team at the end of October 2022. We have also continued efforts to complete areas of support to all spheres of government and to institutionalise system improvements.

The overall COVID-19 infection rate has been lower this quarter than in the first and second quarters, despite a resurgence in August. A prolonged and widespread epidemic of dengue has put pressure on the health system. Several NHSSP staff were also affected but have now recovered.

The Nepal Health Sector Programme 3 (NHSP3) Annual Review was held during September. The NHSSP team prepared syntheses of results and lessons for the review team, providing further clarification as requested. All the Logframe milestones were updated prior to the review; the LF is included in Annex 5 of this report. There was positive progress against most of the indicators**.**

Technical Assistance

Leadership & Governance:

A final draft of the Nepal Health Sector Strategic Plan (NHS-SP), 2022-2030 has been prepared by the Federal Ministry of Health and Population (FMoHP) and has been submitted for Cabinet endorsement. Preparatory work for the National Joint Annual Review (NJAR) 2021/22 has begun; the NJAR meeting is planned for the last week of November, after the general elections on 20th November. Provincial health related ministries endorsed their respective Financial Management Improvement Plans (FMIPs) in all three focal provinces. The Internal Control System Guideline (ICSG) has been prepared for Department of Health Services (DoHS) and submitted to FMoHP for endorsement. We supported the DoHS to develop a new Consolidated Annual Procurement Plan (CAPP) for FY 2022/23. FMoHP endorsed the Public Procurement Strategic Framework (PPSF), and Provincial Health Ministries endorsed their respective Procurement Implementation Plans (PIPs) in September. We supported the provincial health sector Budget Analysis (BA), and a BA framework was finalised. It is expected that this will promote a culture of health sector budget analysis by provincial governments and facilitate independent BA exercises at all government levels.

Coverage & Quality:

This quarter we have supported all spheres of government to strengthen systems and services which have a direct impact on women and newborn health. 74 of the 77 former districts now provide Caesarian Section (CS) services. We continue to work with Family Welfare Division (FWD) to monitor functionality as this can quickly falter in new or particularly remote hospital sites. This is probably the most critical area for continued support in the last quarter of this phase and in future programming. During this quarter NHSSP has promoted increased service coverage, for example, through supporting implementation of Postnatal Care (PNC) home visits, and quality of care through promoting Maternal and Neonatal Health (MNH) clinical mentoring within the government systems and quality improvement (QI processes).

Data for Decision Making:

We have supported local level Training of Trainers (ToT) on the revised Health Management Information System (HMIS) tools and guidelines, and roll out of One-stop Crisis Management Centre (OCMC), Geriatric, and Social Service Unit (SSU) reporting. Curative Services Division (CSD) has finalised the Basic Health Services (BHS) monitoring indicators and develop a BHS dashboard, with our support. We have continued to support IHMIS section to generate evidence on COVID-19. We are working with FMoHP to manage data and verify findings for the Maternal Mortality Study based on the Census 2021.

Health Infrastructure:

At the Western Regional Hospital Pokhara (WRH), structural retrofitting in Maternity and Medical Blocks is 90% completed; Anti-Retroviral Therapy / Comprehensive Abortion Care (ART/CAC) Block repair and maintenance 70% completed; Out-patient Department (OPD) block decanting completed. The extension of the main retrofitting contract for WRH has been approved by Department of Urban Development and Building Construction (DUDBC). Bhaktapur Hospital: 85% Operating Theatre (OT) block construction works completed; 80% of mortuary block work completed; and emergency block completed, handed over and used for decanting of the maternity block. Retrofitting of the maternity block has started. The total physical progress of all capital works at WRH is at 50% and at Bhaktapur Hospital is 47%. The fourth package was discussed with DUDBC officials in Kathmandu: it was agreed to go ahead with a single contract at each site with provision of partial completion and individual Defect Liability Periods (DLP) in the bidding documents. The total project period will be eight months, with six months completion time for most of the packages inside the single tender.

Gender Equality and Social Inclusion:

FMoHP conducted an annual review of Gender Equality and Social Inclusion (GESI) targeted interventions: this was extremely fruitful for shared learning, and provided guidance to strengthen institutionalisation of these services into the health system to leave no one behind. Capacity building to strengthen Gender-based Violence (GBV) services continued: 150 focal persons of the existing OCMCs and SSUs from all hospitals across the provinces were trained on digitalisation of OCMC, SSU, and geriatric service recording and reporting tools using the District Health Information Software 2 (DHIS2) platform. The last two batches of psychosocial counselling training have taken place at the National Health Training Centre (NHTC) for 40 staff nurses from hospitals with OCMCs. NHSSP provided in-person and remote mentoring, monitoring and coaching to staff from 16 OCMC hospitals and 11 SSUs. A VFM study of SSUs has been conducted as this quarter as part of a series of learning products related to institutionalising GESI into Nepal's health system.

Conclusions and strategic implications

Managing delivery of the programmes was challenged by a period of uncertainty over fund disbursement related to broader UK government and global issues. This has now been resolved and the programme is on track to complete delivery of agreed payment and non-payment deliverables for this financial year. We continue to monitor potential future risks closely, including related to the global economy and the impact of inflation, UK and Nepal political changes, COVID-19 resurgence and the dengue epidemic in Nepal. Elections in Nepal will be held on the 20th November 2022 for the House of Representatives, alongside provincial elections for the seven provincial assemblies

The priorities for the final quarter are to support the JAR process at provincial and federal levels, including preparing an analysis of the progress report and facilitating the JAR events. During the final quarter of this phase, we will focus on documentation of results and lessons, and disseminate these through live events and online platforms. Thematic papers and a summary paper of achievements, learning and future approaches from NHSSP are being developed.

A no cost extension (NCE) is needed to complete retrofitting of the two priority hospitals, which has been delayed by COVID-19 related factors. Continued financial and technical support is also desirable to make the devolved health system fully functional, especially at local levels, and to support all spheres of government to implement the new NHS-SP.

1. INTRODUCTION

This report presents NHSSP III progress from July to September 2022.

1.1. The Development Context

The General election was announced on 4th August 2022 to be held on 20th November 2022 for the House of Representatives, and provincial elections for the seven provincial assemblies. Nepal's anticipated economic growth in 2022 is challenged due to the ongoing global economic crisis, heavy reliance on export trade and slow economic recovery from COVID-19. Several districts were hard hit by heavy monsoon rain and floods, which disrupted economic activities and claimed several lives.

An increase in the number of COVID-19 cases was observed in this reporting period with a high incidence in August and then a slow decline. As of 2 October 2022, a cumulative total of just over 1.15 million cases were recorded with 12,081 deaths. The number of dengue fever cases has increased since July, peaking in September and coinciding with the rainy season. MoHP has recorded nearly 30,000 dengue confirmed cases and 38 deaths since January 2022. The outbreak affected all 77 districts with the highest number of cases in Kathmandu, Lalitpur and Makwanpur in Bagmati province. This has been the largest recorded dengue outbreak ever reported in Nepal.

1.2. Sector Response and Analysis

Nepal passed a bill on security of the health workers and health institutions 2066 (first amendment) on 13 July 2022, responding in part to increasing rates of violence against health workers fuelled by the surge in COVID-19 cases. Human resource structures for 5, 10 and 15 bedded hospitals were finalised by the MoHP. Nepal reached a landmark on 13 August 2022 of administering more than 50 million COVID-19 vaccine doses. Technical working group meetings were held to strengthen vector surveillance in high-risk and high dengue case reporting districts and to facilitate vector search and destroy campaigns. Nepal experiences natural disasters and disease outbreaks every year especially during the monsoon. However, its response this year has been poor due to lack of an appropriate preparedness plan and poor coordination of emergency responses. Lessons from the COVID-19 pandemic and other emergency situations will be further discussed and translated into policy and action so the future public health emergencies are better managed.

The first meeting of the Public Health Committee was held as provisioned in the Public Health Service Act which also discussed the Nepal Health Sector Strategic Plan (NHS-SP) 2022-2030. The second JCM of the year was organised on 16 September 2022. Policies, guidelines and frameworks were developed and endorsed at federal and provincial levels and FMoHP organised coordination meetings with the provincial and local levels to facilitate effective implementation of AWPB 2022/2023.

1.3. Changes to the Technical Assistance team

Three subnational level staff resigned during the quarter. No further recruitment is under way as the sub-national programme is coming to an end. The gap is being filled by existing staff from both federal and provinces, and short-term consultants. Six international experts were contracted to provide Short Term Technical Assistance (STTA).

See Annex 2 for details.

1.4. Payment Deliverables (PD)

Four PDs were submitted in this quarter, and they were all approved by BEK.

See Annex 3 for details of PDs submitted and approved

1.5. Logical Framework

The Logframe updated to end of August is included in Annex 5. This was updated for the NHSP3 Annual Review.

See Annex 5 for Logical Framework table.

1.6. Value for Money

The average unit daily cost for STTA for this quarter was £573 for international Technical Assistance (TA) and £157 for national TA. The average unit costs of both International STTA are National STTA are below the programme benchmark of £661 and £224 respectively. The use of national STTA (85%) was higher than the international STTA (15%) in this quarter.

Spend on administration and management was 13%. The major cost driver was office running costs. 11 capacity enhancement trainings/workshops were conducted for 408 participants at both the national and local level. The average workshop cost per participant per day was £17.37 for local level and £20.54 for national level events. The programme has submitted 135 PDs to date, all of which have been approved by BEK.

See Annex 4 for the VfM report.

1.7. Technical Assistance Response Fund

Technical Assistance Response Fund (TARF) activities have been completed this quarter: the Nepal Health Research Council (NHRC) strategy review and SWAp workshops. Government counterparts have not requested TARF support for the upcoming quarter.

1.8. Risk Management

NHSSP is monitoring potential future risks including.

- Worldwide economic crisis leading to high inflation
- Changes in UK ODA policies
- Elections in November hampering travel and programme related activities.

See Annex 6 for additional risks in the agreed format.

1.9. Safeguarding

No issues were reported in this quarter.

2. LEADERSHIP AND GOVERNANCE

Summary

A final draft of the NHS-SP has been prepared, including a results framework and costing for the five-year period. Suggestions received from the concerned parliamentary committee and inter-ministerial consultation were also incorporated while finalising the draft. The Federal Ministry of Health and Population (FMoHP) has received concurrence from the Ministry of Finance. As of the end of September, FMoHP has proceeded with the internal approval from the Cabinet endorsement. NHSSP along with other supporting partners contributed to the drafting process with the provision of the Technical Assistance Response Fund. The Second Joint Consultative Meeting between FMoHP and External Development Partners (EDPs) was conducted in September in which highlights of the budget, EDP's support and progress on the Aide Memoire Action Plan were discussed. Preparatory work for the National Joint Annual Review 2021/22 has been initiated and the event is planned for the last week of November, after the general election on 20th November.

Provincial health related ministries endorsed their respective Financial Management Improvement Plans (FMIPs) in all three focal provinces. The ICSG has been prepared for DoHS and submitted to FMoHP for endorsement. Improved internal control through internal

and final audit clearance against OAG's Audit Status Report 2022 has been prepared and submitted to BEK.

With technical support from NHSSP, the DoHS developed a new Consolidated Annual Procurement Plan (CAPP) for FY 2022/23, with a total budget of Rs. 1446.88 million. FMoHP endorsed the Public Procurement Strategic Framework (PPSF), and Provincial Health Ministries endorsed their respective PIPs in September. Use of the Technical Specification Bank (TSB) is continuously growing, and new specifications are also gradually being added. The SOPs and facilitation handbooks are easing the procurement entities (PEs) at all levels in procurement and quality assurance of medical goods. A new provision of bidding method for goods procurement emerged after the 12th amendment of the Public Procurement Regulation (PPR), which needed a new Standard Bidding Document (SBD) to use. Therefore, orientation and technical support was provided to develop the new SBD.

NHSSP supported the provincial health sector budget analysis (BA), and the BA framework was finalised addressing the comments and suggestions from BEK. The executive summary from the provincial health sector BA and the entire BA framework was translated into Nepali, shared with respective provinces, and published on the NHSSP website. It is expected that this will promote the culture of health sector BA' in the province and facilitate independent BA exercises at all government levels. Whilst it is very positive that provinces have endorsed plans and guidelines and conducted heath sector BA, they would greatly benefit from further support for effective implementation. In the current programme phase, this will be provided during October, after which the subnational TA draws to a close.

For updated Activities – please see Annex 1.

Health Policy and Planning

RESULT AREA I2E.1: FEDERAL GOVERNMENT SUPPORTED ON NEW HEALTH SECTOR STRATEGY DEVELOPMENT, CONDUCT OF NATIONAL ANNUAL REVIEW, AND OTHER KEY POLICIES

Nepal Health Sector-Strategic Plan (NHS-SP): The preliminary draft of the NHS-SP developed in the previous quarter was further updated and finalised during this reporting period. Aligning to the revised draft of the plan, indicators along with their targets and milestones were defined to finalise the results framework. The draft document was also reviewed by two senior health systems experts and their feedback was incorporated in the document. In parallel to the refinement process of the draft document, translation into Nepali and costing of the strategic plan for five-year period were conducted.

The translated Nepali document was further shared and discussed with other government ministries by organising the first meeting of the Public Health Committee (PHC) as provisioned in the Public Health Service Act. Similarly, consultation was also held with the Parliamentary Committee on Health and Education in August 2022. The final refined version was submitted to the MoF for concurrence. After final review and copy editing, the document is in the FMoHP internal process to proceed for the endorsement from the Cabinet. The development process was financed by the TARF along with technical support from NHSSP and other development partners. Finalisation of the English version of the document will be made after the endorsement of the document in Nepali.

National Joint Annual Review (NJAR): The process for organising the NJAR of FY 2021/22, which is the last year of the current Nepal Health Sector Strategy (NHSS), has been initiated. FMoHP has formed a Steering Committee and Technical Working Group (TWG) for the oversight and overall management of the NJAR. Considering the election planned for 20th of November, the NJAR event has been proposed for the 28th of November 2022. Provinces have also initiated their annual review during the period of September and October. NHSSP will contribute for drafting the progress report of the health sector and in organising the NJAR event.

Joint Consultative Meeting (JCM): The second JCM of the year between the FMoHP and development partners was organised on the 16th of September 2022 at the FMoHP. The Secretary FMoHP chaired the meeting, co-chaired by the EDP chair. During the meeting, highlights of the AWPB and progress on the aide memoire action plan were presented from the FMoHP side while a combined presentation on EDPs support areas in the sector was presented by EDP chair. A brief update on the NHS-SP development was also shared by the FMoHP including highlights of the costing. NHSSP provided technical and logistic support for conducting of the meeting.

Programme Implementation Guidelines for 2022/23: For the implementation of provincial and local level AWPBs, guidelines were developed tailored to the activities and conditional grants provided for the health sector. Respective departments coordinated the drafting process of the guidelines with inputs from respective sections and divisions. Final guidelines for the provinces and Local Levels were endorsed by the FMoHP and disseminated through the FMoHP website and Sub-National Treasury Regulatory Application (SuTRA) during the first week of the Fiscal Year (FY).

RESULT AREA I2E.7: DEVELOPMENT OF THE REGULATORY FRAMEWORK FOR EFFECTIVE MANAGEMENT OF HEALTH SECTOR

Standard Operating Procedures (SoP) for Basic Health Services (BHS*):* A draft version of the SoP for BHS was revised in consultation with the Curative Services Division (CSD) in light of the feedback received from the provincial training on the BHS treatment protocol. The revised draft document was further discussed and revised in consultation with FMoHP team led by the Additional Health Secretary. It is expected that the SoP will be endorsed by the FMoHP during the coming quarter.

