

Procurement Improvement Plan 2017/18-2021/22



Ministry of Health
November 2017

नेपाल सरकार
स्वास्थ्य प्रचालक
रामसाहपुत्र, काठमाडौं
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Procurement Improvement Plan 2017/18-2021/22



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Procurement Improvement Plan (PIP) - FY 2017/18 to FY 2021/22 has been prepared by Ministry of Health (MoH), Government of Nepal. Technical and Financial Assistance for the work was provided by the Nepal Health Sector Support Programme (NHSSP).

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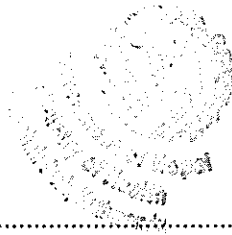


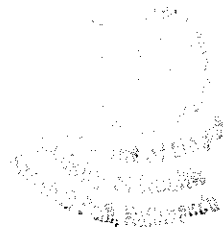
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Acronyms

APP	Annual Procurement Plan
AWPB	Annual Work Plan and Budget
CAPP	Consolidated Annual Procurement Plan
CAPP-MC	Consolidated Annual Procurement Plan- Monitoring Committee
CBLO	Central Bidding and Local Ordering
CMS	Content Management System
CPV	Common Procurement Vocabulary
DDMS	Drug Disposal Management System
DHIS-2	District Health Information System- 2
DoA	Department of Ayurveda
DoDA	Department of Drug Administration
DoHS	Department of Health Services
DPHO	District Public Health Office
DUDBC	Department of Urban development and Building Construction
EDP	External Development Partners
e-BS	Electronic Bidding System (e-GP Phase-I)
e-GP	Electronic Government Procurement System (e-GP Phase-II)
FA	Framework Agreements
FMIP	Financial Management Improvement Plan
FY	Financial Year
GAAP	Governance and Accountability Action Plan
GoN	Government of Nepal
GRM	Grievances Redressal Mechanism
HI	Health Institutions
ICT	Information and Communication Technology
IMS	Information Management System
LMD	Logistics Management Division of the DoHS



LMIS	Logistics Management Information System
LWG	Logistics Working Group
MDG	Millennium Development Goal
MPP	Master Procurement Plan
MoFALD	Ministry of Federal Affairs, and Local Development
MoH	Ministry Of Health
MoLIPA	Ministry of Law, Justice, and Parliamentary Affairs
NHP	Nepal Health Policy
NHSS	Nepal Health Sectoral Strategy
NHSSP	Nepal Health Sector Support Programme
PAS	Procurement Audit System
PE	Public Entity/ Procuring Entity
PEFA	Public Expenditure and Financial Accountability Framework
PFM	Public Financial Management
PHC	Primary Health Centre
PMS	Procurement Management System
PPA	Public Procurement Act, 2007
PPMIS	Public Procurement Management Information System
PPMO	Public Procurement Monitoring Office
PPP	Public Private Partnership
PPR	Public Procurement Regulations, 2007
PPSF	Procurement Policy/ Strategy Framework
PPTIN	Public Procurement Transparency Initiative in Nepal
PRA	Procurement Risk Analysis
QAP	Quality Assurance Plan
RMP	Risk Mitigation Plan
SBD	Standard Bidding Documents



SCM	Supply Chain Management
SDG	Sustainable Development Goal
SPD	Standard Procurement Documents
TABUCS	Transaction Accounting and Budget Control System
TC	Technical Committee
TSB	Technical Specification Bank
VfM	Value for Money



1. BACKGROUND

The constitution of Nepal enshrines the provision of free basic health services to all citizens. The Ministry of Health (MoH) and its concerned entities are responsible for implementing these constitutional mandates. This constitutional mandate of providing free basic health services has been internalised through the procurement and distribution of free essential drugs at all levels. Procurement is the process of acquiring resources which contribute towards achieving the organisation's goal. Since the public purse is involved in procurement, the MoH is committed to creating efficient, effective, competitive, accountable, value for money (VfM), and transparent measures in its procurement process. Therefore, the MoH realises the importance of strengthening the procurement cycle through the development, endorsement, and implementation of the Procurement Improvement Plan (PIP 2017/18-2021/22). The MoH has taken a systemic approach to reviewing and prioritising the current challenges related to health sector procurement in Nepal. The purpose, objectives, and outputs of the PIP are aligned so that the major challenges in health sector procurement can be addressed within the stipulated time. The MoH received input from External Development Partners (EDPs) which have contributed to making this PIP a robust document. The draft PIP was presented in the workshop on November 28, 2017, where 66 people from various organisations participated. The inputs from the workshop were included whilst finalising the PIP. The MoH considers this PIP as a rolling document which can be changed to incorporate the evolving needs. This document can be used to facilitate the improved procurement process at both provincial and local level.




2. CURRENT SITUATION AND CHALLENGES

Effective procurement management in Nepal's health sector requires the MoH's capacity to plan, implement, and monitor the procurement process, which is in line with the Public Procurement Act (PPA), Public Procurement Regulations (PPR), Nepal Health Policy (NHP), Nepal Health Sector Support (NHSS) and Financial Management Improvement Plan (FMIP). The MoH needs the capacity to prepare the Master Procurement Plan (MPP), Annual Procurement Plan (APP), Consolidated Annual Procurement Plan (CAPP), and to oversee their effective implementation and monitoring to ensure their timely procurement and distribution. The MoH will also provide the institutional framework for procurement audits and VfM. During the period of the first and second Nepal Health Sector Programmes (NHSP-1 and NHSP-2), some initiatives were implemented to strengthen Procurement and Supply Chain Management (PSM), which have contributed to improving the availability of quality drugs and basic health services. The MoH/LMD has recently enacted reforms including creating the pre-bid information system, standardising the procurement process, and developing the post-bid contract management system.

