Nepal Health Sector Support Programme III

(NHSSP – III)

**NHSSP Quarterly Report
July to September 2020**

ABBREVIATIONS

ANC	Antenatal Care
ANM	Auxiliary Nurse Midwife
AQ	Audit Query
ARM	Ajayameru Rural Municipality
AS	Additional Support
AWPB	Annual Work Plan and Budget
BA	Budget Analysis
BC	Birthing Centre
BEK	British Embassy, Kathmandu
BEONC	Basic Emergency Obstetric and Neonatal Care
BHS	Basic Health Services
BHSP	Basic Health Services Package
BoD	Burden of Disease
BoQ	Bill of Quantity
BP	Business Plan
BPKIHS	B.P. Koirala Institute of Health Sciences
CAPP	Consolidated Annual Procurement Plan
CBS	Central Bureau of Statistics
CCTV	Closed-circuit Television
CEONC	Comprehensive Emergency Obstetric and Neonatal Care
CHD	Child Health Division
CI	Composite Index
CICT	Case Investigation and Contact Tracing
COVID-19	Coronavirus Disease 2019
CS	Caesarean Section
CSD	Curative Services Division
CVICT	Centre for Victims of Torture
DFID	UK Department for International Development
DG	Director-General
DHIS2	District Health Information Software 2
DHO	District Health Office
DM	Dhangadhimai Municipality
DoHS	Department of Health Services
DUDBC	Department of Urban Development and Building Construction
E&A	Evidence and Accountability
eAWPB	electronic Annual Work Plan and Budget
eCAPP	electronic Consolidated Annual Procurement Plan
EDCD	Epidemiology and Disease Control Division
EDP	External Development Partner
e-GP	electronic Government Procurement
EHR	Electronic Health Records
eLMIS	electronic Logistic Management Information System
EPI	Expanded Programme on Immunization
ERP	Emergency Response Plan

EWARS	Early Warning, Alert and Response System
FA	Financial Assistance
FAA	Functional Analysis and Assignments
FCGO	Financial Comptroller General Office
FCHV	Female Community Health Volunteer
FHD	Family Health Division
FMIP	Financial Management Improvement Plan
FMISF	Financial Management Improvement Strategic Framework
FMR	Financial Monitoring Report
FP	Family Planning
FPIU	Federal Programme Implementation Unit
FWD	Family Welfare Division
FY	Fiscal Year
GBD	Global Burden of Disease
GBP	British Pounds
GBV	Gender-based Violence
GESI	Gender Equality and Social Inclusion
GHITA	General Health Infrastructure Technical Assistance
GHRM	Grievance-handling and Redressal Mechanism
GIZ	German Corporation for International Cooperation
GoN	Government of Nepal
GRB	Gender-responsive Budgeting
HA	Health Assistant
HC	Health Coordinator
HDU	High-dependency Unit
HEOC	Health Emergency Operations Centre
HF	Health Facility
HI	Health Infrastructure
HIIS	Health Infrastructure Information System
HIS	Health Information System
HMIS	Health Management Information System
HP	Health Post
HPP	
HQIP	Hospital Quality Improvement Process
HR	Human Resources
HRFMD	Human Resource and Financial Management Division
HSSO	Health Systems Strengthening Officer
HVAC	Heating, Ventilation and Air Conditioning
IA	Internal Audit
IAIP	Internal Audit Improvement Plan
ICSD	Internal Control System Directives
ICU	Intensive Care Unit
ID	Institutional Delivery
IHIMS	Integrated Health Information Management Section
ISC	Itahari Sub-metropolitan City
IT	Information Technology

JAR	Joint Annual Review
JCM	Joint Consultative Meeting
LARC	Long-acting Reversible Contraception
LL	Learning Lab
LMBIS	Line Ministry Budgetary Information System
LMD	Logistics Management Division
LNOB	Leave No One Behind
M&E	Monitoring and Evaluation
M&V	Monitoring and Verification
MA	Market Analysis
MC	Monitoring Committee
MD	Management Division
MEOR	Monitoring, Evaluation and Operational Research
mHealth	Mobile Health
MIRA	Mother and Infant Research Activities
MIS	Management Information System
MMR	Maternal Mortality Ratio
MMS	Maternal Mortality Study
MNH	Maternal and Neonatal Health
MoF	Ministry of Finance
MoFAGA	Ministry of Federal Affairs and General Administration
MoHP	Federal Ministry of Health and Population
MoSD	Ministry of Social Development
MoU	Memorandum of Understanding
MoWCSC	Ministry of Women, Children and Senior Citizens
MPDSR	Maternal and Perinatal Death Surveillance and Response
MSS	Minimum Service Standards
MTM	Madhyapur Thimi Municipality
MTR	Mid-term Review
NBC	National Building Code
NDHS	Nepal Demographic and Health Survey
NFDN	National Federation of the Disabled Nepal
NGO	Non-governmental Organisation
NHSP3	Nepal Health Sector Programme 3
NHSS	Nepal Health Sector Strategy
NHSSP	Nepal Health Sector Support Programme
NHSSP III	Nepal Health Sector Support Programme III
NHTC	National Health Training Centre
NJAR	National Joint Annual Review
NMS	National Medical Standard
NPC	National Planning Commission
NPHC	National Population and Health Census
NPHL	National Public Health Laboratory
NPR	Nepalese Rupees
NSSD	Nursing and Social Security Division
O&M	Organisation and Management

OAG	Office of the Auditor General
OCA	Organisational Capacity Assessment
OCMC	One-stop Crisis Management Centre
ODK	Open Data Kit
OPMCM	Office of the Prime Minister and the Council of Ministers
OT	Operating Theatre
PAHS	Pokhara Academy of Health Sciences
PBGA	Performance-based Grant Agreement
PD	Payment Deliverable
PDI	Post-delivery Inspection
PFM	Public Financial Management
PFMSF	Public Financial Management Strategic Framework
PHCC	Primary Health Care Centre
PHCRD	Primary Health Care Revitalisation Division
PIP	Procurement Improvement Plan
PIU	Project Implementation Unit
PMC	Pokhara Metropolitan City
PMD	Population Management Division
PNC	Postnatal Care
PPE	Personal Protective Equipment
PPFM	Procurement and Public Financial Management
PPMD	Policy, Planning and Monitoring Division
PPMO	Public Procurement Monitoring Office
PPSF	Public Procurement Strategic Framework
QI	Quality Improvement
QIP	Quality Improvement Plan
QSRD	Quality Standard and Regulation Division
RA	Rapid Assessment
RANM	Roving Auxiliary Nurse Midwife
RAP	Rapid Action Plan
RAP-2	Rapid Action Plan – 2
RCC	Reinforced Cement Concrete
RDQA	Routine Data Quality Assessment
RF	Results Framework
RH	Reproductive Health
RHIS	Routine Health Information System
RHITA	Retrofitting Health Infrastructure Technical Assistance
RMNCAH	Reproductive, Maternal, Newborn, Child and Adolescent Health
RT-PCR	Reverse Transcription Polymerase Chain Reaction
SARC	Short-acting Reversible Contraception
SARI	Severe Acute Respiratory Infection
SARS-CoV-2	Severe Acute Respiratory Syndrome Coronavirus 2
SAS	Safe Abortion Services
SBA	Skilled Birth Attendant
SD	Service Delivery
SDG	Sustainable Development Goal

SHP	Skilled Health Personnel
SitRep	Situation Report
SMNH	Safe Motherhood and Neonatal Health
SMT	Senior Management Team
SOP	Standard Operating Procedure
SSBH	Strengthening Systems for Better Health
SSU	Social Service Unit
STP	Standard Treatment Protocol
STTA	Short-term Technical Assistance
SU	Spending Unit
SUTRA	Sub-national Treasury Regulatory Application
TA	Technical Assistance
TABUCS	Transaction Accounting and Budget Control System
TARF	Technical Assistance Response Fund
TL	Team Leader
TNA	Training Needs Analysis
ToR	Terms of Reference
ToT	Training of Trainers
TSB	Technical Specification Bank
TWG	Technical Working Group
UN	United Nations
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VfM	Value for Money
VSC	Voluntary Surgical Contraception
	Visiting Service Provider

Contents

EXECUTIVE SUMMARY

Précis

This report is the thirteenth quarterly update of the Nepal Health Sector Support Programme III (NHSSP III), covering the period from 1 July to 30 September 2020. We highlight the achievements in both our previously planned work, which is unrelated to the Coronavirus Disease 2019 (COVID-19) pandemic, and the still-evolving portfolio of support to the Federal Ministry of Health and Population (MoHP) and Department of Health Services (DoHS) COVID-19 response. Attention remained on COVID-19 this quarter as cases increased dramatically nationally, and especially in the Kathmandu Valley. Alongside this, NHSSP joined others in focusing on the secondary impacts of COVID-19 on routine health and social services. The main COVID-related programme impacts were delays to or postponement of field activities because of lockdown and travel restrictions; however, much technical assistance continued virtually. NHSSP remained adaptive to changing needs, opening offices partially as government movement restrictions were lifted. The UK government signed the NHSSP3 extension contract this quarter, but we await final approval by the Ministry of Finance (MoF) of the amended Nepal Health Sector Programme 3 (NHSP3) Memorandum of Understanding (MoU). The delay in signing and approval have impacted the timeline for the sub-national rollout and expansion.

Development context

COVID-19 continued to dominate this quarter. While the federal government lifted the country-wide lockdown from the previous quarter, local authorities were authorised to impose lockdowns within their jurisdictions as per the local situation. Long-halted public transport services resumed from July, allowed to operate at 50 per cent capacity, subject to health and safety guidelines issued by the Government of Nepal (GoN). Most businesses, stores, restaurants and hotels resumed normal operations. A limited number of ports of entry were opened with the provision of a mandatory quarantine for a prescribed number of days for all new arrivals. Domestic flights gradually resumed. It was widely reported that the livelihoods of people, especially the poor and marginalised, continue to be severely affected by COVID-19 and several restrictions put in place by the government. Multiple nationwide lockdowns over the last three quarters, combined with the lack of effective preparedness and contingency plans and an ever-increasing number of COVID-19 infections each day, have caused the health system to be more fragile than ever and inflicted a bad hit on the nation's economy. In particular, businesses, tourism, service import and export, agriculture, infrastructure development and investment opportunities were severely affected, thus exposing the nation to a kind of uncertainty never before seen.

The long-awaited Public Health Services Regulations were endorsed by the Cabinet in September 2020. The regulations define detailed components of the services under nine thematic areas of the Basic Health Services (BHS) and present emergency and specialised service components. This should facilitate progress on related areas being supported by NHSSP, such as the finalisation of Standard Treatment Protocols (STPs).

Technical Assistance

NHSSP staff continued providing Technical Assistance (TA) according to work plans. Many Kathmandu-based activities continued through a combination of in-person and virtual presence. TA at municipal level in the Learning Lab (LL) sites continued, shifting largely to COVID-19 response support. As anticipated, many other field-based activities were cancelled or postponed because of travel restrictions and re-

prioritisation of MoHP activities towards the COVID-19 response. Each of the workstreams was deeply involved in COVID-19 response activities. Examples of successes in both COVID- and non-COVID-19-related areas this quarter include, but are not limited to:

- Progress review at federal and local levels in preparation for the National Joint Annual Review (NJAR) next quarter
- Development of a preliminary report on the analysis of key health system functions, across the three levels of government, and existing policies
- Listing and mapping of existing COVID-19-related policies, guidelines, and protocols, which included 55 documents in total.
- Continued COVID-19 response support in LL municipalities
- Orientation on the "Interim Guidelines for Delivery of Maternal Neonatal Child and Adolescent Health (RMNCAH) Services" provided to over 4,000 health workers
- Continued support, including clinical mentoring, to Comprehensive Emergency Obstetric and Neonatal Care (CEONC) sites negatively affected by COVID-19
- Continued monitoring of hospitals and Birthing Centre (BC)/Basic Emergency Obstetric and Neonatal Care (BEONC) sites for: availability of Maternal and Neonatal Health (MNH), Family Planning (FP) and Safe Abortion Services (SAS); utilisation and availability of Aama funds; and maternal and perinatal deaths
- The Public Financial Management Strategic Framework (PFMSF) was endorsed by the Health Minister on 19 July 2020. NHSSP's Procurement and Public Financial Management (PPFM) team continued to work on updates to the PFMSF and Public Procurement Strategic Framework (PPSF) based on feedback from all concerned authorities and External Development Partners (EDPs)
- The PPFM team also continued to lead on the COVID-19 support to MoHP, especially in updating and costing the COVID-19 response plan, and in preparing the Consolidated Technical Specifications of COVID-19 Medicines, Supplies and Equipment
- Continued support for analysis of COVID-19 data, preparation of the COVID-19 situation update, and sharing of the Situation Report (SitRep) with senior MoHP officials and the British Embassy, Kathmandu (BEK)
- The NHSSP Health Infrastructure (HI) team completed work in two crucial areas of policy development: the provincial-level repair and maintenance action plan, and land acquisition and relocation policies at the federal level applicable to provincial level. Both of these policy areas are important for the rational development of sustainable HI
- Retrofitting work at Bhaktapur Hospital and Western Regional Hospital (WRH) continued. The effects of the continued use of the decanting spaces for COVID-19 treatment were raised, and potential solutions were being discussed with BEK
- Despite COVID-19-related restrictions, the Gender Equality and Social Inclusion (GESI) team kickstarted the process of setting up seven new One-stop Crisis Management Centres (OCMCs) through virtual meetings. The team also helped establish five new Social Service Units (SSUs) and initiated the process for establishing geriatric services at four facilities
- The GESI team developed a case study on access to multisectoral Gender-based Violence (GBV) services during COVID-19, which was submitted to the Population Management Division (PMD)/MoHP. The team also supported MoHP to undertake a case study on people living with severe and complete disabilities and their access to essential health services and care during lockdown and the COVID-19 emergency.

Further examples and details can be found below in the technical sections of the report and in Annex 1.

In this reporting period, eight Payment Deliverables (PDs) were approved and invoiced. NHSSP submitted all PD Terms of Reference (TORs) that are scheduled until March 2021. NHSSP proposed a few changes in PDs since some are not achievable during the COVID-19 situation; these were accepted by BEK. All PD TORs were approved, and the delivery schedule is progressing as planned. ***Please see Annex 3 for details of PDs approved by BEK this quarter.***

Conclusions and strategic implications

This quarter saw a lifting of travel restrictions and a dramatic increase of COVID-19 cases, especially in Kathmandu. Four members of staff tested positive for COVID-19 during this quarter, of whom three recovered and none required hospitalisation. We continued to require that all public health measures (e.g. masks, physical distancing, hand sanitising) be observed as staff returned to NHSSP offices, while we maintained all duty of care responsibilities for staff.

The GoN and MoHP/DoHS continued to strain to address COVID-19 while maintaining critical BHS (not to mention making progress on proposed structural reforms). The daily case load steadily increased throughout the quarter; the highest numbers were in the last week of the quarter, suggesting a continued increase into the next quarter. We estimated in the previous report that the peak would be in July or August but clearly the peak is yet to come. Known COVID-related mortality continues to be relatively low, though some hospitals are reportedly struggling to maintain services. Non-COVID-19 health services, both preventive and curative, are still suffering but appear to have had some improvements. We anticipate the following in the coming quarter:

1. COVID-19 spread and response
   - Community spread will continue, and cases increase. If current trends hold, COVID-19 will continue in most districts while the Kathmandu Valley will remain the worst affected. The upcoming holidays (Dashain and Tihar), entailing travel and close contact in large groups, is expected to exacerbate COVID-19 spread.
   - The GoN and EDPs will start preparing for delivery of a vaccine in the new year, perhaps impacting resource allocations and requests to funders.
2. Implications for NHSSP III programming until December 2020, including preparation for the extension
   - Work plan and deliverables: Some levels of restricted mobility may continue to hinder physical movement and inter-province travel. Still, we expect to complete planned PDs.
   - Integrating COVID-19 response activities: We will continue to provide standalone COVID-19 support while integrating COVID-19 into ongoing work.
   - Staff restructuring and new recruitment and deployment, especially for sub-national teams, are being hindered by the delay in the MoF signing the amended MoU with the BEK. All other preparations are complete.
   - The increased need for flexibility continues: This includes deliverables, both payment and non-payment, in response to changing circumstances and priorities at all levels of government.

INTRODUCTION

This document aims to apprise the Federal Ministry of Health and Population (MoHP) and the British Embassy, Kathmandu (BEK) of the progress of the Nepal Health Sector Support Programme III (NHSSP III). The reporting period is from **1 July to 30 September 2020**. We outline below the broader national context this quarter, again dominated by Coronavirus Disease 2019 (COVID-19), and consequently our

achievements in both previously planned work and the evolving portfolio of COVID-19 support. The NHSSP offices opened but with restrictions on the numbers of staff attending each day. Staff continued to work from home when not at the office. Most previously planned activities that could be done virtually were conducted. Several field-based activities, however, were postponed. Meetings with the MoHP and Department of Health Services (DoHS) were held almost daily, both in person and virtually. Coordination calls were held twice-weekly with BEK, biweekly with BEK and the World Health Organization (WHO), and biweekly with other Nepal Health Sector Programme 3 (NHSP3) suppliers.

The Development Context

As in previous quarters, COVID-19 largely dominated the sector in this reporting period. The country lockdown eased, with limited services open following implementation of public health standards. While the federal government has lifted the country-wide lockdown, local authorities have been authorised to impose lockdowns within their jurisdictions as per the local situation. With the new measures, long-halted public transport services resumed from July, allowed to operate at 50 per cent capacity, subject to health and safety guidelines issued by the Government of Nepal (GoN). Most businesses, stores, restaurants and hotels resumed normal operations. The Kathmandu Valley also observed a gradual withdrawal of public restrictions, although the even/odd vehicle number system remain intact. A limited number of ports of entry were opened with provision of a mandatory quarantine for a prescribed number of days for all new arrivals. Domestic flights have gradually resumed, to be operated under strict COVID-19 mitigation measures. It was widely reported that the livelihoods of people, especially the poor and marginalised, continue to be severely affected by COVID-19 and several restrictions put in place by the government. Multiple nationwide lockdowns over the last three quarters, combined with the lack of effective preparedness and contingency plans and an ever-increasing number of COVID-19 infections each day, have caused the health system to be more fragile than ever and inflicted a bad hit on the nation's economic climate. In particular, businesses, tourism, service import and export, agriculture, infrastructure development and investment opportunities were severely affected, thus exposing the nation to a kind of uncertainty never before seen.

In the federal context of Nepal, health is considered a public good with a shared responsibility across all governments, but basic healthcare and sanitation falls exclusively under local governments' responsibility. However, newly formed local governments face ample challenges to delivering their health mandates: underfunding, weak health governance, inadequate health infrastructure and understaffing and mismatch of the health workforce have all been exacerbated by the COVID-19 pandemic. A survey conducted in June 2020 showed that 80 per cent of the local governments' available funds for tackling COVID-19 were coming from the reallocation of their own budgets, and they report the lack of adequate funds as a major challenge[1]. Most importantly, coordination among the three tiers of government remained an issue, although additional efforts were put in place, compared to previous quarters, such as maintaining political dialogue, technical oversight, and disbursement of additional funds by the federal government. Several policies were passed, and many decisions were made by the federal and provincial governments related to COVID-19 and non-COVID-19 healthcare provision. However, the lack of proper policy clarity, coordination

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[1] Bhandari, C. et al "COVID-19 and Nepal's Health Financing", Yale Economic Growth Center, 24 July 2020. Retrieved from- https://egc.yale.edu/preparing-nepals-upcoming-flood-season-and-covid-19

and communication, and of the capacity to immediately implement them, has resulted in growing public frustration and dissatisfaction among local governments.

Sector Response and Analysis

While the cumulative incidence of confirmed COVID-19 cases was recorded at 241/100,000 at the end of this reporting period, all seven provinces and 77 districts have reported one or more cases since the beginning of the COVID-19 pandemic. Six provinces (P1, P2, Bagmati, Lumbini, Karnali, and Sudurpashchim) were classified as having transmission of Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-COV-2) in clusters of cases, while the remaining one (Gandaki) was classified as having sporadic cases. As of 30 September 2020, a total of 76,257 COVID-19 cases had been confirmed through Reverse Transcription Polymerase Chain Reaction (RT-PCR), with around twenty thousand active cases, almost 60 per cent of which were in home isolation. Bagmati Province showed a significant increase in average case incidence, accounting for around 40 per cent of total cases, within which the Kathmandu Valley experienced exponential growth. Up to the end of this reporting period, the country had recorded a total of 490 deaths (cumulative). The death rate is observed at an increasing trend, while cases are shifting to older age groups and women. It was reported that incidences of human rights violations increased during lockdown periods despite government efforts and strict implementation of measures.

Despite the difficult context, all three tiers of governments continued their efforts to accelerate their COVID-19 responses in this reporting period. Measures were put in place and acted upon to the next level to secure additional resources from the Ministry of Finance (MoF), both for procurement and logistics, and for service expansion in hospitals, which required additional Intensive Care Units (ICUs), High-dependency Units (HDUs), ventilators, and human resource management for contact tracing and treatment. RT-PCR labs were expanded in partnership with the private sector, resulting in an increased number of tests, mobilisation of contact investigation, and tracing/testing teams collaborating with provincial and local governments especially in cities (i.e. Kathmandu Valley) and other high endemic areas. A decision was made to enforce a reduction in the RT-PCR test fee to 2000 Nepalese Rupees (NPR) at all designated COVID-19 laboratories (both public and private) for those who do not meet the criteria for free testing but wish to have a RT-PCR test result at their own expense. The COVID-19 Rapid Action Plan – 2 (RAP-2) for the next four months (Kartik to Magh/mid-October 2020 to mid-February 2021) has been developed to guide major responses based on estimated cases, with detailed budget and logistics considerations. The Department of Health Services (DoHS) also developed and implemented a national SARS-CoV-2 RT-PCR proficiency testing mechanism at the National Public Health Laboratory (NPHL), Teku, which is linked to all COVID-19 labs to enhance quality assurance. COVID-19 information management, especially daily briefing notes to higher-level MoHP officials, was further strengthened with detailed analysis to support decision-making processes. A number of coordination meetings organised between provincial- and federal-level officials, including provincial and federal ministers, addressed coordination and communication issues in the COVID-19 response.

The federal government considered implementation lessons and COVID-19 epidemiological analysis before making a number of policy decisions regarding contact tracing, treatment management, and RT-PCR testing, revising the relevant guidelines and protocols accordingly. The GoN endorsed the long-awaited Public Health Services Regulations in September 2020, which detail the services under the nine thematic areas of the Basic Health Services (BHS) and also present emergency and specialised service components in their annexes. The MoHP finalised the Programme Implementation Guidelines for the Fiscal Year (FY) 2020/21 and held a post-budget Joint Consultative Meeting (JCM) between the MoHP and External

Development Partners (EDPs) in July 2020. Cluster coordination meetings continued to support both COVID-19 responses and non-COVID-19 services, especially at local government level. As in previous quarters, issues were observed over the shortfall of essential drugs and commodities at local level, impacting continued delivery of non-COVID-19 services, especially Maternal and Neonatal Health (MNH) and Family Planning (FP), and the lack of health workforce at the point of delivery. In response to these issues, the MoHP, DoHS and respective divisions, in collaboration with development partners and technical support agencies, organised a number of online/virtual orientations to health managers, coordinators and health workers on the interim guidelines for providing a range of non-COVID-19 services, including Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH). Collaborative efforts were made to support provinces, local governments and service delivery institutions to manage quarantine and isolation centres, operationalise One-stop Crisis Management Centres (OCMCs) and Social Service Units (SSUs), and safe homes/rehabilitation centres to prevent and manage Gender-based Violence (Gender-based Violence) and other social issues.

In summary, the government priority in this reporting period was largely the COVID-19 response, focusing on: effective case investigation, tracing, testing, isolation and treatment; expansion of ICU services, ventilators, and oxygen supply; consultations and virtual coaching to care providers; human resource mobilisation – hiring, training and mobilisation of frontline health care providers; management and mobilisation of emergency medical deployment teams; and the mobilisation of case investigation and contact tracing teams at the local level. Likewise, the GoN focused on strengthening laboratory services, risk communication and community engagement, serological surveys, clinical trials, review of plans, guidelines and protocols based on recent evidence, coordination across the three tiers of government, vaccine planning for COVID-19 and securing resources (financial and technical) to strengthen the government response. However, a number of issues remain to be addressed, regarding which the GoN is required to make strategic choices with accelerated efforts that are timely, coordinated and well resourced. These include: the management of contact tracing and testing with increased coverage and number of RT-PCR tests; increased and easy access to hospital services, including relevant drugs to treat COVID-19 cases; proper medical and psychological support to people in home isolation and home quarantine, with timely referral and transportation services as needed; preventing nosocomial infections with heightened quality of care in HFs; and strengthening information management systems that facilitate real-time data with disaggregated analysis to support evidence-based decisions. Most importantly, a balanced effort is needed to ensure an effective COVID-19 response alongside continuation of non-COVID-19 services so that people are not deprived of one or other services when they need them.

Changes to the Technical Assistance team

The NHSSP team remained unchanged during the quarter. The Deputy Team Leader continued to provide leadership to the programme. The Special Programme Advisor has been providing technical leadership to the programme and supporting the Senior Management Team (SMT). The NHSSP has been providing support to MoHP in both COVID-19 and non-COVID-19 activities. NHSSP hired a number of consultants to support the team on both regular and COVID-19 activities. All scheduled Payment Deliverables (PDs) during the quarter were completed on time. Recruitment of the Team Leader (TL) has been completed and the new TL will be joining soon. NHSSP staff were regularly briefed about the COVID-19 situation and asked to follow public health measures. NHSSP offices are well equipped with essential supplies and are available for all staff. Seven international experts were contracted during this reporting period. ***Please see Annex 2 for details.***

Payment Deliverables

In this reporting period, eight PDs were approved and invoiced. NHSSP submitted all PD Terms of Reference (TORs) that were scheduled until March 2021. NHSSP proposed a few changes in PDs since some are not achievable during the COVID-19 situation; these were accepted by BEK. All PD TORs were approved, and the delivery schedule is progressing as planned. ***Please see Annex 3 for details of PDs approved by BEK this quarter.***

Logical Framework

This logical framework presents progress status on the milestone 1 (July 2020) of the UK- Nepal Health Sector Programme 3 Log frame indicators related to NHSSP. The sources of data for monitoring the logframe indicators include the programme documents, MoHP's routine information systems like HMIS, LMBIS/TABUCS/SUTRA, MoHP records, national level surveys/assessments and global studies/projections like Global Burden of Disease. The data from the routine MISs have been extracted in August 2020. The progress on these milestones for July 2020 will be updated again after the routine systems have complete data (expected to be done at the end of October 2020).   The next quarterly report will include the updated figures for end of July 2020; and will also start reporting progress against milestone 2 (July 2021) based on any data available for the current yea***Please see Annex 4 for details.***

Value For Money

NHSSP is committed to maximising the impact of UK government investment in Nepal by embracing Value for Money (VfM) principles in its programme. NHSSP has been reporting on five indicators that have been guided by key VfM principles: ***Economy, Efficiency, Effectiveness*** *and* ***Equity***.

In this reporting period, the average unit cost for Short-term Technical Assistance (STTA) was £576 for international Technical Assistance (TA) and £164 for national TA. The average unit costs of both national and international STTA were below the programme benchmark of £611 and £224 respectively. All international STTA provided desk-based support to the programme from a distance. However, national STTA provided both desk-based and in-person support to the NHSSP team. Likewise, the use of both national (71%) and international (29%) STTA in this quarter compared well with our programme indicators. Compared to last quarter, the inputs from national STTA increased in this quarter; TA was mainly focused on COVID-19-related support to MoHP. Likewise, international STTA provided support to conduct a phase-two Market Analysis of Essential Medicines in Nepal, review the National Nursing and Midwifery Strategy and develop a disability case study for the Gender Equality and Social Inclusion (GESI) workstream.

In this reporting period, 36.45 per cent of the budget was spent on administration and management, which was slightly higher than the programme benchmark. The office running costs increased because of COVID-19-related precaution measures: the NHSSP offices were frequently disinfected, and infection prevention protocols have been strictly followed in all NHSSP premises.

During this quarter, two sessions of capacity enhancement workshops were conducted for 90 participants at national level. The average cost incurred per participant per day for the workshops was £28.06, which is below the programme cost benchmark. So far, the programme has submitted 95 PDs; all submitted PDs have been approved by the GoN and signed off by BEK. ***Please see Annex 5 for details.***

Technical Assistance Response Fund

NHSSP did not receive any application for the Technical Assistance Response Fund (TARF) in this quarter and there are no payments due for the remaining amount of this fund. NHSSP will continue to discuss the potential uses of this fund with relevant officials in MoHP and DoHS. During the COVID-19 pandemic, less attention has been paid by officials to the use of this fund.

Risk Management

NHSSP continued to assess and identify new current and potential risks to the programme in the COVID-19 context. Those identified were evaluated and discussed in SMT meetings. NHSSP communicated the identified risks and management approach to BEK in monthly meetings. NHSSP's risk management system is further enhanced by well-established relationships with GoN counterparts and other partners at both federal and sub-national level.

Risks are identified and methods to manage them in the context of COVID-19 are listed in the table in Annex 6. Programme risks that had been previously identified, and are being managed in the programme, are not shared in this report. A total of three additional risks (two for the General Health Technical Assistance (GHITA) programme and one for the Retrofitting Health Infrastructure Technical Assistance (RHITA) programme) were identified and evaluated in this quarter, as follows**:**

GHITA Matrix:

R11. COVID-19 spreading in Kathmandu, NHSSP staff may be affected, potentially causing delays in the submission of scheduled deliverables.

R12. Delay in MOU signing between BEK and MoF may delay the transition to sub-national level.

RHITA Matrix:

R19. Use of decanting spaces for COVID-19 treatment in Bhaktapur and Pokhara may delay retrofitting.