Details of support at subnational level is provided in **RESULT AREA I2E.4 (1.2.7).**

Procurement and Public Financial Management

RESULT AREA I4E.1: EFFECTIVENESS AND ACCOUNTABILITY OF FINANCIAL MANAGEMENT SYSTEM AND FUND TRANSFER MECHANISM STRENGTHENED AT ALL LEVELS

Internal Control System Guidelines (ICSG): NHSSP provided support to develop ICSG for the DoHS. The final version of the ICSG was submitted to FMoHP for endorsement.

Financial Monitoring Report (FMR): The Annual Financial Statements for FY 2020/21 certified by the OAG has been received with a management letter. This management letter was also shared with EDPs. FMR-3 of FY 2021/22 was prepared for the FMoHP and submitted to BEK for reimbursement on 11th September 2022.

Support PFM & Audit Committees of FMoHP: The PPFM team continued to support the Public Financial Management (PFM), Audit and Internal Control and Audit Support Committees, and the Transaction Accounting and Budget Control System (TABUCS) Implementation Unit (TIU) to improve the PFM system. The audit queries and audit clearance data from FY 2012/13 to 2019/20 are being entered in TABUCS. As of 30th September, data from FY 2012/13-FY 2015/16 have already been entered in the system. The process is going on for the remaining FYs.

Provincial Financial Management Improvement Plan (FMIP): NHSSP provided technical support to develop provincial FMIPs for the three focal provinces (Madhesh, Lumbini, and Sudurpashchim). Health related ministries of all three focal provinces endorsed their respective FMIPS in September.

Improved Internal Control through Internal and Final Audit Clearance (PD, Audit Status Report): The Audit Status Report for 2022 was prepared and shared with concerned officials (Finance Section) of FMoHP. Later it was submitted to BEK as a Payment Deliverable (PD). Audit queries against the audited amount were in a decreasing trend from the previous five years. About 87% of Spending Units (SUs) responded to the preliminary OAG audit report as

required within 35 days, which was a significant improvement in comparison to FY 2015/16 (45%). Among the nine ministries of GoN, internal audit queries were fewest for FMoHP, (in 9th position at only 1.52% of all returns compared with up to 12.75 for other ministries).

RESULT AREA: I4E.2 TABUCS IS OPERATIONAL IN ALL MOHP SUS AND PROVINCIAL LEVEL

TABUCS Utilisation: TABUCS is still used to record audit queries, and to audit settled records, deposit accounts, foreign currency accounts, the CAPP, and hospitals' income and expenditure. The hospital accounting system has been updated in TABUCS with a few new features such as chart of income, transaction-based voucher for income and expenditure, bank cashbook including income and expenditure, and reporting on the basis of income and expenditure. STTA was provided to update the hospital income/expenditure accounting system to be compatible with changes in the Chart of Accounts. Budget and expenditure related data available in the Computerised Government Accounting System (CGAS) was also uploaded to TABUCS. FMoHP will continue to need ongoing support to use TABUCS until CGAS captures all the features of TABUCS.

RESULT AREA I4E.3: CONDUCT ANNUAL BA OF THE HEALTH SECTOR, NHSS INDICATORS, AND PRODUCE A BRIEF POLICY NOTE

Budget Analysis (BA): Health Sector BA for provincial and local levels of the three NHSSP focal provinces was finalised to include suggestions from BEK. Nepali versions of the executive summaries of all three BAs were also produced and shared with the respective provinces along with the report. The detailed report and the Nepali executive summaries are available on the NHSSP website[1].

English and Nepali versions of the BA framework were finalised and shared with NHSSP focal provinces and palikas. The framework is expected to facilitate the use of, and institutionalise the practice of conducting, health sector budget analyses. Palika-specific health sector BAs are in progress and will be completed by October.

RESULT AREA I4E.4: PRACTICE OF DEVELOPING COHERENT PROCUREMENT POLICY, STRATEGIC FRAMEWORK AND PLANNING INSTITUTIONALISED AT FEDERAL GOVERNMENT

Consolidated Annual Procurement Plan (CAPP): Preparation of CAPPs by all divisions of DoHS is a priority activity of Management Division (MD) and has been adapted as standard practice with appropriation in the AWPB of DoHS. DoHS prepared its CAPP for FY 2022/23 at the beginning of the current FY and endorsed it in August. The total budget of DoHS CAPP in FY 2022/23 is Nepalese Rupees (NPR) 1,446.88 million. Out of the total value of CAPP of FY 2021/22 almost 87% (NPR 2,454 million) of the estimated amount was contracted, an improvement over the 73% (NPR 1,057 million) in 2020/21. Out of the total estimated contract value of NPR 2,454 million, the actual value of the contract was only NPR 1,933 million. The saving of 21% (NPR 521 million) is a good contribution to Value for Money (VfM).

Public Procurement Strategic Framework (PPSF): The Health Minister approved the Public Procurement Strategic Framework for Medicines and Medical Goods (PPSF, 2022/23-2026/27) in September. The PPSF will now replace the PIP, the last of which covered 2017/18-2021/22. The PPSF will be a guiding document for Sub-National Governments (SNGs) to develop their PIPs to cohere with federal policies.

Provincial Procurement Improvement Plan (PIP): After replacement of the federal PIP by the PPSF, the three focal provinces (Madhesh, Lumbini and Sudurpashchim) have prepared their PIPs coherent to the federal PPSF. All three PIPs have been endorsed by the respective provincial health related ministries. These PIPs must now be institutionalised, and PIPs must be prepared for the remaining provinces and local levels. Continued support may be

[1] www.nhssp.org.np

demanded to implement and execute the planned interventions and achieve the expected outcomes.

Technical Specifications Bank (TSB): The TSB is being used by Procurement Entities (PEs) at all levels. 36 new technical specifications of medical equipment and six new specifications of pharmaceuticals were added to the TSB in this quarter after endorsement from the Director General of DoHS. 34 users were added in this quarter; the number of registered users of the TSB has now reached 1,702. There were 2,661 new downloads of specifications this quarter, and a total of 40,284 downloads since the TSB was established in October 2017. Provinces and hospitals are also provided with new technical specifications where these are not yet available in the TSB.

Standard Operating Procedures (SOP): Key operating documents were printed and distributed to provinces and local levels: the Revised Facilitation Handbook on procurement of medical goods; SOPs for Pre-shipment Inspection (PSI); and SOPs for Post-delivery Inspection (PDI). These are an important part of quality assurance in the procurement of medical goods which will strengthen the capacity of PEs to carry out efficient procurement of high quality medicines and medical goods.

Capacity Enhancement in Procurement: Capacity development of government officials continued, through facilitation, procurement clinics, and distance support over phone and email in procurement functions. MD organised two batches of trainings for officials of DoHS divisions, centres, and federal level Hospitals covering cost estimation, specification preparation and bid evaluation in health sector procurement. We facilitated these and delivered training sessions. The concept of "Knowledge Bank on Procurement" was established at the DoHS with a pool of trained officials in procurement.

Support to Provinces and Local Level Governments: PPFM Officers and Health Systems Strengthening Officers (HSSOs) provided hands-on coaching and support to provinces and palikas. Distance coaching and facilitation to provincial hospitals and Local Governments (LGs) on e-GP operation and procurement functions continued in this quarter.

Orientation on New Standard Bidding Document (SBD): After the 12th amendment of the PPR 2007, a new provision of Single Stage Two Envelope (1S2E) has been introduced for procurement of goods where qualification is needed[2]. Orientation was given to DoHS-MD procurement staff on the key features of the new provision. Technical inputs and comments were provided to the PPMO in the process of developing the new SBD of 1S2E.

RESULT AREA I2E.4 (1.2.7): ENHANCEMENT OF PROVINCIAL CAPACITY BY USING THE FRAMEWORK OF ORGANISATIONAL CAPACITY ASSESSMENT TOOL AT PROVINCIAL LEVEL

Support in drafting policy and regulatory documents: The subnational team engaged in drafting of various policy, acts, guidelines and tools.

Support in drafting Programme Implementation guidelines for FY 2022/23 at provincial level: Following the endorsement of AWPBs by respective provincial ministries, the subnational team engaged in the drafting of respective provincial AWPB implementation guidelines in priority provinces. The team facilitated the drafting, review, consultation and refining of the contents of these documents. All priority provinces have now endorsed the implementation guidelines.

Support in drafting Regulations and guidelines: In Madhesh province, technical support was provided to draft Health Service Regulations, and health facility establishment and renewal guidelines. NHSSP, as a member of the technical working committee, supported

[2] This is a streamlined bidding process whereby bidders submit two sealed envelopes simultaneously, one containing the technical proposal and the other the price proposal, in a single outer envelope. Initially, only the technical proposals are opened at the date and time advised in the bidding document.

organisation of consultative meetings, and incorporated the outcomes into further drafts. We provided TA to prepare annual procurement master plans of Provincial Health Logistics Management Centres for the procurement of medicine and commodities through an updated e-GP system. The team supported drafting of the Lumbini province Provincial Health Strategic Implementation Plan.

RESULT AREA I2E.5 (1.2.8): ENHANCEMENT OF LOCAL GOVERNMENT'S CAPACITY USING THE FRAMEWORK ORGANISATIONAL CAPACITY ASSESSMENT TOOL

Support drafting of implementation guidelines for FY 2022/23 at local level: The LG team and HSSOs at focal local levels provided support to draft the annual programme implementation guidelines and annual operation calendars.

Support in drafting policy and regulatory documents: HSSOs in coordination with provincial and central teams supported respective local levels in drafting policy and other relevant documents.

Drafting of municipal health policy and acts: The subnational team supported drafting health policies for Ghorahi and Dhangadhi SMCs, and Bhume, Sisne and Putha Uttarganga RMs. The health policies in Bhume RM and Dhangadhi SMC were endorsed by the respective municipal executive committees; the remaining local level policies are being finalised. Support was provided to draft health acts in Ghorahi SMC (now endorsed) and Bhume RM.

PRIORITIES FOR THE NEXT QUARTER

Health Policy and Planning

- Support activities related to NHS-SP endorsement by the Cabinet including the back translation and copy editing of the endorsed version into English. Review and finalise the reference document for programmatic guidance based on the thematic notes prepared during the NHS-SP development process. `
- Support provincial stakeholders to conduct annual health sector review workshops at respective provinces through pre-NJAR visits and inputs (by October). Support development of the NJAR progress report, and NJAR related event management and reporting.

Procurement and Public Financial Management

- Print and distribute provincial FMIPs and PIPs to focal provinces; post electronic copies on NHSSP and respective provincial health ministry websites (by October).
- Facilitate DoHS endorsement of the ICSG (by October).
- Ensure smooth running of TABUCS following the close of NHSSP: provide FMoHP with guidelines related to the newly updated hospital accounting and audit queries template in TABUCS; recommend the inclusion of TABUCS-related activities in AWPBs at all levels.
- Organise PFM Committee meetings to discuss and share the status of PFM activities, and the proper implementation of PPSF at Federal Level, and of FMIPs and PIPs at provincial levels.

3. COVERAGE AND QUALITY

Summary

This quarter we have supported all spheres of government on systems and services which have a direct impact on the health of women and new-borns. 74 of 77 former districts now have CS service following the establishment of CEONC services at Mustang hospital in August. We continue to work with FWD to monitor functionality as this can quickly fail in new or particularly remote hospitals sites. This is likely to be the most critical area for continuing support in the last quarter of the current programme and in future programming. Our support has promoted increased coverage, for example through supporting implementation of PNC home visits, and improved quality of care through promoting MNH clinical mentoring within the government systems and quality improvement (QI processes).

RESULT AREA I3.1 THE DOHS INCREASES COVERAGE OF UNDER-SERVED POPULATIONS

Basic Health Services (BHS): Support was provided to Madhesh province to conduct BHS Standard Treatment Protocol (STP) provincial orientation and to develop 22 district-level facilitators. The participants were from eight provincial health offices (PHOs), and doctors and paramedics from provincial hospitals of Madhesh Province. We provided TA to review the BHS indicators in the BHS monitoring dashboard (which has now been endorsed to monitor BHS use). We continue to support CSD to develop a mobile app to provide BHS-STP users easier access and to increase adherence to the protocol. BHS-SOP are now submitted for final approval by FMoHP.

Functionality of CEONC sites: NHSSP continues to support the government in continuity of quality CEONC services across the country and their expansion to remote areas; the focus has been on newly established sites and sites experiencing management issues including the availability of skilled providers. Interactions were held with officials from the three focal provinces for future support needed by their hospitals to provide continuous, quality CEONC services. One new CEONC service was established at Mustang hospital during this quarter, but the hospital could not maintain the service due to staff transfer. A total 105 public/NGO hospitals in 74 districts are providing CEONC services, with 99 -101 sites providing CS services during the reporting months (table 1). During the final quarter of this phase of the programme NHSSP will continue support to monitoring by establishing a HMIS linked monitoring dashboard, and will advocate for staff deployment to appropriate sites.

Mobile Health (mHealth) pilot: Continuation of Mobile Health (mhealth) services depends on an Interactive Voice Response (IVR) system. The Government does not have the in-house capacity to set up such as system and will need a long-term contract with a private IVR service provider, Government was unwilling to commit to this at present. Nursing and Social Security Division (NSSD) allocated a budget in 2020/21 for activities to continue mHealth services in 7 palikas but this could not be delivered without an IVR system and they have not allocated any budget during the current year. NHSSP and BCC Media Action had several meetings with NSSD in 2021 to follow up on this but it is no longer a priority for the current leadership.

Postnatal Care (PNC): NHSSP continued to support FWD to plan PNC home visit implementation scale up and to ensure allocation of fund in the AWPB budget. We provided support for annual guideline writing/updating, and monitoring; and desk support to enhance the capacity of staff at PHOs and local levels to facilitate PNC home visit micro-planning implementation guidelines. FWD allocated a budget to scale up implementation in 741 palikas in FY 2022/23[3]. To date, 697 palikas in 76 districts started PNC home visits (including 58 new palikas in this quarter). HMIS reports continuing provision of PNC in this FY. The number of mothers who received PNC 3 visits during July-August is similar to last year. NHSSP will continue offsite support to palikas through PHO focal persons.

[3] Budget was not allocated in 12 Palikas (11 in Kathmandu and 1 in Lalitpur district).

Family Planning: FWD has not allocated a budget to local and provincial levels for Visiting Service Providers (VSP), Roving Auxiliary Nurse Midwives (RANM) and FP/EPI integration programme in the current year (AWPB 2079/80). A budget has been allocated to PHOs, PHD and provincial hospitals for comprehensive Voluntary surgical contraception (VSC) including RH services. FMoHP has also directly provided a budget to ten federal hospitals for VSC implementation. NHSSP conducted VSP programme orientation to three focus palikas in Madhesh and Lumbini provinces. In this reporting period, Kaplivastu health office also conducted FP/PI programme orientation on 6 palikas.

RESULT AREA: I3.3 THE MOHP/THE DOHS HAVE EFFECTIVE STRATEGIES TO MANAGE THE HIGH DEMAND (FOR MNH SERVICES) AT REFERRAL CENTRES

On-site birthing units: nothing new to report.

Aama Programme Review: NHSSP has conducted a gap analysis of Aama to understand the implications for Aama of the federal system, BHS introduction and social health insurance and to consider whether Aama should be implemented as a standalone programme or distributed to BHS, SHI and other different social security schemes. The report also looks at governance between spheres, with Local Level Governments (LLGs) responsible for accrediting Birthing Centres and Basic Emergency Obstetric and Newborn Care (BEONC) whilst the authority to accredit Comprehensive Emergency Obstetric and Newborn Care (CEONC) sits with the FWD. We will present and discuss the findings and recommendations with MoHP in the next quarter.