In order to strengthen, monitor, and sustain the initiatives the Department of Health Services (DoHS)/ Logistics Management Division (LMD) has formed and expanded their technical committees. The governing committee among other technical committees is the CAPP Monitoring Committee (CMC), which is under the leadership of Director General of the DoHS. The Terms of Reference (TOR) of this committee have been endorsed by the secretary of the MoH with the provision of submitting their progress report to the MoH Public Financial Management (PFM) committee. Other technical committees include the Logistics Working Group (LWG), Logistics Management Information System (LMIS) Task Force and Technical Committee (TC) for the Technical Specification Bank (TSB).

Impressive progress has been made in developing and institutionalising the CAPP for drugs and equipment. The CAPP of previous years have been uploaded to the LMD's website. Additionally, the updated TSB is now available on the LMD website. Any institutional and/ or individual users can get information on technical specifications through the TSB. The information systems including the Content Management System (CMS), LMIS, and Transaction Accounting and Budget Control System (TABUCS) were designed and implemented at different times and capacity building training was also conducted. The LMD has been using e-GP I since Financial Year (FY) 2014/15. More recently, the LMD has started


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the online e-GP II that will contribute to improving the procurement process. Despite with the above-mentioned progress, the MoH is experiencing some challenges in overall procurement practices. The problems in health sector procurement are documented in different reports by the MoH and discussed in various technical groups. It was agreed to categorise the problems into nine different headings. The MoH understands that there is a long list of problems pertaining to health sector procurement. The challenge starts with weak planning, weak contract management, and poor quality of warehousing and ends with the insufficient number of skilled human resources. The MoH considers the following procurement and supply chain management related challenges in health sector procurement:

Weak linkage and coordination in pre-bid information systems: There is weak linkage between the CAPP, TSB, CMS, LMIS, HMIS, and TABUCS. Market Analysis, Cost Analysis and Procurement Risk Analysis (PRA) are almost not in existence in the procurement management system of the health sector. There are also some ambiguities about the scope, roll, and responsibilities of the MoH, Centres, and Divisions in these systems.

Insufficient procurement planning and monitoring systems: It has taken several efforts to consolidate the procurement plan and implement it; however, the CAPP is still not sufficiently comprehensive. Adequate monitoring of the CAPP is also not in place for each type and modality of procurement. Similarly, contract management capacity and its monitoring is also weak.

Lack of standardised procurement process for health sector: Procurement processes are defined by the PPA/ PPR with mandatory application of Standard Bidding Documents (SBDs), guidelines, and technical notes issued by the Public Procurement Monitoring Office (PPMO). However, the health sector's requirements are not sufficiently addressed through SBDs, guidelines, and technical notes. Additionally, no specific standardised process for the solicitation of bids along with SBDs, guidelines, and technical notes have been designed for the health sector. The procurement of drugs and medical equipment is treated as the procurement of civil works and other general goods.

Ineffective contract management: The PPMO has introduced e-GP phase I (2013) and phase II (2017) systems, the use of which being mandatory for all types of procurement system. However, no health sector specific SBDs have been approved and uploaded to the e-GP. As a result, the current e-GP has limited advantage in terms of contract management.


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Lack of post-bid information practices: The MoH has not yet formalised the Procurement Audit System (PAS), Quality Assurance Plan (QAP), and Risk Mitigation Plan (RMP) for the procurement and supply chain management process.

Weak supply chain management: Despite the implementation of pre-bid information systems including the CAPP, TSB, and LMIS, the MoH has not been able to implement them effectively. As a result, the chances of having a stock-out is high at the point of service delivery. The current supply chain management is based on both a pull and push model which does not always address the demand. In the devolved context, the role of procurement entities have not properly been defined yet.

Weak warehousing practices: A lack of proper infrastructure is a major contributor to the current weak warehousing practices. A lack of skilled human resources for managing warehousing facilities, insufficient equipment, and weak disposal of drugs and equipment are the major challenges.

High audit queries in procurement: Delays in decision making in the procurement cycle directly effects the financial management of entities. Too long a time is taken in the decision making process for CAPP approvals, the solicitation of bids, supply schedule management, and payments. The impact of this is increased multi-year financial liability and an increased fiduciary risk. Non-transparent delays in procurement decisions often increase the risk of having high audit queries. The MoH and procurement entities are currently having high audit observation due to non-compliance, mis-procurement, and intentional error.

Weak professional capacity: Inconsistent staffing patterns, inadequately skilled staff, and a lack of sufficiently trained human resources has caused weak performance in procurement management. Skilled workforces for the operation of e-GP, CAPP, TSB, LMIS, QAP, and Information Management System (IMS) have not been developed at the federal, provincial, and local level. Similarly, institutional memory has been weekend due to rapid transfers of workforce involved in procurement and supply chain systems.


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3. OBJECTIVES

The purpose of this PIP is to strengthen procurement and supply chain management practices at the MoH and its procurement entities. Specific objectives are to:

- Strengthen the implementation and linkages of pre-bid information systems including the TSB, LMIS, and TABUCS
- Enhance the formulation, implementation, and monitoring of the MPP, APP, and CAPP
- Develop a standard procurement process including health sector specific SBDs in line with the PPA and PPR
- Improve contract management practices through the QAP, PAS, RMP, and e-GP
- Strengthen supply chain management through the IMS, infrastructure development, and warehouse management
- Reduce audit queries related to procurement and the supply chain
- Develop institutional and individual capacity through up-scaling the LMD, professional training, short-term courses, continued education, and exposure visits

4. RATIONALE

The MoH has taken several initiatives to improve overall procurement practices through policy provisions including the NHP, NHSS, and FMIP. These policy directives suggest that the MoH design and implement the PIP¹. The NHSS outlines the reform initiative in procurement and supply chain management:

1. Reforming procurement and logistics systems responsible for forecasting, tendering, contracting, and supply chain processes

¹ Pp 31 of the Nepal Health Sector Strategy, 2015-20; December 2015; MoH.