Based on the analysis of the current risk matrix against given criteria, the overall risk rating for this quarter was set at medium. ***Please see Annex 6 for the new risks in the risk matrix***.

2. HEALTH POLICY AND PLANNING
Summary

The long-awaited Public Health Services Regulations were endorsed by the Cabinet in September 2020. The regulations define detailed components of the services under nine thematic areas of the BHS and present emergency and specialised service components. NHSSP TA supported the MoHP in drafting a model Act to regulate the establishment, operation and upgrading of private and non-governmental health institutions, particularly at the local level, which is being reviewed by the MoHP and the Ministry of Federal Affairs and General Administration (MoFAGA).

A preliminary report analysing and existing policies and functions across the three levels of government was developed. The report reviews the constitutional provisions in relation to the health sector (rights, state polices and functions) and analyses the functions of the three levels and the health sector policies of federal, provincial, and selected local levels (i.e. Learning Lab (LL) sites). NHSSP also supported the MoHP

in finalising the programme implementation guidelines for FY 2020/21. Two separate guidelines were developed for the provincial and local levels based on the technical inputs from respective divisions and centres.

A post-budget JCM between the MoHP and EDPs was organised on 21 July 2020. The meeting focused on the update on the COVID-19 response, progress review on the National Joint Annual Review (NJAR) Aide Memoire, highlights of the Annual Work Plan and Budget (AWPB) for the FY 2020/21, and TA for COVID-19 and effects of COVID-19 on the stock levels of essential commodities.

At the LL sites, major activities conducted in this quarter include: annual review of health sector progress in 2019/20; COVID-19 response management; procurement of essential health commodities; and development of an operation calendar for the execution of the AWPB .

For updated Activities – please see Annex 1.

RESULT AREA: I2.1 THE MOHP HAS A PLAN FOR STRUCTURAL REFORM UNDER FEDERALISM

Regulatory framework: The Public Health Services Regulations were endorsed by the Office of the Prime Minister and Council of Ministers (OPMCM) in September 2020. The list of BHS are detailed in the regulations, with emergency and specialised services included as annexes. Major provisions covered in the regulations include: structure and regulation of health institutions; arrangements to declare public health emergencies; establishment of emergency health treatment fund; and management of public health, emergency health services and infection prevention. NHSSP is preparing an unofficial English translation of the regulations.

NHSSP supported the MoHP in drafting a model/sample framework for the municipal level (so that all local levels may adapt and enact the Act accordingly) to regulate the establishment, operation and upgrading of private and non-governmental health institutions at the local level. The draft legislation was prepared in coordination with the legal section of the MoHP, and the MoHP has shared this with the MoFAGA for finalisation. NHSSP is translating the draft into English.

Functional analysis across three levels: NHSSP developed a report on the analysis of existing policies and functions across the three levels of government. The report reviews the constitutional provisions in relation to the health sector (rights, state polices and functions), analyses functions of the three levels as defined in Functional Analysis and Assignments (FAA)[2] and the Local Government Operation Act[3], and analyses the health sector policies of federal, provincial, and selected local levels (i.e. LL sites). The analysis also looks into the alignment of the health sector policies of each sphere with the major constitutional provisions and functions as defined in the FAA. This report is aimed at helping sub-national governments develop/strengthen their local policies and strategies.

Selection of local governments in NHSSP extension phase: For the NHSSP extension phase, local government support (via the LL approach) is planned to be expanded to an additional 31 sites. NHSSP updated the concept note that was drafted in the last quarter, to guide the selection of the municipalities (palikas) in the focal provinces by articulating the selection criteria. This was done based on key indicators on access to and utilisation of health services, health system capacity, and risk of COVID-19. This will be

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[2] Government of Nepal (2017), Functional Analysis and Assignments
[3] Local Government Operation Act 2074, Nepal Gazette (2018), Government of Nepal

the basis for discussion with the MoHP for the identification of municipalities for support in the extension phase.

Result Area: i2.2 Districts and divisions have the skills and systems in place for evidence-based bottom-up planning and budgeting

Programme implementation guidelines: NHSSP supported the MoHP in finalising the programme implementation guidelines for FY 2020/21. Two separate guidelines were developed for the provincial and local levels to enable timely and smooth implementation of activities provisioned through conditional grants. In this process, all divisions and Centres of the Ministry prepared draft guidelines for their respective programmes, which were compiled, edited and consolidated to ensure coherence in programme implementation.

At the provincial level, Sudurpashchim Province has started developing the programme implementation guidelines particularly to guide the implementation of programmes at the district level. The health office in Dadeldhura prepared the draft implementation guidelines for district-level activities as instructed by the Ministry of Social Development (MoSD). During the annual planning and budgeting process, the MoSD had provided the budgetary ceiling for the planning of district-level activities to all districts in the province, and NHSSP provided technical support in preparing district-level annual budget and implementation guidelines for district-level activities.

Annual operational calendar for health sector programmes: After the AWPB was formulated and endorsed, the annual calendar of operation for the health sector was developed in three of the LL sites (named as below). The calendar included the timeline and persons who held primary responsibility for each activity. In this quarter, Yasodhara, Kharpunath and Pokhara finalised the annual operational calendar as a part of their annual health sector implementation plans, and the NHSSP Health Systems Strengthening Officers (HSSOs) supported the preparation of the draft and facilitated discussion among the municipal teams. At Khapurnath, ward-level annual health operation calendars for each ward were also developed.

Minimum Service Standards (MSS): Orientation on MSS was organised in Kaski District and Itahari Sub-metropolitan City (ISC) in the month of July. The Provincial Health Offices in Kaski District and ISC organised MSS orientation for Health Coordinators (HCs) and Health Facility (HF) staff respectively as a priority programme. The budget for MSS orientation was allocated as the conditional grant for FY 2019/20. During the orientation in Kaski, the HSSO supported as a lead facilitator.

Other major activities conducted at the LL sites during this quarter include:

- Drafting of the "Health Institution Registration Renewal and Upgradation Guidelines 2077" for Dhangadhimai Municipality (DM) and their submission to the municipal authority for approval. The drafting of these guidelines was supported by the HSSO. The guidelines were refined based on the feedback from stakeholders.
- Proposal by the Pokhara Metropolitan City (PMC) Health Division to reform Human Resources (HR) structures in peripheral HFs as a part of an Organisation and Management (O&M) survey. HSSO facilitated the process by carrying out health-facility-wise key indicator analysis. Further details of the activities are provided in the monthly progress reports of the LL sites submitted to BEK.

Result Area: i2.3 Policy, Planning and Monitoring Division identifies gaps and develops evidence-based policy

Municipal-level annual health sector review of 2076/77: The MoHP has asked municipalities to conduct annual review meetings of the health sector. These were conducted in some of the LL sites, including ISC, DM, Yasodhara, Kharpunath and Ajayameru. However, these had to be postponed in two sites – Pokhara and Madhyapur Thimi – because of rising demand for a focused response to tackle the COVID-19 pandemic.

At these meetings, each HF presented their three-year key progress updates and challenges and reviewed three years' performance and analysis of the service utilisation data. NHSSP HSSOs supported the health divisions/sections in their respective municipalities to prepare the presentation and assisted with health service data analysis. This included preparing three-year trends in achievements on health major indicators and a discussion on formulating the way forward to tackle the major issues and challenges and improve health sector performance over the course of time.

Reporting of health management information and monthly meetings: Regular monthly health sector review meetings were organised as planned at DM, Yasodhara, Kharpunath and Ajayameru despite the COVID-19 pandemic. Due to the continuous surge in number of cases of COVID-19 at ISC, Madhyapur Thimi, and Pokhara, meetings in these areas could not be organised. The monthly review meetings mainly focused on reviewing the HMIS reports, such as data verification, and providing feedback on errors from respective health divisions/sections. In addition to this, the status of COVID-19 preparedness and response was also discussed among the team to plan an effective response at HF and ward level.

- In Kharpunath, at the August 2020 meeting, the municipality decided to include separate reporting of four community health units and one basic health service unit in the District Health Information Software 2 (DHIS2) system in addition to the 10 HFs already included.
- HMIS e-reporting trainings were conducted at Ajayameru, Dhangadhimai and ISC to enable high-quality reporting direct from the facility level.
- At Madhyapur Thimi, HMIS e-reporting at HF level is already in place, while Yasodhara and Kharpunath continue to report manually from HFs with the municipal health section entering the data into the electronic platform. Pokhara has a mixed approach as nearly half of its facilities can only manually report to the health division owing to the unavailability of the Internet and trained personnel.

Procurement and supply chain management: In the wake of COVID-19, concerns over the supply chain of essential commodities were raised at the respective LL sites. Some of the LL sites faced stock-outs or low supplies of certain essential medicines and supplies. For example, there was a shortfall of oral pills and immunisation syringes at DM and ISC, while Ajayameru had stock-outs of medicines at the end of the previous FY. Over the last quarter, DM, Madhyapur Thimi, Yasodhara and Ajaymeru were able to procure successfully. Ajaymeru followed the tender process for procurement purposes, following the circular from the Provincial Health Office. Such instructions were issued as many rural municipalities in hilly districts were reportedly using a 'quotation' method for the procurement of medicines. Madhyapur Thimi, DM and Yashodhara also procured items using the tendering process. HSSOs supported the health divisions/sections at respective municipalities in preparing documents, such as the listing of items, their quantification and defining their technical specifications. At Dhangadhimai, the Nick Simons Institute also assisted with the logistics for the operation of Nayanpur Hospital as a part of its Hospital Strengthening Programme.

Result Area: i2.5 MoHP is coordinating External Development Partners to ensure aid effectiveness
A post-budget JCM between the MoHP and EDPs was organised on 21 July 2020. The meeting focused on an update on the COVID-19 response, a progress review on the NJAR Aide Memoire, highlights of the AWPB for FY 2020/21 and TA for COVID-19 and the effects of COVID-19 on the stocks of essential commodities. The EDP Chairperson expressed their readiness to support areas requiring assistance on management of the COVID-19 response in accordance with MoHP priorities. The MoHP Secretary highlighted the importance of working in collaboration to minimise the impact of COVID-19 in the health sector. NHSSP provided the technical support for the event.

Support in Response to COVID-19
Listing and thematic mapping of COVID-19-related documents: MoHP has been issuing and updating guidelines as required for management of the COVID-19 response. MoHP has planned to review and revise all relevant documents based on the present context: in total, 55 documents were reviewed in listing and mapping existing COVID-19-related policies, guidelines and protocols. Most documents were from the MoHP and its subordinate entities, such as programme divisions and centres, while a few were those endorsed by the OPMCM. These were grouped and reviewed by thematic area[4]. Based on internal consultation, certain thematic areas were identified for further discussion where new guidelines and revisions were needed in the changing context. NHSSP supported in preparing a preliminary report and shared this with the MoHP for their review.

COVID-19 in LL sites: After the nationwide lockdown measures were lifted on 21 July 2020, to be replaced by limited restrictions to selected activities, many of the districts and municipalities imposed area-based restrictions based on the risk level within their local area. Priority was given to expanding the coverage of testing at the community level, targeting high-risk clusters, such as health workers, security personnel, business persons and political leaders as well as those in isolation, and to Case Investigation and Contact Tracing (CICT) of confirmed cases in each of the LL sites. Over the months, transmission has gradually shifted from returnee migrants to people in the community and positive cases have concentrated more in urban and metropolitan cities, such as Madhyapur Thimi, Pokhara and ISC among the LL sites. The comparison of COVID-19 cases across the LL sites and respective districts and provinces over the two quarters (end of June and end of September 2020) is presented in Table 1 below. Kharpunath remains free of COVID-19 cases so far and three new cases were reported in Yasodhara during this quarter.

Table 1: Comparison of COVID-19 cases in the LL sites and corresponding districts

Province	Total cases – cumulative		District	Total cases – cumulative		LL site	Total cases – cumulative		Increase in this quarter – (multiple of last quarter)		
	As of 2 July 2020	As of 2 October 2020		As of 2 July 2020	As of 2 October 2020		As of 2 July 2020	As of 2 October 2020	Province	District	LL site
Province 1	637	7,395	Sunsari	92	1,916	ISC	3	600	10.6	19.8	199.0
Province 2	3,909	15,302	Siraha	182	1,485	DM	4	23	2.9	7.2	4.8
Bagmati Province	505	32,473	Bhaktapur	28	2,382	Madhyapur Thimi Municipality	2	882	63.3	84.1	440.0
Gandaki Province	1,084	4,506	Kaski	54	1,048	PMC	44	955	3.2	18.4	20.7

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[4] Plans, strategy and resource management; testing and case detection; case management and treatment, awareness and prevention measures; and routine service provision

Lumbini Province	3,852	11,419	Kapilvastu	745	1,386	Yasodhara Rural Municipality	168	171	2.0	0.9	0.0
Karnali Province	1,512	3,714	Humla	2	7	Kharpunath Rural Municipality	-	-	1.5	2.5	-
Sudur Pashchim Province	3,020	7,641	Dadeldhura	229	353	Ajayameru Rural Municipality	12	24	1.5	0.5	1.0
Total	**14,519**	**82,450**		**1,332**	**8,577**		**233**	**2,655**	4.7	5.4	10.4

During this period, CICT, laboratory testing and the clinical management of cases were the key activities of the current prioritised responses against COVID-19. Following MoHP instructions, and considering the limited availability of isolation beds, an increasing number of confirmed cases have been isolated at their homes in each of the LL sites.

Orientation on Revised (Interim) RMNCAH Guidelines: The MoHP has released various revised guidelines to regularise the provision of health services during the COVID-19 situation, following preventive measures. NHSSP supported the orientation of health workers and HCs on these guidelines via online sessions. At Siraha and Dadeldhura, HSSOs of respective LL sites in coordination with NHSSP SD team, supported these orientation sessions. [Please see Section 3 on Health Service Delivery for more details.]

Development of COVID-19 response plan and protocols: The Health Division of Pokhara Municipality developed a rapid response plan to curb the COVID-19 pandemic. Two protocols were drafted and adopted for execution: "Protocol for the operation of hotel and restaurant businesses in the context of COVID-19 prevention control and management" and "Protocol for the operation of schools in the context of COVID-19 prevention control and management". HSSOs supported in the development of these protocols with guidance and support from the NHSSP HPP team. Details of the situation and NHSSP support extended to the LL sites were included in monthly progress reports and periodic COVID-19 updates shared with BEK.

Priorities for the next quarter
- Support in organising the NJAR of health sector progress in 2019/20, including preparation of the progress report
- Support in preparing the next cycle of the Nepal Health Sector Strategy (NHSS)
- Preparation of a report on strengthening health sector planning and budgeting at the local level with a focus on learnings from LL sites
- Support in preparing documents for major organisational reforms in the health sector as proposed in the Policy and Programmes 2020/21 document
- Continued support towards finalisation of model legislation for the regulation of health institutions at the local level
- Consultation on the draft National Health Training Strategy and Organisational Capacity Assessment (OCA) Resource Package for their finalisation and endorsement
- Consultation and selection of new local level for technical support in the extension phase
- Continued production of periodic updates on the COVID-19 situation and monthly progress reports from LL sites.

3. HEALTH SERVICE DELIVERY
Summary

NHSSP TA continues to support the DoHS/Family Welfare Division (FWD) with its regular AWPB-related activities, and for the COVID-19 response as well, focusing in particular on continuity of RMNCAH/FP services. While there has been better progress in a few areas related to the COVID-19 response, some essential services are recovering at a slower pace. For example, Comprehensive Emergency Obstetric and Neonatal Care (CEONC) functionality continues to be affected by the conversion of hospitals/wards to COVID-19 hospitals, the unavailability of COVID-19-affected staff (quarantine and isolation), and discontinuation of providers recruited from the CEONC fund. While some municipalities were able to proceed with Quality Improvement Plans (QIPs), clinical mentoring, and MSS, other AWPB planned activities could not be implemented during this quarter. Finalisation of some key documents continues to be delayed. The National Medical Standard (NMS) for Reproductive Health Volume 3; Nursing and Midwifery Strategy 2020–30, and its costing; and the revision of the Skilled Birth Attendant (SBA) Strategy and SBA Training Strategy are still to be discussed within the DoHS/FWD to agree on the terminology and training of Auxiliary Nurse Midwives (ANMs). NHSSP gave TA to the Reproductive Health (RH) sub-cluster as an active participant and supported orientation of over 4000 health workers on "Interim Guidelines for Delivery of RMNCAH Services". Follow-up interviews of 460 of these health workers have also been performed.

For updated Activities – please see Annex 1.

Result Area: i3.1 The DoHS increases coverage of under-served populations
Functionality of CEONC sites: Off-site support and monitoring to ensure the functionality and quality of CEONC services continued this quarter. NHSSP gave TA to support the recruitment of staff in two CEONC sites[5]. There were no applications for the positions of doctor and Anaesthesia Assistant (AA) at two remote CEONC sites[6]. In previous quarterly reports we have reported the CEONC functionality of 87 sites monitored by NHSSP; for FY 2020/21, we include the status of 96 sites. This is to align with the 92 sites reported as per HMIS, and as reported in the UK-NHSP3 Annual Report 2020, and an additional four primary hospitals[7] that have started offering CEONC services through local government initiatives, which began to receive the CEONC fund in FY 2020/21.

The most recent data on CEONC sites showed that 82 out of 92 sites are functional across 69 districts. Five districts remain without a CEONC site (Table 2). As in previous years, this FY has seen the discontinuation of some staff recruited using the CEONC fund, which means that there have been no major improvements in CEONC functionality in this quarter. Also, the repurposing of some hospitals/parts of hospitals (post-op beds)[8] as COVID-19 hospitals has hampered Caesarean Section (CS) services. Despite being reported as "functional" over the reporting months, the availability of CS at two hospitals[9] was affected for up to two weeks by the quarantine and isolation of staff exposed to or infected with SARS-CoV 2.

Monitoring CS: No progress made in the implementation and introduction of Robson classification for monitoring institutional CS rate.

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[5] Rukum West Hospital (doctor, AA) and Burtibang PHCC (doctor)
[6] Sotang Hospital, Solukhumbu and Gukoleswar Hospital, Darchula
[7] 1. Damak Hospital, Jhapa, 2. Magalbare Hospital, Sunsari, 3. Bagauda Hospital, Chitwan, and 4. Bandipur Hospitals, Tanahu
[8] Kalaya Hospital and Gorkha Hospitals
[9] Kalaya Hospital, Bara and Jajarkot Hospital

Table 2: Status of CEONC functionality over the quarter July to September 2020

	Provinces[10]							Total	%	Reported Previous Qtr.
	P1	P2	P3	P4	P5	P6	P7			
Established sites	20	9	19	12	13	11	12	**96**		**87**
Number of functioning CEONC sites										
Ashar	16	9	14	8	13	10	11	**81**	93%[11]	76 (87%) Chaitra
Shrawan[12]	18	9	18	9	13	10	11	**88**	91%	78 (89% Baisakh
Badra	18	9	18	8	13	9	11	**86**	89%	77 (88%) Jestha
Number of districts with CEONC services										
Districts with CEONC	14	8	12	8	11	10	9	**72**		72
District without CEONC										
Number of districts with functioning CEONC sites										
Ashar	14	7	12	7	11	9	9	**69**	95%	65 (90%) Chaitra
Shrawan	14	8	11	6	11	10	9	**69**	95%	65 (90%) Baisakh
Badra	14	8	11	6	11	9	9	**68**	94%	69 (95%) Jestha

Mobile Health (mHealth) pilot: No follow-up was possible during this reporting quarter.

Postnatal Care (PNC): The GoN has now adopted PNC home visits (based on the NMS, Safe Motherhood and Neonatal Health (SMNH) Roadmap and Antenatal Care (ANC)/PNC Guidelines) and FWD is focusing on expanding the PNC home visit programme, which was started in FY 2017/18. The budget for PNC home visits has been planned for 396 palikas from 54 districts in FY 2020/21, and FWD has also provided budget to health offices in 33 districts for palika-level orientation programmes. NHSSP continues to provide TA in the form of online support to provincial and local governments on the PNC Implementation Guidelines, and monitoring of the implementation status of PNC home visits. To date, 98 palikas have been implementing PNC home visits. There is complete PNC uptake annual trend data available for 64 palikas; data for the 34 palikas that started implementation in FY 2019/20 is currently being gathered. NHSSP is presenting findings from the first round of implementation as a poster at the 6th Global Symposium on Health Systems Research (8–12 November 2020). A case study will also be developed and shared with BEK at the end of the current FY, when complete data for all years is available.

FP: NHSSP has continued to give TA in the off-site monitoring of Visiting Service Provider (VSP) and Roving ANM (RANM) implementation; this support has been through off-site support to HCs. As of the beginning of July 2020, 36 palikas were implementing the VSP programme and 54 palikas were implementing the RANM programme. In this quarter 28 palikas (including two LL palikas) started the VSP programme and 31 palikas (including one LL palika) started the RANM programme. The main reasons for delays in starting and lower numbers of palikas implementing the VSP and RANM programmes are delays in releasing budget to palikas resulting in recruitment delays for VSPs and RANMs, and the effects of the COVID-19 outbreak.

HMIS data (annual data for 2019/20 as of the first week of October 2020) from the 38 palikas that have implemented the VSP programme shows an overall increase in current users of Long-acting Reversible Contraception (LARC) of 27.4 per cent in 2019/20 compared to the previous year (2018/19)[13]. Similarly, in

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[10]Provinces' name (Province 3 – Bagmati, Province 4 – Gandaki, Province 5 – Lumbini, Province 6 – Karnali, Province 7 – Sudurpashchim)
[11] 81 out of 87 sites
[12] Starting reporting on 96 sites
[13] Percentage increase from 2017/18 to 2018/19 was 21.5 per cent

RANM-implementing palikas, HMIS data shows an overall increase in uptake of Short-acting Reversible Contraception (SARC) by 12.6 per cent in 2019/20 compared to the previous year (2018/19). Some MNH indicators have also improved despite the COVID-19 pandemic affecting service utilisation, such as institutional deliveries and women who had three PNC check-ups as per protocol: See Table 3.

Table 3: Trends of SARC use and selected MNH indicators in 56 RANM palikas

Indicators	2074/2075	2075/2076	2076/2077
SARC new users in 56 palikas (number)	38,783	37,705	42,473
% increase from previous year		-2.8	12.6
Institutional deliveries (%)	33.5	38.4	39.9
% increase from previous year		14.5	3.9
Women who had 3 PNC check-ups as per protocol (%)	12.2	15.5	18.2
% increase from previous year		26.7	17.4

The integration of FP with the Expanded Programme on Immunization (EPI) could not be implemented in this reporting period: Provincial Health Directorates could not conduct training because of COVID-19. Annual data (to end of June 2020) on male and female sterilisations from six federal hospitals in 2076/77 shows that 913 of the 6,100 expected Voluntary Surgical Contraceptions (VSCs) were conducted; female sterilisation contributed 13 per cent of the total VSCs. The lower numbers are explained by the cessation of VSCs during the COVID-19 lockdown period.

Result Area: i3.2 Restoration of service delivery in earthquake-affected areas
Physiotherapy Pilot: No progress during this quarter.

Result Area: i3.3 The MoHP/the DoHS have effective strategies to manage the high demand (of MNH services) at referral centres
On-site birthing units: No progress during this quarter.

Aama Programme Review: No meeting or follow-up this quarter.

Result Area: i3.4 Continuous quality improvement institutionalised
Standards and protocols: The BHS Package (BHSP) and the Public Health Regulations were recently endorsed (see Section 2 on Health Policy and Planning Section). The Curative Services Division (CSD) plans to hold a meeting for the finalisation of the Standard Treatment Protocols (STPs) for the BHS and orientation of staff thereon.

Finalisation of the NMS Volume 3 has been delayed, following feedback from major partners (WHO and United Nations Population Fund (UNFPA)) on the applicability of certain medical standards to Nepal. FWD is leading discussions with experts and partners but these are yet to be finalised since it has been difficult to organise in-person meetings.

MSS: NHSSP has been providing TA to CSD for implementation and monitoring of MSS at Health Post (HP) level. Although budget was allocated for all 753 palikas in 2019/20, COVID-19 presented significant challenges to implementation in most. In FY 2020/21, CSD has not allocated budget for orientation of palikas by District Health Offices (DHOs) and has requested all supporting EDPs to provide online orientation to the palika level so that they can initiate HP-level MSS implementation.

To date, 219 palikas have received orientation on MSS implementation and 88 palikas have completed MSS assessment at 402 HPs. In this quarter, 50 palikas were oriented by Provincial Health Offices, 185 HPs from 40 palikas completed the assessments, and 110 reported the scores.

The average MSS scores of the 41 HFs from the LL palikas show improved service readiness at the second round of self-assessment, as seen in Table 4.

Table 4: HP MSS self-assessment score on three major domains of service readiness

	Three major domains of service readiness	Green (85–100%)		Blue (70–84%)		Yellow (50–69%)		White (<50%)	
		Round 1	Round 2	Round 1	Round 2	Round 1	Round 2	Round 1	Round 2
1	Governance and Management	0	3	3	8	19	22	19	8
2	Clinical Service Management	0	0	3	3	15	22	23	16
3	Support Service Management	0	0	0	0	9	13	32	28
	Total score (%)	*0*	*3*	*6*	*11*	*43*	*57*	*74*	*52*

Quality Improvement Process (QIP) at hospitals and Birthing Centres (BCs)/Basic Emergency Obstetric and Neonatal Care (BEONC) sites: NHSSP continues to give TA in monitoring and encouraging SBA clinical mentors to conduct Quality Improvement (QI) and clinical mentoring at hospitals and palikas: in this quarter, eight hospitals[14] and 27 BCs/BEONC sites were supported to complete these processes. In FY 2019/20, 125 clinical mentors were given support to undertake QI self-assessment; clinical mentoring was provided at 63 CEONC hospitals and 139 BCs/BEONC sites. In this quarter, clinical mentors reported QI assessment scores for 72 BCs/BEONC sites using the online reporting system introduced by NHSSP.

The QI and signal function scores of the five hospitals and four BCs/BEONC sites that completed second assessments during this quarter show improvements in service quality as well as signal function readiness (Tables 5 and 6).

Table 5: Hospital Quality Improvement Process (HQIP) self-assessment scoring – quality domain readiness

	QUALITY DOMAINS	Green		Yellow		Red	
		Last assess-ment	Current assess-ment	Last assess-ment	Current assess-ment	Last asses-sment	Current assess-ment
1	CEONC sites that were assessed (average scores of 8 domains[15])	17	26	20	14	3	0
2	BCs/BEONC sites that were assessed (average scores of 13 domains[16])	16	26	18	19	17	7

Table 6: HQIP self-assessment scoring – signal function readiness

SIGNAL FUNCTIONS[17]	Green	Red

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[14] Taplejung, Mechi, Janakpur, Gaur Rautahat, Sindhuli, Prithivichandra Nawalparasi and Mahakali Hospitals are CEONC sites and Rasuwa is a BEONC hospital
[15] Management, infrastructure, patient dignity, staffing, supplies and equipment, drugs, clinical practice, infection prevention
[16] Management demand, referral, electricity, water and sanitation, patient dignity, management, staffing, equipment, drugs, PNC, partograph, FP, infection prevention

		Last assess-ment	Current assess-ment	Last assess-ment	Current assess-ment
1	CEONC sites that were assessed (average scores of 9 signal functions)	36	43	9	2
2	BEONC sites that were assessed (average scores of 7 signal functions)	7	10	21	18

Clinical mentoring: FWD has budgeted for the clinical mentoring programme to reach 63 hospitals and 626 palikas in FY 2020/21. Budget for five batches of training was provided by the National Health Training Centre (NHTC), FWD and MoSD of Bagmati Province. NHSSP continues to give TA in support of this and off-site support to SBA clinical mentors and HCs to mentor service providers. In 2019/20, 247 clinical mentors provided on-site clinical mentoring to 1366 MNH service providers. In this quarter, 41 SBA clinical mentors provided on-site clinical mentoring to 183 MNH service providers (92 from eight hospitals and 91 providers from 34 BCs/BEONC sites). Clinical mentoring data for 559 MNH service providers from 126 HFs (26 CEONC sites and 100 BCs/BEONC sites) was reported through the online reporting system.

Although COVID-19 has affected clinical mentoring through travel restrictions and a lack of staff availability, clinical mentors are addressing infection prevention and control with regard to COVID-19 during the mentoring sessions.

Result Area: i3.5 Support FWD in planning, budgeting, and monitoring of RMNCAH and nutrition programmes
SMNH Roadmap: FWD is currently discussing the printing and dissemination plans for the Roadmap, including plans with provincial governments. FWD has budgeted about half of the amount needed for this purpose, and supporting partners (WHO, the United Nations Children's Fund (UNICEF), Strengthening Systems for Better Health (SSBH), UNFPA, NHSSP) have committed to support the remaining half to ensure Roadmap planning with the seven provincial governments in this FY.

Nursing and Midwifery Strategy and Action Plan 2020–30: NHSSP provided TA to support the peer review of the strategy and action plan, which was done by two international consultants and Strategic Director of NHSSP. The final draft has been submitted to the Nursing and Social Security Division (NSSD), and costing of the strategy has been started, but is yet to be completed. As the costing exercise indicated that the current action plan could mean the GoN would incur very high costs, NSSD has decided to revise their action plan for the next five years.

SBA Strategy: MoHP provided guidance on the "Tipanni" submitted in August 2020, which noted that ANMs can be trained on SBA skills and will be called "Skilled Birth Attendants" and that registered nurses trained with SBA skills will be called "Skilled Health Personnel" (SHP). Based on this guidance the draft SHP and SBA Strategy and In-service Training Strategy for SHP and SBA were drafted and discussed with FWD, NHTC and stakeholders. Significant points of disagreement that remain to be resolved are with regard to the training of ANMs and terminologies used in this document[18]. The feedback will be incorporated, and

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[17] 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)

[18] According to the Nursing Council, ANMs are not qualified as SHP by the WHO (2018) joint statement's definition. The National Planning Commission (NPC) identify SHP for tracking SDG targets. MoHP wants to continue to use ANM for service provision of MNH services due to limited availability of register nurses in the government services delivery sites.

follow-up meetings and discussions are planned for facilitating a national consensus on these issues before finalising the strategies.