RESULT AREA: I3.4 4 CONTINUOUS QUALITY IMPROVEMENT INSTITUTIONALISED

Standards and protocols: NHSSP supported FWD to approve and endorse the onsite coaching and mentoring guidelines for MNH service providers. These were approved in August. We provided TA to integrate the birth-preparedness package (BPP) card in the newly revised HMIS/MNH card, based on the new ANC and PNC visits schedule. All mothers and families will now receive pictorial information on care during pregnancy and the post-partum period, and on danger signs for both mothers and babies.

MSS: We continued support to CSD to implement and monitor Minimum Service Standards (MSS) at Municipality and Health Post (HP) level. MSS assessments were conducted In July at 20 health posts across the three focal provinces.

Quality improvement of BC/BEONC & CEONC sites: NHSSP provided TA to FWD, Provincial Health Departments (especially provincial hospitals) and palikas to develop and monitor clinical mentors and to support health coordinators and finance officers to strengthen clinical mentoring and service readiness improvement. 149 clinical mentors facilitated 149 sites (11 CEONC and 138 BC/BEONC) to provide mentoring to 649 staff members. They also facilitated self-assessment and planning for improving service readiness (QI) at 126 facilities (9 CEONC and 117 BC/BEONC). QI and signal function scores of 6 hospitals shows a small improvement in QI scores and signal function readiness in CEONC sites.

(*Annex C&Q Tables 2 and 3).*

NHSSP provided TA to establish a clinical mentor development training site at Surkhet provincial hospital, Karnali Province. We supported training of 11 clinical mentors in Karnali Province and 11 clinical mentors at Koshi hospital in Province One. TA was also provided to FWD to develop a quality monitoring dashboard for onsite coaching/mentoring; this will be complete in the next quarter.

Monitoring Caesarean Sections (CS, Robson classification): NHSSP supported FWD to convene a Robson central monitoring committee in August chaired by the FWD director, to review the effective implementation and monitoring of CS rates in the hospitals. The committee included 21 participants from FWD, and officials from DoHS divisions/centres, NESOG,

Paropakar Maternity and Women's hospital, KIST medical college and NHSSP. We are supporting the development of an online dashboard for data visualisation to ensure that data gathering, and monitoring is institutionalised within the government system. In the next quarter, we will continue to support FWD to establish regular committee meetings for effective implementation and monitoring.

Support to SBA and FP training site strengthening: we provided TA for a follow up and coordination joint visit to Narayani Hospital and Gajendra Narayan Singh Hospital, to speed up NHTC FP clinical training site accreditation of these two hospitals. Further TA will monitor the process. We expect NHTC to request support for accreditation by making related documents/information available from these two hospitals and joint field visits.

RESULT AREA: I3.5 SUPPORT FWD IN PLANNING, BUDGETING, AND MONITORING OF RMNCAH AND NUTRITION PROGRAMMES

SMNH Roadmap 2030 and Strategy for SHP/SBA 2020-25 and Annual planning: We supported FWD to translate the Safe Motherhood and Neonatal Health (SMNH) Roadmap 2030 into Nepali for palika decision makers. We supported FWD to orient provincial government health managers and plan the budget for priority activities as per the SMNH roadmap 2030 recommendations. In this quarter, we supported FWD for offsite/desk mapping of AWPB activities at federal level (FWD) and across all provinces except for Gandaki province. We noted a positive development: the federal and provincial governments are using AWPB budgeting and planning to identify their priority activities based on SMNH roadmap 2030 recommendations within budget limitations. In FY 2022/23 FWD could allocate a budget to continue priority activities including: CEONC expansion and functionality; PNC home visit scale up; MNH clinical mentoring and quality improvement (in all palikas and 72 hospitals); Post-Partum Hemorrhage prevention (using Misoprostol - Matri Surakchya Chakki™) in 47 districts; Robson classification implementation at all provincial hospitals (aligned to MPDSR and EOC referral in all palikas and 72 province hospitals); and airlifting for EOC services in remote areas (Karnali). In addition to these activities, FWD and provincial governments have allocated budgets for capacity enhancement of service providers through training (FP, MNH, SAS); and have allocated a budget for extra staff to provide fully functional CEONC and BC/BEONC services (Doctors, Nurses, Anaesthetic Assistants and others).

We provided TA to support FWD desk monitoring to ensure all the PHOs provided orientation to palika managers and palika health sections to orient elected political members and health workers in their respective palikas. To date, all provinces (ministry and health directorate) and PHOs and all Palikas received orientation on the SMNH roadmap. 177 palikas health coordinators and 2019 elected leaders/health workers received orientation during this quarter.

Skilled Health Personnel's (SHP) and Skilled Birth Attendants' (SBA) strategy 2021-25: NHTC began to develop a modular based learning resource package for SBA training based on the SHP and SBA strategy. We continue to provide technical inputs to its development.

AWPB planning support: We supported FWD and three provincial governments to develop or revise AWPB implementation guidelines focusing on the programmes we supported.

Nursing and Midwifery Strategy and Action Plan 2020–30: We continued to support NSSD to implement the nursing capacity enhancement programme. The FY2022/23 budget to develop nursing clinical mentors by NSSD was approved. However, NSSD was not able to allocate a separate line item for clinical mentoring implementation by federal hospitals. NSSD is exploring partner support for hospital clinical coaching, and continuation and expansion of mentoring. Support will be needed at federal hospitals to advocate and facilitate utilisation of the professional development fund of these hospitals for the nursing mentoring programme.

Referral system strengthening in selected palika clusters: NHSSP continued to support six palikas in Agarkhanchi district, Lumbini Province to implement and monitor a strengthened EOC inter-facility referral system. Reporting from three palikas shows that 20% of women

were referred from BC/BEONC to higher centres; all these women received management for complications (including CS for 52% and assisted delivery for 11%). In this quarter, we also facilitated four palikas and the provincial health office of East Rukum to strengthen EOC referral; this included airlifting, using the President women's empowerment programme managed by the Ministry of Women, Children and Senior Citizens. 29 high-level political decision-makers and health managers/workers participated in a meeting to develop EOC referral guidelines for districts.

Priorities for the next quarter

- Complete the monitoring dashboard for CEONC functionality linking with the HMIS, and quality improvement interventions (MNH clinical mentoring and service readiness, Robson classification) linked to the ODK reporting system
- Support FWD to regularise the central monitoring committee for Robson classification use at CEONC hospitals
- Support finalisation of BPP pictorial card to be printed with MNH (HMIS) card
- monitor free EOC referrals in Agarkhanchi and East Rukum and document lessons for other palikas and provinces
- Documents lessons, produce learning products and disseminate

4. DATA FOR DECISION MAKING

Summary

Key achievements in this quarter include support to: Integrated Health Information Management Section (IHIMS) to implement provincial ToT on revised HMIS tools and guidelines; Population Management Division (PMD) to roll out OCMC, Geriatric, and SSU reporting; CSD to finalise BHS monitoring indicators and develop a BHS dashboard; FMoHP to develop the NHS-SP results framework, evidence synthesis, equity analysis, and to draft the relevant sections; roll out a follow up round of RDQA at provincial hospitals and local health facilities in focal provinces; IHMIS section to generate evidence on COVID 19; FMoHP to manage data and verify findings for the Maternal Mortality Study following census 2021.

For updated Activities – please see Annex 1

OUTPUT 2.1 STRENGTHENING OF ROUTINE MISS

NHSSP supported IHIMS to develop and finalise the roadmap in previous quarters. This was approved by the Health Ministerial in July[4]. IHIMS has started consultation with stakeholders to seek support for the activities outlined in the roadmap. NHSSP staff at provincial and local levels supported the roll out of training of health facility staff and female Community Health Volunteers on revised HMIS tools at provincial and local levels in Lumbini and Madhesh Provinces.

We supported the verification of HMIS FY 2021/22 data at local, provincial and federal level and identification of any discrepancies. The discrepancies have been shared with IHIMS focal persons for correction. We also supported preparation of annual reviews at all three levels. We assisted IHIMS to track the reporting status after implementation of the revised HMIS tool. Ontime reporting for Shrawan 2022 is 76.3% which is higher than the overall reporting rate from previous years (see Figure 1). The team supported customisation and preparation of validation rules in DHIS-2 in line with the revised HMIS tools.

We continued to support FMoHP to analyse Severe Acute Respiratory Infection (SARI) cases reported by the Early Warning and Reporting System[5] (EWARS) and are working with Epidemiology and Disease Control Division to improve data analysis and use for planning and

[4]Available at http://dohs.gov.np

[5] see https://www.edcd.gov.np/resources/newsletter for EWARS weekly bulletins

response. (Figure 2). SARI case numbers are higher between weeks 24 to 33 than for the same period in previous years; this is due in part to improvement in reporting from sentinel sites.

NHSSP supported PMD to operationalise the digital platform to track OCMCs, SSUs, and Geriatric services by delivering two batches of training (Gandaki and Lumbini Province). A one-day orientation was provided to key staff from PMD; follow-on meetings have been conducted to hand over the system. The API linkage is being developed to connect these platforms with the HMIS system.

We are providing technical support to the Information Technology Section, Quality Standard and Regulation Division (QSRD) to draft "Digital Health Implementation Guidelines" and other digital health initiatives (e.g., preparing inventory of digital platforms used in health sector, technical support for implementation of AWPB activities of the section).

OUTPUT 2.2 HEALTH FACILITY REGISTRY UPDATES

NHSSP is supporting verification and correction of data entered in the health facility registry (HFR) at all levels. The HFR now lists 9,988 HFs (7,732 government and 2,256 non-government). The verification was done during the annual review 2078/79 at focal palikas in priority provinces.

OUTPUT 2.3 DIGITAL PLATFORM FOR RECORDING AND REPORTING OF THE MSS

NHSSP provided TA to CSD to promote the use of MSS data in monitoring implementation of the new health sector strategy. Indicators from MSS (e.g., quality of services, hospitals waste) are planned to be used for regular monitoring of implementation of the new health sector strategy.

OUTPUT 2.4 WEB BASED ROUTINE DATA QUALITY ASSESSMENT (RDQA) SYSTEM

Upon the request from Policy Planning and Monitoring Division (PPMD), NHSSP provided TA to update and revise RDQA tutorial videos based on the offline version[6]. Over 202 health facilities from NHSSP focal palikas have completed RDQA since the new version of RDQA was launched in January this year: 90 from Madesh Province, 79 from Lumbini and 33 from Sudurpashchim Province[7].

OUTPUT 2.5 MONITORING OF BASIC HEALTH SERVICES

NHSSP provided TA to CSD to develop the BHS dashboard. In this quarter, the dashboard was finalised and approved by the CSD[8].

The dashboard uses an application programming interface (API) with the HMIS system for the selected indicators as a part of information system strengthening. The health secretary, Lumbini Province and key officials from the provincial ministry were recently orientated on the dashboard.

OUTPUT 2.6 STRENGTHENING THE MATERNAL AND PERINATAL DEATH SURVEILLANCE AND RESPONSE SYSTEM

We and other EDPs supported PMD to complete the Maternal Mortality Study process through technical working group meetings. MoHP is aiming to finalise this study in December 2022, to align with publication of the Census 2021.

---

[6] Available at https://rdqa.mohp.gov.np/

[7] Improvement in system assessment scores is presented in figure 3.

[8] The dashboard can be accessed at http://128.199.69.221:8888/bhs/. See Figure 5: for a Sample of Dashboard

OUTPUT 2. 7 EQUITY MONITORING

Disbursement Linked Indicator 12 (DLI-12) was analysed based on the progress of FY 2021/22. Contraceptive prevalence rates in the top 10 and bottom 10 districts differ by 27%. The difference between the top 10 and bottom 10 districts for institutional deliveries is 73%. A 25% difference in cases of pneumonia treated with antibiotics was also noted.

SUPPORT IN RESPONSE TO COVID-19

We continue to support FMoHP to manage COVID-19 related information. The provincial team helped to orient local level focal persons on COVID-19 data management including vaccination uptake reporting.

Priorities for the Next Quarter

- Finalise HMIS revised indicators compendium and handover to HMIS for printing and dissemination
- Finalise and handover the dataset for COVID-19 analysis to IHIMS
- Finalise and handover the CEONC monitoring dashboard to FWD
- Support FMoHP to finalise the Maternal Mortality Study following Census 2021.
- Support conceptualisation of the monitoring mechanism for the NHS-SP across all spheres of government
- Prepare a learning paper to document lessons on strengthening information systems to improve data quality and use

5. HEALTH INFRASTRUCTURE

Summary

Progress in retrofitting work continues. Western Regional Hospital Pokhara (WRH): structural retrofitting decanting completed; structural retrofitting in Maternity and Medical blocks are 90% completed; ART/CAC block repair and maintenance are 70% completed; OPD block decanting is completed. The extension of the main retrofitting contract for WRH has been approved by DUDBC. Bhaktapur Hospital: 85% of OT block construction works is completed; 80% of Mortuary block work completed; and Emergency block is completed and handed over and being used for decanting of the Maternity block. Retrofitting of Maternity block has started.

We continue to support MoHP for the upgrading programme: review of a further 33 primary hospital designs was submitted by municipalities through MoHP for review; 42 designs out of the total submissions to date have been approved during the quarter.

For updated Activities – please see Annex 1.

RESULT AREA I6.15: POLICY ENVIRONMENT

We developed and submitted a HI land acquisition policy at the end of 2021 to support MoHP implementation of the Nepal Health Infrastructure Development Standards. This land acquisition policy is now being refined following a request from MoHP/PPMD to align it with the Public Health Act 2075 B.S and Public Health Regulations 2077 B.S. The land selection prioritisation tool, developed during the last quarter as part of the policy, is also being updated based on feedback from provincial level multi-hazard resilient health infrastructure development workshops. The completed documents will be submitted to MoHP for finalisation.

Development of the integrated web based HIIS is expected to be completed by the end of November, and will be officially handed over to MD, DoHS. It incorporates all the information gathered from different sources, surveys and assessments. It is expected to be a particularly useful system for planning future health infrastructure policies and programmes.

RESULT AREA I6.2: CAPACITY ENHANCEMENT

The HI team continues to provide onsite support and mentoring of DUDBC engineers and architects at the hospital retrofitting sites, focusing on technical, managerial, implementation monitoring and service decanting skill strengthening.

The team supported capacity enhancement of local authority management and technical staff to review the designs of primary hospitals included in the Hospital Upgrading Programme. 33 submissions were received during the quarter; 42 submissions were approved by the HI team. This is an important part of HI planning and implementation capacity strengthening for municipalities and local construction professionals at the sub-national level. Figures for the programme are:

- Total number of submissions end September 2022 – 465
- Approvals end September 2022 – 189

Technical training handbooks (Electrical Services, Sanitary Services, Waste Management Area and HVAC design) have been finalised. These are being submitted to government for endorsement.

RESULT AREA I6.3: RETROFITTING AND REHABILITATION

This section summarises progress and issues at the main buildings and activities at each site.

Progress WRH

- Total physical progress of all capital works at WRH is 50%.

The WRH main retrofitting contract expired on 11 July 2022. DUDBC and the contractor were reminded on time and supported to prepare all the contract extension documents and justifications as required. The contractor applied for the extension of the contract to DUDBC a month before the expiry of the contract, on time as stipulated in the contract clause. However, DUDBC delayed approval of the extension; this in turn delayed approval of variation of items, resulting in delayed progress in repair and maintenance of the roof of the maternity block and works to the Medical block. A work order for initiation of retrofitting of the OPD block was also delayed. The issue has now been resolved after continuous dialogue and coordination between NHSSP, DUDBC central office in Kathmandu and the project office in Kaski. The contract has been extended for 16 months to 14 November 2023. The approval of the new items variation process is near completion, including rate negotiation with the contractor. This is expected to be useful for other blocks if similar requirements are identified.