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2. Establishing a procurement centre staffed with procurement experts who will be sufficiently trained, including on further capacity enhancement in supply chain management²
3. Provisioning the formulation and implementation of the PIP by the FMIP

In order to achieve these policy directives, the MoH will focus on building an enabling environment for reform and anchoring the work across the procurement cycle. Critical to this approach is maintaining continuous engagement with EDPs who are supporting the financial management and procurement reform processes within the health sector. The PIP has been developed to address the above-mentioned challenges, meet the purpose and objectives, and achieve the expected results. The MoH understands the importance of preparing a comprehensive and detailed plan which will help to monitor progress every six months. The CAPP-MC is responsible for monitoring progress made in the implementation of this plan. This plan is relatively detailed which will allow provincial and local government to adapt it while finalising their procurement improvement plans. In this context, the MoH has decided to set the following outputs to achieve the objective of the PIP 2017/18-2021/22:

- Output-1: Strengthened implementation and linkages for the pre-bid information system
- Output-2: Improved procurement planning and monitoring
- Output-3: Endorsed standard procurement process in the health sector
- Output-4: Improved contract management
- Output-5: Strengthened supply chain management
- Output-6: Reduced audit queries
- Output-7: Enhanced professional capacity

² Pp 31 of the Nepal Health Sector Strategy, 2015-20; December 2015; MoH.

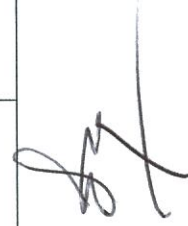

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5. PROCUREMENT IMPROVEMENT PLAN - 2017/18-2021/22

Key Outputs	Key Interventions	Responsibility	Baseline	Time Frame (Fiscal Year)					Key Indicator	Current Status (15 October 2017)
				Inception 2017/18	2018/19	2019/20	2020/21	2021/22		
OUTPUT-1 Strengthened implementation and linkages for pre-bid information system	1.1 Develop, endorse, and implement TSB	MoH/LMD/DoHS/PE	TSB has some system errors and is not in use in LMD/DoHS	Developed and endorsed new TSB	-	-	-	-	Sophisticated TSB data accessed and used by all in procurement process	New TSB system Software is prepared and installed with codification
	1.1.1 Standardisation of technical specifications for drugs and equipment and codification into the TSB System		Not Accessible due to some system error seen in the software	Upload minimum of 108 drugs and 1089 equipment	Upload minimum of 200 drugs and finalise essential equipment list	Upload minimum of 300 drugs and updated EE specification	Upload minimum of 400 drugs and updated EE specification	Upload minimum of 500 drugs and updated EE specification	Updated and codified TSB data available in LMD's website and used in procurement process	Errors in the system is redesigned, corrected, and finalised.
	1.1.2 Use of TSB by all levels of procurement entities		TSB was not updated and not operational	Implementation in LMD/DoHS	Implementation in all level of PES	Implementation in all level of PES	Implementation in all level of PES	Implementation in all level of PES	Use of TSB will support standard procurement practices at all levels	TSB designed, installed, updated, and now operational to use in procurement process at all levels



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				Inception 2017/18	2018/19	2019/20	2020/21	2021/22			
	1.1.3 Use of TSB by Stakeholders in solicitation of bid		TSB use was not mandatory	50% Including 70% of procurement of free drugs	60% Including 80% of procurement of free drugs & equipments	70% Including 90% of procurement of free drugs & equipments	80% Including 90% of procurement of free drugs & equipments	90% Including 95% of procurement of free drugs & equipments	TSB will support all stakeholders to the standard use of specification in procurement process	Mandatory use of TSB in solicitation of bid is decided by DoHS	
	1.1.4 TSB Data integration with e-GP and use		Not in practice	Initiation	Interface established	50%	70%	85%	Support full fledged e-GP operation in practice		
	1.1.5 Integration of the TSB with TABUCS (AWPB)		Not in practice	Initiation	Interface established	50%	70%	85%	TSB data availability in TABUCS will support effective planning in MoH		
	1.1.6 Verification of use of TSB in procurement of LMD		Not Available	70%	80%	90%	90%	95%	Monitor the mandatory use of TSB in practice		
	1.1.7 Yearly Updating of TSB data with technical advances in international context		Not Present	Initiation for annual update	Annual Update	Annual Update	Annual Update	Annual Update	Annual Update	TSB will updated as per technical advancement in market and requirements of DoHS	Annual Updates have been done for 2017/18


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Key Outputs	Key Interventions	Responsibility	Baseline	Time Frame (Fiscal Year)					Key Indicator	Current Status (15 October 2017)	
				Inception	2018/19	2019/20	2020/21	2021/22			
				2017/18							
1.2 Logistic Management Information System (LMIS) functional		MoH/DoHS/L MD/PE	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	Enhanced LMIS data access to all levels of health facility	Initiation Phase	
			LMIS installed in CMS and RMS including Drug extension initiation and data entry	50%	70%	85%	95%				
			Drug extension & data entry at HIS level initiation and data entry	50% of drugs including 10% reduced stock outs	70% of drugs including 15% reduced stock outs	95% of drugs including minimum of 25% reduced stock outs reports					
1.2.1 Fully fledged LMIS implementation			Currently operated in district level only with limited drugs							LMIS is operated in all levels and linked to procurement process and reducing stock out level.	Planning for HIS level operation in at local level
1.2.2 e-LMIS design and implementation			e-LMIS Software is not present							e-LMIS Data available for procurement planning	Initiating for system design for e-LMIS
1.2.3 Periodic quantification and forecasting data processing and dissemination by LMIS			Data dissemination in each 3 month by Pipeline-Monitoring Committee	Quarterly dissemination of data at CAPP-MC	Quarterly	Quarterly	Quarterly	Quarterly		Enhanced monitoring of procurement data through LMIS	CAPP-monitoring active