AWPB: The TA supported finalisation of the AWPB implementation guidelines of FWD.

Support in Response to COVID-19
This quarter, the NHSSP Service Delivery (SD) team and other EDPs have been providing support to the MoHP/DoHS to support the health sector response to COVID-19. The specific areas of support by the SD team include:

- Continued participation in the RH sub-cluster to support the FWD, DoHS and MoHP in preparing an implementation plan for RH Emergency Response Plan (ERP)
- Virtual orientation of more than 4400 health workers (managers and service providers) from eight districts on the Interim Guidelines for RMNCAH Services. About 40 per cent of the those oriented were Health Assistants (HAs)/AHWs/PHIs, and 32 per cent ANMs, with managers, doctors, nurses, support staff and others making up the remainder
- Continued monitoring of hospitals (through the online reporting system on the Open Data Kit (ODK) platform) and BCs/BEONC sites (by phone) for MNH, FP and Safe Abortion Services (SAS) availability; utilisation and availability of Aama funds; and maternal and perinatal deaths.
- Continued reporting of monitoring data to BEK, FWD and the RH Sub-committee for response/action to ensure service delivery across different levels
- Follow-up interviews of 466 health workers (managers and providers) on their knowledge and implementation of the interim guidelines, and issues and challenges arising during implementation. The report will be submitted as a PD in the next quarter.

Priorities for the next quarter
- Prepare and finalise COVID-19 response plan as per re-shape planning
- Analyse follow-up interviews and reporting, presenting to RH sub-cluster, and use the information for further planning of reshape programme (2021–22) and for immediate response (next quarter) if necessary
- Support PHD/FWD for continued desk monitoring and update PNC home visit status at palikas; support provincial government to conduct orientation to Provincial Health Offices in 33 districts and five palikas
- Support Provincial Health Offices and palikas on MSS virtual orientation especially in Lumbini Province (with SSBH) and Province 2 (with UNICEF)
- Continue monitoring MNH, FP and SAS delivery and utilisation on alternate days (at BCs/BEONC sites), weekly (at hospitals) and ad hoc (at private hospitals) until MoHP starts its daily online monitoring system
- Continue planned activities from the last quarters that have been delayed, if feasible:
  - Support the dissemination of the SMNH Roadmap 2030
  - Support finalisation of Nursing and Midwifery Strategy and Action Plan 2020–25
  - Finalise and disseminate the SBA Strategy and Training Strategy 2020–25
  - Continue technical support to implement and monitor clinical mentoring/HQIPs, including mentors' development and training site development and mobile reporting; MSS at HP level
  - Discussion and planning on the STP for BHS finalisation and orientation
  - Continue support to training site QI at three referral hospitals

- Disseminate the Aama Review report and support the revision of the Aama Programme Strategic Framework and Operational Guidelines.

4. PROCUREMENT & PUBLIC FINANCIAL MANAGEMENT

Summary

Over this quarter, the Procurement and Public Financial Management (PPFM) team continued to work on updates to the Public Financial Management Strategic Framework (PFMSF) and Public Procurement Strategic Framework (PPSF) based on feedback from all concerned authorities and EDPs. The PFMSF was endorsed by the Health Minister on 19 July 19 2020. The team also supported the AWPB process for FY 2020/21, updated Rapid Assessment (RA) round XIII tools to incorporate the COVID-19 context, provided virtual training to field researchers and started the Health Sector Budget Analysis. The PPFM team has also continued to lead on COVID-19-related support to MoHP, especially in updating and costing the COVID-19 response plan and prepared the Consolidated Technical Specifications of COVID-19 Medicines, Supplies and Equipment.

For updated Activities – please see Annex 1.

Result Area: i4.1 eAWPB system being used by the MoHP spending units for timely release of the budget
Budget Analysis (BA) and AWPB Process: The analysis of health sector budget for FY 2020/21 started in this quarter and will be finalised and shared by early next quarter. The Policy, Planning and Monitoring Division (PPMD) has presented the preliminary analysis at the JCM. Two consultants were contracted to support the BA, and this year it will feature an additional chapter on COVID-19. In this analysis, we have further analysed the unallocated budget under MoHP and presented with evidences requiring some systemic changes in the budget preparation process. The MoHP budget for FY 2020/21 entered in LMBIS has been mapped against the Chart of Activity, which will help to track activity and cluster-wise budget allocation and expenditure. This will help MoHP in improving the budget allocation in priority areas and in conditional grants.

Result Area: i4.2 TABUCS is operational in all MoHP spending units, incl. the DUDBC
Uploaded in TABUCS: AWPB LMBIS activities for FY 2020/21 have been uploaded to TABUCS. NHSSP also supported a three-year activity-wise budget and expenditure analysis for the Department of Urban Development and Building Construction (DUDBC), which will support their efforts in tracking activity-based expenditure.

Updated AQs: Audit queries up to FY 2059/60 have been uploaded to TABUCS.

Third Financial Monitoring Report (FMR): The draft of the third FMR of FY 2019/20 was prepared in September and is currently under review by BEK.

Result Area: i4.3 Revise, implement, and monitor the Financial Management Improvement Plan (FMIP)
PFMSF 2020/21–2024/25: The first round of updates to the PFMSF was completed and the document was endorsed by the Health Minister on 19 July 2020. The PFMSF will contribute to improving overall financial management, reducing fiduciary risks and audit observations. The Health Minister, State-Minister, Secretary, Division Chiefs, and Finance and Planning personnel were all involved in the finalisation process.

Regular support to the Audit Committee: The NHSSP PPFM team supported the collection of electronic copies of primary audit reports of FY 2018/19 from the Office of the Auditor General (OAG) for MoHP and its Spending Units (SUs). These data were entered in TABUCS and an audit status report was produced. As a result, the proportion of Audit Queries (AQs) that are to be recovered is in decreasing trend: in FY 2014/15 it was 17.8 per cent, but in FY 2018/19 it was 2.5 per cent. Similarly, the proportion of AQs that are to be regularised is also in decreasing trend. In FY 2013/14 it was 71.5 per cent , but in FY 2018/19 it was 25.9 per cent.

Audit status reports: The NHSSP PPFM team supported MoHP to develop the audit status report of FY 2018/19 in August 2020. This report is expected to contribute to improvements in the internal control system by clearing AQs reported in internal and final audit. Staff from MoHP's finance section were involved in preparing the report to clear queries from the OAG.

Regular support to the Technical Committee: The regular Public Financial Management (PFM) and Audit Committee meetings have been interrupted by COVID-19.

Internal Control System Directives (ICSD): The NHSSP PPFM team supported MoHP to update the Internal Control Guidelines in light of the ICSD, 2019 (Financial Comptroller General Office, FCGO) and the new Financial Procedural and Fiscal Accountability Act, 2019. The first draft of the ICSD has been prepared in consultation with the Chief of the MoHP's finance section.

RA of the Aama Programme: Significant time was spent discussing the methodology and approach for implementing the RA in the current context. Similarly, existing RA tools were updated to incorporate COVID-19 and relevant questions. A two-week-long virtual training module was conducted, starting in the third week of August. Online and offline data entry platforms were developed and tested on both web-based and android platforms (for mobile data entry). Fieldwork started in the second week of September. Regular virtual consultations were scheduled to check data quality, discuss content and clearing confusions.

JCM: The second virtual JCM was held on 21 July. This time the session included: discussions on the final budget and the ceiling provided to the health sector, MoHP and its entities; key highlights of Policy and Programme 2020/21; and identification of funding gaps and challenges. The FY 2020/21 budget for MoHP is 60.67 billion NPR, compared to 42.67 billion NPR for FY 2019/20. Initially, the GoN had decided to allocate NPR 6 billion to the COVID-19 response; in this quarter, an additional NPR 12 billion has been allocated to the COVID-19 response.

BC update: NHSSP has been supporting FWD to undertake the status update of BCs in the country. NHSSP is currently finalising the updated BC list from all provinces. COVID-19 has slowed the process, especially in Province 2 and in Lumbini Province. The updated BC list and the progress on implementation of the Aama programme will be shared in the next quarter.

MoHP Business Plan (BP): The MoHP BP framework update has started. An update to the BP guideline will be completed in the next quarter. The initial round of meetings that was scheduled to be held at the MoHP to implement the plan in two public hospitals and other entities could not be held. Activities will be resumed in the next quarter.

Result Area: i4.4 Management Division is implementing standardised procurement processes
Consolidated Annual Procurement Plan (CAPP): The new CAPP of 49 federal Procuring Entities (PEs) for FY 2020/21 has been prepared and approved, and is available on the TABUCS platform:

https://tabucs.gov.np. DoHS has a separate CAPP of its five Divisions; a workshop was organised just for DoHS attendees to finalise its CAPP, instead of the wider meetings it normally organises. Other PEs were coached individually through virtual seminars and asked to enter their Annual Procurement Plans in the electronic CAPP (eCAPP) system. The overall monitoring of eCAPP will be performed by the MoHP under the PFM Committee, and the DoHS CAPP will be monitored by the CAPP Monitoring Committee (CAPP-MC) at DoHS, which in turn reports to the PFM Committee of the MoHP. The DoHS CAPP is being implemented by the LMS of the Management Division (MD).

PPSF: PPSF is a strategic document to guide sub-national governments in developing their Programme Implementation Plans for the health sector. The Nepali and English versions of the PPSF continue to await endorsement from the PFM Committee, which has not had a formal meeting because of COVID-19. Changes in senior officials at MoHP and the PFM Committee have caused further delays.

Market Analysis (MA) of Essential Medicines: A second-phase revision of the MA report has been received from the international consultant and has been incorporated as a part of the MA report. This report will be disseminated in the next quarter.

Technical specifications: As a CAPP-MC meeting could not be held this quarter, specifications could not be uploaded in the Technical Specification Bank (TSB). However, the updated and revised technical specifications are in use for the procurement process. Consolidated Technical Specifications of COVID-19 Medicines, Supplies and Equipment have been prepared, which include Personal Protective Equipment (PPE), laboratory kits and reagents, ICU medicines used in COVID-19 cases, ICU consumables and major equipment required in the management of COVID-19 cases. The developed specifications will be the reference for evaluating the quality of these items. The specifications will be uploaded in the TSB in the next quarter.

Progress against the CAPP: Regular monitoring of the CAPP is ongoing. The new CAPP of FY 2020/21 execution started in the first week of August 2020. By the end of September, eight procurement items were executed for process, all using the electronic Government Procurement (e-GP) Portal.

Capacity development: Most of the procurement in this quarter has focused on COVID-19 response and management. NHSSP provided TA to support the capacity development of government officials on emergency procurement processes by facilitating development of Standard Operating Procedures (SOPs), guidelines and customised bidding documents. The items to be procured for COVID-19 management are new items; TA has therefore been given in developing technical specifications and quality assurance parameters for procuring them. As distribution of the procured items is also a challenge, NHSSP has provided TA to prepare a distribution plan by the LMS.

Support in Response to COVID-19
As in the previous quarter, the NHSSP PPFM team were actively engaged with MoHP and DoHS in day-to-day discussions focused on COVID-19 response planning and budgeting. Key support was provided in the implementation of the Health Sector COVID-19 Response Plan and the COVID-19 Rapid Response Action Plan. NHSSP also continued to support and provide inputs at the Health Cluster and the Incident Command System's meetings.

Quantification and forecasting of COVID-19 items was carried out as per the Rapid Action Plan (RAP) which has helped the MD with procurement activities. NHSSP worked along with WHO in providing assistance on the plan for the distribution of COVID-19 commodities to the districts and provinces.

Priorities for the next quarter

- Support MoHP to implement budget/AWPB related to COVID-19
- Provide procurement-related support to the COVID-19 response
- Disseminate the MA report
- Upload the updated and newly developed technical specifications
- Obtain final approval of Consolidated Technical Specifications of COVID-19 Medicines, Supplies and Equipment
- Finalise and endorse the PPSF
- Continue monitoring implementation progress of the federal CAPP
- Finalise third FMR for FY 2019/20
- Print and disseminate PFMSF
- Finalise the draft of ICSD
- Perform health sector BA for FY 2020/21
- Enter, verify and analyse data to develop final report on RA round XIII
- Update existing BP guidelines with a consideration of the impact of COVID-19; seek MoHP endorsement. Recommend that PPMD initially implement the updated guidelines in two federal-level hospitals
- Provide technical support in preparing the third JCM to be held in October/November 2020.

5. EVIDENCE AND ACCOUNTABILITY

Summary

Key achievements in terms of support provided to MoHP this quarter in this workstream include:

- Planning the maternal mortality and morbidity study as a follow on to the 2021 census
- Audit of COVID-19 deaths
- Customisation of the DHIS2 platform for daily reporting of COVID-19 case management data from COVID-19 designated hospitals (working with the WHO and the German Corporation for International Cooperation (GIZ))
- Initiation of digitisation of OCMC and SSU recording and reporting tools
- Support to NHTC to develop the induction training package, including information management and monitoring and evaluation (M&E)
- Continued support as a member of the Technical Working Group (TWG), to prepare the Nepal Health Facility Survey 2020, and Nepal Demographic and Health Survey (NDHS) 2021.

The team continued its support to the MoHP in developing plans, guidelines and tools related to COVID-19. The team also supported the analysis of COVID-19 data, preparation of the COVID-19 situation update and sharing of the Situation Report (SitRep) with MoHP senior officials and BEK for better planning of response initiatives.

For updated Activities – please see Annex 1.

Result Area: i5.1 Quality of data generated and used by districts and facilities is improved through the implementation of the Routine Data Quality Assessment system
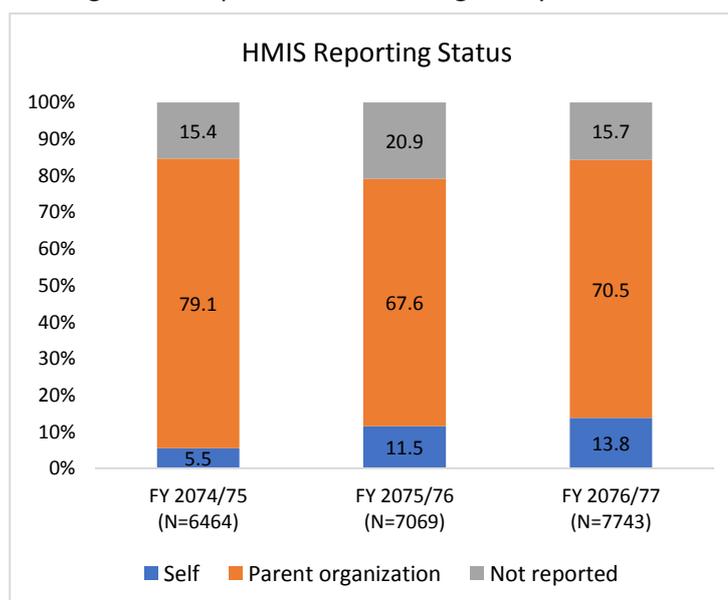
Implementation and scale-up of Routine Data Quality Assessments (RDQAs) at the local level was paused during this quarter since local governments' and HFs' immediate priority was responding to the COVID-19 pandemic. However, the NHSSP team continuously engaged with the MoHP and DoHS in planning to resume the implementation and rollout of RDQA immediately after the festival season holidays in Nepal (i.e. resume in November/December 2020).

Result Area: i5.2 MoHP has an integrated and efficient Health information system and has the skills and systems to manage data effectively

Together with the WHO, NHSSP supported the Integrated Health Information Management Section (IHIMS) in preparing a strategy for developing a HMIS Roadmap and in developing tools for assessment of the Routine Health Information System (RHIS). Further, NHSSP joined the WHO in supporting MoHP to establish the COVID-19 Information Management Unit under the Health Emergency Operations Centre (HEOC), and in developing a web-based daily COVID-19 case reporting system in the DHIS2 platform from COVID-19 designated hospitals. MoHP is using this system for reimbursement of COVID-19 case management costs to hospitals.

Likewise, digitisation of OCMC and SSU service-related recording and reporting tools in the DHIS2 platform in alignment with HMIS has been initiated.

NHSSP has been providing technical assistance to IHIMS to help identify discrepancies in the HMIS dataset and

HMIS Reporting Status

	FY 2074/75 (N=6464)	FY 2075/76 (N=7069)	FY 2076/77 (N=7743)
Not reported	15.4	20.9	15.7
Parent organization	79.1	67.6	70.5
Self	5.5	11.5	13.8

address gaps and supported online mentoring to provincial and local governments and HFs. This proactive and stable analysis of the available data has been effective in improving online reporting from the facility itself, improving on-time reporting, improving data quality and use of the data. The percentage of HFs reporting themselves on the DHIS2 platform has improved from 5.5 per cent in 2074/75 to 13.8 per cent in 2076/77. Likewise, the Table below shows that the percentage of HFs (public and private) that reported on time, i.e. within the first 15 days of the next month, increased from 42.4 per cent in FY 2019/20 to 50.6 per cent in the first two months of FY 2020/21.

On-time reporting from HFs															
	FY 2019/20													FY 2020/21	
	July/Aug 2019	Aug/Sept 2019	Sept/Oct 2019	Oct/Nov 2019	Nov/Dec 2019	Dec/Jan 2020	Jan/Feb 2020	Feb/Mar 2020	Mar/April 2020	April/May 2020	May/June 2020	June/July 2020	FY 2019/20	July/Aug 2020	Aug/Sep 2020
% of HFs (public and private) that reported on time (15 days)	34.4	29.4	20.3	36.7	48.5	54.2	53.8	43.2	40.6	39.1	41.8	66.3	**42.4**	57.0	65.3
% of HFs that have reported on time (i.e. within the first 15 days of the next month) for all 12 months													**5.1**	**50.6***	
% of public HFs that reported on time (15 days)	43.8	37.4	26.7	46.6	61.5	69.1	68.3	54.9	53.4	51.4	53.8	82.4	**54.1**	71.4	81.4
Note: * % of HFs that have reported on time in both the months of FY 2020/21															

Result Area: i5.*3 MoHP has robust surveillance systems in place to ensure timely and appropriate response to emerging health needs*

The Central Bureau of Statistics (CBS) Nepal has been conducting decennial population censuses since 1911 and its twelfth series will be conducted from Jestha 25 to Asar 08, 2078 (June 8 to 22, 2021). In this round, the National Population and Housing Census (NPHC), 2021, will collect information on several health indicators, including maternal and other mortalities. Although the NPHC 2021 gives estimates of the Maternal Mortality Ratio (MMR) (pregnancy-related mortality ratio), the census does not give details on the cause of death, other morbidity conditions of the deceased woman, or the 'three delays' associated with the death. In order to gather this further information, MoHP considers that it would be worth collecting detailed information on causes of death and morbidity using the verbal autopsy tool as a follow-up to the census. Also, as the forthcoming round of the NDHS 2021 does not plan to generate MMR, this information gathered as a follow-up to the census could provide crucial and timely data for the GoN.

The NHSSP team, together with the WHO, is supporting the Population Division, MoHP, in planning this Maternal Mortality Study (MMS) as a follow-on to the forthcoming NPHC 2021, in alignment with the existing Maternal and Perinatal Death Surveillance and Response (MPDSR) system. This initiative will be accomplished under the leadership of the MoHP in close coordination and collaboration with the seven provincial MoSDs and development partners. Detailed methodology and planning of the study is underway.

Early Warning and Reporting System (EWARS): The weekly-reporting EWARS has now been upgraded to report Severe Acute Respiratory Infections (SARIs) daily: this facilitates monitoring of SARI cases so that they can be tested with RT-PCR for COVID-19 as per the National Testing

Guidelines. Despite expansion of the EWARS sentinel sites from 82 in 2018 to 118 in 2020, there has been a sharp decline in the number of SARI cases reported in 2020 compared to those in 2019 and 2018. The figure below shows that from the 17th epidemiological week of the year 2020, fewer SARI cases have been reported than in the corresponding epidemiological weeks of the years 2019 and 2018.

A total of 12,553 SARI cases were reported in 2018 and 10,542 cases in 2019 (January–December). By the 40th week of 2018, there had been 9890 cases, with 7447 cases during the corresponding period in the year 2019; in 2020, a total of 6609 cases have

Severe Acute Respiratory Illness (SARI) Cases reported in 2018, 2019 and 2020

been reported by the 40th week. The figure shows the trend of SARI cases reported in 2018, 2019 and 2020 by epidemiological week.
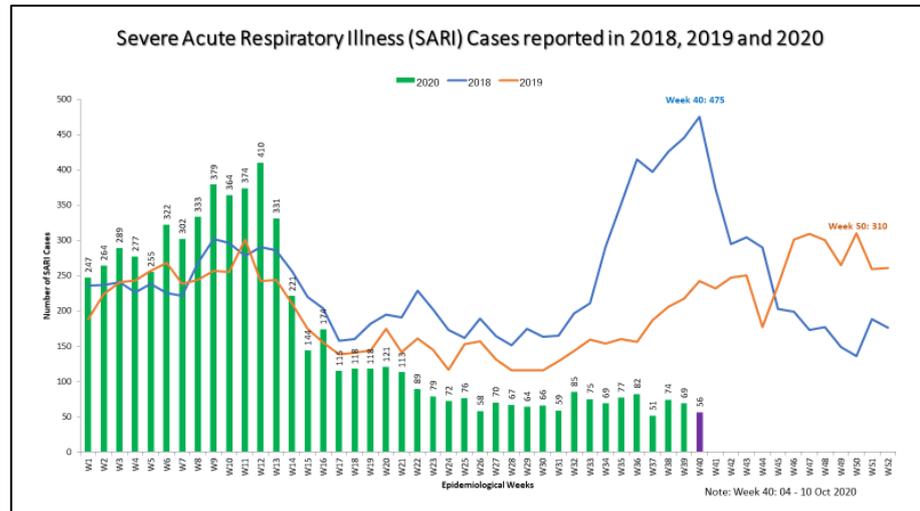
The 2020 data in the figure above reflects the information that is available to date: these numbers could be different going forward. Although sites established in previous years are expected to continue reporting, there could be gaps in following years, requiring further analysis by site. NHSSP will continue working with the WHO and GiZ in supporting the Epidemiology and Disease Control Division (EDCD) in strengthening of EWARS, with a focus on timely reporting, wider coverage of sentinel sites and analysis of data and its use in planning and response.

Result Area: i5.4 MoHP has the skills and systems in place to generate quality evidence and use it for decision making
As envisioned in the Health Sector Monitoring and Evaluation in Federal Context, 2018 National M&E Guidelines, two national-level population-based surveys and one health-facility-based survey are currently in operation or in planning. NHSSP, as a TWG member, supported the revision of the NFHS 2020 questionnaire to assess HF readiness in the COVID-19 context and in planning of the NDHS 2021.
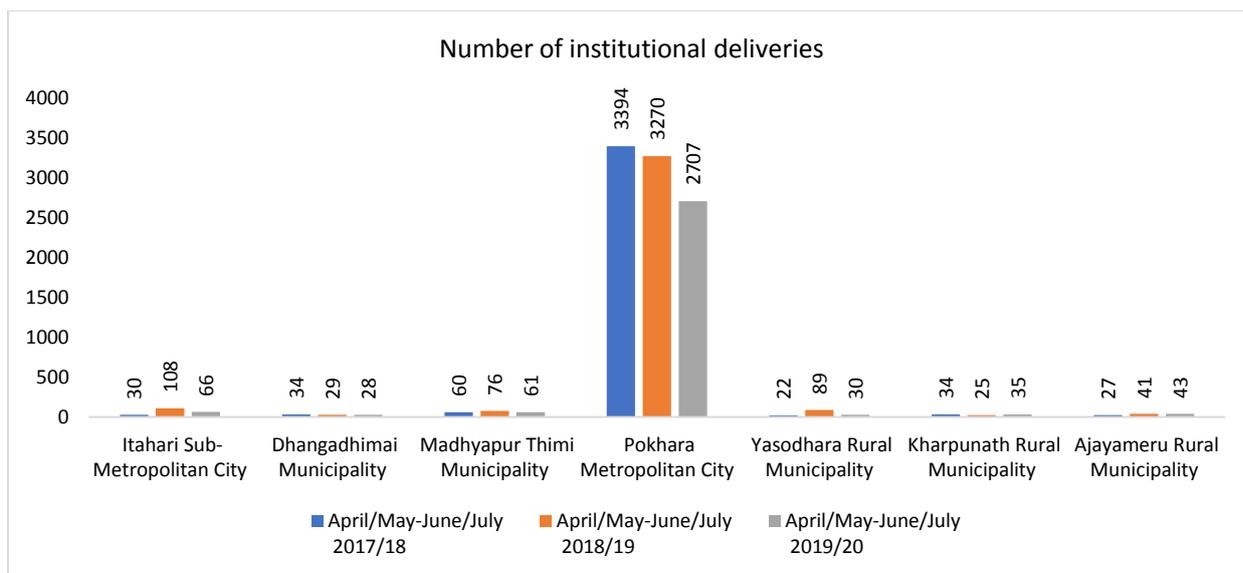
The NHSSP team continued supporting IHIMS to analyse HMIS data, identify the areas of discrepancies in the dataset, address the gaps identified, and follow up with provincial and local levels for timely reporting, complete reporting and improving data quality. HMIS data was analysed to assess the effects of COVID-19 on utilisation of selected services; the detailed analysis has been shared with FWD and IHIMS. The figure below is an example of the analysis on the effects of COVID-19 on service utilisation. The figure shows the increasing trend of utilisation of Institutional Delivery (ID)services at the national and provincial level over the past three years but a declining trend over the first four months during the COVID-19 pandemic, particularly during the nationwide lockdown starting from Chaitra (March 2020).

Institutional Delivery

Source: HMIS
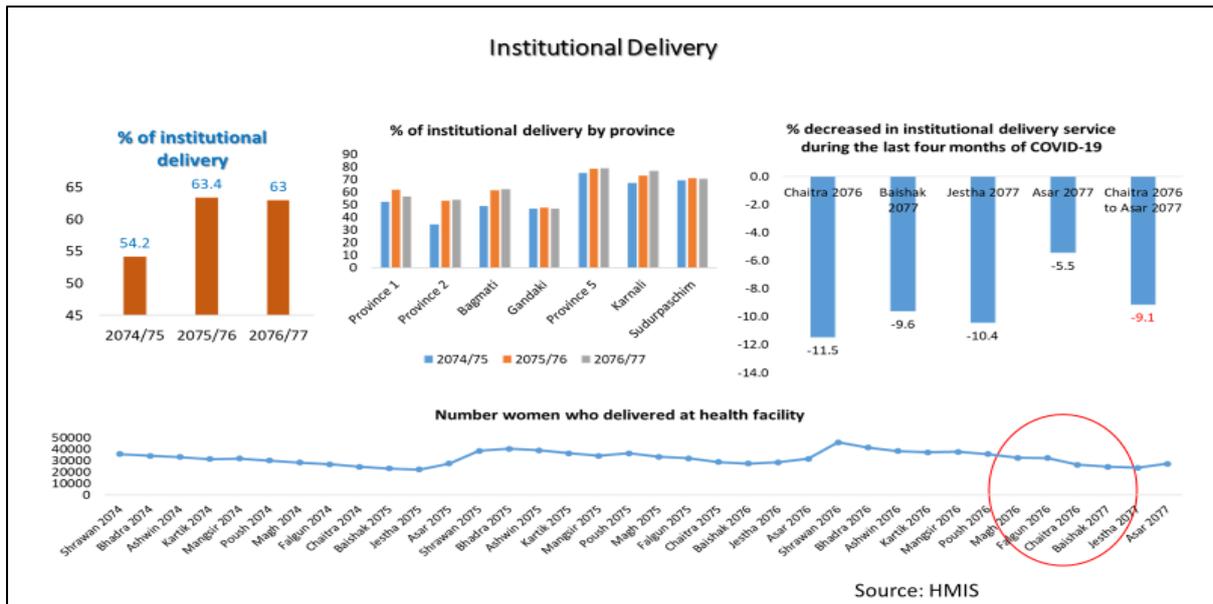
NHSSP also supported the LL sites in analysis of HMIS data to better inform them on the status of service utilisation in the COVID-19 context. The analysis in Figure below shows that utilisation of immunisation services (DPT-HepB-Hib-3), as a tracer indicator, has decreased in ISC, Pokhara, Yasodhara and Ajayameru municipalities in FY 2019/20 but has slightly increased in DM, Madhyapur Thimi and Kharpunath in comparison with the previous year.

Number of children immunised with DPT-HepB-Hib-3rd
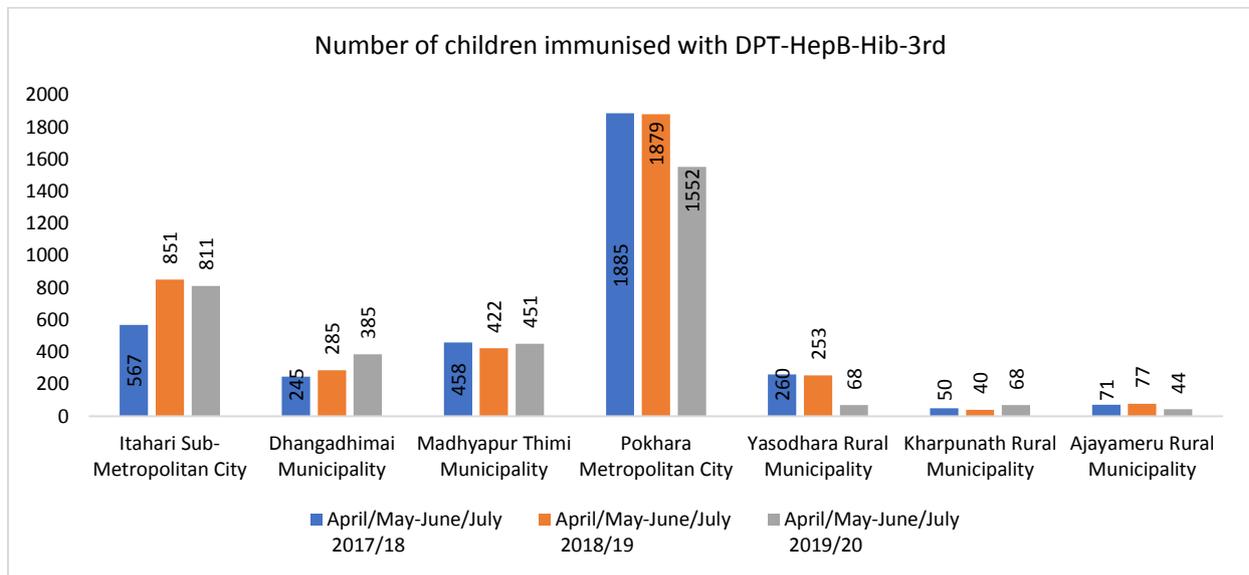
Similarly, the Figure below shows that the number of institutional deliveries is in decreasing trend in all LL sites except Kharpunath and Ajayameru in FY 2019/20 in comparison with previous years.