Block wise Progress WRH Pokhara

1. Construction of CSSD/OCMC block completed and handed over to hospital. OPD services have been partially decanted to this space.
2. Construction of Kitchen block completed and handed over to hospital. Kitchen is now functional and canteen in operation.
3. Completion of repair and maintenance of Lab block. Lab block is fully functioning.
4. Completion of 200,000 litre firefighting water storage tank.
5. Construction of Toilet block completed for general public and in use.
6. Old Maternity block
    - Structural retrofitting work over 90% completed.
    - Plastering work over 85% completed.
    - Remaining structural works to be completed after variation of items are approved by DUDBC.
    - All the quality assurance tests till date complying to the required specification.

7. Medical Block
    - Retrofitting is progressing well. Structural work is 95% complete, along with 90% of plastering work. Outstanding works will be completed after conclusion of negotiations between DUDBC and contractor on variation of items. Quality compliance supervision is continuing.
8. OPD Block
    - OPD Block decanting has been completed. For the decanting of OPD space a construction of new waiting space 121m² had to completed for patients and their attendants including three additional consultation rooms in OPD space (area 32m²) and Storage space outside the OPD space (40m²) to accommodate all the services existing in the OPD block. Cordoning work for OPD retrofitting has been completed and the existing fitting and fixtures are being removed from the OPD block now.
9. Oxygen Plant
    - Installation of the oxygen plant, testing and commissioning have been completed and the plant is now in operation.
10. ART Block repair and maintenance 70% completed.
11. Construction of Link corridor 60% completed.

Progress Fourth Package

Issue of the fourth package was discussed on the 28th of September with DUDBC officials in Kathmandu. The meeting decided to go ahead with a single contract at each site with provision of partial completion and individual Defect Liability Periods (DLP) in the bidding documents. The tender documents are being prepared accordingly and we are expecting the tender to be floated by the first week of November. The total project period will be eight months, with six months completion time for most of the packages inside the single tender, and with landscaping work stretching throughout the tender period.

Progress Bhaktapur

- Total physical progress of all capital works at Bhaktapur Hospital is 47%.

Overall completion progress of all capital works is at 47%. Contractor performance is still slow. There has been no improvement in human resources mobilisation despite numerous warnings. As agreed by NHSSP and DUDBC, the contractor has been called in to DUDBC office and given warning of contract termination. if further delays are observed. He has also been provided with a warning letter setting out the consequences of termination of the contract. A similar model to that agreed for WRH will be adopted to issue the fourth package.

Progress Block wise

1. Overall work on the New OT Block is 80% complete. OT Block construction completion is anticipated by end of November 2022. Main areas of progress are:
    - Structural work 95% complete
    - Partition dry wall work 85% complete
    - Fourth partition wall 90% complete
    - External face brickwork 85% complete
    - Electrical work 7% complete
    - Ground floor backfilling and concrete work 100% complete**.**
2. Emergency Block: 100% completed and used.
3. Mortuary Block: 80% completed and expected to be completed by end of October.
4. Maternity Block:
    - Decanting is complete, and retrofitting work initiated.
    - Cordoning work complete.
    - Wall dismantling work 30% complete.
    - Foundation digging work in progress

Priorities for the Next Quarter

Policy Environment

- Submission of updated HI land acquisition and relocation guidelines to MoHP
- Follow up on HI repair and maintenance guidelines with the MoHP
- Handover of HIIS

Capacity Enhancement Activity

- Finalisation of handbooks (HVAC, sanitary, electrical, waste management area) from MD/DoHS
- Continue training on health and safety and retrofitting techniques at both hospital sites
- Provide first-aid training to construction workers at both hospital sites
- Orientation on activity sequencing and functional retrofitting for OPD block at WRH and Bhaktapur Maternity Block
- Continue capacity enhancement support to DUDBC offices at both hospital sites on technical skills, monitoring, supervision, and management

Pokhara Main Retrofitting Works

- Tendering of fourth package
- Approval of variation item.
- Complete 100% Maternity block and Medical block retrofitting.
- Coordinate with hospital management to decant more blocks to facilitate retrofitting

Bhaktapur Main Retrofitting Works

- Completion of 50% of structural work of Maternity block.
- Completion of all the works in OT block except for the ground floor used for decanting of storage facility and space for material storage for retrofitting of Maternity block.
- Completion of all works for the Mortuary block.
- Tendering of fourth package

6. GENDER EQUALITY AND SOCIAL INCLUSION (GESI)

Summary

Key activities this quarter have included:

- Support to an annual review by FMoHP of GESI targeted interventions (OCMC, SSUs and Geriatric programmes) in federal and provincial level hospitals.
- Continued support to capacity building to strengthen GBV services, including training on digitalisation of service recording and reporting tools; completion of psychosocial counselling training for staff nurses from hospitals with OCMCs (at NHTC); and direct provision of mentoring, monitoring and coaching to OCMC hospitals and SSU staff.
- Facilitation of a one-day programme organised by PMD to brief media partners on GESI approaches and programmes.
- Support to Lumbini province to assess Disability Inclusive Health Services in Primary Health Care and Select Hospital Facilities; recommendations will inform implementation of the provincial AWPB.
- Completion of a VfM Case Study of Social SSUs analysing the overall functionality of SSUs in harmonising the social security programmes at hospitals to reach the target group populations.

Other learning products related to institutionalising GESI into Nepal's health system were being developed and will be completed and disseminated in the final quarter of this phase of the programme.

For updated Activities – See Annex -1.

RESULT AREA: I7.2 FMOHP HAS CLEAR POLICIES AND STRATEGIES FOR PROMOTING EQUITABLE ACCESS TO HEALTH SERVICES

Geriatric health: Geriatric Health Service Strategy and Geriatric Health Service Protocol were printed and distributed at the request of FMoHP/PMD.

Social accountability: the team provided TA to CSD and the NHTC through participation in the TWG for the development and finalisation of the training curriculum on social auditing. This is supporting roll-out of the Health Sector Social Accountability Federal Directives 2020. We delivered training sessions on social accountability and social auditing as part of a three day training of trainers based on this curriculum. The 21 participants came from seven provinces. The CSD AWPB 2022/23 includes an action plan to roll out the social auditing training curriculum for implementation of social audit at local levels.

Disability inclusive health services: we provided technical support to Lumbini province to assess "Disability Inclusive Health Services in Primary Health Care and Select Hospital Facilities". The findings and recommendations of the assessment identify priorities which will inform the current AWPB. The draft report was presented to a Steering Committee meeting. A final draft incorporating inputs from multi-sector stakeholders, sectoral ministries and EDPs was submitted to Lumbini Province Ministry of Health for approval.

Public communication: we facilitated a one-day PMD organised programme to inform media partners, and thus raise the awareness of the public and concerned stakeholders, on GESI concepts, strategies, policies, guidelines and targeted programmes. A total of 45 online portal, mainstream print and audio-visual media partners participated in the programme

Systems strengthening related to OCMCs, SSUs, geriatric and disability services:

Participation in a federal level GBV Multisectoral Coordination Committee[9], established by FMoHP and chaired by the Population Management Division Director, to strengthen the GBV multisectoral response and OCMC effectiveness. Quarterly meetings are proving highly effective to strengthen federal level coordination to address GBV. The most recent meeting took decisions on OCMC functionality, especially the role of district attorneys in providing timely services to GBV survivors using the centres and expediting court hearings of GBV cases, and promoting the establishment of safe houses and rehabilitation centres at district level, and the related establishment and functioning of district GBV advisory committees.

Support to FMoHP to conduct the annual review of GESI targeted interventions (OCMC, SSU and Geriatric programs in federal and provincial level hospitals). The objectives of the review were to: a) review progress, good practices, constraints, lessons learned and issues, and make recommendations for the effective functioning of OCMCs, SSUs and geriatric health services; b) identify key areas of intervention to improve the service delivery of OCMCs, SSUs and geriatric health services (both at the policy and operational levels) and c) improve coordination and collaboration among different concerned stakeholders. Review participants shared experiences and learning about good practices. Overall, the review provided guidance to strengthen the institutionalisation of these services into the health system to leave no one behind.

[9] Members include: Secretary, National Women Commission; Deputy Attorney General; Director, Women, Children and Senior Citizen Division, Nepal Police; representatives from MoWCSC, Ministry of Federal Affairs and General Administration, National Planning Commission, and Director of Nursing and Social Security Division.

NHSSP provided technical and financial support to training on the digitalisation of OCMC, SSU, and geriatric service recording and reporting tools in the DHIS2 platform. This is expected to increase access to and implement better use of evidence for planning and decision-making on services for especially vulnerable populations. Training was provided to 150 focal persons from existing OCMC and SSU from all hospitals in Madhesh and Gandaki Provinces. Most of these hospitals have started recording and reporting cases following the training. We will support for additional trainings to staff from hospitals with new OCMC, SSU and Geriatric programme, scheduled for November 2022.

We supported completion of a VfM Case Study on SSUs analysing the functionality of SSUs to harmonise hospital social security programmes and thus to reach the target group populations. The case study was conducted in 4 hospitals (the National Trauma Centre, WRH Pokhara, Lumbini hospital and Baratpur hospital).

RESULT AREA: I7.3 THE DOHS INCREASES COVERAGE OF UNDER-SERVED POPULATIONS

Strengthening and scaling up of OCMCs and GBV services:

We continued regular follow-up with OCMCs, providing support to improve the functioning of centres.

Capacity enhancement and advocacy for GBV services:
We supported 70 hospitals to conduct functionality assessments of OCMCs as per the OCMC operational guidelines. We have achieved the logframe targets for OCMC functionality criteria: in 2021 46 out of 64 OCMCs (71.88%); this year (2022), 54 out of 70 OCMCs (77%).

We continue to promote local government ownership of services. This has increased through participation of Deputy Mayors in district GBV Management Advisory Committees. Over 50% of OCMCs have now formed committees; and other OCMCs doing so as newly elected members take up their positions.

The team collaborated with PMD, FMHoP and UNFPA to support the final two batches of six month psychosocial counselling training which have been delivered by the NHTC. Training was given to 40 staff nurses from hospitals with OCMCs. Following completion of these trainings in December, all existing OCMCs will have at least one trained counsellor. There are now 90 trained psychosocial counsellors; a significant achievement in filling a critical gap in GBV care.

NHSSP provided in-person and remote mentoring, monitoring and coaching to staff from 11 SSUs and 16 OCMC hospitals[10]. We also provided regular follow up support covering: service delivery; the roles of different agencies; coordination; the referral system; case management; formation of GBV Advisory Committees; and recording/reporting through virtual meetings.

We conducted a half-day orientation programme on the functioning of SSUs and OCMCs for 66 participants including the Joint-Secretary of PMD, FMoHP, the Dean, Director, Rector and Senior Management Team of BP Koirala Institute of Health Sciences (BPKIHS) and other key officials[11], to ensure their ownership of these crucial services. Topics included: the GESI conceptual framework, LNOB, SSU, OCMC, and Geriatric health care guidelines and protocol.

[10] Mechi, Koshi, BPKIHS, Inaruwa, Kalaiya, Bardibas, Okhaldhunga, Kanti, Dhading, Bheri, Dang,Pyuthan, Surkhet, Dailekh, Dadeldhura and National Trauma Center.

[11] Matron, Admin-Finance Head, Heads of Departments, program focal persons and other staff of BPKIHS as well as Police Chief and Chief of Maiti Nepal.

Strengthening and scaling up SSUs and geriatric services:
NHSSP provided coaching and mentoring support to staff in 11 SSUs[12] on the revised SSU and Geriatric Operational Guidelines and integration of social health security services through the SSU system.

Priorities for the Next Quarter

Institutionalisation of OCMCs and SSUs as flagships of gender responsive and inclusive health care

- Support PMD to roll out recording and reporting tools on OCMC, SSU and Geriatric health services to hospitals introducing new OCMC, SSU and Geriatric programmes
- Work with local officials in selected districts to carry out mentoring, monitoring and multisectoral coordination visits to OCMCs, SSUs and geriatric services; this will aim to embed capacity including for on-line reporting, and to further build ownership of hospital, multisectoral service agencies and local authorities
- Facilitate a workshop with GBV survivors (You are not Alone) at Parsha district, Madhesh Pradesh
- Support PMD to conduct medico legal training for medical officers from selected OCMC based hospitals

Development, dissemination of policy/strategies and knowledge products for GESI

- Prepare and disseminate GESI knowledge and learning products to support the Government sustain their achievements and to scale up good practices
- Facilitate the provincial GESI Steering Committee meeting in Madhesh province.

7. CONCLUSIONS AND STRATEGIC IMPLICATIONS

During this quarter we have put all our energies behind embedding system improvements at all levels of government. At subnational level, we held knowledge sharing and concluding meetings as this is the last full quarter of team deployment at provinces and LLGs. Staff attrition has been lower than anticipated and we motivated our staff to complete their contract periods with capacity development opportunities e.g., training on GIS mapping for their provinces. This was provided by in-house experts from NHSSP. We held an internal knowledge sharing meeting for the team which also provided a ‘dry run’ for the knowledge sharing events at the provinces. The senior NHSSP team contributed progress, analysis and insights for the Annual Review process and responded to questions from the Review team.

Priorities for the final quarter are to support the NJAR process at the province and federal levels, including preparing the analysis of the progress report and facilitating NJAR meetings. A high priority will be development of learning products and their dissemination through live and online events. This report also presents other priorities for work to be completed by the thematic teams during the final quarter.

A no cost extension (NCE) is needed to complete retrofitting of the two priority hospitals, which has been delayed by COVID-19 related factors. Continued financial and technical support is also desirable to make the devolved health system fully functional, especially at local levels, and to support all spheres of government to implement the new NHS-SP.

[12] BPKIHS, Mechi, Narayani, Bharatpur, Pokhara, Lumbini, Dang, Pyuthan, Dadeldhura hospitals and National Trauma Centre

ANNEX 1 WORKSTREAM ACTIVITIES AND TABLES

LEADERSHIP AND GOVERNANCE

a. Health Policy and Planning

Activity		Status	Achievements in this quarter	Planned activities for next quarter
I2E.1	**Result Area: 1.2.1: Federal government supported on new health sector strategy development, conduct of national annual review, and other key policies**			
1.2.1.1	Provide strategic support on development of next sector strategy	**Ongoing**	• Consultation on the draft document with Parliamentary Committee for Health and Population • Costing and Nepali translation of the draft document • Further refinement of the document incorporating the suggestions • Refinement of the results framework with indicators, targets, and milestones in consultation with concerned divisions and centres • Sharing of the draft to the MoF and concurrence received by the FMoHP	• Provide necessary technical support to facilitate the endorsement of the NHS-SP • Finalise English version of the NHS-SP upon endorsement of Nepali version • Review and refinement of reference document for programmatic guidance based on the thematic notes prepared for NHS-SP
1.2.1.2	FMoHP organises National Joint Annual Review (NJAR) and JCM	**Ongoing**	• Preparatory work for the NJAR has initiated • Outline for the health sector progress report for NJAR discussed and finalised • Joint Consultative Meeting was organised on 16th September 2022 focusing on budget highlights, EDP's support and progress on aide memoire	• Support in preparatory work for NJAR, development of progress report and organization of the NJAR event

1.2.1.3	Support on other key policy and strategic framework of the sector	**Ongoing**	No specific activity planned	• Need based support
1.2.1.4	Support in annual planning and its implementation	**Ongoing**	Guidelines developed, endorsed by the FMoHP, and disseminated for the activities financed through conditional grants	Support on need-based operational guidelines
I2E.7	**Result Area: 3.1.1: Development of the regulatory framework for effective management of health sector**			
1.3.1.1	Support in finalisation and operationalisation of PHS Regulations	**Ongoing**	Consultation and revision of the draft SoP for BHS based on inputs from CSD and MoHP	Need based support for the endorsement of SoP
1.3.1.2	Support in legal framework in other priority areas	**Ongoing**	No major activities planned	Need-based support

b. Procurement and Public Financial Management (PPFM)

Activity		Status	Achievements this quarter	Planned activities for next quarter
I4E.1	**Effectiveness and accountability of financial management systems and fund transfer mechanisms strengthened at all levels**			
1.1.1	Public Financial Management Strategic Framework (Financial Monitoring Report) Prepared (Federal)	Completed	No activity scheduled	No activity scheduled.
1.1.1.5	Support monitoring of the PFMSF activities in collaboration with the PFM and Audit committees	Ongoing	The PPFM team continued to support the PFM, Audit and Internal Control, and Audit Support Committees, to improve PFM at FMoHP. No formal meetings were held in this quarter. The audit queries data from FY 2012/13 to 2019/20 is being entered in TABUCS. Four FYs data have been already entered.	Remaining years (FY 2016/17-2019/20) audit queries data will be entered by the end of October. Need to include in NHSSP exit and sustainability plan.