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				Inception 2017/18	2018/19	2019/20	2020/21	2021/22		
	1.2.4 LMIS quantification and forecasting data linking to procurement system		Not present	System design initiation started	Piloting	Operational at all levels	Operational at all levels	Operational at all levels	e-LMIS data based procurement system operated at all levels	
	1.2.5 LMIS Data integrated and linked to TABUCS		Not present	System design initiation started	Piloting	Operational at all levels	Operational at all levels	Operational at all levels	LMIS integrated data available at all levels and TABUCS at central level	
<u>OUTPUT-2</u> Improved procurement planning and monitoring	2.1 Enhancement of CAPP and monitoring of procurement cycle	MoH/DoHS/L MD/PE	CAPP-MC was not exist	Formation of CAPP-MC with its TOR and approval of PIP by MoH	-	-	-	-	Enhanced and systematic CAPP application and monitoring at all levels	CAPP-MC active

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				Inception 2017/18	2018/19	2019/20	2020/21	2021/22		
	2.1.1 Establishment and Formalisation of CAPP-MC and focal person of the committee		CAPP-MC does not exist	Formation of CAPP-MC with its TOR and focal person endorsed by MoH	4 meetings for monitoring	4 meetings for monitoring	4 meetings for monitoring	4 meetings for monitoring	CAPP-MC in LMD established and operational	CAPP-MC active
	2.1.2 Enhance linkages of LMIS with CAPP monitoring at DoHS, LMD and health facilities		Not present	Initiation started	Monitoring through LMIS data	Monitoring through e-LMIS data	Monitoring through e-LMIS data	Monitoring through e-LMIS data	APP/MPP and CAPP consolidated with e-LMIS data for monitoring	Initiation started
	2.1.3 CAPP application will aligned and integrated into eAWPB (including civil works and services)		Not present	Initiation and system review started	Integration and piloting in eAWPB	Implementation of system at all levels	Implementation of system at all levels	Implementation of system at all levels	CAPP and eAWPB linkage shall be carried out	Initiation and system review started

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				Inception 2017/18	2018/19	2019/20	2020/21	2021/22		
2.1.4 CAPP preparation initiation and implementation at all levels			Not present	Initiation started and current years' CAAP prepared at LMD level	CAPP preparation at DoHS and MoH levels	CAPP preparation at province level	CAPP preparation at local level	CAPP preparation at national level	Health procurement plan at local, provincial, and federal level	Initiation started and current years' CAAP prepared at LMD
	2.2 Online e-CAPP system implementation		Not present	Initiation e-CAPP started	System design and piloting	Implementation of e-CAPP at central level	Implementation of e-CAPP at provincial level	Implementation of e-CAPP at national level	National Health Sector e-CAPP will be prepared and online	Initiation started
	2.2.1 Online e-CAPP system preparation, piloting, and implementation		Not present	Initiation started including linkages with LMIS and TABUCS	System design & piloting	Implementation of e-CAPP at LMD level	Implementation of e-CAPP at all levels	Implementation of e-CAPP at national level	National Health Sector e-CAPP prepared and monitored online	Initiation started
2.2.2 Online e-CAPP linkages to e-GP system preparation, piloting, and implementation		Not present	Initiation started including linkages with e-GP	System design and piloting	System design and piloting at central level	Implementation of system at all levels	Implementation of system at national level	Implementation of system at national level	National Health Sector e-CAPP will link to e-GP online	Initiation started



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				Inception 2017/18	2018/19	2019/20	2020/21	2021/22		
	2.2.3 Use of linkage between e-CAPP, LMIS, e-GP, and PPMIS for evidence based monitoring of procurement cycle through CAPP-MC		Not present 2016/17	Initiation started with concerned agencies	Evidence based reporting from LMIS, TSB, and CAPP to CAPP-MC system design	System design and piloting at central level	Implementation of system at national level	National Health sector e-CAPP will link to e-GP, LMIS, and PPMIS online for monitoring	Formation of CAPP-MC and 3 monitoring meetings completed	
OUTPUT-3 Endorsed standard procurement process for health sector	3.1 Preparation of e-GP friendly SBDs for all types of procurement including framework agreement modality	MoH/DoHS/L MD/PE	SBDs for FA have been prepared and sent for PPMO's approval, SOP is prepared	SBDs for procurement of drugs and equipment have been prepared and sent for PPMO's approval	SBDs for other modality of procurement will be prepared and sent to PPMO	All SBDs implemented in HIs at all levels	All SBDs will be implemented in HIs at all levels	Procurement process shall be standardised and uniformed by using uniform e-GP friendly SBDs for HIs at all levels	SBDs for procurement of drugs and equipment have been prepared and sent for PPMO's approval	