Number of institutional deliveries

	Itahari Sub-Metropolitan City	Dhangadhimai Municipality	Madhyapur Thimi Municipality	Pokhara Metropolitan City	Yasodhara Rural Municipality	Kharpunath Rural Municipality	Ajayameru Rural Municipality
April/May-June/July 2017/18	30	34	60	3394	22	34	27
April/May-June/July 2018/19	108	29	76	3270	89	25	41
April/May-June/July 2019/20	66	28	61	2707	30	35	43

Equity analysis: NHSSP analysed the HMIS data to monitor the progress on DLI 12 equity indicators over the last four years. The findings of the analysis have been shared with BEK and will also be shared with MoHP. The findings show the following:

Modern Contraceptive Prevalence Rate (CPR)
- The average CPR of the bottom 10 and top 10 districts has been gradually decreasing over the past three years
- The equity gap in CPR as measured by absolute difference between the top and bottom 10 districts was found to be 36.0 (baseline), 29.5, 26.0 and 24.7 percentage points in FYs 2016/17, 2017/18, 2018/19 and 2019/20 respectively
- The equity gap in CPR as measured by relative difference was 58.1 per cent in 2016/17, 53.9 per cent in 2017/18, 49.4 per cent in 2018/19 and 48.5 per cent in 2019/20
- An annual increment in the equity gap of five percent was observed in 2019/20.

ID
- The average proportion of ID for the bottom 10 districts is observed in increasing trend from FY 2016/17 to 2019/20. A similar pattern is seen in the top 10 districts from FY 2016/17 to 2018/19 but in the year 2019/20, the average has declined by 0.7 percentage points compared to 2018/19
- The equity gap in ID as measured by absolute difference between the top and bottom 10 districts was found to be 69.6 (baseline 2016/17), 69.6, 74.7 and 73.3 percentage points in FY 2016/17, 2017/18, 2018/19 and 2019/20 respectively
- The equity gap in ID as measured by relative difference was 79.2 per cent in 2016/17, 78.5 per cent in 2017/18, 78.1 per cent in 2018/19 and 77.2 per cent in 2019/20
- The average proportion of ID of the bottom 10 districts has gradually increased with an annual increment of about 2 per cent observed in 2019/20.

Pneumonia cases treated with antibiotics
- The average proportion of pneumonia cases treated with antibiotics for the top 10 and bottom 10 districts has been observed in a declining trend over the last three FYs
- The equity gap in pneumonia cases treated with antibiotics as measured by absolute differences between the top and bottom 10 districts was found to be 44.6, 38.6, 29.9, and 24.3 percentage points in FY 2016/17, 2017/18, 2018/19 and 2019/20 respectively

- The equity gap in pneumonia cases treated with antibiotics as measured by relative difference was 64.8 per cent in 2016/17, 79.8 per cent in 2017/18, 78.3 per cent in 2018/19 and 79.2 per cent in 2019/20
- The average percentage of pneumonia cases treated with antibiotics has decreased in both the top and bottom 10 districts from 2016/17 to 2019/20 but the annual equity gap has always been higher than 10 per cent. An annual increment of about 19 per cent in the equity gap has been observed in 2019/20.

Trends on equity in essential health service utilisation				
	FY 2016/17	FY 2017/18	FY 2018/19	FY 2019/20
Modern CPR				
Average CPR of top 10 districts (%)	62.0	54.7	52.6	50.9
Average CPR of bottom 10 districts (%)	26.0	25.2	26.6	26.2
%-point difference between top and bottom average	36.0	29.5	26.0	24.7
% difference between average of top and bottom 10 districts	58.1	53.9	49.4	48.5
Annual change (%)	-	18.1	11.9	5.0
ID				
Average proportion of ID of top 10 districts (%)	87.9	88.7	95.6	94.9
Average proportion of ID of bottom 10 districts (%)	18.3	19.1	20.9	21.6
%-point difference between top and bottom average	69.6	69.6	74.7	73.3
% difference between average of top and bottom 10 districts	79.2	78.5	78.1	77.2
Annual change (%)	-	0.0	-7.3	1.9
Pneumonia cases treated with antibiotics (ARI)				
Average % of top 10 districts on ARI	68.8	48.4	38.2	30.7
Average % of bottom 10 districts on ARI	24.2	9.8	8.3	6.4
%-point difference between top and bottom average	44.6	38.6	29.9	24.3
% difference between average of top and bottom 10 districts	64.8	79.8	78.3	79.2
Annual change (%)	-	13.5	22.5	18.7

The NHSSP team has initiated two studies: an assessment of the impact of the COVID-19 pandemic in selected health services with estimation of excess maternal deaths using data from various sources; and a study on trends and determinants of socioeconomic inequalities in sexual and reproductive health among currently married women in Nepal. The team also supported NHRC to review COVID-19-related policies and data analysis.

Support to NHTC in development of induction package: NHSSP continued its support to NHTC in developing an induction training package for health officers, in response to a request from the NHTC. The package includes an overall orientation to the health sector and GoN priorities, based on the national policies, programmes, guidelines, structures, and functions of different entities in the federal context. A draft framework and manual have been prepared and shared with NHTC for review. The task is expected to be accomplished by December.

Result Area: i5.*5 the MoHP has established effective citizen feedback mechanisms and systems for public engagement in accountability*
NHSSP, together with Monitoring, Evaluation and Operational Research (MEOR), supported MoHP to update the repository of the health sector knowledge products, including the legal, policies, plans, guidelines, survey reports and annual reports on the MoHP Website.

Support in Response to COVID-19

NHSSP, along with the WHO, has been providing support to the MoHP in various aspects of the health sector response to COVID-19, which include:

- Development and revision of plans, guidelines and protocols
- Development of a repository of guidelines, plans and policies related to COVID-19
- Strategic-level inputs to MoHP officials in formulating policies, planning, monitoring, decision-making and daily operation in COVID-19 management
- Analysis of] data and preparation of daily situation updates (e.g. epidemiological analysis, performance of laboratories, logistics availability)
- Development of daily reporting web portal in DHIS2 platform from COVID-19-designated hospitals
- Engagement in and technical contribution to various committees and task teams formed by MoHP.

Priorities for the next quarter

- Support MoHP, focal provinces and LL sites in implementation, scale-up and monitoring of RDQA
- Support LL sites for complete and on-time reporting from HFs and analysis and use of data
- Support Population Division in digitisation of recording and reporting of the SSU- and OCMC-related services in alignment with HMIS
- Together with the WHO, support MoHP in implementation of Maternal Mortality Study (MMS) as a follow-up event to the forthcoming NPHC 2021, in alignment with the existing MPDSR system
- Support DoHS in finalisation of HMIS data, NJAR and preparation of DoHS annual report 2019/20
- Analyse HMIS and survey data on specific areas in coordination with government counterparts and MEOR
- Support LL sites and focal provinces in analysis of data from different sources
- Support NHTC to develop the induction package
- Continue support to MoHP in response to COVID-19.

6. HEALTH INFRASTRUCTURE

Summary

During this quarter, the NHSSP Health Infrastructure (HI) team completed work in two crucial areas of policy development: the provincial-level repair and maintenance action plan, and land acquisition and relocation policies at the federal level applicable to provincial level. Both of these policy areas are important for the rational development of sustainable health infrastructure.

Support was provided to DUDBC for the revision and updating of design, estimates and tender documents for the Bhaktapur Hospital main retrofitting works in line with the requirements in the revised Nepal National Building Code (NBC) 105:2020. The MoHP was assisted in the development and updating of standard prototype designs and costs for various HFs, including a COVID-19 health help desk for major border entry points in Nepal.

HI team members were involved in various capacity enhancement activities and continued to provide TA directly to provincial and local governments for upgrading different hospitals, including review of designs for construction of HFs received from MoHP.

The repurposing of the decanting spaces at Bhaktapur Hospital and Western Regional Hospital (WRH) Pokhara as COVID-19 treatment centres was completed during the last quarter. Both the repurposed spaces are being fully utilised as dedicated COVID-19 treatment facilities at present. At WRH, the contractor for main retrofitting works has been mobilised on site and foundation work for construction of the main kitchen block has been initiated. Retendering of Bhaktapur Hospital main retrofitting works (originally published during the last quarter) has been cancelled and a new tender process initiated, including the updated design and cost for the Operating Theatre (OT) block in line with the revised building code NBC 105:2020.

For updated Activities – please see Annex 1.

Result Area I6.1: Policy environment
The HI team completed the development of guidelines and a plan of action for the repair and maintenance of HFs under provincial governments, and land acquisition and relocation policies at federal level (which is also applicable to the provincial level). These are important initiatives for the rational development of sustainable health infrastructure. The guidelines and plan of action for repair and maintenance were prepared by the HI team in consultation with officials from MoHP, MD/DoHS and Regional Health Directorates in Bagmati Province, Lumbini Province, and Karnali Province.

The draft documents were shared with the Provincial Directorates, with feedback received, and final documents submitted. The provincial officials have proposed a broader discussion with different stakeholders on the document at the provincial level before final endorsement. Similarly, the federal-level land acquisition and relocation policy has also been submitted to MD/DoHS for endorsement and a discussion workshop has been proposed. Both workshops will take place once the situation of the COVID-19 pandemic is more favourable for organising interaction sessions. Both documents incorporate first-hand experience from different site visits, interactions with stakeholders, documentation of past efforts in the health sector and assessment of the current situation.

Result Area I6.2: Capacity Enhancement
Support to DUDBC: An orientation programme was held at the NHSSP office on 13 August 2020 for the successful bidder and his engineer for the main retrofitting works at WRH Pokhara. The orientation included a description of the retrofitting plans and their main components, conditions of contract, and roles and responsibilities of different stakeholders in the project.

Similarly, a virtual orientation programme for DUDBC technical staff members, the contractor's engineer, and staff members and representatives from the Pokhara Academy of Health Sciences (PAHS) was conducted on 20 September 2020 using Microsoft Teams as part of the preparation for contractor mobilisation in Pokhara. The HI team set out the preparatory works on the site, demolition plan of existing structures, site layout, site office establishment, cordoning plan, contract documents, health and safety and environment. After the meeting, the HI team visited the site for the layout of the initial new construction. Event management for the orientation programme and site layout was physically supported by the NHSSP site engineer.

As part of the NHSSP capacity enhancement workstream, the HI team continued support to DUDBC Federal Programme Implementation Unit (FPIU) Kathmandu for upgrading the design and costing of the Bhaktapur Hospital OT block retrofitting in line with the revised building code NBC 105:2020. The upgrading analysis and documents were prepared with hands-on involvement of DUDBC engineers and architects. The HI team held a workshop with DUDBC officials and external independent reviewers on 16 July 2020 to present upgraded designs and analysis, and secure agreement on upgrading approach and methods of upgrading the design to meet the seismic demand required by the revised building code. The HI team also supported DUDBC to prepare and finalise updated cost estimates, Bills of Quantities (BoQs) and revised tender documents.

A case study of the upgrading of seismic design of Bhaktapur Hospital retrofitting works based on the revised building code was made by the HI team during a virtual session on the revised building code NBC 105:2020, organised BEK in partnership with the United States Agency for International Development (USAID) and NSET on 30 September 2020.

Support in Karnali Province: The HI team provided support to the DUDBC Health Building Section, Kathmandu for the updating of design details of Jajarkot Hospital, currently under construction in Karnali Province, implemented under the budget from MoHP.

Direct support to Karnali Province and DUDBC FPIU also continued during the quarter, including:

- Assistance in the tender process for Humla District Hospital upgrading
- Developing detailed architectural, structural and supporting drawings for upgrading of Salyan District Hospital together with estimates and BoQs. All the documents have been submitted to MoSD and the DUDBC FPIU in the province, supporting MoSD for tendering and implementation of the project
- Design and cost estimate preparation of Rukum District Hospital, which is expected to be completed and submitted for tendering to MoSD by October 2020
- Submission of revised design and tender documents for Dailekh District Hospital to MoSD, enabling them to implement the tender within the budget ceiling allocated by the Provincial MoF.

A discussion meeting was also held with politicians, local leaders, mayor and other civil society members from Dolpa at the NHSSP office on 10 September 2020 on the upgrading designs of Dolpa District Hospital, prepared earlier by the HI team in consultation with MoSD Karnali Province. The discussion explored the possibility of changing the previous load-bearing masonry design to a two-storey Reinforced Cement Concrete (RCC) framed structure. The discussion was inconclusive, and the HI team has requested that the participants consult among themselves, achieve consensus on their requirements within the available resources and provide a rationale and accountability for any proposed changes.

Other design support: Over this quarter the HI team has provided TA on the following HF designs:

- Support to MoHP for the initial review of the Chautara Hospital design developed by Chinese consultants as part of reconstruction aid from the Chinese government. A more detailed review is expected once the initial feedback and comments on the submitted designs are addressed and a response received from the consultant.

- In response to frequent requests for assistance from municipalities to support the development of ward-level HFs, the HI team developed a typical structural design for ward-level structures. This was based on the standard prototypes developed by the HI team in 2019 at the request of MoHP.
- A checklist was developed at the request of MoHP to facilitate the monitoring of HI construction by non-technical officials during site visits
- Support was provided to MoHP to develop standard prototype designs for a 300-bed Infectious Disease Hospital and a 50-bed Infectious Disease Department for planning and budgeting for expansion of infectious disease across the country. MoHP has made the budget allocation in its AWPB for FY 2077/78 (2020/2021) for the development of these facilities in different provinces.
- The MoHP was supported in the development of a prototype 50-bed emergency department to be expanded in different tertiary-level hospitals with 500-bed capacity around the country. The design has been approved by MoHP and adopted as the standard design.
- At the request of MoHP, cost estimates for construction of standard 5-, 10-, 15-, 25- and 50-bed hospitals and upgrading guidelines were prepared for distribution to the local authorities receiving MoHP funds for the upgrading of their HFs to hospital level.

Result Area I6.3: Retrofitting And Rehabilitation

Repurposed decanting space: The decanting spaces at Bhaktapur Hospital and WRH Pokhara were handed over to the hospital management after repurposing to COVID-19 Treatment Centres during the previous quarter. Since then, the contractor teams finalised outstanding works left on site, as identified by the HI team and third-party Monitoring and Verification (M&V) team. This involved some minor rectifications of finishing works and landscaping. The contractors at each site submitted final invoices for payment to DUDBC during the quarter. The HI team helped DUDBC to verify items invoiced and provided inputs on outstanding issues before the final payments could be made. The final bills for Bhaktapur have been paid, while at WRH Pokhara a partial amount has been withheld pending resolution of the outstanding issues between DUDBC and the contractor.

The repurposed spaces are in use as dedicated COVID-19 treatment facilities at each hospital. The HI team provided technical inputs to PAHS management for the installation of oxygen pipelines and Closed-circuit Television (CCTV) cameras inside the repurposed decanting space. Similarly, the HI team technically supported the installation of the Heating, Ventilation and Air Conditioning (HVAC) system in the ICU of the Bhaktapur repurposed space.

Statistics reported as of 13 September 2020 show that both facilities are heavily used:

Hospital	Isolation Ward		ICU Beds		Total COVID-19 Cases to 13 September 2020	Total Cases Recovered
	Beds	Occupied	Beds	Occupied		
Bhaktapur	15	11	4	4	47	32
WRH Pokhara	33	27	7	7	233	189

Videography and photography of the progress of construction of the decanting space in Bhaktapur was also completed during the quarter and is being edited.

Updating of retrofitting design of Bhaktapur Hospital as per the revised building code NBC 105:2020: On BEK's request, the HI team in the last quarter reviewed the retrofitting design of both hospitals in line with the revised NBC 105:2020 that was still in the approval process by the GoN. The team evaluated implications of the new provisions on the approved design and seismic safety level

of the hospital buildings. The findings of the analysis were shared with BEK and approval for updating the designs with cost variations was received. The updated design analysis and cost variation with design details were prepared and submitted to DUDBC for review.

This quarter, after the approval of the revised code by the Cabinet, DUDBC formally agreed to proceed with the retrofitting of Bhaktapur Hospital with the updated designs and cost estimates and organised a workshop for the review of the updated analysis and designs. Independent Nepalese experts working in the area of seismic retrofitting were invited by DUDBC as reviewers in the workshop. The HI team presented to the participants the proposed solution for updating the designs in line with the revised codes and supported by detailed analysis and cost implications.

The workshop suggested the use of RCC instead of the steel bracing method proposed by NHSSP. Some DUDBC officials and the reviewers had doubts about the consistency of the quality of steel available in Nepal, which is mostly imported from neighbouring countries. Based on these suggestions, the HI team revised the design and BoQs, and supported DUDBC in preparing an updated rate analysis, cost estimates and the revised tender documents. DUDBC then published the notice of cancellation of the earlier bidding process, and the revised tender was published on 8 October 2020.

Progress of main retrofitting works: The contractor for the main retrofitting works mobilised on site at Pokhara from 26 September 2020. The first coordination meeting for this contract took place on 27 September 2020 at PAHS in the presence of the Vice Chancellor. The PAHS Director chaired the meeting, with members from DUDBC and NHSSP participating. The meeting discussed the completed construction of the decanting block and its current use as a COVID-19 treatment facility. The meeting agreed to start new building works (hospital kitchen, OCMC/CSSD block and public toilet block) and discussed the initiation of the service decanting tender.

While the foundation for the new hospital kitchen building was being laid out, an old septic tank (still in use) was uncovered in the proposed space. The HI team therefore prepared a new layout avoiding the septic tank, which was agreed with DUDBC and the hospital management. Some changes had to be made in the foundation design due to the change in location. The revised drawings have already been submitted to DUDBC. The HI team Construction Manager is also on the site to support the layout and facilitate progress.

The HI team has also provided support to PAHS to develop a conceptual masterplan for expansion of the hospital. This also includes the location for the proposed construction of a 50-bed emergency unit at PAHS, which has been allocated funds for this by MoHP in this FY's budget.

Support in Response to COVID-19
The HI team has frequently been engaged in providing extra technical support to the government's efforts in dealing with the COVID-19 pandemic. Key activities include the following:

- Support to MoHP for a prototype design of health help desk centres planned and budgeted for construction at different border entry points of Nepal. The design has been agreed by MoHP and detailed costing, sanitary, electrical and structural designs are being finalised by the HI team.
- Assistance to the DoHS with the development of a design for a COVID-19 support health help desk at the Tribhuwan International Airport in Kathmandu, which is still under discussion for implementation.

- Identification of potential HFs that could be converted into COVID-19 isolation centres, along with a proposed design for repurposing. The potential facilities include the health training centres and standard Primary Health Care Centres (PHCCs) constructed in the past by the government. The proposal was also discussed with other EDPs assisting the temporary expansion of COVID-19 isolation centres under the leadership of EDCD/DoHS, supported by the WHO. Different isolation centre establishment modalities were also discussed during the meeting. A decision from the concerned authorities on the adaptation of modalities is still awaited.

Priorities for the next quarter
- Initiation of the new construction stages in the WRH Pokhara main retrofitting works
- Exploring opportunities for alternative decanting strategies for both hospitals
- Completion of evaluation of bidding document for Bhaktapur retrofitting works
- Conducting the orientation programme for the contractor personnel of main retrofitting project at WRH Pokhara on construction health and safety, practices for COVID-19 safe operation and environmental protection, GESI/Leave No One Behind (LNOB) perspective (including GBV), and the main aspects of the Labour Act 2017. This is subject to travel arrangements during the COVID-19 situation
- Coordination with the FPIU Kaski and contractor for main retrofitting works to implement the compliance provisions built into the contract document, which the construction contractor and the workers should follow as work begins
- Organising a workshop for the discussion of the provincial-level guidelines and plan of action for repair and maintenance of HFs and the policy for HI land acquisition and relocation
- Providing support to DUDBC in the procurement process for the service decanting contract for the WRH Pokhara main retrofitting works
- Continued support in the HF upgrading works and procurement process to MoSD and its ancillaries in priority provinces and respective DUDBC FPIUs
- Continued support to MoHP for HI development works, including support for the Ministry on requests for expansion of COVID-19-related HFs
- Updating of the Health Infrastructure Information System (HIIS) database and web-based features
- Completion of data analysis of LL districts, which was delayed following the engagement of the HI team on urgent requests coming from MoHP and Karnali Province.

7. GENDER EQUALITY AND SOCIAL INCLUSION (GESI)

Summary

NHSSP TA to GBV services has continued despite ongoing COVID-19-related challenges. First, we kickstarted the process of setting up seven new OCMCs through virtual meetings and oriented the providers on various components of OCMC services. Likewise, NHSSP also provided TA to establish five new SSUs and initiated the process for establishing geriatric services at four facilities. Simultaneously, mentoring and monitoring support was continued remotely to other existing OCMCs, SSUs, and geriatric services.

There has been significant progress on some of the strategies, guidelines and documents that had been delayed by COVID-19. The Cabinet asked for some adjustments to the Health Sector GESI Strategy and requested that approval be sought from the MoF and NPC. The strategy was resubmitted to the Cabinet by MoHP in October 2020. The NHTC-led Psychosocial Counselling Training Curricula package was endorsed by DoHS. NHSSP also formally submitted the OCMC review report to the Secretary, MoHP after responding to feedback from MoHP and other stakeholders. SSU, OCMC and geriatric service guidelines for AWPB 2020/21 were approved by MoHP.

In addition, NHSSP gave TA in developing a case study on access to multisectoral GBV services during COVID-19, which was submitted to the Population Management Division (PMD), MoHP. We are also supporting MoHP to undertake a case study on people living with severe and complete disabilities and their access to essential health services and care during lockdown and the COVID-19 emergency. This is being undertaken in partnership with the National Federation of the Disabled Nepal (NFDN) and is close to completion. ***Please see Annex 7 for the case study.***

For updated Activities – please see Annex 1.

Result Area: i7.1 Districts and divisions have the skills and systems in place for evidence-based bottom-up planning and budgeting
Gender-responsive Budgeting (GRB): At the request of the new Joint-Secretary, PMD, NHSSP provided orientation on the GRB guidelines (rationale, conceptual framework and indicators) to her and her team. Orientation of the wider group of stakeholders and printing of the GRB Guidelines continues to be delayed because of the COVID-19 pandemic.

Result Area: i7.2 MoHP has clear policies and strategies for promoting equitable access to health services
GESI Strategy: The Health Sector GESI Strategy finalisation process was resumed after a brief period of delay as a result of COVID-19. The draft strategy, which was endorsed by the Cabinet's Social Committee in March 2019 after responding to comments provided by the Cabinet, had been resubmitted for approval in March 2020. However, following further suggestions from the Cabinet in July 2020, including the requirement for consent from the MoF and NPC, the next round of updates was made. NPC and MoF also provided their consent and feedback in September 2020, which has been duly adopted into the strategy. The revised strategy was approved by the Minister, MoHP and resubmitted to Cabinet on 6 October 2020 for approval.

Mental Health Strategy: NHSSP provided detailed inputs to the final draft of the Mental Health National Strategy and Action Plan upon the request of EDCD; a majority of these have been incorporated into the final version. The strategy document, which now includes COVID-19 and emergency concerns, has been submitted to MoHP for approval by EDCD.

LNOB Budget Marker Guidelines: The draft LNOB Budget Marker Guidelines, which were submitted to MoHP a year and half ago, are under further revision as requested by the new team at PMD. The revisions will include changes as a result of the current COVID-19 context and will be resubmitted during the next quarter.

OCMCs, SSUs, geriatric and disability services: The NHSSP-supported Interim Guidelines for OCMC, SSU, Geriatric Services and Services for People with Disability, During Lockdown and the COVID-19

Pandemic were shared with all hospitals with OCMCs, SSUs and geriatric services for their information and action.

NHSSP is providing technical support to MoHP to conduct a Case Study on Access to Essential Health Services and Care of People Living with Severe and Complete Disabilities During Lockdown and the COVID-19 Emergency. The case study will be pivotal in assessing gaps in access to health services and care of people living with severe disabilities[19] during lockdown and the COVID-19 emergency and thus inform policy decisions. The study is being implemented in partnership with NFDN. A literature review and interviews with primary respondents and selected local- and provincial-level government officials have been completed this quarter. Primary data collection has largely been undertaken through telephone- and internet-based interviews because of restrictions on movement. Federal-level consultations and data analysis will be completed by mid-October.

Medico-legal services: The Multisectoral Medico-Legal Service Implementation Committee has been formed at the federal level, under the chair of the Quality Control and Regulations Division Chief, MoHP as per the Medico-Legal Service Guidelines, 2075 (2019). At its meeting, the capacity of two private medical colleges (Kathmandu Medical College, Bhaktapur and B&C Medical College, Jhapa) to conduct medico-legal services as per the Medico-Legal Service Implementation Guidelines, 2075, was comprehensively discussed. The committee decided to (i) request that all seven provinces form a provincial-level Medico-Legal Service Coordination Committee and (ii) establish a Forensic Unit at the MoHP. These are two important reforms that have the potential to improve the quality and coverage of medico-legal services, which are critical to improving justice for GBV survivors. NHSSP participated in the meetings as an expert invitee.

Social audits: The National Health Sector Social Accountability Directive was approved by the Minister in June 2020. NHSSP had provided intensive support to developing the directives, which provide a strategic framework for the evolution of social audit. NHSSP has subsequently supported the CSD in printing the directives.

Result Area: i7.3 The DoHS increases coverage of under-served populations
Strengthening and Scaling Up of OCMCs and GBV services: OCMCs across the country were advised to remain on continued high alert to respond to any increased risk of gender-based and family violence during the COVID-19 period, in coordination with partners, especially the police and safe-homes. NHSSP has continued its regular follow-up with all OCMCs to record the prevalence of cases reported and support adjustments in the functioning of centres in the COVID-19 context.

Despite COVID-19 and consequent lockdowns, NHSSP has responded to requests from MoHP and provinces to support the establishment of new OCMCs. Through regular virtual meetings and coordination with hospitals and stakeholders, the process of establishing seven new OCMCs was initiated[20]. This was achieved through rigorous advocacy initially, and subsequently through orientation of and coordination with various stakeholders in the provinces and districts. The MoHP/GESI Section and NSSD/DoHS are planning for wider multisectoral orientation in the new OCMCs, hospitals and districts in due course.

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[19] Haemophilia, spinal cord injury, intellectual disabilities, psychosocial disabilities, epilepsy, and persons having severe physical impairments
[20] Tehrathum, Khotang, Bhojpur, Rasuwa, Kanti Children (Kathmandu), Rolpa and Darchula

NHSSP also oriented the staff of Save the Children's Healthy Transition Project[21] via a virtual meeting on the OCMC concept, operational procedures, achievements and good practices, and on lessons learnt, challenges and gaps. Additionally, upon the request of Radio Jagaran FM network in Surkhet, NHSSP was interviewed to provide information about GBV/OCMC; the interview was aired on 15 community radio stations in Karnali Province, covering the entire province.

NHSSP has been providing TA to the MoHP to digitise the recording and reporting of monitoring data of OCMCs, SSUs and geriatric services. During the TWG meeting this quarter, which includes IHIMS, NHSSP, PMD and NSSD, NHSSP presented the reporting-recording matrix which all members discussed, providing feedback. The online reporting system is expected to be completely developed by the next quarter.

Mentoring, monitoring and multisectoral coordination visits: NHSSP provided intensive remote support to 15 district and referral hospitals[22] this quarter. The support focused on continuation of services to GBV survivors in the COVID-19 context and the new provisions as per the revised OCMC Operational Guidelines. In addition, intensive remote support was provided for the comprehensive management of seven rape cases from Morang, Siraha, Sindhuli, Saptari, Surkhet and Jajarkot.

On the request of Kanti Children Hospital and Bir Hospital, NHSSP, along with a partner agency (Centre for Victims of Torture (CVICT) Nepal), supported the provision of two psychosocial counsellors for three months to support their newly established OCMCs to provide services to survivors and support the strengthening of OCMCs.

Management reviews: The Review of the Scale-up, Functionality and Utilisation, Including Barriers to Access, of One Stop Crisis Management Centres was formally submitted to the Secretary, MoHP after incorporating suggestions and feedback from various government agencies and EDPs, and reflecting COVID-19 considerations. The NHSSP/GESI team presented the key findings and recommendations of the review at the RH sub-cluster virtual meeting, which was highly appreciated by the participants. The sub-cluster also shared the final review report with all concerned stakeholders. Additionally, the GESI team presented about the COVID-19 programme adaptations at an Options' Adaptive Programming Learning Series involving participants from a range of countries and programmes.

Adaptations in reporting triggered by COVID-19: While the digitisation work on OCMC, SSU, and geriatric service reporting continued its slow progress, the NHSSP/GESI team also supported PMD with the design and introduction of a quick and simple electronic reporting format for gathering OCMC data over the lockdown period. Data were collected and compiled from 58 OCMCs, along with interviews of OCMC In-charges at six referral hospitals, and were then analysed and presented as a case study on access to GBV multisectoral services during COVID-19. The case study, which was submitted to the PMD/MoHP, revealed that a rising incidence of GBV triggered by the COVID-19 pandemic and lockdown restrictions has amplified the barriers to accessing OCMC services.