1.1.1.6	Prepare FMIP for provincial government including COVID-19 update	Completed	The FMIPs have been developed for focal provinces (Madhesh, Lumbini, and Sudurpashchim) and endorsed (in the 3rd week of September) by the respective provincial health ministries.	Printed version of FMIPs will be distributed to the focal provinces and PDF version will be published in NSSP's and respective provincial health ministries' website by October.
1.1.1.7	Prepare FMIP for local government		No activity has been scheduled.	No activity scheduled.
1.1.1.8	Progress update on federal PFMSF	Ongoing	No activity scheduled.	No activity scheduled
1.1.1.9	Regular progress update on provincial and local FMIP including COVID-19 (monitoring)	Ongoing	No activity scheduled.	No activity scheduled.
1.1.2	Improved internal control through internal and final audit clearance (PD, Audit Status Report)	Completed	Improved internal control through internal and final audit clearance against OAG's Audit Status Report 2022, was prepared and submitted to BEK as a PD in September 2022. Audit queries against audited amount were in decreasing trend within five years. About 87% of SUs responded to the preliminary OAG audit report as required within 35 days, which was a significant improvement in compared to FY 2015/16 (45%). Among the nine ministries of GoN the internal audit queries was less under FMoHP, and stand 9th position (1.52% only), while others have maximum 12.72%.	No activity scheduled. Need to include in NHSSP exit and sustainability plan

1.1.3	Update internal control guidelines as per the updated Internal Control System Directives, 2019 and new Financial Procedural and Fiscal Accountability Act, 2019	Ongoing	ICSG developed and finalised for DoHS and DoHS has submitted to FMoHP for endorsement.	Facilitate for the endorsement of ICSG for DoHS
1.1.4	Update PFM training manual in line with the new FPA & FPR	Ongoing	The final draft of PFM training manual prepared in line with the new FPFAA & FPFAR and presented to FMoHP. It is still under review at FMoHP level.	Facilitate for endorsement of the PFM Training Manual by FMoHP.
1.1.4.6	Build the capacity of FMoHP and DoHS level officers in core PFM function	Ongoing	No activity scheduled.	No Activity scheduled.
I4E.2	**TABUCS is operational in all FMoHP SUs and provincial level**			
2.1.1	TABUCS is operational in all FMoHP spending units and provincial level	On track	Ongoing support: GoN's health entities are using CGAS for budget and expenditure, because FCGO has made it mandatory from FY 2020/21. The expenditure data of 2nd trimester captured in CGAS has been uploaded in TABUCS.	Support will be continued until end of October. Need to include in NHSSP exit and sustainability plan
2.1.1.1	Revise TABUCS to report progress against NHSS indicators and DLIs/ Update User Manual, report including provincial level	Ongoing	No activity scheduled	No activities scheduled
2.1.1.2	Develop COVID-19 module in TABUCS	On track	No Activity scheduled	No activities scheduled
2.1.1.3	Support SuTRA in updating chart of activities	On track	No Activity scheduled	No activities scheduled
2.1.1.4	Support in continuous system upgrade and maintenance of TABUCS software/hardware/ connectivity/web page at federal and provincial level	Ongoing support	Hired consultant for STTA to update hospital income and expenditure as per new chart of accounts and upload audit queries of FY 2012/13 to 2019/20.	Support will be continued until the end of October. Need to include in NHSSP exit and sustainability plan

2.1.1.5	TABUCS training to concerned FMoHP and provincial officials	Ongoing support	No training conducted but oriented the concerned staff whenever it was needed.	Support will be continued until the end of October.
2.1.1.6	Support FMoHP to prepare Financial Monitoring Report (FMR)	Ongoing support	FMR-3 for FY 2021/22 was submitted to UKaid/BEK on 11th of September 2022.	1st FMR of FY 2022/23 needs to be prepared (by FMoHP?)
2.1.1.7	Support TIU meeting and monitor implementation of meeting minutes	Ongoing support	TIU meeting held on 28th of September 2022	No activity scheduled. Need to include in NHSSP exit and sustainability plan
2.1.1.8	Support FMoHP to produce annual audited financial statement	On track	The Annual Financial Statements for FY 2020/21 certified by OAG received with management letter and shared to EDPs.	No activity scheduled
2.1.1.9	Support FMoHP to capture NPSAS report	On track	No activity scheduled	No activity scheduled
2.1.2	Improve budget absorption capacity of FMoHP, MoSD and their spending units	On track	Ongoing support	Ongoing support. Need to include in NHSSP exit and sustainability plan.
2.1.3	Policy discussion on Provincial FMR	Ongoing	Policy dialogue started with provinces. It will be finalized after the completion of annual financial statement 2021/22	No activity scheduled
2.1.4	Annual Planning and Budgeting support to federal and provincial level	Ongoing	No Activity scheduled	No activity scheduled
I4E.3	**Conduct Annual Budget Analysis of Health Sector, NHSS indicator and produce brief policy note**			
3.1.1	Conduct Annual Budget Analysis of Health Sector, NHSS indicator and produce brief policy note	Achieved	Report and technical note on Analysis on the Allocation and Utilisation of Health Sector Budget for COVID-19 Response and Management completed. Health	Palika specific BA reports will be completed by the end of October.

			Sector Budget Analysis: Five Years after Federalism and Health Sector Budget Analysis of Provincial and LLs submitted to BEK.	
3.1.2	Budget Analysis Framework for Provinces (PD, Budget Analysis)	Achieved	BA framework for all governments prepared.	PD submitted to FCDO in June. Roll out the framework in all seven provinces. Need to include in NHSSP exit and sustainability plan.
3.1.3	Support FMoHP in designing, updating, and rolling out PBGA in Hospitals	Ongoing	No activity scheduled	No activity scheduled
3.1.4	Conduct Benefit Incidence Analysis (BIA) of the Health Sector	Not scheduled	No activity scheduled	BIA will not be conducted
3.1.5	Support FMoHP's spending unit in preparing Business Plan	Ongoing	Discussed the BP implementation with Kapilvastu hospital	No activity scheduled
3.1.6	Aama Programme Rapid Assessment	Achieved	Small study conducted in Lumbini Province (including one provincial hospital, three district hospitals and few selected LL facilities) to understand the practice of Aama at these facilities.	Report will be prepared and shared with Team Leader by the end of October
Activity		**Status**	**Achievements this quarter**	**Planned activities for next quarter**
I4E.4	**PRACTICE OF DEVELOPING COHERENT PROCUREMENT POLICY, STRATEGIC FRAMEWORK AND PLANNING INSTITUTIONALISED AT FEDERAL GOVERNMENT**			
4.1.1	**Practice of developing coherent procurement policy, strategic framework and planning institutionalised at FG**			
4.1.1.1	Mapping of eAWPB for Procurement items	Dropped	Limited in DoHS only	DoHS practices as regular activity (Institutionalised by DoHS)

4.1.1.2	eCAPP Development at federal level	On track	CAPP of DoHS developed	DoHS adapted it into annual programme (Institutionalised by DoHS)
4.1.1.3	Consolidation of APPs in eCAPP System	Completed	CAPP of DoHS Divisions prepared	DoHS adapted it into annual programme (Institutionalised by DoHS)
4.1.1.4	Support CAPP monitoring committee and regular meetings	On track	CAPP progress of F/Y 2021/22 presented in the CAPP preparation workshop	Ongoing support should be continued.
4.1.1.5	CAPP/e-CAPP produced with agreed timeframe including COVID	Completed	CAPP of DoHS produced and continuous support provided in CAPP execution	DoHS adapted it into annual programme (Institutionalised by DoHS)
4.1.1.6	e-CAPP implementation with Contract Management module	On track	CAPP implementation in progress	CAPP progress should be monitored
4.1.1.7	Piloting of eCAPP in Provinces	Ongoing	Provincial Team is supporting in preparation of provincial CAPP at provinces	Provinces need support in CAPP preparation
4.1.2	**Endorsement of Health Sector Public Procurement Strategic Framework by FMoHP**			
4.1.2.1	Draft PPSF	Completed	Follow up for endorsement of Revised PPSF	
4.1.2.2	Review draft of PPSF	Completed	PPSF finalised and submitted	
4.1.2.3	Workshop at province and National level	Completed	Provincial workshop on PIPs of three focal provinces (Madhesh, Lumbini and Sudurpashchim) conducted	
4.1.2.4	Finalisation of PPSF	Completed	PPSF endorsed by Honorable Health Minister on 27th of September 2022	PPSF should be implemented. Include it in NHSSP exit and sustainability plan.

4.1.2.5	Support monitoring of the PPSF activities in collaboration with the PFM and Audit committees	Delayed	PPSF endorsed	PPSF should be implemented
4.1.2.6	Progress update on PPSF	Delayed	PPSF endorsed	PPSF should be implemented
4.1.2.7	Update current PIP for provincial and local government	On track	Provincial PIP prepared as update of current PIP and endorsed by Madhesh, Lumbini and Sudurpashchim Provinces	Rollout and implementation of PIP needed. Include it in NHSSP exit and sustainability plan
4.1.2.8	Monitor PIP at provincial and local government	Delayed	Provincial PIPs just endorsed in September 2022	Provincial PIP should be rolled out. Need to include in NHSSP exit and sustainability plan.
4.1.3	**Standardisation of Procurement Process**			
4.1.3.1	Preparation of SOP for Post Delivery Inspection (PDI) and Quality Assurance Plan (QAP)	Completed	SOP printed, distributed and published on website	The PEs will be able to follow the SOP
4.1.3.2	Prepare Pre-shipment inspection guidelines (PSI) and QA	Completed	SOP with guideline printed, distributed and published on website	Printed guideline will facilitate the PEs
4.1.3.3	Continuous monitoring of use of SOPs and standard procurement process in MD and provinces	Ongoing	SOPs are in use	Continuous support will be needed. Need to include in NHSSP exit and sustainability plan
4.1.3.4	Support Training on SOP and QA at Province and Palika LM personnel	Ongoing	Supported to use SOPs	Support will be needed at Provinces and Palikas
4.1.3.5	Continuous Implementation of Procurement Clinic at MD and MoSD	Ongoing	Six Procurement Clinics conducted. Concept of Knowledge Bank at MD established Two batch trainings conducted for the officials of DoHS Divisions, Centers and Federal Hospitals, organized by Management Division	Continuous support will be needed. Need to include in NHSSP exit and sustainability plan

4.1.4	**Systematic use of Technical Specification Bank for procurement of drugs and equipment**			
4.1.4.1	Updating and upgrading TSB including COVID	Completed	TSB in use	Regular updating is necessary. Need to include in NHSSP exit and sustainability plan
4.1.4.2	Regular Updating of Specification bank with coding drug and equipment	Ongoing	36 Technical Specifications of Medical Equipment and 6 TS of Medicines updated on the TSB	Regular updating is necessary
4.1.4.3	Integration of the system with TABUCS for monitoring purposes	Not Scheduled	Integration is available	No need to integrate with TABUCS
4.1.4.4	Monitoring use of Technical Specification bank	Ongoing	Till the end of this quarter 1,702 users registered in the TSB. 40,284 downloads and 33,522 searches for different specifications have been recorded by the end of September 20, 2022	Continue support will be needed
4.1.4.5	Support Training on use of Technical Specifications and evaluation in procurement process	Ongoing	Clinical support provided to PEs	Necessary support will be needed
4.1.4.6	Update the market analysis report	Suspended	No Activity scheduled	No activity scheduled
4.1.5	**Extended use of PPMO e-GP in procurement functions**			
4.1.5.1	Support PPMO on changes needed to e-GP for health sector procurement	Ongoing	Feedback provided in preparation of new SBD for goods procurement with 1S2E method	Continuous feedback will be needed
4.1.5.2	Support in the process of using e-GP in selected provinces and local governments	Ongoing	Distance support provided on using e-GP at Province and LLs	Continuous supports will be needed

4.1.5.3	Support in biannual Suppliers' Conference at provincial and local level	Suspended	No Activity scheduled	MD will be organizing pre-bid meetings during the bidding procedure
I4E.5				
5.1.1	**Capacity Building/Enhancement:**			
5.1.1.1	Capacity development in resource forecasting and evidence base planning using the Chart of Activities	Completed	Activities conducted in Madhesh, Lumbini and Sudurpaschim Provinces	No activity scheduled
5.1.1.2	Capacity enhancement in preparing Annual Procurement Plan for institutional head and account chief	Completed	3 batches orientation completed	No activity scheduled
5.1.1.3	Financial Management training/Orientation	Not Scheduled		No Activity scheduled
5.1.1.4	Support to Sector wise budget and expenditure collection and prepare budget analysis	Completed	Budget analysis framework had been prepared and oriented at NHSSP focused local level of Madhesh, Lumbini and Sudurpashchim Provinces	No activity scheduled
5.1.1.5	Logistics/Procurement management Training (including e-GP) to key stakeholders at Federal, Province and LG (Hospitals, LG's store focal person, and others)	Completed	Last and 2nd batch eGP Training in focused local level of Madhesh Province is completed.	No activity scheduled
5.1.1.6	Training on PLMBIS and CGAS to all the spending units including hospitals using CoA in SuTRA at LG level	Not scheduled	Not scheduled	No activity scheduled
5.1.1.7	Training on Public Procurement; quantification and forecasting and	Not scheduled	Not scheduled	No activity scheduled

	inventory management to Hospitals and PHLMC officials (Local level)			

c. Sub-national Programme Implementation

Activity		Status	Achievements in this quarter	Planned activities for next quarter
I2E.2	**Result Area (1.2.2): Stock taking of the health sector related policy, regulations, plan and guidelines in two provinces**			
1.2.2.1	Stocktaking of health sector related policy, acts and guidelines in two priority provinces	Completed	Policies and regulatory documents relevant to health sector mapped out in two priority provinces	
I2E.4	**Result Area: 1.2.7: Enhancement of provincial capacity by using the framework of organisational capacity assessment tool at provincial level**			
1.2.7.1	Supported on drafting of Financial Management Improvement Plan (FMIP) and Procurement Improvement Plan (PIP) across all priority provinces.	Completed	The L and G team supported in drafting and finalising the drafts of FMIP and PIP	Include the implementation strategy of each in exit and sustainability plan.
1.2.7.2	Support on drafting provincial Policy, Acts, Guidelines and Tools	Ongoing	The support to draft provincial health sector strategic implementation plan in Lumbini province; and refining the provincial health policy and Health Service Regulation of Madhesh Province and drafting of health acts and policies across priority LLs	Continue to support to finalise the drafts of health policies and regulatory documents.