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			Baseline 2016/17	Inception 2017/18	2018/19	2019/20	2020/21			2021/22
3.2 Guidelines & SOPs developed for all procurement modalities in health sector with monitored implementation	SOP is under review	New SOP completed and endorsed	All new Guidelines and SOPs implemented and monitored	All new Guidelines and SOPs implemented and monitored	All new Guidelines and SOPs implemented and monitored	All new guidelines and SOPs implemented and monitored	Procurement process shall be standardised and uniform SBDs for HIS at all levels and monitored by CAPP-MC	SOP is under review		
	3.3 Standardising procurement processes by e-GP implementation in health sector with support of PPMO	e-GP I phase is in practice in some HIS	2 SBDs for e-GP II execution is underway and sent to PPMO	60% of the value of bids done through e-GP-II	70% of the value of bids done through e-GP-II	80% of the value of bids done through e-GP-II	Procurement process shall be standardised by using e-GP at all levels	2 SBDs for e-GP II execution are underway and sent to PPMO		
3.4 Framework Agreement process- started in coordination with PPMO	SBD drafts have been sent to PPMO	Revision of draft SBDs completed and sent to PPMO for approval	SBDs will be implemented at MoH level	SBDs will be implemented at province level	SBDs will be implemented at local level	SBDs will be implemented at national level	Application of standard and uniform SBDs for framework bidding modality to all HIS	Revision of draft SBDs completed and sent to PPMO for approval		




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				Inception 2017/18	2018/19	2019/20	2020/21	2021/22		
	3.5 Support PPMO for reassessment of PPA/PPR provisions for health sector requirements		Not present	Continue support	Continue support for study on PPA/PPR	Support draft amendment proposal to PPMO	Support draft amendment proposal to OPMC	Support amendments to GoN	PPA/PPR execution in health sector entity of province and local level will be enhanced	
	3.6 Mandatory usage of pre-bid conference in all bids for drugs and equipment		Optional usage	SBDs revisited for the provision	Implementation	Implementation	Implementation	Implementation	Enhance transparency and efficiency in procurement process	
	3.7 Pre-shipment, post-shipment and post-delivery inspection (PDI) SOPs preparation		Not present	SOP draft made and sent for MoH's approval	SOP is finalised and implemented	SOP implemented	SOP implemented	SOP implemented	Quality, timeliness, and uniformity in PDI work enhanced	


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Key Outputs	Key Interventions	Responsibility	Baseline	Time Frame (Fiscal Year)					Key Indicator	Current Status (15 October 2017)
				Inception 2017/18	2018/19	2019/20	2020/21	2021/22		
	3.8 Pre-shipment and post-shipment quality assessment of drugs conducted		Pre-shipment as per requirement is done on a case by case basis	Pre-shipment as per requirement is done on a case by case basis	Drugs categorised for quality assessment, finalised, and implemented	Drugs categorised for quality assessment, finalised, and implemented	Drugs categorised for quality assessment, finalised, and implemented	Quality assurance of drugs enhanced	Pre-shipment as per requirement is done on a case by case basis	
OUTPUT-4 Improved Contract management	4.1 Update CMS software and contract management monitoring through CMS	MoH/DoHS/LMD/PE	CMS is not in use	Review of CMS software	Redesign and endorsement and piloting at LMD	Execution of CMS at LMD	Execution of CMS at LMD	Contract management practice and its monitoring improved	CMS software is not in use	
	4.2 Review and revise TOR and SOP of contract management Unit (CMU)		CMU is present	-	Review of TOR and SOP of CMU complete and endorsed	Execution of new TOR and SOP for CMU at LMD/PE	Execution of new TOR and SOP for all level (ensure periodic update)	Contract management unit's efficiency and its monitoring improved		





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Key Outputs	Key Interventions	Responsibility	Baseline		Time Frame (Fiscal Year)					Key Indicator	Current Status (15 October 2017)
			2016/17		Inception 2017/18	2018/19	2019/20	2020/21	2021/22		
			Not present								
	4.3 Established linkages between CMS and e-GP PPMIS for monitoring in coordination with PPMO		Not present		Initiation started	Review of CMS with PPMIS	Piloting in LMD	Implementation at all Level	Implementation at all Level	System linkages of two software enhanced monitoring	
	4.4 support PPMO for e-payment through e-GP implementation at health sector		Not present		-	System study of e-GP-II and TSA	Piloting at LMD Level	Implementation at LMD (100% use)	Implementation at all Level (100% use)	Enhanced payment system in execution of contract	
	4.5 Civic monitoring system through PPTIN with support of PPMO at all levels		Not present		-	System study and piloting in LMD	Implementation at LMD level	Implementation at province level	Implementation at all levels	Enhanced civic monitoring system in health sector	
	4.6 Supplier's performance monitoring and publishing at all level		Not present		-	System study and piloting in LMD	Implementation at LMD level	Implementation at province level	Implementation at all levels	Enhanced supplier monitoring system for supplier's performance	
OUTPUT-5 Strengthened supply chain management system	5.1 SCM reform programme	MoH/DoH/LMD	Not present		System study	Piloting in selected HIs at all levels	Implementation in LMD and RMS Level	Implementation at province level	Implementation at district and national level	Efficient supply chain management system enhanced	Preliminary design work has been completed