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[21] Save the Children has been working in four districts of Karnali Province
[22] Koshi Hospital, Panchthar Hospital, Udayapur Hospital, Gajendra Narayan Sing Hospital, Janakpur Hospital, Gaur Hospital, Sindhuli Hospital, Maternity Hospital, Bir Hospital, Patan Hospital, Dhading Hospital, Huma Hospital, Jajarkot Hospital, Dailekh Hospital and Mangalsen Hospital

Women's and girls' lack of agency to seek help and lack of awareness of the services provided by OCMCs is a major hindrance.

There were 1,411 cases in total registered at the 58 OCMCs in the pre-lockdown period from 15 January to 13 March 2020. In comparison, there were 1,516 cases in total registered at the 58 OCMCs in the early lockdown period of 14 March to 14 June 2020.The average monthly number of clients in early lockdown was 505.3. In comparison, the average monthly number of clients in the pre-lockdown period was 705.5. This is a significant drop in the number of clients at a time when the risk factors for GBV had increased.

The study shows that the vast majority of clients were female. The percentage of female clients in the pre-lockdown period was 94.7 per cent and in the early lockdown period, 93.7 per cent. In both pre-lockdown and lockdown periods, physical assault was the most frequent form of violence, making up 30 per cent and 32 per cent of cases respectively. The second most frequent form of violence was rape, this made up 19 per cent of cases in pre-lockdown and increased to 25 per cent in the early lockdown period. In total physical assault, rape and sexual assault were 67 per cent of all cases pre-lockdown and 73 per cent in early lockdown; the increase resulting from the larger number of rape cases. The proportion of survivors 18 years and under increased from 30 per cent pre-lockdown to 37 per cent in early lockdown.

Analysis of six referral hospitals, as shown in the figure below, found that while the pattern of use varied by hospital, generally there was a decline in the number of cases at the beginning of lockdown in Chaitra in all six hospitals. This downward trend continued for four out of the six hospitals (Koshi, Lumbini, Surkhet and Seti) in the month of Baisakh. The lockdown conditions, fear of COVID-19 and the non-availability of transport meant that, in general, only severe cases of violence that were also reported to the police were accessing OCMCs. For these clients, a police vehicle or hospital ambulance was despatched to transport the victim.

Supporting the rollout of the GBV Clinical Protocol: Plans to roll out the GBV protocol using internal hospital funds at two hospitals[23] were halted because of COVID-19.

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[23] Surkhet Provincial Hospital and Janakpur Hospital

Strengthening and scaling up SSUs and geriatric services: As per the AWPB commitments, the establishment of five new SSUs[24] and of geriatric services in four hospitals[25] started during this quarter. This was undertaken via virtual orientation meetings and coordination with hospitals.
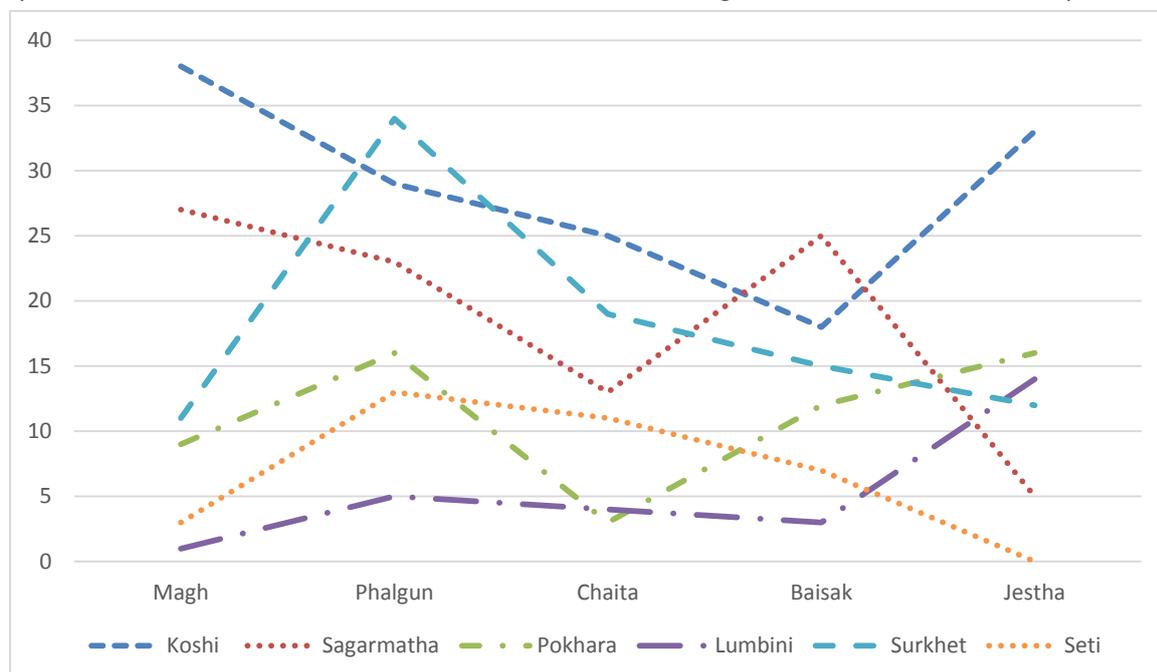
NHSSP provided the backstopping support through telephone and virtual meetings to nine SSUs[26] regarding the new provisions in SSU Operational Guidelines, and to ensure the continuation of services during COVID-19.

Figure: Number of OCMC clients per month for six selected referral hospitals

Result Area: i7.4 Restoration of service delivery in earthquake-affected areas
Support the institutionalisation of mental health services: With NHTC as a lead, the Development and Standardisation of Psychosocial Counselling Training Curricula has been finalised. This package includes a Trainer's Manual, Participant's Handbook, Reference Manual and Supervisor's Guide. The training curricula endorsement meeting was held on 2 October 2020 with the Chief Specialist, Director-General (DG), Division/Section Chiefs of MoHP and DoHS and other partner organisations in attendance. The meeting also drafted the roadmap for rolling out the package. MoHP officials stated in the meeting that this package will be a breakthrough in the field of psychosocial counselling. NHSSP has been providing TA for this important piece of work.

Support in Response to COVID-19
The following activities have been undertaken this reporting period:

- Support provided for the development of Interim Guidelines for OCMCs, SSUs and Geriatric and Disability Services During Lockdown and the COVID-19 Emergency, which were approved by MoHP and shared with all hospitals with OCMCs, SSUs and geriatric services

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[24] Panchthar, Udayapur, Dhading, Dailekh and Darchula
[25] National Trauma Center, Sukraraj Tropical, Udayapur and Gaur Hospitals
[26] Koshi, Gajendra Narayan Sing, Gaur, Trisuli, National Trauma, Kanti Children, Bir, Sukraraj Tropical and Surkhet Hospitals

- Participated in various virtual cluster meetings including protection cluster, GBV sub-cluster, GBV network, mental health sub-cluster, and disability sub-cluster. The meetings were organised by EDCD/DoHS, Ministry of Women, Children and Senior Citizens (MoWCSC), Human Rights Commission, National Women Commission, UNFPA, UNICEF, Save the Children, NFDN, UNICEF, KOSHISH etc. NHSSP updated participants about the support provided to OCMCs and GBV, disability and mental health services
- Upon the request of Aino Effraimsson, Special Assistant, United Nations (UN) Resident Coordinator's Office, a presentation on NHSSP GESI programmes was given to the staff of the Resident Coordinator's Office and other UN agencies. The special focus was on the prevention of sexual exploitation and abuse, the Grievance-handling and Redressal Mechanism (GHRM) and code of conduct relating to sexual exploitation and abuse, including workplace harassment in the health sector. Upon the request of Aino, the GESI Strategy (English version) and OCMC review report were shared with the team.

Priorities for the next quarter
- Submission of PD R7, Case Study on Access to Essential Health Services and Care of People Living with Severe and Complete Disabilities During Lockdown and the COVID-19 Emergency
- Support to the GoN to develop the online reporting system for OCMCs, SSUs and geriatric services
- Virtual orientation meetings to hospital staff for the establishment of new OCMCs, SSUs and geriatric services
- Support to the GoN to revise Geriatric Inclusive Health Service Implementation Guidelines in the changed context
- Technical support for the development of Health Sector Geriatric Strategy
- Development of a roadmap to roll out the standardised Psychosocial Counselling Training Curricula
- Continuation of work with different clusters to raise awareness on GBV/OCMCs in the context of the COVID-19 pandemic
- Mentoring, monitoring, and multisectoral coordination visits for OCMCs and SSUs in B.P. Koirala Institute of Health Sciences (BPKIHS), Koshi, Janakpur and Pokhara Hospitals if COVID-19-related restrictions are eased.

CONCLUSIONS

This quarter saw a lifting of travel restrictions and a dramatic increase of COVID-19 cases, especially in Kathmandu. Four members of staff tested positive for COVID-19 during this quarter, of whom three recovered and none required hospitalisation. We continued to require all public health measures (e.g. masks, physical distancing, hand sanitising) to be observed as staff returned to NHSSP offices. As per our duty of care responsibilities to all our staff, and in accordance with our business continuity plans, workstream leaders are in regular contact with their teams. All staff are asked to take precautionary measures at home, at the offices, at MoHP/DoHS, and at municipal offices should they be required to attend meetings. SitReps and other vital information, including information from the WHO, BEK, MoHP, and other critical sources, are shared daily with staff. Any members of staff who become sick are advised to follow testing and home quarantine guidelines. Most members of staff have laptops and can access the Internet from home, though home-based Internet services can be slower than office-based.

The GoN and MoHP/DoHS continued to strain to address COVID-19 while maintaining critical basic health services (not to mention making progress on proposed structural reforms). The daily case load steadily increased throughout the quarter; the highest numbers were in the last week of the quarter, suggesting a continued increase into the next quarter. We estimated in the previous report that the peak would be in July or August, but clearly the peak is yet to come. Known COVID-related mortality continues to be relatively low, though some hospitals are reportedly struggling to maintain services. Non-COVID-19 health services, both preventive and curative, are still suffering but appear to have had some improvements. We anticipate the following in the coming quarter:

1. COVID-19 spread and response
   - Community spread will continue, and cases increase. If current trends hold, COVID-19 will continue in most districts, while the Kathmandu Valley will remain the worst affected. The upcoming Dashain holidays, entailing travel and close contact in large groups, is expected to exacerbate COVID-19 spread
   - The GoN and EDPs will start preparing for delivery of a vaccine in the new year, perhaps impacting resource allocations and requests to funders.
2. Implications for NHSSP III programming through December 2020, including preparation for the extension
   - Work plan and deliverables: Some levels of restricted mobility may continue to hinder physical movement and inter-province travel. We nevertheless expect to complete the planned payment deliverables.
   - Integrating COVID-19 response activities: We will continue to provide standalone COVID-19 support while integrating COVID-19 into ongoing work.
   - Staff restructuring and new recruitment and deployment, especially for the sub-national teams, are being hindered by the delay in the MoF signing the amended Memorandum of Understanding (MoU) with the BEK. All other preparations are complete.
   - The increased need for flexibility continues: This includes deliverables, both payment and non-payment, in response to changing circumstances and priorities at all levels of government.

In the next quarter we expect the MoF to sign the amended MOU so that we can move ahead formally to discuss sub-national rollout plans with all relevant governments. We expect the new TL to be on board and, with any luck, to arrive in Kathmandu. We also expect our work to continue in three areas, as outlined in the previous quarter. Firstly, we will continue to provide integral support to the GoN's COVID-19 response, adapting that support as the government responds to an evolving situation. Secondly, we will continue, to the extent possible, to support our more routine work. This includes, but is not limited to, support organising the NJAR; preparing documents in support of discussions on the MoHP structural reforms; disseminating the pharmaceutical MA study; disseminating the PFMSF; supporting the dissemination of the SMNH Roadmap 2030 (if feasible); supporting MoHP in implementing the MMS (as a follow- up event to the NPHC 2021); supporting the scale-up and monitoring of RDQA; and initiating the new construction stages in the WHO Pokhara main retrofitting works, while exploring opportunities for alternative decanting strategies for both Pokhara and Bhaktapur Hospitals. Finally, we will implement the transition to the new extended programme, adapting rollout and scale-up in accordance with MoHP, provincial, and municipal priorities and capabilities.

ANNEX 1: WORKSTREAM ACTIVITIES

HEALTH POLICY AND PLANNING

	Activity	Status	Achievements in this quarter	Planned activities for next quarter
	Result Area: 12.1 The MoHP has a plan for structural reform under federalism			
i2.1.1	Provide strategic support on structures and roles for central and devolved functions – federal/provincial	**Ongoing**	• A preliminary report on the analysis of the functions across three levels and existing policies was produced. The report reviews the constitutional provisions in relation to the health sector, analyses functions of three levels and the health sector policies of federal, provincial and selected local levels (LL sites)	Support in drafting technical notes/proposals in the organisational reforms as planned for this year
i2.1.2	Enhance capacity of PPMD and Health Coordination Division and respective divisions to prepare for federalism	**Ongoing**	• Listing and mapping of the COVID-19-related existing policy and technical documents was conducted. More than 50 documents produced by different entities within the MoHP, some of them endorsed by the Cabinet, were listed and grouped by category for the review • Based on the internal consultation, some areas that require new guidelines and revisions were identified and shared within the MoHP for review	Support as per need
i2.1.3	Develop guidelines and operational frameworks to support elected local government planning and implementation	**Ongoing**	• Support was provided to the MoHP in finalisation of the guidelines for the implementation of the annual programmes planned for 2020/21 under the conditional grants. Two separate guidelines were produced for the province and local level based on the inputs from the respective divisions and centres. The guidelines were approved by the MoHP and are uploaded onto the MoHP website • Dadeldhura Health Office prepared the draft of the implementation guideline for the district-level activities as per the instruction from the provincial MoSD. NHSSP provided technical support in preparing district-level annual budget and implementation guidelines for district-level activities	Continue implementation support

	• **Result Area: i2.2 Districts and divisions have the skills and systems in place for evidence-based bottom-up planning and budgeting**			
12.2.2	Support DoHS to consolidate and harmonise the planning and review process	**Ongoing**	• No specific updates: support was provided in the annual review in the LL sites as per the framework provided by the MoHP	
i2.2.3	Implement LLs to strengthen local health planning and service delivery	**Ongoing**	• Development of annual calendar of operation for health sector was developed some of the LL sites. During the reporting quarter, Yasodhara, Kharpunath and Pokhara finalised the annual operational calendar as a part of the annual health sector implementation plan to execute the AWPB. In this process, HSSOs supported in preparing the draft along with the facilitation of the discussion among the concerned municipal team. At KRM, the ward-level annual health operation calendar was also developed to execute the health plan in respective wards in a coherent manner • The orientation on MSS was organised in Kaski District and at ISC during the month of July. The budget for MSS orientation was allocated as the conditional grant for FY 2019/20. During the orientation in Kaski, HSSO of Pokhara supported as a lead facilitator • In DM, the Health Institution Registration Renewal and Upgradation Guidelines 2077 has been drafted and submitted to the municipal authority for approval • PMC Health Division carried out an exercise for proposing reformation HR structures in peripheral HFs as a part of an O&M survey. HSSO facilitated the process by carrying out HF-wise key indicator analysis • ISC, DM, Yasodhara, Kharpunath and Ajayameru conducted the annual review meeting of the health sector during the reporting period • The regular monthly health sector review meetings were organised at Dhangadhimai, Yasodhara, Kharpunath and Ajayameru regularly despite the COVID-19 pandemic • Kharpunath Rural Municipality decided to include separate reporting of four community health units and one basic health service unit in DHIS2. Thus, Kharpunath has 10 HFs already included in DHIS2 system for the HMIS reporting	Continue support at LL sites for: system-strengthening activities; situation monitoring; prepare a brief report summarising the learnings particularly in planning and budgeting Expansion of the local levels as per the plan for the extension phase

			• HMIS e-reporting training was conducted at Ajayameru, Dhangadhimai and Itahari to enable high-quality reporting directly from the facility level. At Madhyapur Thimi, HMIS e-reporting at HF level was already in place, while Yasodhara and Kharpunath has been performing manual reporting from HFs • Over the last quarter, DM, Madhyapur Thimi Municipality (MTM), Yasodhara Rural Municipality (YRM) and Ajayameru Rural Municipality (ARM) accomplished the procurement process. The ARM followed the tender process for the procurement process following the circular from the Provincial Health Office to adopt the tender method for the procurement of medicines and other health commodities. In this process, the HSSOs of respective local governments facilitated the health division/sections to prepare necessary documents such as listing of items, their quantification, and defining their technical specification	
	Result Area: i2.3 PPMD identifies gaps and develops evidence-based policy			
i2.3.3	Develop recommendations on institutional structures, including roles and responsibilities; manage SNS partnerships	**Completed:** Guideline on partnership in health sector developed and endorsed	• No activity planned for this quarter	Support on implementation as necessary
i2.3.4	Review existing policy and regulatory framework for quality assurance in the health sector	**Ongoing**	• The Public Health Services Regulations has been endorsed by the Cabinet and were published in the Nepal Gazette (Rajpatra) in September. These regulations include the BHSP as an annex. NHSSP had provided in the preparation of this regulations as well as in the drafting of the BHSP • With the help of the legal consultant, NHSSP supported the MoHP in preparing a legislation for the regulation of non-governmental health institutions, including their establishment. Draft document of the legislation is being reviewed by the MoHP and MoFAGA for finalisation	Support will be provided as needed towards implementation
i2.3.5	Assess institutional arrangements needed and develop implementation	**Completed:** Finalised and endorsed by the	• No major progress to report. Guidelines for the partnership in health sector has been endorsed by Cabinet during the previous quarter	Necessary support will be provided towards its

	guideline for partnership in health sector (PD 49)	Cabinet		rollout
i2.3.7	Revise/update major policies based on findings and emerging context	National Health Policy developed and endorsed	• A preliminary report on the analysis of the functions across three levels and existing policies produced (details in i2.1.1)	Analysis of the coherence of functions across the three spheres of government
	Result Area: i2.5 MoHP is coordinating EDPs to ensure aid effectiveness			
i2.5.1	Support strengthening and institutionalisation of Health Sector Partnership Forum	**Ongoing**	• No specific progress to report; various coordination and cluster meetings are taking place in response to COVID-19	No specific activity envisioned

i2.5.2	Support partnership meetings (Joint Annual Review (JAR), Mid-year review, JCM) (PD 26 & 58)	**Ongoing**	• A post-budget JCM between the MoHP and EDPs was organised on 21 July 2020. The meeting focused on the following areas:
			  • Update on COVID-19 response and NJAR Aide Memoire
			  • Highlights of the AWPB for FY 2020/21
			• TA for COVID-19 and effects of COVID-19 on stock of essential commodities – EDP presentation
				Support in organising JAR of the health sector

i2.5.4	Support Mid-term Review (MTR) of Nepal Health Sector Strategy (NHSS)	**Completed**	• Considering the COVID-19 context, one-year extension of the current NHSS agreed between MoHP and EDPs • MoHP has formed a team to initiate the process for the development of the document for next phase of the NHSS	Support in the development process along with other partners

HEALTH SERVICE DELIVERY

Activity		Status	Achievements in this quarter	Planned activities for next quarter
	Result Area I3.1: The DoHS increases coverage of under-served populations			
i3.1.1	Support expansion, continuity, and the functionality of CEONC sites	**Ongoing**	• 96 CEONC sites monitored and supported as necessary. TA given to support CEONC sites in troubleshooting and inform FWD/DoHS/MoHP on issues to be addressed • Supported four sites in recruiting service providers using CEONC fund, including interview of staff and their travel to CEONC sites. Recruitment successful for two hospitals during this time, but no-one applied to two remote sites • Availability of service providers affected by COVID-19 due to quarantine or isolation (6 sites), interrupting 14–21 days. And further assigning hospital or part of hospitals to provide COVID-19 care also affect CS services (2 sites). • Support FWD and provincial government in allocation of CEONC fund, AWPB 2020/21 FY.	Continue monitoring of CEONC sites, especially in recruitment of providers using CEONC fund, monitoring HR availability and functional status, reporting to appropriate level as necessary for action On-site visit to non-functional and problematic sites if feasible. Visit to Rasuwa Hospital to establish CS service if feasible.
	Robson classification	**No progress**	• Hospitals are not able to implement Robson classification due to COVID	Follow up Robson classification implementation at four hospitals if the COVID-19 situation improves, and support Lumbini Province (Pr 5) in introducing Robson classification

I3.1.4	Facilitate the design and testing of RMNCAH, FP and nutrition innovations - mHealth for FCHV (mobile Chautari)	**No progress**	• Awaiting reports from BBC Media Action	Follow up on TAG recommendations; possibility of plan for small-scale scale-up in LL sites
I3.1.5	Support the Family Health Division (FHD)/Child Health Division (CHD)/Primary Health Care Revitalisation Division (PHCRD) and DHOs to improve RMNCAH and FP services in remote areas - PNC home visit	**Ongoing:** With some delays	• TA to support FWD for expansion – finalising technical guide and technical support to palikas on implementing PNC home visits, and in monitoring implementation status and outcomes • FWD allocated budget for PNC home visits to 396 palikas in 54 districts • Total of 98 palikas from 40 districts, among 229 palikas, implemented PNC home visits – 33 started during 2019/20 and one during reporting period • Proportion receiving 3 PNC visits among ID has increased from 59% in FY 2018/19 to 71% in FY 2019/20, at 64 palikas implementing PNC home visits	TA will support PHD/FWD for orientation of 33 Provincial Health Office staff on PNC home visit implementation and five palikas. Continue desk monitoring and update PNC home visit status
I3.1.6	Support the FHD and DHO to scale up VSPs, RANMs, and integration of FP in EPI clinics	Poor implementation at palika level No budget allocation for 2020/21 due to approval process problem at MoF	• By the end of FY 2076/77 (2019/20) 38 (including two LL palikas) will have implemented the VSP programme and 56 palikas (including two LL palikas) will have implemented the RANM programme. Despite cessation of programme and budgets this year (2077/78), 10 and 16 palikas have continued VSP and RANM programme respectively from their own resources	Off-site information collection on VSP, RAMN and FP/EPI programme implementation by the palikas from their own sources. Support FWD to ensure VSP and RANM programmes are included in AWPB 2078/79. NHSSP TA to support/conduct FP/EPI Training of Trainers (ToT) on request.

I3.1.9	Support to the MoHP for improving delivery of nutrition interventions	**Delayed**	• Tipanni for approval from MoHP and DG. The third draft of strategies for SHP/SBA and in-service training strategies prepared and discussed in a meeting organised by SBA forum (FWD and NHTC). Disagreement still continues on the issue as MoHP/DG's guide and NPC's decisions are different	Support and facilitate for consensus-building and finalisation of strategies
	Result Area I3.2: Restoration of service delivery in earthquake-affected areas			
I3.2.1	Skills transfer to paramedics and nursing staff to perform physiotherapy technicians' functions in two earthquake-affected districts	**Delayed**	• No activities could be completed	Plan for re-training of paramedics and evaluation planning as part of re-shape programming highly likely after next quarter
	Result Area: I3.3 The MoHP/the DoHS has effective strategies to manage the high demand (of MNH services) at referral centres			
I3.3.1	SMNH Programme Review and the development of the SMNH Roadmap 2030	**Delayed**	• Costing of SMNH roadmap completed. Summary roadmap prepared	Print and disseminate the SMNH Roadmap 2030
I3.3.2	Support the MoHP/ DUDBC to upgrade infrastructure for maternity services at referral hospitals	**No activities**	-	Follow up as necessary
I3.3.3	Support the implementation and refinement of the Aama programme	**No activities**	-	Follow up within MoHP for a meeting to finalise the review report
	Result Area: I3.4 Continuous Quality Improvement institutionalised			

I3.4.1.	Support the DoHS to expand implementation of MSS and modular HQIP	**Ongoing:** With delays	• TA to support CSD in finalisation of MSS HP-level implementation guidelines • CSD allocated HP MSS implementation budget to all 753 palikas in this FY (2020/21). To date, 219 members of palika health staff have been oriented on HP MSS implementation guidelines and 88 out of 219 palikas have started implementation, with assessment completed in 402 HP/HFs. Previous plan of HP MSS orientation to Lumbini Province has been delayed	TA will support Provincial Health Offices and palikas on HP MSS orientation, especially in Lumbini province and Province 2 (likely virtual orientation). Continue desk monitoring of MSS implementation at HP/PHCC level
		Ongoing	• FWD expanded QI along with clinical mentoring programme; budget allocated in 65 hospitals (same number as last year) and 626 palikas of 63 districts in FY 2020/21 (budget allocated in 528 palikas of 51 districts in FY 2019/20). From the FY 2019/20 budget, a total of 125 clinical mentors facilitated and completed QI self-assessment in 63 hospitals. Similarly, 122 clinical mentors facilitated BC/BEONC QI, with assessment completed in 139 BCs/BEONC sites, along with clinical mentoring • In this quarter, 8 hospitals and 27 BCs/BEONC sites completed QI self-assessment	Continue desk monitoring to hospitals for QI implementation status along with clinical mentoring
I3.4.2	Support the FHD to scale up on-site mentoring of SBAs	**Ongoing** with delays	• TA continues to support FWD/PHD/local government in implementation and monitoring of SBA clinical mentors programme • FWD has allocated budget to 65 hospitals and 626 palikas for clinical mentoring along with QI self-assessment programme (mentioned above). To date, 247 clinical mentors have been mobilised and 1366 MNH service providers have received clinical mentoring (from FY 2019/20 budget) • FWD and NHTC allocated budget for 4 batches of clinical mentor development training (2 in each) at federal level. FWD also sent budget to each province (1 batch in each) and Bagmati Province also has its own budget for (1 batch of) clinical mentors'	Desk monitoring continues to coordinate and encourage clinical mentors at hospitals for clinical mentoring along with QI facilitation at hospitals and palikas where budget allocated Analysis of clinical mentoring data.

			development training in this FY (2020/21)	
				Plan to support clinical mentor development training at provincial or federal level (1–2 batches) if COVID-19 pandemic situation improves
I3.4.4	Support revision of the standard treatment guidelines/protocols and rollout of the updated guidelines	**No progress**	• BHS are now approved as part of PHA regulation. CSD informed all partners for meetings for the finalisation of STP for BHSP and for orientation of HWs	Support CSD in finalisation of STPs for BHSP. Plan for orientation of HWs, draft orientation materials
		Delayed	• NMS for RH vol 3: further feedback from WHO and UNFPA stalls finalisation of the NMS for RH vol 3. TA reviewed all feedback and forwarded to FWD for discussion in a meeting for consensus	Final meeting on NMS vol 3 and finalisation of the standards
I3.4.6	Support the NHTC (FHD and CHD) to expand and strengthen training sites, focusing on SBAs, FP and newborn treatment	**No progress**	• Supporting FWD to finalise the design and implementation of the FP coach/mentor, focusing on LARC , by the end of the FY	Support FWD to finalise FP coach/mentor concept, approach, and implementation in selected sites in 2020/21 Conduct follow-up visit to KZH Biratnagar Morang for skills assessment and coaching on FP and SBA, and to Provincial Hospital Surkhet, along with NHTC
	Result Area: I3.5 Support FWD in planning, budgeting, and monitoring of RMNCAH and nutrition programmes			

I3.5.1	Support the FHD, CHD, and PHCRD in evidence-based planning and monitoring progress of programme implementation and performance		• Support AWPB budget – finalisation of implementation guideline	Support implementation and monitoring as appropriate

SUPPORT TO COVID-19 RESPONSE

Status	Achievements this quarter	Planned activities for next quarter
Ongoing	- Continued participation in the RH sub-cluster to support the FWD, DoHS and MoHP in preparing implementation plan for RH ERP - Virtual orientation of HWs (managers and service providers) on Interim Guidelines for RMNCAH Services. Total of 4400 HWs (1339 female and 1408 male) from 8 districts received virtual orientation (minority by phone) - Continued monitoring of hospitals (through ODK) and BCs/BEONC sites (by phone) for MNH, FP and SAS availability, utilisation and availability of Aama funds and maternal and perinatal deaths - Continued reporting monitoring data to BEK, FWD and the RH sub-committee for response/action to ensure service delivery across different levels - Follow-up interview to 466 HWs (managers and providers) on their knowledge and implementation of the interim guideline and issues and challenges arising during its implementation. Also, on for lesson on virtual sessions. The report will be submitted as a PD at the end of October 2020	Continue monitoring and reporting of MNH services and outcomes Analysis of follow up interview findings and planning for further actions to improve service delivery.