Activity		Status	Achievements in this quarter	Planned activities for next quarter
1.2.7.3	Support on drafting of Program Implementation Guidelines at provincial Level	Completed	The implementation guidelines were drafted, finalised, and endorsed by the respective provincial ministries	Support on due implementation of respective AWPB. This is owned by the respective provincial health ministries
I2E.5	**Result Area: 1.2.8: Enhancement of Local Government's capacity using the framework organisational capacity assessment tool**			
1.2.8.1	Support on drafting of Program Implementation Guidelines at Local Level	Completed	The implementation guidelines were drafted, finalised, and endorsed by the respective LLs	Support on due implementation of respective AWPB as per the guidelines.
1.2.8.2	Support on drafting of policies, acts, guidelines at the respective LLGs	Ongoing	The L and G team supported on finalising the drafts of Health policy and acts in some of the LLs and continued to support for drafting as per the evolved priorities.	Continue to support in drafting process
I2E.7	**Result Area 3.1.1: Development of the regulatory framework for effective management of health sector (e.g., Regulation of Public Health Act or Regulation regarding health institutions establishment and upgrading)**			
3.1.1.1	Support in preparation of policies, Act/Regulations at LGs	Ongoing	Support was provided for drafting of Health Acts of Aalital RM, Mohanyal RM, Yasodhara RM which was endorsed by respective municipal assembly. Other LLs have been prioritising the development of the policies and regulatory documents and support has been ongoing.	Support to finalise the policies and regulatory documents at respective LLs.

EXIT PLAN AT SUBNATIONAL LEVEL

(Proposed, finalised in consultation with respective team)

Thematic Area	Activity	Due date of completion	Status as of end of this quarter
Program Management	Programme Closing (knowledge/ learning sharing workshops) at priority LLs and Provinces	October 2022	Accomplished at LLG level. 2 out of 3 provincial level workshops would be planned during October.
L and G/D4D	Support on Annual health Sector Review meeting	October 2022	1 out of 3 accomplished. Rest would be supported in October.
L and G	Support on drafting Program Implementation guidelines at respective Level	August 2022	Accomplished

COVERAGE AND QUALITY

Table 1: Status of CEONC functionality over the quarter July – September 2022

	Functionality of CEONC service in all Province 2079-208-(2022 to 2023)									
Pradesh(Province)	**one**	**two**	**three**	**four**	**five**	**six**	**seven**	**# District CEONC**	**% functioning**	**% previous months functioning**
Established CEONC Districts	**14**	**8**	**12**	**10**	**11**	**10**	**9**	**74**		
	Number of Functioning CEONC site									
Shrawan (Jul - Aug)	13	7	12	9	11	10	9	71	96%	100%
Bhadra (Aug – Sept)	13	7	12	8	11	10	9	70	95%	100%
Ashoj (Sept – Oct)	13	7	12	9	11	10	9	71	96%	100%
Established CEONC sites	**20**	**11**	**20**	**15**	**15**	**12**	**12**	**105**		
	Number of Functioning CEONC site									
Shrawan (Jul - Aug)	19	10	19	14	15	12	12	101	96%	96%

Bhadra (Aug – Sept)	19	10	18	13	15	12	12	99	94%	96%
Ashoj (Sept – Oct)	19	10	18	14	15	12	12	100	95%	96%

Table 2: HQIP self-assessment scoring: 8 quality domains readiness in 6 hospitals

QUALITY DOMAINS	Green		Yellow		Red	
	Last assessment	Current assessment	Last assessment	Current assessment	Last assessment	Current assessment
CEONC sites that were assessed (average scores of 8 domains[13])	33	34	14	14	1	0

Table 3: HQIP self-assessment scoring: Signal function readiness in 6 hospitals

SIGNAL FUNCTIONS[14]	Green		Red	
	Last assessment	Current assessment	Last assessment	Current assessment
CEONC sites that were assessed (average scores of 9 signal functions)	48	48	6	6

Code	Activity	Status	Achievements this quarter Jul-Sept 2022	Planned activities for next quarter Oct-Dec 2022
I3.1.1	Support to develop orientation package for Health providers on Standard Treatment Protocols developed and implemented.	Completed On-going	In this quarter (in July), TA provided to Madhesh province in conducting BHS STP provincial orientation to develop 22 district-level facilitators. The participants were from 8 health offices, doctors and paramedics from provincial hospitals of Madhesh Province. We provided TA in reviewing the BHS indicators in BHS monitoring dashboard which has been endorsed to monitor the use of basic health services.	Provide TA to CSD in development of the mobile app for BHS STP.

[13] Management, Infrastructure, Patient Dignity, Staffing, Supplies and Equipment, Drugs, Clinical Practice, Infection Prevention

[14] BEONC: parenteral antibiotic, parenteral uterotonic, parenteral anticonvulsant, manual removal of retained placenta, Removal of retained product, assisted vaginal delivery, new-born resuscitation; Additional two for CEONC: blood transfusion and perform surgery (CS)

			NHSSP provided TA to CSD regarding the discussion on BHS SOP with MoHP on 23rd August. Based on that feedback, BHS SOP has been updated and is in the approval process. CSD is developing a mobile application to help users access the BHS STP modules and adhere to the protocols. We are engaged with CSD to provide TA for the development of the app.	
	Support expansion, continuity, and the functionality of CEONC sites	Ongoing	105 CEONC sites monitored and supported as necessary. TA supports CEONC sites in trouble shooting and informs FWD/DoHS/FMoHP/PMoSD on issues to be addressed. One new CEON sites started to provide CS services at Mustang hospitals making total districts providing CEONC services at 74 out of 77 districts. Conducted interactions with Madhesh, Lumbini and Sudurpashchim provinces for the continuity of CEONC services in their respective provinces.	*Consolidation* Sharing experiences and continued support needs for CEONC sites to federal level
I3.1.6	Support the FHD and DHO to scale up VSPs, RANMs, and integration of FP in Expanded Programme on Immunisation (EPI) clinics	In progress	Desk monitoring support provided to FWD. 11 of 35 palikas and 52 of 59 palikas implemented VSP and RANM programme respectively in 2078/79. Provincial health offices of Baglung, Arghakhanchi, Sarlahi, Darchula, and Bajura initiated the FP/EPI orientation process in their districts in 20878/79. In the last quarter of 2078/79 reporting period, Kapilvastu HO office also conducted FP/PI programme orientation to 6 palikas. NHSSP TA made VSP mobilisation introductory visit to 1 palika of Madhesh Pradesh namely Gadhimai (Siraha). It was reported that this palika has allocated budget for VSP programme in FY 2079/80. FWD discontinue budget for VSP, RANM and FP/EPI integration programmes implementation for FY 2079/80.	
i3.2.3	Introduce Robson's classification in public and selected private hospitals with caesarean sections and develop system for monitoring and	completed Ongoing	NHSSP supported FWD for formation of Robson central monitoring committee, led by director of FWD, for effective implementation and monitoring of CS rates in the hospitals. We are also supporting development of online dashboard for data visualization to ensure that data gathering, and monitoring is institutionalised within the government system and is used for rapid analysis and response.	*Consolidation* Provide TA to FWD in conducting central committee meeting regularly for effective monitoring.

	response (federal and province)			
I3.3.1.3	Support planning and budget allocation based on needs and evidence (AWPB - federal and provincial)	Completed	NHSSP continued support to programme divisions and sections at federal and provincial for AWPB implementation guideline writing and updating for FY 2022/23: Supported FWD for AWPB implementation guideline updating and finalisation meeting. We did not support NSSD for guideline writing especially for hospital in-house general nursing coaching/mentoring because of AWPB budget was not approved by MoHP. However, we discussed briefly the budget allocated and approved for the clinical mentor development and review the programme at the federal level.	Need-based support to NSSD for AWPB 2022/23 implementation especially desk support for hospital in-house mentor development and review if they are planned within December 2022.
i3.3.1.5	Support drafting and finalisation of AWPB implementation guidelines and workshops (federal and provincial)	Completed	NHSSP continued support to FWD to update and finalise the SBA clinical coaching and mentoring guidelines and tools. In this QTR, we supported FWD for the approval process and finally, it has been approved by FMoHP in August 2022.	Support FWD for SBA clinical coaching/mentoring implementation guideline: formatting and designing for the final printing. *This is repeated (pls see in i3.4.1)*
I3.3.2	Planning support for SMNH roadmap including hospital quality improvement plan and support to implementation (focused provinces) (with all streams)	Completed	In this quarter, we supported FWD for offsite/desk mapping of the AWPB activities across the 7 provinces and federal (FWD) except Gandaki province and found an adaptation of some priority activities based on SMNH roadmap 2030 recommendations through AWPB budgeting and planning by the federal and provincial government. Examples are the following priority activities: • PNC home visit (741 Palikas) • CEONC functionality (HR: doctor, Nurse, AA, Locum doctor) • EOC referral (77 province hospitals, 753 Palikas,), EOC Airlifting (Karnali) • Training (LARC, SBA, SAS, MA, RUSG,clinical mentor etc. in 7 provinces) • SBA clinical mentoring and MNH QI (77 HOs, 753 Palikas) etc. We also supported FWD I this quarter to translate English version of SMNH Roadmap 2030 into Nepali version for the	

			Palika decision makers who will understand well for implementation planning.	
I3.3.4	Referral system strengthened in selected clusters of palikas and lessons learned shared for scale up.	Completed with delay	We continued support to selected palikas and province CEONC hospital for strengthening EOC inter-facility referral system in Arghakhachi. We supported desk monitoring and facilitation to service providers based on their needs at BCs. To date, a total of 77 referrals done by BCs from 3 palikas out of them 8 were on request. Regarding action plans developed by palikas and hospital for improving the referral system and quality improvement of delivery services at their facilities, 79.1% of action plans were completed till date. In this QTR, 20 were referred and out of which one referral was on request. In this quarter, we also supported to East Rukum focused palikas 15 and HO for EOC referral system strengthening through facilitating the process of EOC referral between BC/BEONC and CEONC sites based on experiences from Arghakhanchi and Airlifting process supported by President women empowerment programme through MoWCSC. The programme participants were 29 with involvement of high-level political decision-makers and health managers/workers.	Support to FWD for off-site programme monitoring and dissemination report preparation. Offsite support to HO Rukum East for follows up of EOC referral guideline approval by palikas and initiated the referral process.
3.4.1	Evidence-based clinical standards, protocols, and job aids revised at federal level and rolled out to focal service sites.		Supported FWD to update BPP pictorial card for MNH card.	Support to FWD to update MNH Card (BPP part) finalisation and explore the printing source.
i3.6	Support the implementation and refinement of the Aama programme	No plan	No plan	
I3.8	Nursing and Midwifery Strategy and Action Plans 2020-30 (draft)	No plan	Based on the implementation plan of the strategy, one of the activities which is nursing capacity enhancement through hospital in-house coaching and mentoring has already been initiated by NSSD with NHSSP's TA support. However, the implementation budget was not approved for this FY 2022/23	

[15]*The focus three palikas are Putha Uttarganga, Sisne and Bhume Rural Municipality.*

			and exploring the partners' support for continuation. In this quarter, we don't need to support NSSD for further prioritisation of activities and discussions without request.	
3.9.3	Nursing capacity development through mentors (including IPC focused) (NEW):	On-going	We continue to support NSSD for hospital in-house coaching and mentoring programme for general nursing care quality improvement. For this programme, NSSD allocated budget to develop clinical mentors at five more hospitals, but the budget for implementation at hospital level is not allocated separately. Programme division is exploring the partner's support for hospital clinical coaching and mentoring continuation and expansion, but it has not been confirmed yet.	Support NSSD to develop clinical mentors, if necessary.
i3.4.1	Evidence-based clinical standards, protocols, and job aids revised at federal level and rolled out to focal service sites.	Completed	Continue support to FWD for the process of approval and endorsement of the onsite coaching and mentoring guidelines for MNH service providers. FMoHP approved the guideline in August 2022.	Support to FWD for final formatting for printing.
i3.4.2	Support roll-out of MSS (HP level) and monitoring of implementation and response.	Completed	In this quarter (in July), MSS assessment were conducted 20 health posts (Madhesh P-13HP, Lumbini- 6HP, Sudurpaschhim-1HP) of focused palikas.	
i3.4.4	Support for planning and implementation of clinical mentoring.	Ongoing completed	NHSSP provided TA to FWD, Provincial Health Departments (especially province hospitals) and palikas to monitor and support clinical mentors, health coordinators, and finance officers to conduct QI and clinical mentoring. Nine hospitals reported on clinical mentoring and QIP as did 117 BC/BEONC sites from 94 palikas implementing mentoring. 149 clinical mentors facilitated 149 sites (11 CEONC and 138 BC/BEONC) to conduct SBA clinical mentoring to 649 staffs. QI and signal function scores of 6 hospitals (among 9 hospitals reported, 6 are compared with previous scores and 3 are new hospitals added this quarter) shows a small improvement in QI scores and signal function readiness in CEONC sites. NHSSP provided TA in establishing clinical mentor development training site at Surkhet Provincial hospital of Karnali province. Our team supported training of 11 clinical mentors in Karnali	Provide TA to FWD in developing quality monitoring dashboard for onsite coaching/mentoring

			province and 11 clinical mentors at Koshi hospital of province One.	
I3.4.6	Support the NHTC (FHD and CHD) to expand and strengthen training sites focusing on SBAs, FP, and newborn treatment.	Completed	• Completed a follow up and coordination meeting---joint field visit to Narayani Hospital (NH) Birgunj Parsa and GNSH, Rajbiraj Saptari with FWD, NHTC, PHTC-2 and PHD/MoSD-2. • Accreditation process for clinical FP training to NH and GNSH is on the process. • Desk monitored Phaplu District Hospital Solukhumbu and Community Hospital Okhaldhunga on the progress of PPIUCD service initiation after 3-days group-based training. Based on the telephone contacts both hospitals have inserted PPIUCD services (DHIS 2 verified 2 PPIUCD insertion from Phaplu District Hospital but not from Okhaldhunga Community Hospital).	- NHSSP TA will (anticipated request from NHTC) support NHTC to make brief presentation and needed supporting documents from NH and GNSH for speeding up accreditation.
I3.5.1	Evaluation and scaling up mHealth for FCHV (if successful).	No plan	NHSSP did not support for mHealth dissemination because of program division had not requested support.	
I3.5.3	Implementation of PNC guideline (PNC 24 hours and PNC home visit).	Completed with delay	We continued support to FWD and provinces for annual budgeting and implementation guideline writing as well as desk monitoring and facilitation on the specific issues and problems on guideline implementation. FWD scaled up and allocated an implementation budget to 741 Palikas in FY 2022/23. To date, 697 Palikas started PNC home visits in 76 districts including (58 new palikas in this quarter). As a result of prioritising the programme, the national level coverage of PNC 3 visits as per protocol has tremendously increased from FY 2077/78 to 2078/79 by 61.4%. Regarding the PNC home visit, small-scale study for lesson learned: we could not support FWD to start the study because of delayed approval and the short time for closing the NHSSP's programme period.	Support to FED for offsite programme monitoring and dissemination report preparation.
i3.6	Support the implementation and refinement of the Aama programme	No plan	not planned	