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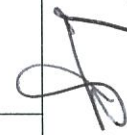
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Key Outputs	Key Interventions	Responsibility	Baseline 2016/17	Time Frame (Fiscal Year)					Key Indicator	Current Status (15 October 2017)
				Inception 2017/18	2018/19	2019/20	2020/21	2021/22		
	5.1.1 Supply chain planning methodology shall be restructured and implemented at all levels		Not present	Restructure initiation started	Planning and piloting	Implementation	Implementation	Implementation	Knowledge of SCM planning in all levels of operation enhanced	Preliminary work is completed
	5.1.2 Supply chain workforce development strategy paper in line with MOGA's decision		Not present	Initiation and drafting phase	Planning and piloting	Implementation	Implementation	Implementation	Supply chain workforce developed	Pharmacist development ongoing at district level
	5.1.3 ICT system enhancement of LMIS at HF level coordinating with DHIS2 system		Not present	Initiated	Implementation	Implementation	Implementation	Implementation	Hardware capacity of LMIS operation at local and province level for effective SCM system enhancement	
	5.1.4 Regular data entry into LMIS at HF level through appropriate technology		Not present	Initiated	Implementation	Implementation	Implementation	Implementation	Efficient e-LMIS system operational at all levels of HIs enhanced	
	5.2 Inventory management reform	LMD/RMS province and local level government	IMS is present	Enhancement initiation to HF level	System design and linkages complete	Implementation	Implementation	Implementation	Efficient inventory management system enhanced	




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Key Outputs	Key Interventions	Responsibility	Baseline 2016/17	Time Frame (Fiscal Year)					Key Indicator	Current Status (15 October 2017)
				Inception 2017/18	2018/19	2019/20	2020/21	2021/22		
	5.2.1 Gradual replacement of IMS by e-LMIS at all levels		Both are present	Integration initiated at all levels	System design phase	Implementation	Implementation	Implementation	Efficient single system operation enhanced	
	5.2.2 Ensure ICT based stock-level monitoring by federal, province, and local level government		Not present	Initiated	System design phase	Implementation	Implementation	Implementation	Sufficient stock level ensured	
	5.2.3 Federal, provincial, and local level guidelines prepared and endorsed by MoH for inventory management, forecasting, and quantification of drugs		Not present	Work initiated, guidelines prepared, and endorsed by MoH	Guidelines prepared on and endorsed by MoH	Implementation in Provincial and local level government	Implementation at all level	Implementation	Enhanced capacity of forecasting and quantification of drugs aligned with budget allocation and CAPP	
	5.2.4 Enhanced Management Information Reports (MIR) required at various levels from the e-LMIS	MoH/DoHS/LMD	Present but inadequate	Software modification complete in line with e-LMIS	Implementation	Implementation	Implementation	Implementation	Enhance monitoring on supply chain management through LMIS reports	




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Key Outputs	Key Interventions	Responsibility	Baseline	Time Frame (Fiscal Year)					Key Indicator	Current Status (15 October 2017)
				Inception 2017/18	2018/19	2019/20	2020/21	2021/22		
	5.3 Enhancement of warehousing	LMD- DoHS	Preliminary design phase	Warehouse strengthening and maintenance plan	Under Construction phase	2	4	7	Warehouse capacity and transportation enhanced	Preliminary design has been completed and construction started
	5.3.1 Strategy paper on warehousing	Lead Agency: LMD-DoHS	Not present	Not present	Assessment of present infrastructure and facility report	Draft Strategy Paper and endorsement by MoH	Implementation	Implementation	Warehousing strategy developed and implemented	
	5.3.2 Enhancement of warehouse facility of medical stores in all levels		Design phase	Several are under construction phase at the province level	Under construction phase of medical stores at all levels	Under construction phase of medical stores at all levels	Under construction phase of medical stores at all levels	Completion	Warehouse capacity of medical stores enhanced	Design completed and construction started


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Key Outputs	Key Interventions	Responsibility	Baseline 2016/17	Time Frame (Fiscal Year)					Key Indicator	Current Status (15 October 2017)
				Inception 2017/18	2018/19	2019/20	2020/21	2021/22		
	5.3.3 Strengthening internal management facilities at province, district, and local level medical stores		Present but inadequate-national guidelines for warehousing exist	Assessment and design phase	Implementation as per construction schedule	Implementation as per construction schedule	Implementation as per construction schedule	Completion	Warehouse capacity in province and districts and local level medical stores enhanced	
	5.4 Enhancement of transportation facilities with functioning of Pull and Push system at all levels	MoH/LMD	Not present	Initiation in PIP	Assessment of facilities and design	Implementation at all levels	Implementation at all levels	Implementation at all levels	Efficient transportation system operation enhanced	
	5.4.1 Fixed transportation system for delivery of drugs and equipment		Not present	Initiated	Assessment of facilities and system design	Implementation	Implementation	Implementation	Fixed and efficient transportation system enhanced	
	5.4.2 Usage of FA modality or multi-year contract for the transportation of drugs and equipment		Not present	Initiated for draft paper	System design	Implementation	Implementation	Implementation	Quick delivery system enhanced	



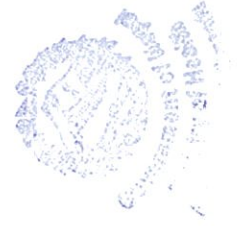

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Key Outputs	Key Interventions	Responsibility	Baseline 2016/17	Time Frame (Fiscal Year)					Key Indicator	Current Status (15 October 2017)
				Inception 2017/18	2018/19	2019/20	2020/21	2021/22		
	5.4.3 Transport information linked to LMIS and reporting to CAPP-MC		Not present	Initiation phase	System design and piloting phase	Implementation	Implementation	Implementation	Procurement of transport shall be monitored on time	
OUTPUT-6 Reduced audit queries on procurement	6.1 Develop specific Procurement Audit System (PAS) and its guidelines for health sector	MoH/LMD	Not present	Initiation	Draft report preparation and endorsement	System design, piloting and installation	Implementation	Implementation	PPSF team will develop PAS for health sector	
	6.2 Develop Inventory Control System through IMS		Control guideline exist	Initiation	Draft report preparation and endorsement	System design, piloting and installation	Implementation	Implementation	ICT based Control System through IMS enhanced	
	6.3 Develop Internal Audit System of drugs and equipment in HIs		Internal Audit is done by DTCOs	Separate equipment audit initiation	draft report preparation and endorsement	System design, piloting and installation	Implementation	Implementation	ICT based Internal Audit System enhanced	