PROCUREMENT AND PUBLIC FINANCE MANAGEMENT

	Activity	Status	Achievements this quarter	Planned activities for next quarter
I4.1	**Electronic Annual Work Plan and Budget (eAWPB) system being used by MoHP SUs for timely release of budget**			
I4.1.1	Develop AWPB Improvement Plan and report quarterly on progress, including training, to the concerned officials	**Not scheduled**		No activities
I4.1.2	MoHP BA report with policy note produced by the Human Resource and Financial Management Division (HRFMD) using eAWPB (PD 50)	**On track**	• Process of capturing budget and financial data started	Report will be finalised
I4.1.3	Revise eAWPB to include 766 (TBC) SUs and prepare a framework for eAWPB	**Not scheduled**		No activities
I4.2	**TABUCS is operational in all MoHP SUs, including DUDBC**			
I4.2.1	Revise TABUCS to report progress against NHSS indicators and DLIs	**On track**	• Continue updating user manual and training manual	Consultation with Training Centre/MoHP for online training between October and December 2020
I4.2.2	Support MoHP to update the status audit queries in all SUs	**On track**	• Soft copy of primary audit reports of FY 2018/19 collected from OAG to update the status AQs • AQs up to FY 2059/60 has been uploaded in TABUCS	Audit queries of FY 2018/19 will be updated on Excel spreadsheet

I4.2.3	Support the MoHP to update the Systems Manual, Training Manual and User Handbook of TABUCS and maintenance of the system	**Ongoing support**	• Ongoing support provided	Support will be continued
I4.2.4	Support TABUCS by continuous maintenance of software/hardware/connectivity/web page	**Ongoing support**	• Ongoing support provided	Support will be continued
I4.2.5	Update TABUCS to be used in DUDBC and to include data on audit queries	**Ongoing support**	• Ongoing support provided	Support will be continued
I4.2.6	TABUCS training and ongoing support at DUDBC and concerned officials	**Ongoing support**	• Ongoing support provided	Support will be continued
I4.2.7	TABUCS monitoring and monthly expenditure reporting	**Ongoing support**	• 3rd FMR of FY 2019/20 submitted to BEK for review in September 2020	Finalise 3rd FMR of FY 2019/20
I4.2.9	Support annual production of FMR using TABUCS (PD 28)	**Not scheduled**		
I4.3	**Revise, implement, and monitor the Financial Management Improvement Plan (FMIP)**			
Regular Support to the Technical Committee: Due to COVID-19, scheduled PFM and Audit Committee meetings were not organised				
I4.3.1	Update internal control guidelines	**Ongoing**	• Supporting MoHP to update the Internal Control Guidelines in light of ICSD, 2019 (FCGO) and new Financial Procedural and Fiscal Accountability Act, 2019	Report to be finalised

			• First draft of ICSD is prepared	
I4.3.4	Finalise, print and disseminate the FMIP	**Achieved**	• PFMSF prepared and endorsed by Health Minister on 19 July 2020	PFMSF will be printed and disseminated
I4.3.5	Support monitoring of the FMIP in collaboration with the PFM and Audit Committees	**Ongoing**	• No activities conducted because of COVID-19	Support will be continued
I4.3.7	Build the capacity of MoHP and DoHS officers in core PFM functions	**Not scheduled**		To be planned for 2021
I4.3.8	Support the process of institutionalising the Internal Audit (IA) function through the Internal Audit Improvement Plan (IAIP) and IA Status Report (PD 43)	**Achieved**	• Audit Status Report prepared on August 2020, PD R15	No activity planned Next Audit Status Report (PD-R38) will be prepared next year, 2021
I4.3.9	Work with HRFMD (AD) on potential PFM system changes required in the devolved situation	**Initiated**	• No activities scheduled	NHSSP/PPFM team will provide technical support to these activities on MoHP's request
I4.3.10	Support to PFM and Audit Committee	**Ongoing**	• Provided regular support to MoHP to address audit queries • Supported to collect primary audit reports from MoHP SUs	Support to be continued

I4.3.11	Support MoHP in designing, updating, and rolling out Performance-based Grant Agreements (PBGAs) in hospitals	**Initiated**	• PFM Committee meeting could not be held	Will start the process in Gangalal Hospital and two Non-governmental Organisation (NGO) hospitals
I4.3.14	Policy discussion on PBGA for hospitals in federal structure	**Initiated**	• PFM Committee meeting could not be held	Discussion to be held in PFM Committee
I4.3.15	Expansion of PBGA in selected hospitals	**Not scheduled**		Discussion to be held in PFM Committee
I4.3.19	Discuss PBGA modality with the best-performing governments and providers	**Not scheduled**		Two selected hospitals will be invited to the next PFM Committee meeting
I4.3.20	Initiate PBGA learning group	**Not scheduled**		No activities scheduled (It will be recommended that the PBGA be implemented during October–December quarter)
	Additional Support (AS)/work (not included in the work plan):			
AS.1	**Support on DLI 8:** Percentage of MoHP's annual spending captured by the TABUCS	**Ongoing/ Achieved**	• 90% expenditure captured by TABUCS	To be presented in PFM meeting.
AS.2	**Support on DLI 9:** Percentage of audited SUs responding to OAG's primary audit queries within 35 days	**Ongoing/ Achieved**	• 97% of SUs responded to OAG's primary AQs within 35 days	Continue support
AS.3	Support MoHP in COVID-19 budgeting, using	**Achieved**	• Supported MoHP to develop COVID-19 budgeting in AWPB for FY 2020/21	Provide follow-up support

	references from the WHO and the recently developed policy-based costing			
AS.4	Considering the impact of COVID-19, update the existing BP Guidelines and seek endorsement by MoHP	**Ongoing**	• Drafting of BP framework in COVID-19 is ongoing	BP will be updated in COVID-19 context
AS.5	Recommend PPMD to implement the updated BP Guidelines in two federal-level hospitals	**Ongoing**	• No activities scheduled	No activities scheduled (It will be recommended that the PBGA be implemented during October–December quarter)

PFM (Procurement)

Activity Code	Activity	Status	Achievements this quarter	Planned activities for next quarter
I1.1	**Logistics Management Division (LMD) is implementing standardised procurement processes**			
I1.1.4	Preparation of SOPs for Post-delivery Inspection (PDI) and quality assurance	**Ongoing**	• Review of the draft version of PSI and PDI with quality assurance was completed. Internal discussion could not be completed as planned because of the COVID-19 pandemic • MA report has been reviewed by the international consultant and submitted as the second phase MA report	Draft SOP for PSI and PDI will be finalised MA Report will be disseminated as due activities Consolidated Technical Specifications of COVID-19 Medicines, Supplies and Equipment will be finalised
I1.1.6	Capacity building on the processes	**Ongoing**	• Four procurement clinics conducted in MD/DoHS and MoHP • DoHS Divisions, including LMS and other federal HIs, are supported for preparing their Annual Procurement Plans and entering data into the eCAPP system • The draft SOPs for emergency procurement have been revised at MoHP level, to take into account the COVID-19 situation, with STTA provided by the hired Senior Procurement Consultant	Capacity-building support and coaching will be continued
I1.1.7	Support Public Procurement Monitoring Office (PPMO) for endorsement of SBDs of FA	**Ongoing**	• Concept paper for Framework Procurement in the Health Sector is under discussion at MoHP	Continuous follow-up discussion with PPMO and MoHP

I1.1.8	Preparation and endorsement of SOPs of FA	**Delayed** Waiting for endorsement of SBD for FA	**Postponed**	
I1.1.9	Provide ToT on FA through exposure/training	**Delayed** Waiting for endorsement of SBD for FA	**Postponed**	
I1.1.10	Training to MoHP and MoSD staff on FA and new SBDs	**Delayed** Waiting for endorsement of SBD for FA	**Postponed**	
I1.1.11	Orient suppliers on FA, SBDs and others	**Delayed** Waiting for endorsement of SBD for FA	**Postponed**	
I1.1.12	Revise federal Procurement Improvement Plan (PIP) and provide continuous monitoring and support to develop provincial PIP	**Delayed** Change of officials at MoHP required re-briefing of the objectives	• The Nepal Health Sector PPSF is under group discussion at MoHP, in both Nepali and in English versions. New officials have been briefed	The approved framework will be sent to provinces for preparing their PIPs
I1.1.13	Train all DoHS divisions on CAPP preparation and execution	**Ongoing**	• Consolidation of Annual Procurement Plans (APPs) of all divisions completed and entered into the eCAPP system • New CAPP execution initiated from August 2020	Continuous support for timely execution of CAPP/eCAPP will be provided throughout the year
I1.1.14	Support CAPP-MC and regular meetings	**Ongoing**	• A formal CAPP-MC meeting could not be held in this quarter because of COVID-19 • Directors of all Divisions and the DG of DoHS are engaged in the preparation of the CAPP for the new FY. A workshop was organised, where all directors committed to the efficient implementation of the CAPP	A meeting will be held in this quarter

I1.1.15	eCAPP piloting and training and link with TABUCS	**Completed**	• eCAPP module with CMS is complete and in implementation	Refresher training for eCAPP implementation will be planned
I1.1.16	CAPP/eCAPP produced with agreed timeframe	**Completed**	• New eCAPP of FY 2020/21 prepared and approved. 49 PEs are incorporated • It is now available at https://tabucs.gov.np	eCAPP implementation will be monitored
I1.1.17	Review of PPA and PPR for Health Sector Procurement	**Ongoing**	• Advice and draft amendment required for health sector provided to the GoN's committee drafting second amendment on PPA	Follow-up
I1.1.18	Support PPMO for endorsement of SBD for procurement of health sector goods	**Delayed** SBD for the procurement of health sector goods had already been prepared and submitted to the PPMO		Continuing communication with PPMO
I1.1.19	Develop RFP document for multiple laboratory testing of medical goods and instruments	**Completed**	• RFP document already developed and in process of implementation • LMS is requesting further model documents for procurement of laboratory services	LMS will use RFP document
I1.1.20	Support PPMO for preparation of SBDs for buy-back method and LIB	**Suspended** If the PPMO requests capacity-building programme on these procurement modalities, we will provide technical support	• Postponed, will be performed If requested by PPMO	Not scheduled
I1.1.21	Training for DoHS staff on catalogue shopping, buy-back method and LIB with guideline	**Suspended** PPMO has not yet issued necessary standard documents for these methods	• Postponed	Not scheduled
I1.1.22	Capacity building on procurement system in federal, provincial and	**Ongoing** Facilitated by distance coaching	• Capacity building is in continuous process	Continuous support

	local government			
I1.1.23	Implementation and monitoring of guidelines for catalogue shopping, buy-back method and LIB	**Suspended** PMO has not yet issued necessary standard documents for these methods	• Postponed	Not scheduled
I1.1.24	Organisation of Suppliers' Conference	**Completed**	• Three suppliers' meetings were organised in the last quarter	Suppliers' meetings will be organised as per requirement
I1.1.27	Develop and implement procurement monitoring framework	**Ongoing**	• Procurement monitoring system developed in eCAPP	eCAPP will be monitored at MoHP level
I1.1.26	Continuous implementation of procurement clinic at MD and MoHP	**Ongoing**	• Four procurement clinics conducted in DoHS/MD	Continuous support
I1.2	**LMD specification bank is used systematically for procurement of drugs and equipment**			
I1.2.5	Update electronic specification bank in federal, provincial and local governments through e-learning	**Ongoing**	• Updating of TSB is in continuous process • New specification of COVID-19 medicines, supplies and equipment prepared, which contains 12 PPE items, 4 laboratory kits and reagents, 71 ICU medicines, 8 ICU consumables and 18 items of medical equipment • The specifications are being used by the LMS and provinces in procurement for COVID-19 response and management	Revised specifications will be endorsed and uploaded in the TSB
I1.2.3	Updating of specification bank with coding for drugs and equipment	**Ongoing**	• A few specifications for medical equipment have been added to the TSB	TSB will be made more user-friendly and a separate section for COVID-19 items will be added

I1.2.4	Integration of the system with TABUCS for monitoring purposes	**Not scheduled**	• Integration is available	
I1.2.6	Monitoring of TSB usage	**Ongoing**	• More than 1100 users registered in the TSB monitored • More than 30,000 downloads and more than 20,000 searches for different specifications have been recorded to date	Continuous support
I1.3	**PPMO e-GP is used by LMD for an expanded range of procurement functions**			
I1.3.3	Develop procurement audit (compliance) system	**Not scheduled**	• Postponed	
I1.3.4	Web-based GHRM	**Already Completed** The web-based GHRM is in use at DoHS/MD	• MD/DoHS is using the system	
I1.3.5	Adapt LMIS to support Procurement Monitoring Report	**Not scheduled**	• NHSSP/TA is participating in SCM monitoring meeting and raising concerns on functionality of electronic Logistic Management Information System (eLMIS)	
I1.3.6	Train MoHP and MoSD staff on e-GP (Phase II)	**Not scheduled**		New ways of training will be planned
I1.3.13	Training module and session plan of procurement modules development	**Completed**	• Training module and session plan shared with NHTC	

EVIDENCE AND ACCOUNTABILITY

	Activity	Status	Achievements this quarter	Planned activities for next quarter
I5.1	**Quality of data generated and used by districts and facilities is improved through the implementation of the RDQA system**			
I5.1.1	Support development of RDQA tools for different levels and their rollout (PD 33)	**Completed** The web-based RDQA tool along with the eLearning materials have been published on the MoHP website and are being implemented. Please visit www.rdqa.mohp.gov.np	• No specific activities	Monitoring and review of the progress and sharing of the lessons learned with counterparts
I5.1.2	Support institutionalisation and rollout of RDQA at different levels	**Paused** Implementation and scale-up of RDQA has been paused as a result of diversion of the health workforce to the COVID-19 response	• Supporting MoHP and LL sites in resuming the implementation and scale-up of RDQA immediately after festival (November).	Support MoHP, focal provinces and LL sites in implementation, scale-up and monitoring of RDQA
I5.2	**MoHP has an integrated and efficient Health Information Systems (HISs) and has the skills and systems to manage data effectively**			
I5.2.1	Support development of a framework for improved management of HISs at the three levels of federal structures	**Completed** Health Sector M&E in Federal Context; M&E guideline was developed last year	• See I5.2.2	Support MoHP, focal provinces and LL sites in effective implementation of the framework
I5.2.2	Support effective implementation of the defined functions at different levels	**Ongoing**	• Continued support to IHIMS to analyse HMIS data, identify the areas of discrepancies in the dataset, address the gaps identified, and follow up with the provincial and local levels and facilities for timely reporting, complete reporting and improved data quality • Together with WHO, supported IHIMS in preparing a strategy for developing HMIS roadmap, developing tools for assessment of RHIS (Routine Health Information System)	Support LL sites for complete and on-time reporting from HFs and analysis and use of data.

			• Supported MoHP to update the HF registry	
I5.2.3	Support development, implementation and customisation of the Electronic Health Records (EHR) system (PD 45)	**PD completed** A generic EHR module has been developed and guidelines drafted	• Continued follow up with Information Technology (IT) Section, Quality Standard and Regulation Division (QSRD) for endorsement of the EHR Guidelines	MoHP endorsement of the guidelines
I5.2.4	Support development and institutionalisation of an electronic attendance system at different levels	**Not scheduled**	• No activities performed as it is not a priority initiative of the MoHP at present	Not scheduled
I5.2.5	Support expansion and institutionalisation of electronic reporting from HFs	**Ongoing**	• Supported in development of web-based daily COVID-19 case reporting system in DHIS2 platform from COVID-19-designated hospitals. MoHP is using this system for reimbursement of COVID-19 case management costs to hospitals	Support focal provinces and LL sites in expansion of electronic reporting from HFs
I5.2.6	Support development of an OCMC software and update the SSU software	**Ongoing**	• Digitisation of OCMC and SSU recording and reporting tools in DHIS2 platform in alignment with HMIS has been initiated	Complete digitisation and handover the product to the Population Division
I5.2.7	Support development of guideline for effective operationalisation of eHealth initiatives (PD 66)	**Completed:** The National eHealth Guidelines, developed (approved by BEK)	• Continued follow up with IT Section, QSRD for speeding up the process of MoHP endorsement of the eHealth Guidelines.	MoHP endorsement of the guidelines
I5.3	**MoHP has robust surveillance systems in place to ensure timely and appropriate response to emerging health needs**			
I5.3.1	Support strengthening and expansion of MPDSR in hospitals and communities	**Ongoing**	• Together with the WHO, supported MoHP in planning of MMS as a follow-up event to the forthcoming NPHC 2021, in alignment with the existing MPDSR system	Support MoHP in implementation of the study
I5.3.2	Develop and support implementation of a mobile phone app to strengthen MPDSR	**Not scheduled**	• No activities performed	Not scheduled
I5.3.3	Collaborate with health academic institutions to enhance their capacity to	**Ongoing**	• No specific activities performed	Not scheduled

	lead institutionalisation and expansion of MPDSR at the provincial level			
I5.3.4	Develop e-learning package on MPDSR (web-based audio and visual training package) and institutionalise it	**Ongoing**	• No specific activities performed	Update and/or develop e-learning materials related to the MMS
I5.3.5	Support effective implementation of EWARS on the DHIS2 platform with a focus on use of data in rapid response to emerging health needs	**Ongoing** EWARS is operating on the DHIS2 platform	• Analysis of SARI cases in COVID-19 context and sharing with high-level authorities	Support preparing integrated roadmap in strengthening of EWARS as a part of broader IHIMS Roadmap
I5.4	**MoHP has the skills and systems in place to generate quality evidence and use it for decision making**			
I5.4.1	Support development and implementation of a harmonised survey plan to meet health sector data needs	**Completed:** Harmonised survey plan developed as a part of Health Sector M&E in Federal Context; M&E guideline developed in 2018	• As a TWG member, supported in revision of the NFHS 2020 questionnaire to assess HF readiness in the COVID-19 context • As a TWG member, supporting MoHP in planning of the NDHS 2021 • Supporting MoHP in planning of the MMS as a follow-up event of the forthcoming NHPC 2021 • Support to MoHP for the development of concept notes for audit of COVID-19 deaths and COVID-19 client satisfaction survey	Provide technical inputs to the MoHP in carrying out planned surveys and studies
I5.4.2	Analyse HMIS and national-level survey data to better understand, monitor and address equity gaps (PDs 20 & 53)	**Ongoing**	• Analysis of HMIS data to assess the effects of COVID-19 on service utilisation • Supported IHIMS in the process of finalisation of HMIS data for FY 2018/19, generation of local-level data to be published on the DoHS website, and in preparation of DoHS annual report 2018/19 • Together with SD team, analysed the data for assessing service utilisation – ID,	Support DoHS in finalisation of HMIS data and preparation of DoHS annual report 2019/20 Analyse HMIS and survey data on specific areas in coordination with government counterparts and MEOR

			maternal death and perinatal death – using the data from ODK platform from the CEONC sites on a weekly basis • Together with SD team, supported FWD to generate evidence brief on FP and safe motherhood • Supported NHRC to review COVID-19-related policies together with data analysis • Supported MEOR in accessing HMIS data in the given format for the secondary analysis of maternal health and FP services using HMIS data • Initiated a study to assess impact of the COVID-19 pandemic in selected health services with estimation of excess maternal deaths • Initiated planning for a study on "Trends and determinants of socioeconomic inequalities in sexual and reproductive health among currently married women in Nepal"	
I5.4.3	Support development of a survey plan to meet health sector data needs with a focus on the NHSS Results Framework (RF) and IP, Sustainable Development Goals (SDGs) and DLIs and its implementation	Covered in I5.4.1 above.	• Analysed progress on DLI 10 (timeliness in HMIS reporting) and DLI 12 (equity indicators) over the last four years • Supported NHRC in analysis of HMIS data for verification of achievement on DLI 10 indicator (timeliness in HMIS reporting)	Support MoHP in monitoring of NHSS RF, SDGs and DLIs and strategising the response Support LL sites and focal provinces in analysis of data from different sources
I5.4.4	Support MoHP in improving evidence-based reviews and planning process at different levels – concept, methods, tools, and implementation	**Ongoing**	• Supported MoHP for analysis of data form different sources with focus on the health sector progress and key initiatives to be shared during the provincial reviews • Together with SD team, supported FWD to develop CEONC site monitoring, onsite coaching, mentoring and quality monitoring	

			data collection applications
			• Supported FWD to review the draft report on "Understanding the factors contributing to maternal mortality in Nepal" produced by MIRA (Mother and Infant Research Activities)	
(including use of QIMIS)			• Supported SD team in RMNCAH Interim Guidelines orientation and implementation follow-up	
			• Worked with HPP team to support LL sites in analysis of the service statistics	

I5.4.5	Support development of evidence-based program briefs (two pages per programme) for elected local authorities and for dissemination	**Ongoing**	• Supporting MoHP in analysis of COVID-19 data and preparation of comprehensive update report to inform policy makers and programme managers
			• Prepared draft of three evidence briefs:
			   ○ Impact of COVID-19 on service utilisation
			   ○ Age and sex structure of COVID-19 patients
			   ○ Laboratory services and COVID-19 in Nepal
				Continue supporting MoHP in data analysis and generating updates
				Finalise and disseminate draft briefs

I5.4.6	Support partners and stakeholders' engagement forums for better coordination and collaboration and informed decision-making (M&E TWG)	**Ongoing**	• Contributed to M&E TWG, particularly in review and planning of NHFS and NDHS • Supported EDP M&E TWG in reviewing information management with a focus on COVID-19	Continue supporting MoHP in coordination and collaboration with EDPs and stakeholders
I5.4.7	Support development of health M&E training packages for the health work force at different levels	**Ongoing**	• Supporting NHTC in developing an induction package, including M&E, for newly recruited health officers. A draft has been prepared and shared with NHTC for review	Support NHTC to develop induction package
I5.5	**MoHP has established effective citizen feedback mechanisms and systems for public engagement in accountability**			

I5.5.1	Strengthening and sustaining of social audit of HFs – revise guideline in the changed context, develop reporting mechanism and enhance capacity of partner NGOs	**Ongoing**	• Covered in GESI section	Covered in GESI section
I5.5.2	Support development and operationalisation of smart health initiatives, including GHRM system for transparency and accountability	**Ongoing**	• No specific inputs during this quarter	Support MoHP in various smart health initiatives, such as updating dashboards and web applications hosted on the MoHP website, and their rollout in LL sites and focal provinces
I5.5.3	Establish and operationalise policy advocacy forums through development of the approach and tools	**Ongoing**	• Together with MEOR, supported MoHP to update the repository of health sector knowledge products, including the legal, policies, plans, guidelines, survey reports and annual reports on the MoHP website	Work with MoHP and MEOR in institutionalisation of Knowledge Café

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**	• Updating of Provincial HF profiles for probable HFs identified as potentials for repurposing to COVID-19 treatment centres	Updating design of Online HIIS Portal and integration of data from the damage assessment and LL site assessment into the HIIS and updating different maps and reports
I7.1.11	Assessment in LL centres	**Ongoing**	• Infrastructure-specific detailed analysis is near completion	Data from the assessment will be analysed and tabulated into a draft report
I7.1.4	Revision of the NBC concerning retrofitting, electrical standards, HVAC, and sanitary design	**Ongoing**	• Final draft reports submitted by consultants incorporating the feedback provided by the HI team. The HI team has reviewed the submitted drafts	Joint review proposed with the consultants on the handbooks before finalisation of the submitted reports
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 contents based on feedback and recommendations

I7.1.6	Development of the 'Climate Change and Health' strategy and guidelines (PD 22)	**Continuous**	• None	The preliminary analysis report on the climatic designs of HFs within the LL sites from the data collected through the assessment and secondary data from various sources
I7.1.7	Support development of the Infrastructure Capital Investment Policy, including facility prioritisation and selection (PD 46)	**Completed**	• Different levels of government have adopted and are implementing the policies	Provide support to the governments to implement the policies. Support development of design documents, bid document development, tender process and monitoring
I7.1.8	Revise existing HI Design Standards and Upgrading Guidelines to ensure equity by bringing them in line with LNOB good practice and orient infrastructure stakeholders on these	**Ongoing**	• Standard designs updated for all types of Primary Hospitals and submitted to MoHP together with upgrading guidelines for implementation at provincial and local level of these facilities planned and budgeted in this year's AWPB • Support provided to Gandaki Province for development of ToR for the procurement of consulting services for developing detailed design drawings of different HFs as per the standard designs	Support selected provincial and local governments for implementing the standard designs and orient them on the LNOB components and good practices in the standard design implementation
I7.1.9	Support Policy for Infrastructure Development, Repair and Maintenance production and adoption	**Ongoing**	• Completed the provincial-level policy document and submitted it to Lumbini Province, Province 3 and Karnali Province for endorsement.	Workshop to collect feedback from provincial government on provincial-level HF repair and maintenance plan of action and guideline. The workshop will be conducted once travel and movement of people are eased
I7.1.10	Development of recommendations on HF waste management	**Ongoing**	• Draft handbook submitted by the consultant	Draft report will be discussed and agreed with concerned stakeholders for finalisation. A broader discussion is

	improvement, focusing on legal and coordination aspects			required and will be conducted when the conditions to conduct discussions are favourable
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**	• Development of design of COVID-19 health help desk for border entry points in Nepal. Detailed cost estimates and drawings are being finalised • Completion of development of prototype standard designs for 300- and 50-bed infectious disease hospitals and their submission to MoHP • Standard design prototype of 50-bed emergency unit completed and submitted. • Updated design of 5-, 10-, 15-, 25- and 50-bed primary hospitals, together with cost estimates, completed and submitted to MoHP • Revised design documents for the upgrading of Dailekh Hospital, and Salyan District Hospital completed with cost estimates and submitted to Karnali Province. Finalisation of new hospital block in Rukum Hospital is in progress • Support to DUDBC to revise internal layout of the design of under-construction Jajarkot Hospital	Completion of the detailed estimates and design of health help desk points for entry points at major borders of Nepal and submission to MoHP for implementation Continued support for COVID19 response Continued support for upgrading of 5 hospitals (Humla, Dolpa, Rukum, Salyan and Dailekh) (Procurement of works of Humla Hospital, Salyan Hospital and Dailekh Hospital and completion of the detailed design of Rukum Hospital and revision of Dolpa Hospital drawings if required)
I7.2.2	Training Needs Analysis (TNA) for MoHP, DUDBC and Construction Contractors and Professionals	**Completed**	• An ongoing process to address the new needs of training	Draft TNA report for provincial and local government will be prepared based on the federal-level TNA report. The draft TNA will be circulated to the concerned provincial- and local levels for feedback once the provincial level programme is

				initiated
	Training programme implementation	**Ongoing**	• Orientation training was organised for successful bidders and HI staff members on salient features and provisions in the bidding document of Pokhara retrofitting • Online orientation programme on retrofitting construction management plan, GESI, LNOB and health and safety issues and decanting strategy was oriented to the technical people from DUDBC, FPIU Kaski, officials from PAHS and the contractor's technical staff was delivered before the site mobilisation of contractor for Pokhara main retrofitting works • Presentation of revision of Bhaktapur retrofitting design as per the revised building code NBC 105:2020, made at a joint session organised by BEK in partnership with USAID and NSET	On-site training to the workers (skilled and unskilled) at Pokhara retrofitting sites on environment, health and safety management, GESI, GBV and LNOB context, including different perspectives of Labour Act, insurance etc.
	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	Continuation of the orientation on Strengthening Seismic, Rehabilitation and Retrofitting Standards at the provincial and local level
I7.3.5	Design of retrofit works (structural/non-structural) with DUDBC	**Completed**	• Completed	Orientation to all stakeholders as appropriate on retrofitting works will be continued

	(PD 29)			
	Engagement of MoHP/DUDBC in design and tendering	**Continuous**	• Presentation to DUDBC and reviewers on seismic design based on new NBC 105:2020 • Revision of design drawings, cost estimates of Bhaktapur Hospital's main retrofitting works completed and submitted to DUDBC for retendering	Orientation to all stakeholders on retrofitting works will be continued as appropriate
I7.3.7	Preparation of final drawings	**Completed**	• Final revised drawings on architectural, structural, electrical and sanitary for main retrofitting works of Bhaktapur completed and submitted to DUDBC • Revised site layout plan and foundation detail as per the new location for Pokhara new kitchen block construction work completed and submitted to FPIU Kaski	Preparation of additional details and working drawings as required will continue
I7.3.8	Production of BoQs	**Completed**	• Revised BoQs completed for Bhaktapur main retrofitting works	May require revisions as per the site condition and availability of specified products in the market
I7.3.9	Tender process and contractor mobilisation (PD 40)	**Continuous**	• Contractor mobilised at WRH Pokhara and main retrofitting works initiated • Cancellation of previous tender process and retender in progress for Bhaktapur	The tender process for service decanting at both hospitals will be completed Bid evaluation for main retrofitting works at Bhaktapur Hospital

81

I7.3.10	Priority Hospitals Work Implementation and Supervision, completion of the first phase (PD 55)	**Completed**	• Repurposed decanting space at both hospitals being used at present as dedicated COVID-19 treatment facilities	Continuation of technical support to hospital management

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 Guidelines, (incl. in Year 2 revision of GESI Operational Guidelines)	**Completed**	• No specific activities have taken place because of COVID-19 pandemic • Orientation of new Joint-Secretary, PMD and her team on GRB Guidelines	Printing the GRB Guidelines
I2.2.4	Develop LNOB budget markers at national and local level	**Completed**	• Revised the LNOB Budget Marker Guidelines, incorporating feedback on changed context and resubmitted to PMD/MoHP	Follow up on approval process; translate into English
I2.4	**Result Area: MoHP has clear policies and strategies for promoting equitable access to health services**			
I2.4.1	Revise Health Sector GESI Strategy	**Completed**	• The Cabinet came up with further suggestions, including the requirement of consent from MoF and NPC on the GESI Strategy, which was duly adjusted and resubmitted for approval	Printing and dissemination of the strategy after approval
I2.4.2	Revise and strengthen GESI institutional structures, including revision of guidelines	**Not scheduled**	• No specific activities have taken place as a result of the delay in approval of the Health Sector GESI Strategy	Formation and conduction of GESI Steering Committee meeting
I2.4.3	Develop National Mental Health Strategy and Action Plan	**Completed**	• The National Mental Health Strategy and Action Plan has been submitted to MoHP for approval	
I2.4.4	Standardise Psychosocial Counselling Curricula	**Completed**	• Submitted the final draft of Psychosocial Counselling Training Curricula package to NHTC; endorsed by DoHS. The DoHS has also drafted the roadmap for the rolling out of the package	The implementation plan will be finalised