DATA FOR DECISION MAKING

Activity number	Activities	Status	Achievement of this quarter	Plan for next quarter
Indicator 2.1	Strengthening of routine MISs			
2.1.1	Development of roadmap for strengthening of routine MISs with better linkages to each other	Completed	The IHIMS roadmap is approved on 7th July 2022	Provide technical support to prepare implementation plan
2.1.2	Supporting the implementation of MISs strengthening based on roadmap recommendations at Provincial level (2 & 5)	Ongoing	Supporting activities planned in roadmap	
Indicator 2.2	Health facility registry updates			
2.2.1	Support the functioning of updated health facility registry as an interoperable Master Registry for all info systems	Ongoing	Supported PPMD to review the data entered in HF registry	Support to build HF registry as Master registry for interoperability
2.2.2	Support provincial capacity enhancement to update and use the health facility registry	Ongoing	Supported at local level to review and update health facility registry	
Indicator 2.3	Digital platform for recording and reporting of the minimum service standards (MSS)			
2.3.1	Supporting the roll-out of digital platform for MSS reporting at Tertiary and Secondary Hospitals in Focal provinces	Ongoing	Supported to conceptualise MSS data for monitoring NHS-SP	
2.3.2	Support implementation of digital platform at Palika level - in LL sites	Ongoing	Supported in implementation of HMIS, eLMIS and IMU	
Indicator 2.4	Web based Routine Data Quality Assessment (RDQA) system			
2.4.1	Supporting the updates to RDQA for federal level hospitals	Ongoing	Supported to develop tutorial video for offline version installation and use. Conducted follow up round RDQA in the hospitals.	Conduct analysis of RDQA data
2.4.2	Roll-out of RDQA at tertiary and secondary hospitals- Province 2 & Lumbini province	Ongoing	Disseminated RDQA and Follow-up findings	Finalise the report and disseminate the findings

2.4.3	RDQA implementation and improvements to data quality at local level facilities (LL sites)	Ongoing	Follow up round of RDQA being conducted	Complete the follow up round of RDQA and disseminate the finding
Indicator - 2.5	Monitoring of Basic Health Services			
2.5.1	Develop mechanism to monitor availability and utilisation of BHS	Ongoing	Finalised and hosted web-based BHS monitoring dashboard in MoHP website	Support to orient focal province and selected LL sites on BHS monitoring
2.5.3	Generate and feed evidence to support planning at provincial and local level	Ongoing	Continued the support to generate evidence and data use at all levels.	Support to generate evidence and data use for provincial and national review
Indicator 2.6	Strengthening the maternal and perinatal death surveillance and response system (MPDSR)			
2.6.1	Review of MPDSR system and analysis of available data	ongoing	Supporting MoHP to finalise Maternal Mortality (MM) Study following census.	
2.6.4	MPDSR data analysis to better inform the response at Provincial and palika level	Not done		
Indicator 2.7	Equity monitoring			
2.7.1	Digital dashboards for monitoring equity (using MISs and survey data), quality of care, NHSS RF and SDG progress updated at the MoHP website	Ongoing	Finalised and hosted web-based BHS monitoring dashboard in MoHP website	Update digital dashboard for monitoring equity using Nepal health facility survey data and HMIS data
2.7.2	Customised digital dashboards for monitoring equity at provincial level developed	Not done		
2.7.3	Data analysis and use of equity data to inform planning and decision-making at all levels	Completed		

Figure 1: HMIS Reporting Status

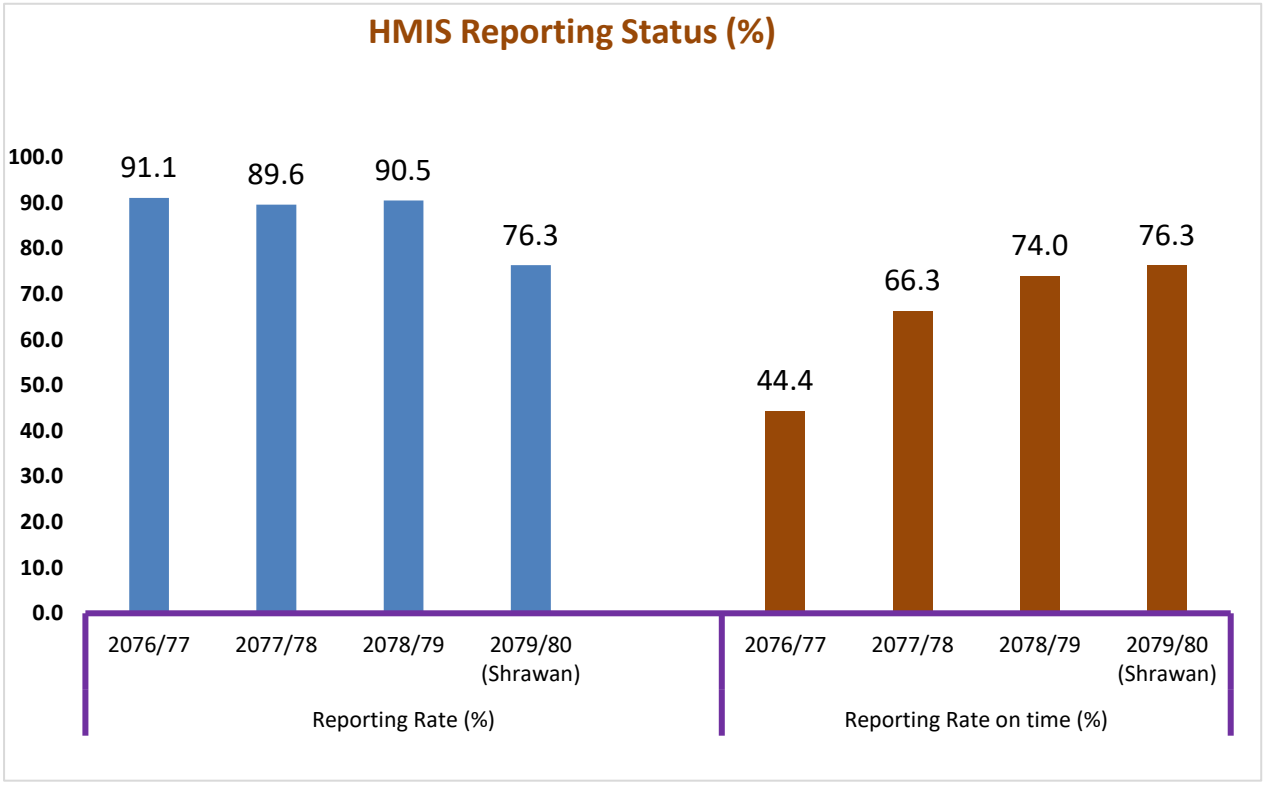

Figure 2: Weekly Comparison of SARI Cases

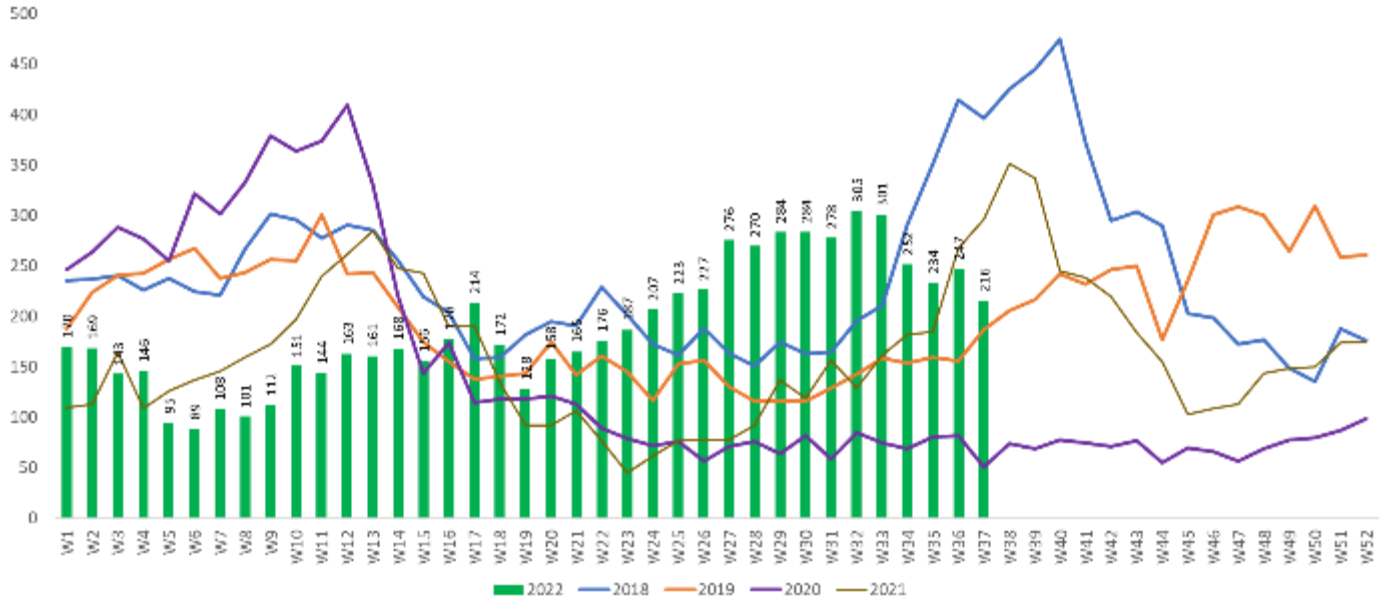

Figure 3: RDQA Score in two Rounds in Priority Provinces

Figure 4: Snapshot of BHS Monitoring Dashboard

HEALTH INFRASTRUCTURE

Activities		Status	Achievements this quarter	Planned for next quarter
	Result Area I7.1: Policy Environment			
I7.1.1	Produce post-2015 Earthquake Performance Appraisal Report (PD 13)	**Continuing**	None.	Continued support as required.
I7.1.2	Upgrade the HIIS to integrate functionality recommendations	**Ongoing**	Web based design in final stages. Data packaging almost complete.	Finalisation and handover of the system to the government
I7.1.11	Assessment of Learning Lab (LL) centres	**Ongoing**	Reports are ready for publishing	The reports will be published.
I7.1.4	Revision of the Nepal National Building Code (NNBC) concerning retrofitting, electrical standards, HVAC, and sanitary design	**Ongoing**	Final version ready for sharing.	Presentation of the handbooks to the Management Division / DoHS and MoHP for endorsement for publishing.
I7.1.5	Nepal earthquake retrofitting and rehabilitation standards produced and adopted (PD 21)	**Completed on time**	Comments still awaited from National Research Centre for Building Technology on the final draft submitted.	Updating of the report and its content based on feedback and recommendations.
I7.1.6	Development of the 'Climate Change and Health' strategy and guidelines (PD 22)	**Continuous**	Multi-hazard health infrastructure planning and development orientation completed for representatives and officials from focal provinces	Land acquisition guidelines to be updated and submitted to MoHP for endorsement.
I7.1.7	Support development of the Infrastructure Capital Investment Policy, including facility prioritisation and selection (PD 46)	**Completed**	Additional 42 designs from different municipalities received approval during the quarter for implementation. Increasing the total number of approvals to 189	Altogether 465 drawings have been received and the municipalities are updating the designs as per the review comments. More drawings are expected to be approved during the quarter
I7.1.8	Revise existing HI Design Standards and Upgrading Guidelines to ensure equity by bringing them in line with Leave No One Behind (LNOB) good	**Ongoing**	Updated and submitted to MoHP for endorsement	Follow up

	practice and orient infrastructure stakeholders on these			
I7.1.9	Support Policy for Infrastructure Development, Repair and Maintenance production and adoption	**Ongoing**	Orientation programme to provincial/municipal level representatives and officials will be conducted during the last quarter.	Follow up on the repair and maintenance guidelines with the Ministry
I7.1.10	Development of recommendations on health facility waste management improvement, focusing on legal and coordination aspects	**Ongoing**	Finalised	Publication of the handbook.
	Result Area I7.2: Capacity Enhancement			
I7.2.1	Ongoing capacity development support to MoHP / DUDBC, including capacity assessment, as well as the formation of a Capacity Enhancement Committee	**Ongoing**	Organisation of different events for on-site capacity improvement of DUDBC staff members on site management issues and quality assurance mechanism at the retrofitting sites. Continued capacity enhancement of municipality engineers / architects and concerned private sector consultants on health infrastructure planning and design.	The onsite capacity improvements events to continue regularly and as required. Support continues. Follow up and monitoring support.
I7.2.2	Training Needs Analysis for MoHP, DUDBC and Construction Contractors and Professionals	**Completed**	An ongoing process to address the new needs of training.	Continuation of assessment at retrofitting sites and provinces and accordingly plan activities.
	Training programme implementation	**Ongoing**	Orientation to technical people from DUDBC and contractor on quality compliance and testing of materials and works organised as required	The onsite training and orientation will continue as required.
	Result Area I7.3: Retrofitting and Rehabilitation			
I7.3.1	Strengthening Seismic, Rehabilitation and Retrofitting Standards and orientation on the standards, including a report with recommendations (PD 16)	**Completed**	Completed.	Orientation continues as required

I7.3.5	Design of retrofit works (structural / non-structural) with DUDBC (PD 29)	**Completed**	Completed.	Continuous updating as required
	Engagement of MoHP / DUDBC in design and tendering	**Continuous**	Continued support to DUDBC in construction management as per the bidding documents at both the sites. Retrofitting of Medical and Maternity block progressing in Pokhara. Decanting of OPD block completed in Pokhara and initiation of retrofitting works Decanting of Maternity block completed and the process of retrofitting initiated	Continued support to DUDBC in construction management as per the bidding documents at both the sites. Completion of Medical and Maternity block retrofitting in Pokhara. Progress in structural retrofitting of OPD block Initiation of construction of link corridor
I7.3.7	Preparation of final drawings	**Completed**	All updated drawings provided to FPIU DUDBC.	Preparation of additional details and working drawings as required will continue.
I7.3.8	Production of BoQs	**Completed**	The BoQs updated as required at the site as per the site conditions.	Revisions will continue depending on the site condition and availability of specified products in the market.
I7.3.9	Tender process and contractor mobilisation (PD 40)	**Completed**	Supporting contract management, monitoring and supervision of the work in progress. Supporting in approval of variation of items Extension of contract for WRH retrofitting works	Continued technical and management support for the retrofitting work. Variations approved and work order issued by DUDBC.
I7.3.10	Priority Hospitals Work Implementation and Supervision, completion of the first phase (PD 55)	**Completed**	Overall retrofitting progress Pokhara 50% and 47% in BKT	Expedite the progress with continued technical and management support for retrofitting of both the Priority Hospitals.

GENDER EQUALITY AND SOCIAL INCLUSION

Activity		Status	Achievements this quarter	Planned activities for next quarter
I2.2	Result Area: Districts and divisions have the skills and systems in place for evidence-based bottom-up planning and budgeting			
I2.2.1	Develop GRB and LNOB Budget Marker Guidelines at national level	Completed	-	• Printing of the GRB and LNOB budget marker training package.
I2.4	Result Area: MoHP has clear policies and strategies for promoting equitable access to health services			
I2.4.1	Revise Federal Health Sector GESI Strategy; develop Madesh Province Health Sector GESI Strategy	Ongoing	Provided comments on the GESI Policy of Butwal Sub-Metropolis.	• Formation of Steering Committee and orientation to FMoHP and DoHS officials on the Federal Health Sector GESI Strategy once approved from the Cabinet. • Printing and dissemination of the FMoHP's GESI strategy. • Facilitate the Madesh Provincial GESI Steering Committee meeting • Finalise GESI policy of Butwal Sub-Metropolis.
I2.4.2	Revise and strengthen GESI institutional structures, including revision of guidelines	Not scheduled	No specific activities have taken place because of the delay in approval of the Health Sector GESI Strategy.	-
I2.4.3	Develop National Mental Health Strategy and Action Plan	Completed	-	-
I2.4.4	Standardise Psychosocial Counselling Curricula	Completed	Completed six-month long psychosocial counselling training of OCMC focal persons across the country. A total of 50 OCMC focal persons were certified as trained counsellors in previous quarter and 40 OCMC focal persons completed two modules within this quarter and will be certified in next quarter.	Organizing psychosocial counselling training to OCMC staff.