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Key Outputs	Key Interventions	Responsibility	Baseline	Time Frame (Fiscal Year)					Key Indicator	Current Status (15 October 2017)
				Inception 2017/18	2018/19	2019/20	2020/21	2021/22		
	6.4 Procurement audit query monitoring by CAPP-MC	MoH/DoHS/L MD/PE	Financial and performance audit is done by OAG	CAPP-MC and its TOR endorsed by MoH	Reporting system to CAPP-MC operated and monitored (reduce by 50%)	Reporting system to CAPP-MC operated and monitored (reduce by 70%)	Reporting system to CAPP-MC operated and monitored (reduce by 75%)	Effectively reduced procurement audit query	CAPP-MC and its TOR endorsement by MoH	
<u>OUTPUT-7</u> Enhanced professional capacity building	7.1 Training modules applicable to all levels to be developed and updated- establish a resource centre within LMD	MoH/DoHS/L MD/PE	Non-existent	Non-existent	Training modules for all levels developed	Training modules updated- LMD to introduce resource unit	Training modules updated	Operational efficiency on procurement will increase effectiveness in procurement management in LMD and DoHS		


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Key Outputs	Key Interventions	Responsibility	Baseline 2016/17	Time Frame (Fiscal Year)					Key Indicator	Current Status (15 October 2017)
				Inception 2017/18	2018/19	2019/20	2020/21	2021/22		
7.1.1. Basic training programme on e-GP-II	7.1.1.1. Basic training programme on e-GP-II		One basic e-GP-II training has been conducted for LMD staff	One basic e-GP-II training will be conducted for LMD and DoHS staff	One basic e-GP-II training will be conducted for LMD and DoHS staff	One basic e-GP-II training will be conducted for LMD and DoHS staff	One basic e-GP-II training will be conducted for LMD and DoHS staff	Enhanced basic and operational efficiency in procurement proceedings		
			No training	1 training	1 training	1 training	1 training	Enhanced basic and operational efficiency in procurement proceedings and monitoring of stock-outs.		
			Not present	1 training	1 training	1 training	1 training	Enhanced basic and operational efficiency in procurement proceedings		
7.2 Specific user training on pre-bid/post-bid information system	7.2 Specific user training on pre-bid/post-bid information system		Not Present	5 trainings	5 trainings	5 trainings	5 trainings	System usage enhanced at all levels		

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Key Outputs	Key Interventions	Responsibility	Time Frame (Fiscal Year)					Key Indicator	Current Status (15 October 2017)	
			Baseline	Inception	2018/19	2019/20	2020/21			2021/22
			2016/17	2017/18						
	7.2.1 Training on LMIS, TSB, FA, and CAPP		Unknown	1 training	1 training	1 training	1 training	1 training	System usage efficiency enhanced at all levels by using the in-home trainers	
	7.2.2 SBDs preparation training		Not present	1 training	1 training	1 training	1 training	1 training	Enhanced knowledge of SBD preparation at all levels by using the in-home trainers	
	7.2.3 Suppliers conference		Not present	1 training	1 training	1 training	1 training	1 training	Suppliers will be updated in the system of health sector procurement	
	7.3 Training/exposure visit for FA, LMIS, TSB, SCM, and e-GP training and skill development programme		One FA observation tour to India	2 trainings	5 trainings	5 trainings	5 trainings	5 trainings	Enhanced efficiency in procurement proceedings for long-run	
	7.3.1 Training/exposure visit for LMD/DoHS staff for FA execution		One FA observation tour to India	1 training	1 training	1 training	1 training	1 training	Enhanced knowledge of FA strengthened	


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Key Outputs	Key Interventions	Responsibility	Baseline 2016/17	Time Frame (Fiscal Year)					Key Indicator	Current Status (15 October 2017)
				Inception 2017/18	2018/19	2019/20	2020/21	2021/22		
7.3.2 Procurement and contract management trainer's training for LMD staff			Not present	1 training	1 training	1 training	1 training	1 training	Increased capacity to train other staff in state and local level strengthened	
	7.3.3 LMIS, TSB, SCM, TOT training		Not present	Curriculum development	1 training	1 training	1 training	1 training	Knowledge on LMIS, SCM, and TSB usage strengthened and used by resource persons at all levels	
	7.3.4 Inventory management training for pharmacists and storekeepers at all levels		Not present	Curriculum development	1 training	1 training	1 training	1 training	Enhanced capacity of inventory management at medical stores at all levels	
7.3.5 Create pool of experts and master trainers in e-GP, TSB, LMIS etc. in LMD and MoH			Not present	TOT has been provided	Creation of pool of experts	Activate experts to training programmes	Activate experts to training programmes	Activate experts to training programmes	In-house training and problem solving facility will be enhanced at LMD-DoHS and MoH	


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Key Outputs	Key Interventions	Responsibility	Baseline 2016/17	Time Frame (Fiscal Year)					Key Indicator	Current Status (15 October 2017)
				Inception 2017/18	2018/19	2019/20	2020/21	2021/22		
	7.3.6 Web-based training material development and publishing as a training material bank	Moh/LMD	Not present	Concept note approval and current SOP and guidelines will be published as training materials	Training materials will be published as per procurement modality	Training materials will be published as per procurement modality	Training materials will be published as per procurement modality	Province and local level training effective and uniformly used by Master Trainers		
	7.4 Institutional capacity building	Moh/DoHS/LMD/PE	No structured programme	-	-	-	-	Enhanced institutional capacity		
	7.4.1 O&M survey for LMD's function and its independence including procurement and contract management function review		Not present	O&M Survey Team formation and on the base of report LMD and key staff in place	New structure implementation	Implementation	Implementation	LMD's functional independence enhanced	O&M Survey Team formed and working	