I2.4.5	Development of National Health Sector Social Accountability Directive	**Completed**	• The National Health Sector Social Accountability Directive was approved by the Minister in June 2020. • NHSSP has subsequently supported the CSD in printing the directives	-
I2.4.6	Develop guidelines for disability-inclusive health services	**Completed**		Printing the disability inclusive health service guidelines Case study on access to essential health services of persons living with severe and complete disability during lockdown and COVID-19 pandemic
I2.4.7	Revise SSU, OCMC and Geriatric Service Guidelines	**Completed**: OCMC and SSU Guidelines **In Progress**: Geriatric Service Guidelines	• Provided technical support for the revision of OCMC and SSU Establishment and Operational Guidelines, which have been approved • Provided technical support for the development of OCMC, SSU and Geriatric Service Interim Guidelines in the COVID-19 context, which have been approved	Finalisation of revision of Geriatric Inclusive Service Guidelines Print approved OCMC and SSU guidelines
I2.4.8	Develop SOP for Integrated Guidelines for Services to GBV Survivors (Year 1), and support rollout of National Integrated Guidelines for the Services to GBV Survivors (Year 2)	**Not scheduled**		-
I2.4.9	National and provincial-level reviews of OCMCs and SSUs	**Not scheduled**		-
I2.4.10	Capacity enhancement of GESI focal persons and key influencers from the MoHP and DoHS on GESI	**Delayed**: Orientation to MoHP and DoHS will proceed when the revised GESI Strategy receives Cabinet approval		-

	and LNOB aspects			
I3.1	**Result Area: The DoHS increases coverage of under-served populations**			
I3.1.10a	Strengthening and scaling up of OCMCs	**Ongoing**: Establishment of new OCMCs and strengthening of existing OCMCs; establishment of new geriatric inclusive health services and strengthening of newly established geriatric services	• Orientation through rounds of virtual meetings for the establishment of seven new OCMCs in Tehrathum, Khotang, Bhojpur, Rasuwa, Kanti Children (Kathmandu), Rolpa and Darchula Districts. Eventually, 7 new OCMCs were established in this quarter • Strengthen newly established OCMCs via advocacy and orientation from distance • Development of OCMC online reporting system initiated	OCMC establishment in Manang, Mustang, Lamjung, East Nawalparasi, East Rukum and West Rukum Districts Strengthen newly established OCMCs Development of OCMC online reporting system
I3.1.10b	Support the 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	• Follow-up support provided through phone calls and virtual meetings to Panchthar, Taplejung, Koshi, Udayapur, Sankhuwasabha, Gajendra Narayan Sing, Jaleswor, Gaur, Janakpur, Siraha, Maternity, Patan, Bir, Hetauda, Dhading, Sindhuli, Dhaulagiri, Sandhikharka, Surkhet, Dailekh, Jajarkot, Mugu and Bajhang Hospitals • Support provided for the development of interim guidelines for OCMCs during lockdown and the COVID-19 pandemic, which were approved by the Minister	Mentoring and follow-up support to newly established OCMC hospitals
I3.1.11	Supporting the rollout of the GBV clinical protocol	**Ongoing**		Follow-up support and monitoring of training sites.
I3.1.12	Rollout of the GBV SOP (after approval)	**Not scheduled**		
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	• Orientation through virtual meetings for the establishment of new SSUs at Panchthar, Udayapur, Dhading, Dailekh and Darchula Hospitals	SSU establishment in Jajarkot Hospital and Karnali Academy of Health Sciences Geriatric service implementation at

		services and strengthening of newly established geriatric services	• Orientation through virtual meetings for the establishment of new geriatric services at National Trauma Center, Sukraraj Tropical, Gaur and Udayapur Hospitals	Dhaulagiri, Dadeldhura, Gajendra Narayan Hospitals and Karnali Academy of Health Sciences
I3.1.13b	Support capacity enhancement of SSUs through mentoring, monitoring and online reporting workshops	**Ongoing**: Regular coaching and mentoring from a distance	• Initiated the development of digitisation software for SSU • Backstopping support provided to SSU via virtual meetings in Koshi, Gajendra Narayan Sing, Gaur, Trisuli, National Trauma, Kanti Children, Bir, Sukraraj Tropical and Surkhet Hospitals	Mentoring and follow-up support to newly established and other select SSUs; Development of online reporting system
I3.1.14	Capacity building to put LNOB into practice	**Ongoing**: Orientation regularly conducted to different stakeholders	• Brief orientation was conducted to OCMC- and SSU-based hospital staff to give priority in services to those coming from remote, poor, vulnerable and marginalised communities	-

ANNEX 2 INTERNATIONAL STTA INPUTS THIS QUARTER

S.N.	Name	Date	Purpose
1.	Afeef Mahmood	July – August 2020	Review and quality assurance of costing of Safe Motherhood and New-born Health Roadmap
2.	Deborah Thomas	July – September 2020	GESI support – Disability and OCMC COVID-19 Case Study
3.	Steve Topham	July – September 2020	PD review, advisory support to HI team
4.	Anthony Bondurant	July – September 2020	Special Advisor
5.	Daniel Rosen	July – September 2020	Market Analysis of Essential Medicines in Nepal
6.	Luc de Bernis	August – September 2020	Review of National Nursing and Midwifery Strategy and Action Plans
7.	Andrea Nove	August – September 2020	Review of National Nursing and Midwifery Strategy and Action Plans

ANNEX 3 PAYMENT DELIVERABLES IN THIS QUARTER

Area	Milestone No.	Description of Milestones	BEK approval date
C&Q	R6	Revised National Medical Standard for Reproductive Health (NMS) Volume III (Nov)	20-Jul-20

L&G	R1	Public Financial Management Strategic Framework Prepared (Federal)	09-Jul-20
C&Q	R9	Nursing and Midwifery Strategy 2020	20-Jul-20
L&G – HI	R12	Policy on HI land Acquisition and Relocation	07-Aug-20
L&G – HI	R13	Summary of Provincial-level Health Infrastructure Repair and Maintenance Guidelines with Plan of Action	07-Aug-20
Management	R14	Quarterly report 12 April – June	19-Aug-20
L&G	R16	Consolidated Annual Procurement Plan (CAPP) produced within agreed timeframe, incorporating relevant information from all DoHS divisions each year	27-Aug-20
L&G	R15	Improved internal control through internal and final audit clearance, evidenced in Audit Status Report	02-Sep-20

ANNEX 4 LOGFRAME UPDATE

This section presents progress status on the milestone 1 (July 2020) of the UK- Nepal Health Sector Programme 3 Log frame indicators related to NHSSP. The sources of data for monitoring the log frame indicators include the programme documents, MoHP's routine information systems like HMIS, LMBIS/TABUCS/SUTRA, MoHP records, national level surveys/assessments and global studies/projections like Global Burden of Disease. The data from the routine MISs have been extracted in August 2020. The progress on these milestones for July 2020 will be updated again after the routine systems have complete data which is expected to be done at the end of October 2020.   The next quarterly report will have these updated figures for end of July 2020; and will also start reporting progress against milestone 2 (July 2021) based on any data available for the current year.

The assumptions and remarks for the specific indicators are given in the Table below. Progress status on the milestone 1 (July 2020) are highlighted in Blue colour for easy reference.

UK - Nepal Health Sector Programme 3 (Re-shape log frame)							
			Baseline (2016)	Milestone 1 (July 2020)	Milestone 2 (July 2021)	Milestone 3 (July 2022)	Target (Dec 2022)
Impact	Equitable health outcomes, and a stronger & more responsive health system						
I1	Under 5 mortality rate per 1000 live births	Planned	33.5	26.4	25.0	No milestone set	23.8
		Achieved		*MEOR to update*			
			Source				
			IHME GBD Study	IHME GBD Study	IHME GBD Study		IHME GBD Study
I2	Maternal Mortality Ratio per 100,000 live births	Planned	225	203	201	No milestone set	199
		Achieved		*MEOR to update*			
			Source				
			IHME GBD Study	IHME GBD Study	IHME GBD Study		IHME GBD Study
I3	DALYs for both sexes, all ages	Planned	9,228,540	8,925,392	8,880,765	No milestone set	8,836,361
		Achieved		*MEOR to update*			
			Source				
			IHME GBD Study				
OC1	Increased use of quality health services, particularly by the poor and disadvantaged						
OC1.1	Pregnant, postpartum women and children < 5 years receiving one or more nutrition related interventions during the past year						17,548,000

UK - Nepal Health Sector Programme 3 (Re-shape log frame)						
		Baseline (2016)	**Milestone 1 (July 2020)**	**Milestone 2 (July 2021)**	**Milestone 3 (July 2022)**	**Target (Dec 2022)**
	(Data disaggregated by Province, Ecological zone, and where possible by socioeconomic status and ethnicity from other sources as available)					
OC1.1a	Number of pregnant women who received 180 days iron tablet supplementation during the past year*	Planned	289,625	301,326	307,353	313,500	No milestone
		Achieved		277718			
OC1.1b	Number of postpartum women receiving Vitamin A supplementation	Planned	325,151	263,813	269,089	274,471	No milestone
		Achieved		221188			
OC1.1c	Number of children aged 6-59 months who received Vitamin A supplementation	Planned	2,043,770	2,213,753	2,258,028	2,303,189	No milestone
		Achieved		2248639.5			
		Source					
		DoHS Annual report 2017/18* & 2015/16	HMIS/DoHS Annual Report Milestone 1: HMIS 2019/20, 30 June 2020				
OC1.2	Equity gap reduced for essential Safe motherhood, child and FP services (DLI12.2)						
OC1.2	Safe Motherhood: Difference between the average of the top 10 and bottom 10 districts) in percentage of women who delivered in a health institution (DLI 12.2)	Planned	70%	Average 5% reduction in equity gap each year	Average 5% reduction in equity gap each year	TBD	No milestone
		Achieved		4%			
		Source					
		NHRC DLI verification; Milestone 1: HMIS (30 June 2020)					
OC1.3	Family planning: Number of additional users of modern methods of contraception	Planned	493,000	790,530	911,160	995,874	No milestone
		Achieved		*MEOR to update*			
		Source					
		FP 2020 Annual Progress report 2016/17	FP 2020 Annual progress report				

UK - Nepal Health Sector Programme 3 (Re-shape log frame)							
			Baseline (2016)	Milestone 1 (July 2020)	Milestone 2 (July 2021)	Milestone 3 (July 2022)	Target (Dec 2022)
OC2	Strengthened health sector management and governance at federal, provincial and local levels						
OC2.1	Local level composite index showing health service effectiveness at Learning lab (LL) municipalities	Planned	48.3	Composite index will be developed, field tested and agreed, baseline will be established and subsequent milestone will be developed	57.4	Existing LL: 60.3 New LL TBC May 2021	Existing LL: 61.7 New LL TBC May 2021
		Achieved		Baseline for the composite index (CI) established and agreed 48.3). Milestones for existing LL sites for Y2 and Y3 determined.			
			Source				
			Learning lab composite index sheet. Milestone 1: The figures might change once the HMIS data for the running fiscal year gets finalized.				
OC2.2	% MoHP spending units whose entire expenditure (from all sources) captured by TABUCS in focal provinces	Planned	New indicator, baseline to be established in first year, milestone to be revisited accordingly	The province level TA is yet to be agreed and started. Thus, this has been shifted to 2020/21	TBC by June 2021	TBC by June 2021	No milestone
		Achieved		Not applicable			
			Source				
			TABUCS				
OC2.3	Budget absorption (% of allocated health budget expended) at: a) Federal sphere	Planned	83.1	90% (recurrent budget) & Financial Management Improvement Strategic Framework (FMISF) developed	90% & FMISF endorsed	90	No milestone
		Achieved		80%;			

UK - Nepal Health Sector Programme 3 (Re-shape log frame)						
			Baseline (2016)	Milestone 1 (July 2020)	Milestone 2 (July 2021)	Milestone 3 (July 2022)	Target (Dec 2022)
				FMISF developed and endorsed by MoHP			
			Source				
			TABUCS, FMR				
	b) Provincial sphere in focal provinces	Planned	Currently, system is not in place to capture this information. Baseline will be established after the system is fully in place, which we expect to be in FY 2020/21	No milestone set	85	90	No milestone
		Achieved		Not applicable			
			Source				
			TABUCS/SuTRA				
OC3	Evidence-based planning and decision making at 3 spheres of government						
OC3.1	Evidence-based budget allocations for Federal funding at provincial and local levels;	Planned	New indicator, baseline to be established	Commitment to issuance of guidelines for conditional grants (health) agreed in Annual Aide Memoire (EDPs/MoHP).

Unit cost data of COVID-19 diagnosis and treatment developed and used to support planning, budget allocations and reimbursement in public and private health | Guidelines for conditional grants (Health) developed

Unit cost data of COVID-19 diagnosis and treatment developed and used to support planning, budget allocations and reimbursement in public and private health facilities | Reduction in number of line items in conditional grants (health) after being implemented | No milestone |

UK - Nepal Health Sector Programme 3 (Re-shape log frame)							
			Baseline (2016)	Milestone 1 (July 2020)	Milestone 2 (July 2021)	Milestone 3 (July 2022)	Target (Dec 2022)
				facilities			
		Achieved		Aide Memoire 2019 (Point 2c) states: Guidelines for health-related conditional grants go be given simultaneously with the budget. Unit cost of COVID-19 diagnosis and treatment has been developed and used to support planning, budget allocations and reimbursement			
			Source				
			MoHP guideline on conditional grants & Suppliers report				
OP1	Delivery of quality health services strengthened at provincial and local level, prioritizing LNOB						
OP1.1	Number of public CEONC sites with functional caesarean section service (Disaggregated by province and ecological region)	Planned	75	80	86	88	No milestone
		Achieved		87			
			Source				
		HMIS/DoHS Annual Report					
OP1.2	Public facilities in priority provinces compliant with BHCS protocols and guidelines (according to established critical path)	Planned	BHCS package has been drafted, but yet to be approved	BHCS package developed and approved by MoHP	Monitoring mechanism of BHCS established by MoHP	Assessment on public facilities compliance to BHCS protocols in LL sites, completed	Action plan developed in response to assessment
		Achieved		BHCS package			

UK - Nepal Health Sector Programme 3 (Re-shape log frame)						
			Baseline (2016)	Milestone 1 (July 2020)	Milestone 2 (July 2021)	Milestone 3 (July 2022)	Target (Dec 2022)
				developed and approved by FMoHP, (BHCS package is a part of the Pubic Health Service Regulation 2077, which has been endorsed by the Parliament)			
			Source				
			BHCS guidelines and protocols and monitoring system				
OP1.3	Number and percentage of OCMCs functional as per guideline (Disaggregated by Province and ecological regions)	Planned	20 (53%)	36 (67%) and review of OCMC utilisation and bottlenecks to use completed, Evidence of activities undertaken to strengthen response to GBV during the Covid-19 lockdown.	45 (70%) Action plan in relation to review completed, agreed and evidence of implementation	53 (76%)	56 (80%)
		Achieved		36 (67%) [36 of 54 OCMCs are functional] 14 new OCMCs established Indepth review of OCMC utilisation and bottlenecks to use completed. Interim guidelines on OCMC services during COVID-19 lockdown			

UK - Nepal Health Sector Programme 3 (Re-shape log frame)						
			Baseline (2016)	**Milestone 1 (July 2020)**	**Milestone 2 (July 2021)**	**Milestone 3 (July 2022)**	**Target (Dec 2022)**
				developed, intensive follow up and support provided through phone to strengthen response to GBV			
				Source			
				OCMC reports Milestone 1: OCMC report as of end of June 2020			
OP1.4	Number of COVID-19 related hospitals and institutions supported through Financial Aid and technical assistance	Planned	0	TBA	TBA	no milestone	no milestone
		Achieved		Not applicable			
			Source				
			Supplier reports and FMRs				
	Actions to mitigate secondary health impacts of COVID-19, in particular RMNCAH services.	Planned	0	Qualitative assessment	Qualitative assessment	no milestone	no milestone
		Achieved		Qualitative report done and submitted			
			Source				
			Supplier reports - reports, monitoring, key informant statements				
OP1.5	% (and number) of eligible women who received Aama incentives on transportation (Disaggregated by province & Geography)	Planned	315,355	93 (302,360) & Aama review conducted, and report finalised. Annual Aama Rapid assessment undertaken	94 (311,724) & Action plan / Roadmap based on Aama review developed and endorsed. Evidence of roadmap implementation documented	95 (321,341) & Rapid assessment of implementation of Aama revisions, in focal provinces and Learning Lab sites	No milestone
		Achieved		279,090 [Data for number of eligible women is in the process of finalization in the HMIS, the percentage			

UK - Nepal Health Sector Programme 3 (Re-shape log frame)						
			Baseline (2016)	Milestone 1 (July 2020)	Milestone 2 (July 2021)	Milestone 3 (July 2022)	Target (Dec 2022)
				will be computed when the data gets finalized] Annual Aama rapid assessment completed, report write up is in progress			
			Source				
			HMIS 2017/18	HMIS/DoHS Annual Report, Aama review report, Roadmap and Rapid assessment of AAMA			
OP2	Multi-hazard resilient health infrastructure in focal provinces and vulnerable regions, supported and strengthened						
OP2.1	Two priority health facilities/hospitals retrofitted or rehabilitated with support from BEK's earmarked Financial Aid and technical assistance (DLI);	Planned	Retrofitting of two priority hospitals proposed using BEK FA	Decanting spaces completed at Pokhara Western Regional Hospital and Bhaktapur Hospital; and repurposed as COVID-19 management centres	5 building blocks retrofitted in Pokhara Western Regional Hospital Structure of the new OT building at Bhaktapur Hospital completed.	TBC by May 2020	Retrofitting completed at Pokhara Western Regional Hospital and Bhaktapur Hospital
		Achieved		Decanting spaces completed and being used for management of the COVID-19 cases in both the hospitals			
		Source					
		NHSSP Programme reports					
OP2.2	Number of new facilities designs that adhere to standard design guidelines/ NHIDS, in selected municipalities of	Planned	New Indicator	No milestone set	Pending conformation from Palikas up to 10 health facilities (Primary Level hospital 2, Ward level HFs 5 and Health Post 3)	No milestone set	Pending conformation from Palikas up to 15 health facilities At least 15

UK - Nepal Health Sector Programme 3 (Re-shape log frame)							
			Baseline (2016)	Milestone 1 (July 2020)	Milestone 2 (July 2021)	Milestone 3 (July 2022)	Target (Dec 2022)
	focal provinces						new facilities (Primary Level hospital 3, Ward level HFs 12 and Health Post 5)
		Achieved		Not applicable			
		Source					
		NHSSP Programme reports					
OP3	Federal, provincial and local level health policy, planning and accountability strengthened, to support effective health system management at all spheres						
P3.1	Critical pathway for development of coherent policies aligned to devolved functions at 3 spheres of government	Planned	Inventory for policies developed	Preliminary analysis report analysing the health sector functions of all three level of government as per Functional Analysis and Assessment (FAA) COVID-19 relevant policies, plans and guidelines developed and disseminated.	No milestone set	In-depth analysis of policy coherence across three level of government (focusing on focal provinces and LL sites) completed	Recommendations based on analysis advocated at all levels
		Achieved		Report on "Preliminary analysis of the health sector functions of all three levels of government as per Functional Analysis and Assignments and relevant policies" has been developed.			

			Baseline (2016)	Milestone 1 (July 2020)	Milestone 2 (July 2021)	Milestone 3 (July 2022)	Target (Dec 2022)
	**UK - Nepal Health Sector Programme 3 (Re-shape log frame)**						
				COVID-19 related policies, plans and guidelines are developed and disseminated through MoHP website.			
				Source			
		NHSSP Programme Reports					
OP3.2	% increase in the number of SAHS supported CSOs that provided new data to the local planning and budget process generated through the expenditure tracking exercise (disaggregated by LLs and non-LL sites)	Planned	New proposed indicator, baseline not applicable	20	45	50	No milestone
		Achieved		*SAHS to report*			
				Source			
		CSO reports, CSO survey reports					
OP4	**Effectiveness and accountability of financial and procurement systems strengthened at federal level and in focal provinces**						
OP4.1	% MoHP spending units using TABUCS (DLI 8)	Planned	MoHP has issued a circular mandating expenditure reporting through TABUCS by all spending units	90	95	95	No milestone
		Achieved		90			
				Source			
		TABUCS					
OP4.2	Public Procurement Strategic Framework (PPSF) developed, endorsed and	Planned	48% procurement against CAPP	PPSF developed; 65% procurement against CAPP; 90% of health	PPSF endorsed, implemented & monitoring framework developed and 75%	Public procurement strategic framework	No milestone

UK - Nepal Health Sector Programme 3 (Re-shape log frame)							
			Baseline (2016)	Milestone 1 (July 2020)	Milestone 2 (July 2021)	Milestone 3 (July 2022)	Target (Dec 2022)
	implemented			commodities procured by MD based on TSB (DLI) Technical Specification Bank (TSB) for COVID health commodities developed, disseminated.	procurement against CAPP; 90% of health commodities procured by MD based on TSB (DLI) TSB used for 85% all FMOH covid-19 procurement	implementation monitored quadrimesterly and 85% procurement against CAPP	
		Achieved		PPSF developed in English and Nepali languages and in process of endorsement by MoHP. 100% procurements by DoHS-MD are from CAPP. 70.39% of Planned value are contracted. 100% of procurement of health commodities, as specified in the list of health commodities procured by MD is based on TSB. Technical Specifications of COVID-19 Health commodities are developed and in process of uploading on			

UK - Nepal Health Sector Programme 3 (Re-shape log frame)							
			Baseline (2016)	Milestone 1 (July 2020)	Milestone 2 (July 2021)	Milestone 3 (July 2022)	Target (Dec 2022)
				TSB after endorsement.			
			Source				
			Logistics Management Section, Management Division Record on Public Procurement Strategic Framework (PPSF) and NHRC DLI verification report				
OP4.3	% of audited spending units responding to the OAG's primary audit queries within 35 days (DLI 9)	Planned	56	65	70	75	
		Achieved		97			
			Source				
			OAG audit queries and audited spending units' response Milestone 1: MoHP records				
OP5	Quality evidence generated and used in decision making						
OP5.1	Percentage of health facilities reporting disaggregated data using District Health Information System 2 (DHIS2) in a timely manner (DLI 10)	Planned	23	35 & COVID-19 health information management system established and functioning	45 & COVID-19 health information management system functioning	55	No milestone
		Achieved		44 A web-based system has been established in DHIS2 platform for daily reporting of service delivery status during the pandemic from health facilities and COVID-19 management related information from local governments			
			Source				
			NHRC DLI verification report and suppliers report, HMIS web portal				
OP5.2	Percentage of municipalities	Planned	Not available	20	30	75	No milestone
		Achieved		*SAHS to report*			

UK - Nepal Health Sector Programme 3 (Re-shape log frame)							
			Baseline (2016)	Milestone 1 (July 2020)	Milestone 2 (July 2021)	Milestone 3 (July 2022)	Target (Dec 2022)
	engaged in the SAHS-supported dialogue forums that report using results of SAHS APEA, situational analysis, mapping and/or analytical materials to inform decision-making			Source			
				Meeting minutes of events/SAHS progress report			
OP5.3	Evidence generated within NHSP3 & its use by government and its counterparts	Planned	New indicator, not applicable	Repository of NHSP3 KM products developed & assessment protocol for evidence use developed

KM products: 10
KM events: 2 | Assessment on evidence use conducted and report disseminated*

KM products: 10
KM events: 3 | KM Products: 10
KM events: 3 | KM Products: 3
KM events: 1 |
| | | Achieved | | Five technical briefs produced;
1. Distance to Health Facilities: How does it affect the uptake of Institutional Delivery Services in Nepal?
2. Trends and determinants of early neonatal mortality in Nepal
3. Reponses on COVID 19 Disease in Nepal: Laboratory Perspective
4. Initial crude estimates of the effects of the COVID-19 pandemic on | | | |

UK - Nepal Health Sector Programme 3 (Re-shape log frame)							
			Baseline (2016)	Milestone 1 (July 2020)	Milestone 2 (July 2021)	Milestone 3 (July 2022)	Target (Dec 2022)
				Immunization, Safe Motherhood and Family Planning program in Nepal 5. Global evidence and implications for Nepal's Aama Surakshya Programme			
			Source				
		Repository/Assessment report & copy of KM products					

Description of the assumptions and remarks for the specific indicators	
Indicator	Assumption / Remarks
IM1	The baseline for this indicator has been established using Nepal BoD (NBoD) data that comes from the Global BoD (GBD) Study at the IHME. The milestones here have been adopted from IHME SDG tool that gives projection for SDG Indicators. The baseline figure for 2016 is from the data released in November 2018, and as the source provides the result for a year earlier, this figure is also for 2017.
IM2	The data for MMR will not be available from NDHS till 2026. Therefore, Nepal BoD (NBoD) data that comes from the Global BoD Study at the IHME will be used to track the results. The milestones here have been adopted from IHME SDG. The baseline figure for 2018/19 is from the data released in November 2018, and as the source provides the result for a year earlier, this figure is also for 2017.
IM3	Target has been set assuming 0.5% decrease in DALYs from the previous year values (2017). With regards to Dec 2022 target, considering the current cycle of BoD results availability, there will be no new results available between July to Dec 2022, hence the same value for July 2022 has been used for Dec 2022 target. The baseline figure for 2016 is from the data released in November 2018, and as the source provides the result for a year earlier, this figure is also for 2017.
OC1.1 and 1.2	Federal, provincial and local governments take ownership of the programme. Government will continue its efforts to coordinate and collaborate with local tiers to strengthen the implementation of the NHSS and the NHSP3 programme. Progress on strengthening the federalism system will enable continued progress on health sector reform There will be uninterrupted supply of commodities to health facilities in Nepal Staff redeployment will not interrupt the services
OC 2.1	Staff redeployment has no major effect on service provision

Description of the assumptions and remarks for the specific indicators	
Indicator	Assumption / Remarks
and 2.2	Province and local government proactively reports regularly in financial reporting tools.
OC3	Conditional grants guidelines developed and endorsed will help planning the grants based on evidence and be more flexible reducing the number of activities under the grants. Federal and provincial/local governments are receptive towards the use of data and consider the use of evidence as a priority for planning
OP1.1, 1.2, 1.3 & 1.4	National policies, strategies, guidelines and protocols are updated and disseminated at all levels Provincial and local government takes ownership and are committed to deliver quality health services Provincial and local government follows/adapt guidelines, protocols, to deliver quality health services Assumptions for output Indicator 1.4a: The current Aama programme implementation guideline continues as it is now. The milestone needs to be revisited if the guideline changes in future.
OP 2.1 & 2.2	Developed plans are endorsed by government on time. Province are committed to support the development and endorse the developed plan on time Local government are supportive and receptive towards program
OP3.2	The proposed plan to restrict CSO activities does not materialize The upcoming planning process provide space to CSO unlike budget processes before this
OP4.1 & 4.2	Staff redeployment at MoHP won't have an effect on the process, and spending units continues to use TABUCS or other FMIS. MOHP committed towards transparency
OP5.1, 5.2 & 5.3	GoN committed to strengthen quality of data at all levels. Health Facilities and Palikas are trained on DHIS2 for timely reporting Staff redeployment won't have major effects on HF and Palikas GoN prioritize generating of evidence and is supportive towards partners for generation of evidence

ANNEX 5 VALUE FOR MONEY (JULY – SEPTEMBER 2020)

Value for Money (VfM) for UK government programmes is about maximising the impact of each pound spent to improve poor people's lives. The UK government's VfM framework is guided by four principles summarised below:

- **Economy**: Buying inputs of the required quality at the lowest cost. This requires careful selection while balancing cost and quality;
- **Efficiency**: Producing outputs of the required quality at the lowest cost;
- **Effectiveness**: How well outputs produce outcomes; and
- **Equity**: Development needs to be fair.

Detailed below are the indicators that NHSSP has committed to reporting on a quarterly basis.

VfM results: Economy

Indicator 1: Average unit cost of Short-Term Technical Assistance daily fees, disaggregated by national and international

The average unit cost for Short Term Technical Assistance (STTA) for this reporting period was £576 for international Technical Assistance (TA) and £164 for national TA. The average unit costs of both national and international STTA were below the programme benchmark of £611 and £224 respectively. All the international STTA provided desk-based support to the programme from distance. However, national STTA provided both desk-based and in-person support to the NHSSP team at federal level.

International STTA	Actuals to date (March 2017 – September 2020)	Average unit cost to date (March 2017 – September 2020)	Current quarter (July – September 2020)	Average unit cost (July – September 2020)
Days	1265	£573	153	£576
Income (GBP)	£725,541		£88,158	
National STTA	**Actuals to date** (March 2017 – September 2020)	**Average unit cost to date** (March 2017 – September 2020)	**Current quarter** (July – September 2020)	**Average unit cost** (July – September 2020)
Days	3442	£176	382	£164
Income (GBP)	£605,816		£62,691	
Target: Programme benchmark for International STTA cost is £611, and for National STT cost is £224				

Indicator 2: % of total STTA days that are national (versus international)

The use of both national (71%) and international (29%) STTA in this quarter compared well with our programme indicators. Compared to last quarter, inputs from national STTA increased in this quarter; TA was mainly focused on COVID-19-related support to MoHP. The international STTA provided support to conduct the Market Analysis of Essential Medicines in Nepal, review the National Nursing and Midwifery Strategy and supported developing the disability case study for the GESI workstream.

STTA type	Actuals to date (March 2017 – September 2020)		Current quarter (July – September 2020)	
	Days	%	Days	%
International TA	1265	27	153	29
National TA	3442	73	382	71
TOTAL	4046	100	321	100
Target: Upward trend of % of National TA from 54% (baseline at inception) over lifetime of the project				

Indicator 4: % of total expenditure on administration and management is within acceptable benchmark range and decreases over the lifetime of the programme

In this reporting period, 36.5 per cent of the budget was spent on administration and management, which is slightly higher than the programme benchmark. The office running costs increased because of COVID-19-related precautions/measures: the NHSSP offices were frequently disinfected, and infection prevention protocols have been strictly followed in all premises. The fee for audit was paid in this quarter, which increased overall administrative costs.

Category of administration/ management expense:	Actuals to date (March 2017 – September 2020)		Current quarter (July – September 2020)	
	GBP	%	GBP	%
Office running costs (rent, suppliers, media, etc.)	134,617	6.43	9167	12.69
Equipment	43,633	2.08		
Vehicle purchase	52,875	2.53		
Bank and legal charges	4448	0.21	181	0.25
Office set-up and maintenance	52,420	2.50	2347	3.25

	252,181	12.05	281	0.39
Office support staff	252,181	12.05	281	0.39
Vehicle running costs and insurance	34,227	1.63	518	0.72
Audit and other professional charges	53,025	2.53	13,846	19.16
Sub-total administration/ management	627,426	29.97	26,340	36.45
Sub-total programme expenses	1,466,047	70.03	45,915	63.55
Total	**2,093,473**	**100.00**	**72,254**	**100.00%**
Target: Administration and management cost remains within an average range of 25–30%				

VfM results: Efficiency

Indicator 5: Unit cost (per participant, per day) of capacity enhancement training/workshops (disaggregated by level, e.g. national and local)

During this quarter, two sessions of capacity enhancement workshops were conducted to 90 participants at national level. The average costs per participant per day incurred for the workshops was £28.06, which is below the programme benchmark cost. The workshops were conducted to support government counterparts with finalisation of eCAPP, and orient on planning and budgeting methods in the COVID-19 context.