I2.4.5	Development of National Health Sector Social Accountability Directives	Completed	Approved social auditing training curricula and completed 3 days long training of trainers to 21 participants from all seven provinces to roll-out Health Sector Social Accountability Federal Directives 2020.	
I2.4.6	Develop guidelines for disability-inclusive health services	Completed	-	-
I2.4.7	Revise SSU, OCMC and Geriatric Service Guidelines	Completed	Printing of Geriatric Health Service Strategy and Protocol.	
I2.4.8	National and provincial-level reviews of OCMCs and SSUs	Completed	3 days long annual review workshop of OCMCs, SSUs and Geriatric health care of federal hospitals completed in September 2022. Focal persons from 15 hospitals participated.	-
I2.4.9	Capacity enhancement of GESI focal persons and key influencers from the MoHP, DoHS and MoSD/MoHP on GESI and LNOB aspects for health	Ongoing	A day-long program was organized by Population Management Division/FMoHP and delivered sessions on GESI concept and mainstreaming in health sector; key provision on geriatric health service strategy, geriatric health service protocol, gender responsive budget guidelines, LNOB budget marker guidelines, OCMC, SSU and geriatric operational guidelines to reporters of national media (TVs, radios, online). A total of 45 journalists benefitted from the orientation.	-
I3.1	Result Area: The DoHS increases coverage of under-served populations			
I3.1.10a	Strengthening and scaling up of OCMCs and geriatric services	Ongoing: Establishment of new OCMCs and strengthening of existing OCMCs.	Completed two days long training on recording and reporting of OCMC, SSU and Geriatric health services in HMIS to OCMC and SSU focal persons from all hospitals in Madhesh and Gandaki provinces.	Training on recording and reporting tools of OCMC, SSU and Geriatric health services to new OCMC, SSU and Geriatric programme implemented hospitals.

I3.1.10b	Support strengthening of OCMCs through mentoring/ monitoring and multisectoral sharing and consultation	Ongoing: Regular consultations with key partners and hospital teams, coaching and mentoring from a distance and in-person.	Follow-up support provided through phone calls and in-person visits to Mechi, Koshi, BPKIHS, Inaruwa, Kalaiya, Bardibas, Okhaldhunga, Kanti, Dhading, Bheri, Dang, Pyuthan, Surkhet, Dailekh, Dadeldhura and National Trauma Center to strengthen OCMC.	• Mentoring and follow-up support to Narayani, Janakpur, Rumjatar, Seti, Dadeldhura, Doti, Bharatpur Pokhara OCMCs and other OCMC hospitals as required. • Operationalise OCMC recording and reporting system. • Orientation for the establishment of new OCMCs at Thokarpa hospital (Sindhupalchok). • Workshop with GBV survivors at Parsha, Madhesh Province.
I3.1.11	Supporting the rollout of the GBV clinical protocol	Ongoing	-	-
I3.1.13a	Scaling up SSUs and geriatric services	Ongoing: Establishment of new SSUs and strengthening of existing SSUs; establishment of new geriatric inclusive health services and strengthening of newly established geriatric services.	-	Orientation for the establishment of new SSUs at Bardibas hospital, Kirtipur Burn Center, Kirtipur hospital and Thokarpa hospital (Sindhupalchok).
I3.1.13b	Support capacity enhancement of SSUs through training, mentoring, monitoring and online reporting workshops	Ongoing: Regular coaching and mentoring from a distance and in person	• Backstopping support provided to SSUs in BPKIHS, Mechi, Narayani, Bharatpur, Pokhara, Lumbini, Dang, Pyuthan, Dadeldhura hospitals and National Trauma Center	• Mentoring and follow-up support to select SSUs; Operationalise SSU online recording and reporting system.

ANNEX 5 LOGFRAME UPDATE

This logical framework presents progress to August 2022, updated in advance of the September Annual Review of NHSP3. Sources of data for the indicators include programme documents, routine information systems (HMIS, LMBIS/TABUCS/SUTRA), FMoHP records, national level surveys/assessments, and global studies/projections (e.g., Global Burden of Disease).

NHSP3 Master Logframe (29 August

ANNEX 6 RISK MATRIX

General Health TA Risk Matrix

Risk No	Risk	Gross Risk		Risk Factor RAG rated	Current controls	Net Risk		Risk Factor RAG rated	Net Risk Acceptable?	Additional control	Assigned manager / timescale	Actions
		Likelihood	Impact			Likelihood	Impact					
	Strategy and Context											
R1	The federal election in Nepal is expected to be held in November 2022 this may impact close out of the programme as local representatives including the government employees will be involved in the election process.	Likely	Severe		NHSSP will complete the major activities including data gathering and knowledge sharing of both local and federal level before the election. Staff will be circulated operating guidelines to follow during the election period	Likely	Major		Yes	NHSSP will document the impacts and regularly share with BEK and Options.	Team Leader	Tolerate
R2	The worldwide economic crisis may lead to high inflation and shortage of basic	Likely	Severe		NHSSP will regularly update staff and stakeholders	Likely Major	Major		Yes	NHSSP will regularly follow the economic and security situation of the	Deputy Team Leader	Tolerate

	commodities including fuels this may lead to demonstrations.				about the country situation. Staff will be encouraged to follow NHSSP travel plans to avoid demonstration s sites.					country. Any external risk will be communicated on regular basis with both BEK and Options.		
	Policy and Programme Delivery											
R3	NHSSP programme ends on December 2022. The disengagement of TA at both national and subnational government after December may give negative message to the government counterparts	Likely	Major		NHSSP will communicate to both federal and subnational government that UKaid support will continue in future so that there will be no risk of gap/disengage ment of support.					NHSSP will maintain close communication with government counterparts and continue regular at both FMoHP and priority provinces.	Deputy Team	Tolerate
R4	Government of Nepal may identify a different set of priorities or approaches at federal and sub-national levels,	Likely	Severe		Continue regular engagement with the FMoHP and priority province and	Likely	Major			NHSSP will maintain close communication with BEK/FCDO Advisors regarding government	Team Leader	Tolerate

	than those presented in the Extension proposal.				palika governments in planning processes and so flexibility in the TA where possible.					consultations, especially should they lead to unanticipated variances in approach.		
R5	Inadequate political will to drive key reform processes for example procurement reform at federal and sub-national levels.	Likely	Major		NHSSP advisors work closely with senior staff in FMoHP to advocate, build understanding and buy in to planned reform processes.	Likely	Moderate		Yes	NHSSP advisors will continue to work closely with senior staff at Federal and sub-national level. Pace of changes will be carefully planned. Regular meeting of CAPP monitoring committee.	Team Leader /Strategic Advisor	Treat
R6	Delays in the transfer of budget to local government bodies will impact the delivery of quality health service.	Highly Likely	Major		Capacity building of local government including orientation on programme implementation guides and planning support in coordination	Highly Likely	Moderate		Yes	Regular engagement with the FMoHP and priority province and palika governments in planning processes. Subnational staff to provide hands-on	Lead advisers, Provincial coordinators	Treat

					with all supporting partners EDPs.					support to local governments in prioritising activities		
R7	Competing priorities at the local level may result less attention to public health interventions	Highly Likely	Major		Support FMoHP in advocating for health and capacity building of local & provincial government.	Highly Likely	Moderate		Yes	D4D team will support collection and analysis of public health data to be used for advocacy, and to inform planning and budgeting.	Coverage and Quality Technical Strategist	Treat
	Public Service Delivery and Operations											
R8	Reduced access to routine health care services for vulnerable populations, especially women, children, people living with disabilities and the elderly.	Highly Likely	Severe		NHSSP will advocate and work with MoHP for service continuity. Continue advocating for service sites to be made safe, using PPE and infection prevention, and for complication readiness as	Likely	Moderate		Yes	NHSSP will advocate for rapid assessment of essential health services and for availability of ambulances and developing messages with concerned partners	SD/HPP team	Treat

					women/children will wait until they are seriously ill – messaging on danger signs							
R 9	The rising COVID 19 cases may divert MoHP personnel and resources towards preparedness and management of the infection, which might affect routine programming.	Likely	Severe		NHSSP will support MoHP in contingency planning in close consultation with BEK. NHSSP will work with MoHP and DoHS to monitor routine service provision.	Likely	Major		Yes	NHSSP will work closely with BEK and other partners to develop and implement hospital safety measures.	PPFM/ HPP team	Tolerate
R10	MoHP priorities/demands are changeable due to external and internal pressures which deflects TA from sector targets at federal and subsequently, sub-national levels	Highly Likely	Moderate		The NHSSP team is and will continue to closely collaborate with key counterparts to ensure a shared understanding of work plans. The NHSSP is	Possible	Minor		Yes	NHSSP team will continue to work closely with FMoHP colleagues and actively engage priority province and palika governments and remain flexible and strategic.	Concerned Advisers	Treat

					being flexible and responsive to make certain that adapting plans will have limited impact on overall quality of delivery of the TA.							
R11	Highly staff turnover in key government positions limits the effectiveness of capacity enhancement activities with FMoHP and the DoHS.	Likely	Moderate		NHSSP adopts capacity enhancement at institutional and system level besides individual capacity enhancement so that institutional memory remains in place.	Likely	Minor		Yes	NHSSP works with different cadre of Health Staff.	Concerned NHSSP Advisers	Tolerate
R12	Staff shortages at sub-national levels limits the effectiveness of capacity enhancement activities at priority provinces and palikas.	Highly Likely	Major		NHSSP will take flexible and adaptive approaches, including provision of direct support at sub-national level	Likely	Moderate		Yes	NHSSP team will work closely with FMoHP to monitor and support transition plan.	Team Leader/Strategic Adviser	Tolerate

R13	Lack of clarity and understanding at all three spheres of government on new mandated roles and responsibilities.	Highly Likely	Moderate		NHSSP will use the capacity enhancement tools and orientation programmes as an opportunity to review and discuss the revised mandates of each sphere of government.	Likely	Minor		Yes	NHSSP continuing to advocate and guide TA that is aligned to revised mandates.	Team Leader/Strategic Adviser	Treat
	Financial and Fiduciary											
R14	The TA programme has limited funds to support the strengthening of major systems components such as HR systems.	Likely	Moderate		Support policy and planning in the MOHP. Engage with other EDPs who are supporting related areas.	Possible	Minor		Yes	Continue to work with FMoHP and WHO and other partners who may have financial resources to support these.	Advisers	Treat

R15	Weak PFM system leads to fiduciary risk	Highly Likely	Severe		To work actively to support the FMoHP in strengthening various aspects of PFM via an updated FMIP, regular meeting of PFM committee, update the internal control guideline and add cash advance module in TABUCS to reduce fiduciary risk and the formulation of procurement improvement plan (PIP) and establishment of a CAPP monitoring committee.	Likely	Moder ate		Yes	Continue to monitor risks and mitigate through periodic update of FMIP, CAPP, and PIP, through the PFM and CAPP monitoring committee. Engaging FMoHP Secretary, FCGO and PPMO. Extend active engagement to priority provincial governments, to create an enabling environment for effective and appropriate FA spend.	L&G Team Lead/ Senior procurem ent adviser	Treat
R16	Increased pressure of corruption at provincial and LLs	Likely	Major		NHSSP takes Zero-tolerance approach to	Likely	Moder ate		Yes	NHSSP staff will undergo training and support to resist pressure.	Team Leader/D eputy	Treat

					fraud and corruption.					Options' whistle-blower policy will be rolled out to the NHSSP team.	Team Leader	
	Safeguarding											
R17	Harm, abuse and exploitation of children and vulnerable adults (includes sexual harassment and exploitation).	Possible	Major		NHSSP takes a Zero-tolerance approach to the abuse and exploitation of children and vulnerable adults. NHSSP, led by Options has systems in place to document, monitor and report on the implementation of its safeguarding policy.	Possible	Moderate		Yes	NHSSP staff will undergo additional safeguarding training. Options' Child and Vulnerable Adult Safeguarding Policy will be rolled out to NHSSP staff. Updates to partner contracts will include compliance with BEK/FCDO's latest Supply Partner Code of Conduct.	Team Leader and Options' Safeguarding Lead (Director of Programmes)	Treat
	People											
R18	High staff turnover is likely as the programme ends in December 2022. This may impact the subnational most	Possible	Major		NHSSP has maintained roster of experts who will be hired to replace the place. NHSSP	Possible	Moderate			NHSSP will take flexible and adaptive approaches, including provision of direct support at	Team Leader	Treat

	as the contract of HSSOs and Provincial Coordinators ends on October.				will contract STTA to fill the HR gaps.					sub-national level if required from the federal level		
R19	Staff may be at risk of the rising COVID cases since the month of July 2022.	Possible	Moderate		NHSSP will maintain staff safety and wellbeing as per the Options duty of care protocol.	Possible	Moderate		Yes	NHSSP will continue to communicate the situation to all staff and make them aware that their safety comes first. Regular communication channels will be established with all staff.	TL	Tolerate
	Climate & environmental											
R20	Further earthquakes, aftershocks, landslides or flooding may disrupt delivery of healthcare services.	Likely	Major		Continue to monitor situation reports/GoN data; ensure programme plans are flexible, and re-plan rapidly following any further events. Comprehensive security guidelines will	Likely	Moderate		Yes	NHSSP will support MOHP to update disaster preparedness plan; and will work with other EDPs to identify ways to build a more resilient health system.	Concerned NHSSP Advisors	Tolerate

					be put in place for all staff.							
Health Infrastructure Risk Matrix (Specific risk- not included above)												
	Strategy and Context											
R1	Project completion may delay due to both internal and external factors such as global economic crisis, slowing of UK economy, new government in Nepal after November election and reshuffle of key staff at the Ministries and departments.	Highly Likely	Severe		NHSSP is closely monitoring the progress at the site and coordinating with MoHP, DUDBC/ FPIUs and Hospital management to facilitate the contractor in execution of the work to the best possible extent despite the difficulties	Likely	Major		Yes	NHSSP is regularly supporting DUDBC and its respective FPIUs to update the activity schedule and execute the work as per the updated activity schedule. NHSSP will document the external risks and regularly share with BEK and Options.	NHSSP HI team	Treat

R2	The delay in amendment of the budget required for the fourth package in the AWPB may impact on the construction of the slices under fourth package and handover of the retrofitted blocks.	High	Major		NHSSP will work with DUDBC and MOHP and facilitated coordinated effort to support the budget amendment processes.	Medium	Moderate		Yes	NHSSP is coordinating with DUDBC and respective PIUS to budget revision processes.	NHSSP HI & PPFM team	Treat
	Reputational											
R3	Overall delay in completion of the project on time	Highly Likely	Severe		NHSSP is monitoring the work activity schedule regularly and working in close coordination with the Hospital Management, DUDBC (FPIU), and the contractor.	Likely	Major		Yes	NHSSP is regularly supporting DUDBC and its respective FPIUs to update the activity schedule and execute the work as per the updated activity schedule.		Tolerate
	People											
R4	Site Engineers, construction workers and contractor's personnel during the works may get infected with new wave of COVID-19	Highly Likely	Major		NHSSP has been regularly monitoring the safety requirements at the site as per the standard	Likely	Moderate		Yes	NHSSP HI team, in coordination with the DUDBC FPIUs, is strictly monitoring the management of safety protocols	NHSSP HI team	Treat

					protocol agreed with DUDBC. Also, special arrangements have been agreed between the Hospital Management and DUDBC regarding the necessary medical procedures.					at the site Orientation to the workers and contractor's personnel has been carried out at the site prior the work execution, and health and safety orientations are organised regularly.		