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Key Outputs	Key Interventions	Responsibility	Baseline	Time Frame (Fiscal Year)					Key Indicator	Current Status (15 October 2017)
				Inception 2017/18	2018/19	2019/20	2020/21	2021/22		
7.4.2 Procurement Clinic function	Concept note and structure design phase	Not present	Implementation in LMD and DoHS	Implementation at MoH level	Implementation at Provincial level	Implementation at District level	Trouble shooting in procurement and contract management issues solved	Inferral Clinic is operational		
7.4.3 Drug Disposal Management System (DDMS)	Draft Paper and endorsement by MoH	Not present	Mechanism installation	Mechanism implementation	Mechanism implementation	Mechanism implementation	Pharmaceutical waste will be disposed of in a proper manner	Draft Paper phase completed		
7.4.4 Grievance Redressal Mechanism (GRM) system establishment in LMD including Citizen feedback Mechanism	Web based GRM establishment, piloting & training to staff of MoH	Concept Paper draft & endorsement by MoH	Full fledged System functioning and grievance received and addressed	Full fledged System functioning and grievance received and addressed	Full fledged System functioning and grievance received and addressed	Full fledged System functioning and grievance received and addressed	Bidders' grievances citizen feedback handling system in operation and annual report published	GRM is designed as a concept note and approved by MoH		


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Key Outputs	Key Interventions	Responsibility	Baseline 2016/17	Time Frame (Fiscal Year)					Key Indicator	Current Status (15 October 2017)
				Inception 2017/18	2018/19	2019/20	2020/21	2021/22		
	7.4.5 Health Sectoral Procurement Risk Analysis (PRA) and Procurement Policy/Strategy Framework (PPSF)		Not present	Formation of PPSF team, Concept Paper, and TOR drafting and endorsement by MoH	PRA and PPSF draft report preparation and endorsement	System design, piloting, and installation	Implementation	Implementation	Approved Procurement Policy and Strategy for health sector and Procurement cycle risk identified in health sector	
	7.4.6 Develop Risk Mitigation Plan (RMP) for PRA		Not present	Initiation	Draft report preparation and endorsement	System design, piloting, and installation	Implementation	Implementation	RMP can be executed as per procurement cycle and risks identified in health sector	
	7.4.7 Develop Quality Assurance Plan (QAP) for health sector procurement		Not present	Initiation	Draft report preparation and endorsement	System design, piloting, and installation	Implementation	Implementation	Execution of QAP for health sector procurement	Random practice is present


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6. THE WAY FORWARD

The MoH believes that the development and finalisation of the PIP 2017/18-2021/22 is a major step towards improving the overall health procurement process. The development and finalisation of the PIP is made possible by having a clear understanding of the problems in procurement and meaningful engagement of EDPs. The current situation is evolving and it is possible that new problems will arise during the implementation of this PIP. The CAPP monitoring committee will monitor the progress made in the implementation of the PIP and provide periodic report to the MoH. The following points are the ways forward:

1. The MoH considers this PIP as a live document, which means that needs based changes are possible
2. The MoH and EPDs conduct joint field visits to monitor progress
3. Discuss the recommendations of joint field visits and other evidences in the meeting of CAPP-MC and suggest the potential changes required for the current PIP
4. CAPP-MC to submit quarterly progress report to MoH; and
5. Make the PIP available to provincial and local governments.


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सह सचिव



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नेपाल सरकार

स्वास्थ्य मन्त्रालय

शाखा)

मिति :

विषय :-

(टिप्पणी र आदेश)

रामशाहपथ,
काठमाडौं, नेपाल ।

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प्रस्तुत यस मन्त्रालय अन्तर्गत Public Financial
 Improvement Management (PFIM) को स्वरूपमा
~~संशोधन~~ खर्च सुधार योजना (Procurement Imp-
 rovement Plan २०१७/१८ - २०२१/२२) तथा
 के लक्षणाई अन्तिम रूप दिन मिति ०६०१/२०२२ मा
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 वालाहरु को फास Comment/Suggestions/Inputs
 माथि हाम्रो समावेश गरी रके हुने का लागि रके
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स्वास्थ्य मन्त्रालय

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मिति :

विषय :-

(टिप्पणी र आदेश)

रामशाहपथ,
काठमाडौं, नेपाल।

प्रोफेसर,

यस मन्त्रालयको सार्वजनिक खरिद सुधार योजना २०१७/२०२२ तय गर्न मिति २०७५/०८/१२ गते वीलाङ्गको कार्यशाला जोड्नेका आधारमा Procurement Improvement Plan २०१७/१८ र २०२०/२२ तय गरे जसमा भएको संलग्न खरिद योजना आवस्यक कार्यात्मक समन्वय निमायमा पठाउन - आन्तरिक टोली जसमा

(६)
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वीलाङ्ग
सुदामा शर्मा

यसमा FMR को बुझाउनु र Procurement Plan government plan लाई Revised र Endorsement उद्देश्य भएर अनुशासनात्मक रूपमा प्रस्तावित २०१७-२०२२ तय गर्ने मिति ०७४ मंसिर १२ गतेको कार्यशालाबाट प्राप्त भएको प्रस्तावित FMR को टिप्पणी र आदेश जारी गर्ने प्रस्तावित विभाग र भवन निर्माण विभाग समेतलाई प्रेषित गर्ने

सुदामा शर्मा