Level of Training*	Cost per partici-pant per day bench-mark** (GBP)	Actuals to date (January 2018 – September 2020) ***			Current Quarter (July – September 2020)		
		No. of capacity enhance-ment trainings conducted	No. of partic-ipants	Average cost per partici-pant per day (GBP)	No. of capacity enhance-ment trainings conducted	No. of partici-pants	Average cost per partici-pant per day (GBP)
National	£62	31	1,156	£31	2	90	£28.06
Local	£39	22	1,631	£20	0	0	0
* The level has been reduced to two: National and Local; the district has been embedded into local							
** The benchmark was set at the initiation of NHSSP (reference for cost taken from NHSP 2 and TRP programmes)							
*** The data for this indicator was collected from January 2018 onwards							

VfM results: Effectiveness
Indicator 8: Government approval rate of TA deliverables as % of milestones submitted and reviewed by BEK to date

So far, the programme has submitted 95 PDs; all submitted PDs have been approved by the GoN and signed off by BEK.

	Payment Deliverables (March 2017 – September 2020)
Total technical deliverables throughout NHSSP – III including extension	150
PDs submitted to date	95
PDs approved to date	95
Ratio %	**100**

ANNEX 6 RISK MATRIX

NHSSP identified a number of additional risks arising from COVID-19. The risks identified were evaluated and discussed in weekly SMT meetings and shared in monthly BEK meetings. NHSSP communicated its approach to risk management, namely, to identify the ongoing and potential risks that are specific to the programme. NHSSP's risk management is further enhanced by well-established relationships with GoN counterparts and other partners at both federal and sub-national level.

Risk No	Risk	Gross Risk		Risk Factor RAG rated	Current controls	Net Risk		Risk Factor RAG rated	Net Risk Acceptable?	Additional Controls/ Planned Actions	Assigned manager/ timescale	Actions
		Likeli hood	Impact			Likeli hood	Impact					
	GHITA											
R1	Reduced access to routine health care services for vulnerable populations, especially women, children, people living with disabilities and the elderly.	High	High		NHSSP will advocate and work with MoHP for service continuity and for special provisions in the COVID-19 context. Continue advocating for service sites to be made safe, using PPE and infection prevention, and for complication readiness as women/children will wait until they are seriously ill – messaging on danger signs.	Medium	Medium		Yes	NHSSP will advocate for rapid assessment of essential health services and for availability of ambulances and developing messages with BBC Media Action and RH cluster.	SD/HPP team	Treat

R2	MoHP personnel and resources may be diverted towards preparedness and management of COVID-19, which might affect routine programming.	Medium	High	🟥	NHSSP will support MoHP in contingency planning. NHSSP will work with BEK to seek and target greater funds for the COVID-19 response. NHSSP will work with MoHP and DoHS to monitor routine service provision.	Medium	Low	🟨	Yes	NHSSP will work closely with BEK and other partners to develop and implementation of hospital safety measures.	PPFM/ HPP team	Toler-ate
R3	Procurement and provision of both routine and COVID-related equipment is delayed.	High	Medium	🟥	NHSSP will support emergency procurement policies and systems, as appropriate.	Medium	Medium	🟨	Yes		PPFM	Toler-ate
R4	Reluctance to access health services, because of fear of COVID-19, may lead to an increase in otherwise preventable morbidity and mortality.	Medium	High	🟥	NHSSP will help facilitate the creation and dissemination of messages related to service availability and use.	Low	Medium	🟨		NHSSP advisors will work with service providers and closely review routine data.	E&A/SD team	Toler-ate

R5	NHSSP staff may be overstretched in their support to MoHP and may contract COVID-19 and fall ill.	Medium	High		In consultation with BEK, NHSSP will recruit STTA to support specific technical areas required to support MoHP. We will maintain staff safety and wellbeing as per the Options duty of care protocol.	Medium	Medium		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. In addition, staff salary will be paid on time as usual.	TL	Toler-ate
R6	Continued lockdown may reduce the momentum of the programme.	Medium	High		NHSSP will maximise the IT system and provide support remotely to their counterparts and policy makers.	Medium	Medium		Yes	NHSSP advisors will support	SMT	Treat
R7	Increased risk of GBV and family violence in times of lockdown and reduced access to protection or service providers.	High	High		NHSSP will work with MoHP, MoWCSC, NWC and partners in the GBV sub-cluster to develop protocols for OCMCs and shelter home/ rehabilitation centres.	Medium	High		Yes	Provide follow-up support to OCMCs/hospitals for continuity of services from hospitals and safe home/rehabilitation centres and share the status with MoHP and partners.	GESI team	Treat

R8	Health workers lack PPE, leading to illness, mental stress and reduced motivation among health staff thereby reducing the capacity of the health system.	High	High	🟥	NHSSP work closely with the MoHP and other partners for the development and implementation of hospital safety measures, self-care and online counselling for providers.	Medium	Medium	🟨	Yes	Provide regular follow-up on for the implementation of guidelines on use of PPE as per the WHO and Nepal Medical Council standards.	SMT	Treat
R9	Trans-missions from asymptomatic and pre-symptomatic cases reported elsewhere increase fear of service providers that may cause poor quality of service provided.	High	High	🟥	NHSSP continue advocating for PPE for health workers/service providers and support MoHP on development and implementation of hospital safety measures, self-care and online counselling for providers.	Medium	Medium	🟨	Yes	Inability to do field visits and conduct on-site support to managers/service providers hampers effectiveness of our work.	SMT	Toler-ate
R10	Ability to access services by clients/users decline due to the fear of getting			🟥	NHSSP, alongside RH sub-cluster partners, support FWD in implementation of the interim	Medium	Medium	🟨	Yes	NHSSP will facilitate and encourage partners to provide online orientation to health workers.	SMT	Toler-ate

	infection from health services, and difficulty in getting transport and travel.			🟥	guideline focusing on orientation of health workers.			🟨				
R11	COVID-19 spreading in KTM, NHSSP staff may be affected that may cause the delays in submission of schedule deliverable.	High	High	🟥	PDs were reviewed and agreed with BEK those possible to complete in the COVID-19 situation.	Medium	Medium	🟨	Yes	Staff are strongly suggested not to take risks. Staff who have pre-existing health conditions are suggested to work from home.	SMT	Treat
R12	Delay on MOU signed between BEK and MOF may delay in transition to sub-national level.	Medium	Medium	🟥	NHSSP will initiate informal discussion with MoHP and will move quickly once MOU signed with MoF.	Medium	Low	🟨	Yes	NHSSP will make some adjustment in the action plan developed for the SN level earlier.	SMT	Treat

R13	Conversion of the decanting block into COVID-19 ward may increase the cost of the project	High	High		We assume that there are no new and additional items required for works converting decanting space into COVID-19 wards. However, it has been provisioned in the priced BoQ regarding day works (50 days each for skilled and unskilled manpower in WRH and 30 days each in Bhaktapur), which can be utilised for the payment of additional manpower mobilised by the contractor in this scenario.	Medium	Medium		Yes	NHSSP Site Engineer, in coordination with the respective Project Implementation Units (PIUs) of DUDBC, will prepare the day logs of the manpower utilised and mobilised by the contractor. NHSSP Site Engineer will supervise and inspect the works on a regular basis.	HI team	Treat
R14	Delay in completion of the decanting block in both hospitals	High	High		NHSSP is coordinating with DUDBC and respective PIUs to expedite the term extension process of the contractor in both projects.	Medium	Medium		Yes	NHSSP will coordinate with the DUDBC regarding the term extension as per the GCC 61 force majeure for the period affected due to lockdown. For the period prior to lockdown, NHSSP has communicated with the DG of the DUDBC and concerned officials to	NHSSP HI team	Treat

									expedite the term extension process.		
R15	Site Engineer, construction workers and contractor's personnel during the works may contract COVID-19 and fall ill (Health and Safety)	High	High		NHSSP has prepared a special construction guideline in Nepali based on BEK's guidelines. This guideline has been shared with the MoHP and DUDBC for endorsement.	Medium	Medium		Yes	NHSSP HI team, in coordination with the DUDBC PIU, will implement this guideline strictly at the construction site. Orientation to the workers and contractor's personnel will be carried out at the site prior to execution of work.	NHSSP HI team	Treat
R16	Overall delay in completion of the project caused by late completion of decanting block (COVID-19 pandemic: force majeure).	High	High		NHSSP has earlier prepared the overall master schedule of the project, which defines the schedules of works for all packages in both hospitals. This schedule is based on a most likely case scenario.	Medium	Medium		Yes	NHSSP HI team, in coordination with DUDBC and its respective PIUs, will update the schedule incorporating the delay arising due to force majeure.	NHSSP HI team	Toler-ate
R17	Delay in construction works for main retrofitting works due to unavailability	High	High		NHSSP has prepared a detailed breakdown of the resources required for the main retrofitting project.	Medium	Medium		Yes	NHSSP HI team, in coordination with the DUDBC and its respective PIU, will share the resource management details	NHSSP HI team	Toler-ate

	of construction materials and construction workforce in full scale and within time (impact due lockdown situation).			■	These resource management details will guide the daily resource requirement to control work activities.			■		with the contractor for the assurance of regular work. The team will make contractor agree to an alternative sequence of work activity to reduce the probable delay to some extent.		
R18	Travel restrictions may compromise the time and the quality of construction work.	High	High	■	NHSSP, along with DUDBC, will make provision of distance online monitoring system. Site supervisor will continue presence in construction sites. Documents and details prepared and disseminated to concerned technicians from DUDBC to maintain quality.	Medium	Medium	■	Yes	NHSSP will make detailed planning for travel and orientation in advance in coordination with appropriate government authorities. Appropriate COVID-19 protocols will be followed during travel, monitoring, supervision, training and orientations.	HI team	Treat
R19	Use of decanting space for COVID-19 treatment in Bhaktapur and Pokhara may delay	High	High	■	Construction of new decanting block as an alternative measure to initiate construction work.	Medium	High	■	Yes	NHSSP, together with DUDBC, will try to expedite the completion of the new maternity block, so that the existing block can be used as a decanting space	NHSSP-BEK	Treat

	retrofitting.										

Risk Categories

Risk category	NHSSP interpretation
Tolerate	Risk beyond programme control, even with mitigation strategy in place, but not significant enough to disable the planned work in its status, even if it can affect overall end results
Treat	Risk the programme has means and plans to further minimise/mitigate as part of programme's key objectives
Transfer	Risk the programme identifies other stakeholders are better placed to minimise/mitigate further
Terminate	Risk beyond programme control that would render some/all of the work impossible

ANNEX 7 GESI CASE STUDY

Access to OCMC Multisectoral Services during COVID-19 Lockdown: A Case Study

Introduction

The global COVID-19 pandemic has led to rising levels of gender-based violence (GBV) across the globe[27]. Women and girls, and vulnerable populations more broadly, have been the hardest hit by the direct and indirect effects of the pandemic, which has exacerbated existing inequalities and pushed millions deeper into poverty.

In Nepal, the national lockdown introduced to reduce transmission led to the closure of schools, markets and workplaces, stopped travel and use of public and private transport, and impacted access to and use of basic services. Ashish KC et al (2020) found that institutional deliveries dropped by more than half, neonatal mortality increased and the quality of health care declined in nine hospitals after the introduction of lockdown[28]. The return of thousands of labour migrants from the region, international restrictions on travel and the slump in tourism have decimated remittance earnings and the country's major economic sectors. Against this backcloth, the risk of increased GBV in Nepal, as seen across the world, was anticipated and has been reported in various media and by key informants. This report picks up this line of inquiry and explores how access to, and use of, Ones-stop Crisis Management Centres (OCMC) were affected by the COVID-19 lockdown.

Methodology

The rapid case study uses OCMC records of registered clients from 15 January to 14 June 2020. Data was drawn from 58 functioning OCMCs from across all provinces. The OCMC data was arranged into periods covering pre-lockdown and early lockdown. The pre-lockdown period includes the two months from 15 January to 13 March (Nepali months Magh and Falgun). The early lockdown period covers the three months from 14 March to 14 June (Nepali months of Chaitra, Baisakh and Jestha). Average monthly numbers of users were calculated for the pre-lockdown and early lockdown period respectively for comparison.

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[27] UN Women. 2020. COVID-19 and violence against women and girls: addressing the shadow pandemic. https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2020/issue-brief-COVID-19-and-ending-violence-against-women-and-girls-en.pdf?la=en&vs=5006. UN Women. 2020. Impact of COVID-19 on violence against women and girls and service provision: UN Women rapid assessment and findings. https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2020/impact-of-COVID-19-on-violence-against-women-and-girls-and-service-provision-en.pdf?la=en&vs=0

[28] Ashish KC, Rejina Gurung, Mary V Kinney, Avinash K Sunny, Md Moinuddin, Omkar Basnet, Prajwal Paudel, Pratiksha Bhattarai, Kalpana Subedi, Mahendra Prasad Shrestha, Joy E Lawn, Mats Målqvist. August 10, 2020. Effect of the COVID-19 pandemic response on intrapartum care, stillbirth, and neonatal mortality outcomes in Nepal: a prospective observational study. The Lancet Global Health. https://doi.org/10.1016/S2214-109X(20)30345-4
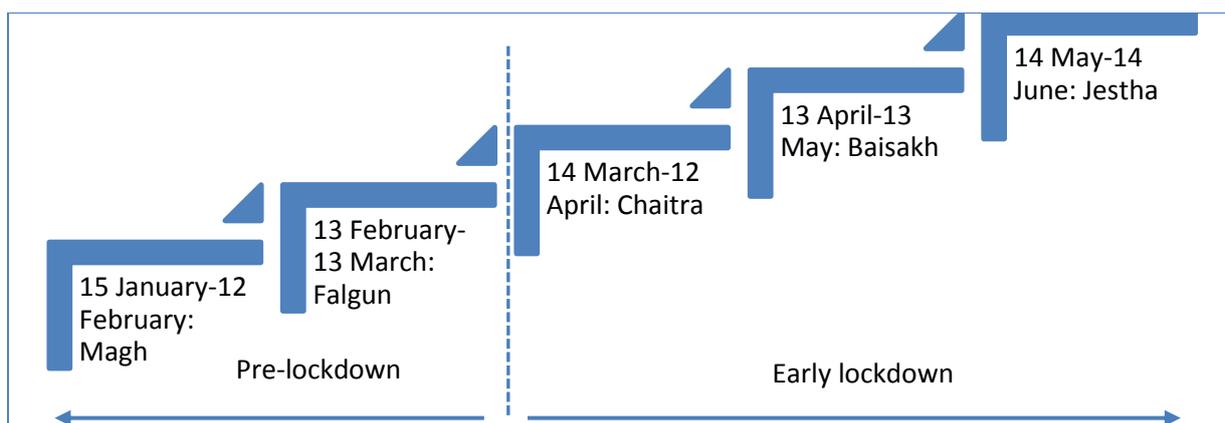
Figure 1: Pre-lockdown and early lockdown periods used in this rapid case study

Secondly, the study included a small number of key informant interviews with OCMC In-charges at six referral hospitals. This qualitative data provides local interpretation of the factors contributing to utilisation of the OCMC service during lockdown.

Figure 2: Key informant interviews at selected hospitals

Province	District	Hospital with OCMC
1	Morang	Koshi Hospital
2	Saptari	Sagarmatha Hospital
4	Kaski	Pokhara Health Sciences Institute
5	Rupendehi	Lumbini
6	Surkhet	Surkhet Provincial Hospital
7	Kailali	Seti Provincial Hospital

Use of OCMC services pre-lockdown and early lockdown

Total number of OCMC cases:

There were 1411 cases in total registered at the 58 OCMCs in the pre-lockdown period from 15 January to 13 March, 2020. In comparison there were 1516 cases in total registered at the 58 OCMCs in the early lockdown period of 14 March to 14 June 2020.

The average monthly number of clients in early lockdown was 505.3. In comparison, the average monthly number of clients in the pre-lockdown period was 705.5. This is a significant drop in the number of clients at a time when the risk factors for GBV had increased, and as will be further discussed below, appears to reflect the reduced access to services during lockdown.

The vast majority of clients were female. The percentage of female clients in the pre-lockdown period was 94.7 per cent and in the early lockdown period, 93.7 per cent. No cases were registered of third gender persons.

Type of violence:

Figures 3 and 4 show the distribution of cases by type of violence in the pre-lockdown and early lockdown periods. In both periods, physical assault was the most frequent form of violence, making up 30 per cent and 32 per cent of cases respectively. The second most frequent form of violence was rape; this made up 19 per cent of cases in pre-lockdown and increased to 25 per cent in the early lockdown period. In total, physical assault, rape and sexual assault were 67 per cent of all cases pre-lockdown and 73 per cent in early lockdown; the increase resulted from the larger number of rape cases. The proportion of other types of violence remained largely similar in both time periods with the exception of 'denial of resources and opportunities', which fell from 6 per cent to 3 per cent.

The Ministry of Health and Population and NHSSP (2019) study on survivor perspectives on the nature, risks and response to GBV reported how it is only when violence is severe and injuries require medical attention that medical help is sought. Moreover, that decision itself is often made by neighbours, family and the police, rather than the survivor herself[29]. In the lockdown context, where women and girls are likely to face increased family scrutiny and control, less social interaction outside the household and increasing economic insecurity, it is understandable that barriers to accessing help for GBV would have increased, and therefore those clients that access services are increasingly those with serious injuries needing medical attention.
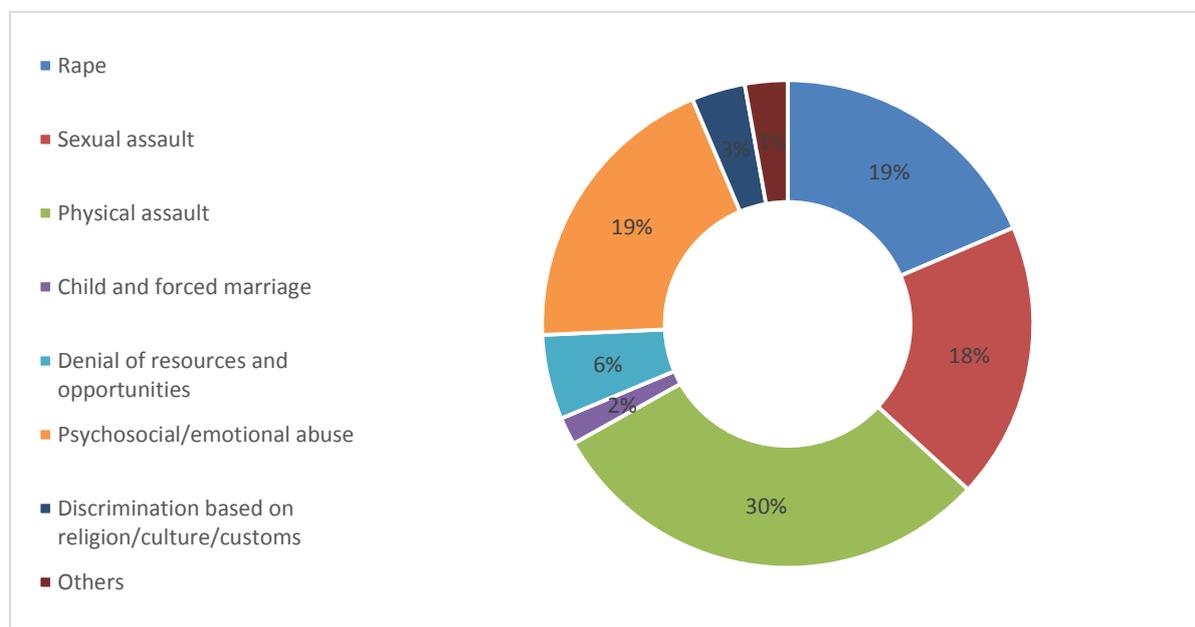

Figure 3: Average monthly number of clients by type of violence, pre-lockdown

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[29] Ministry of Health and Population and NHSSP. 2019. Survivor perspectives on the nature, risks and response to gender-based violence in Nepal and the implications for One Stop Crisis Management Centres.
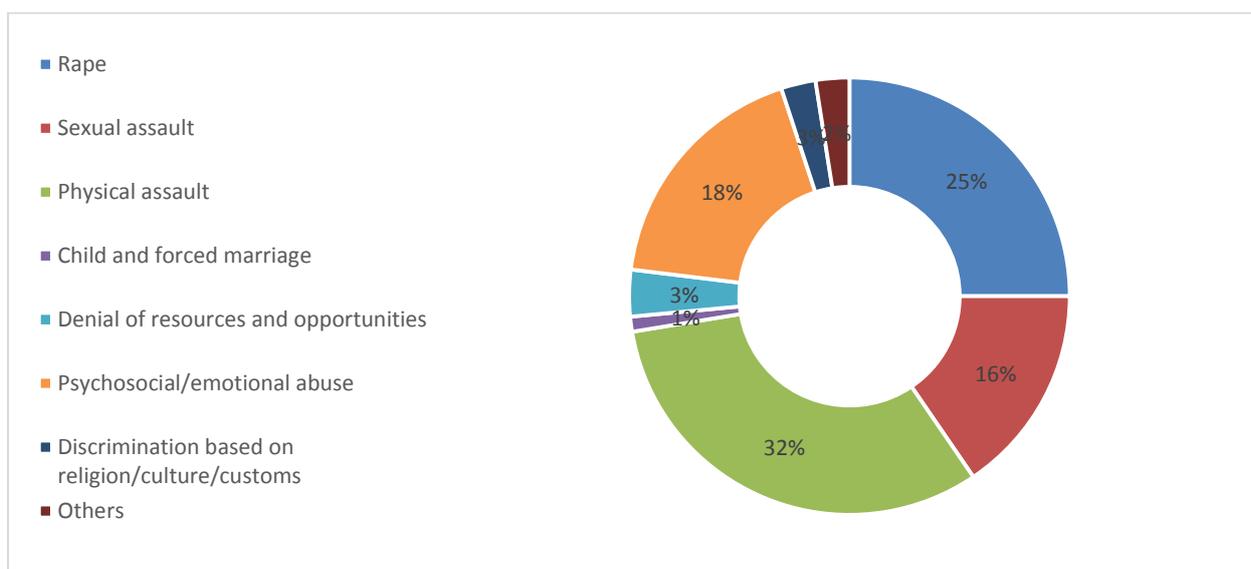
Legend:
- Rape
- Sexual assault
- Physical assault
- Child and forced marriage
- Denial of resources and opportunities
- Psychosocial/emotional abuse
- Discrimination based on religion/culture/customs
- Others

Chart values: 25%, 16%, 32%, 1%, 3%, 18%, 2%, 2%

Figure 4: Average monthly number of clients by type of violence, early lockdown period

Age of survivors:

Figure 5 shows the age-wise breakdown of survivors in the pre-lockdown and early lockdown period based on monthly average number of clients. The data shows that violence against women and girls continues throughout the life cycle with the highest number of survivors in the 19-49 age group in both periods. The proportion of survivors 18 years and under increased from 30 per cent pre-lockdown to 37 per cent in early lockdown. For comparison, in the year 2018/19 (Nepali year 2075/76), the proportion of OCMC clients 18 years and under for all 44 reporting OCMCs was 31.7 per cent[30].

The high proportion of GBV cases involving girls 18 years and under is extremely disturbing and has been found in other OCMC-related studies. Further analysis is required to identify the types of violence experienced by girls accessing OCMC services during early lockdown, but this is likely to have been for serious injuries. The additional vulnerability of girls locked at home during COVID-19 imposed restrictions is cause for serious concern and action of government and civil society.

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[30] Ministry of Health and Population OCMC records.
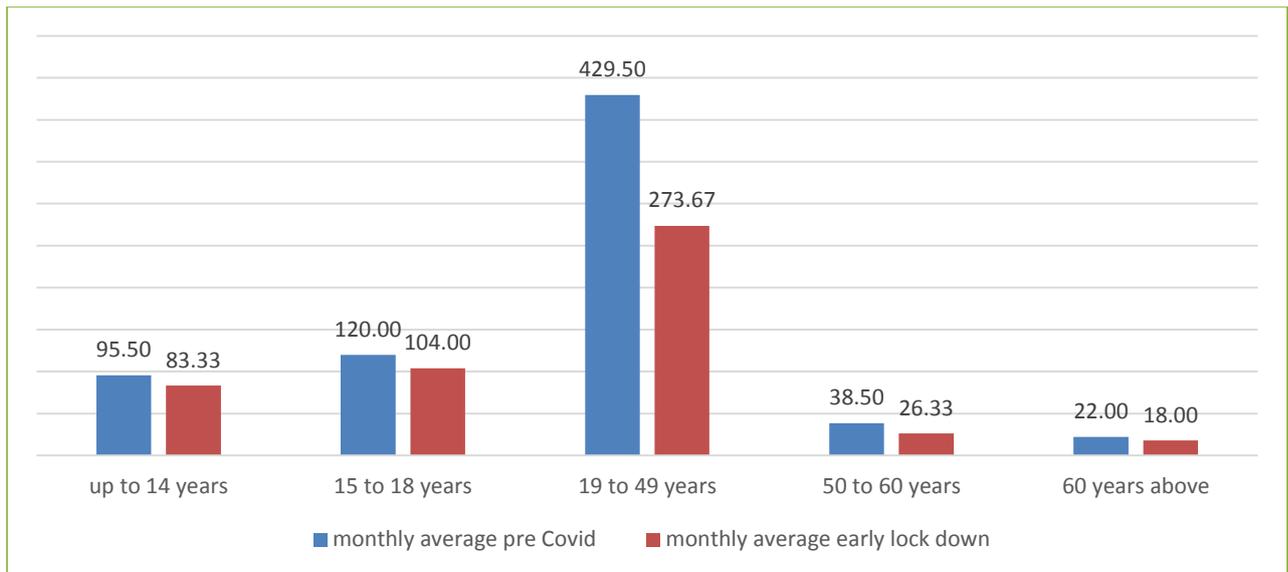
Figure 5: Monthly average number of OCMC cases by age group, pre-lockdown and early lockdown periods

Caste and ethnicity:

In both periods, clients of Janajati, Dalit and Brahmin/Chhetri backgrounds made up the majority of clients. The proportion of clients from these caste and ethnic groups increased between pre-lockdown and early lockdown. In contrast, the proportion of Madhesi clients declined from 16 per cent to 11 per cent and the proportion of Muslim clients dropped from 10 per cent to 5 per cent between pre-lockdown and the early lockdown period.
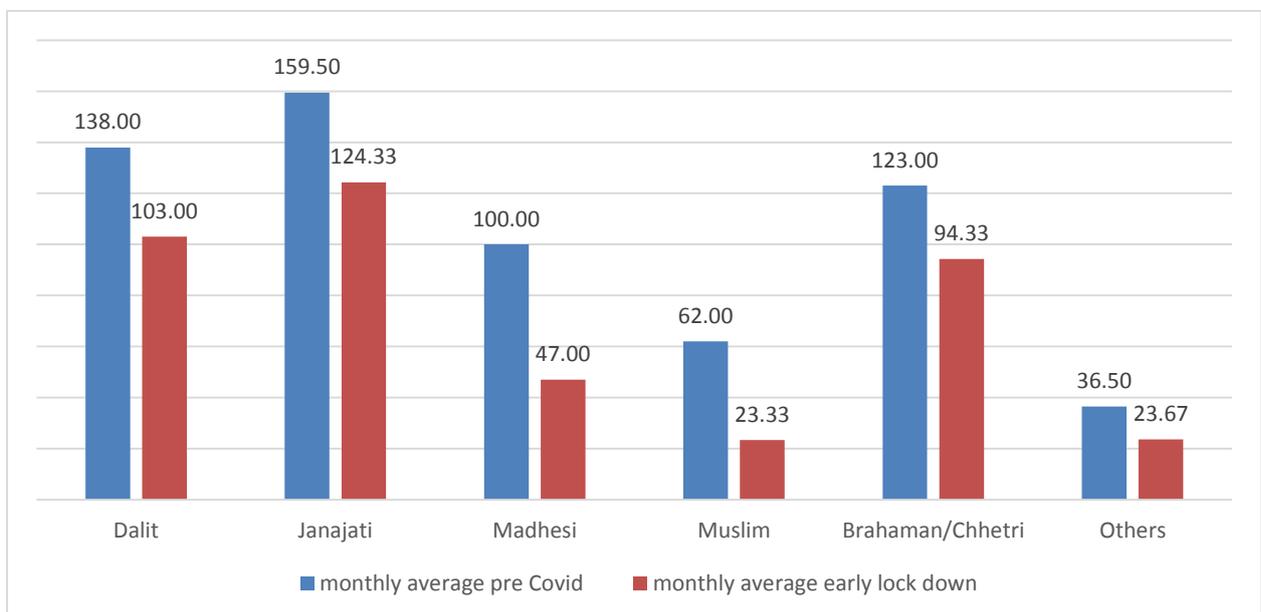
Figure 6: Monthly average number of clients by caste/ethnicity, pre-lockdown and early lockdown periods

Persons with disabilities:

For the very first time, data on 'differently abled persons' was recorded in the OCMC system in 2020. The average monthly number of clients with disabilities pre-lockdown was 17.5 clients and in early lockdown, the number was 14.3. Early studies of the impact of lockdown on persons with disability show the

significant impact on access to drugs and supplies, information and other services. The number of clients with disabilities reporting to OCMCs is relatively small and further research is needed to better understand the challenges this particularly disadvantaged group face in accessing GBV services.
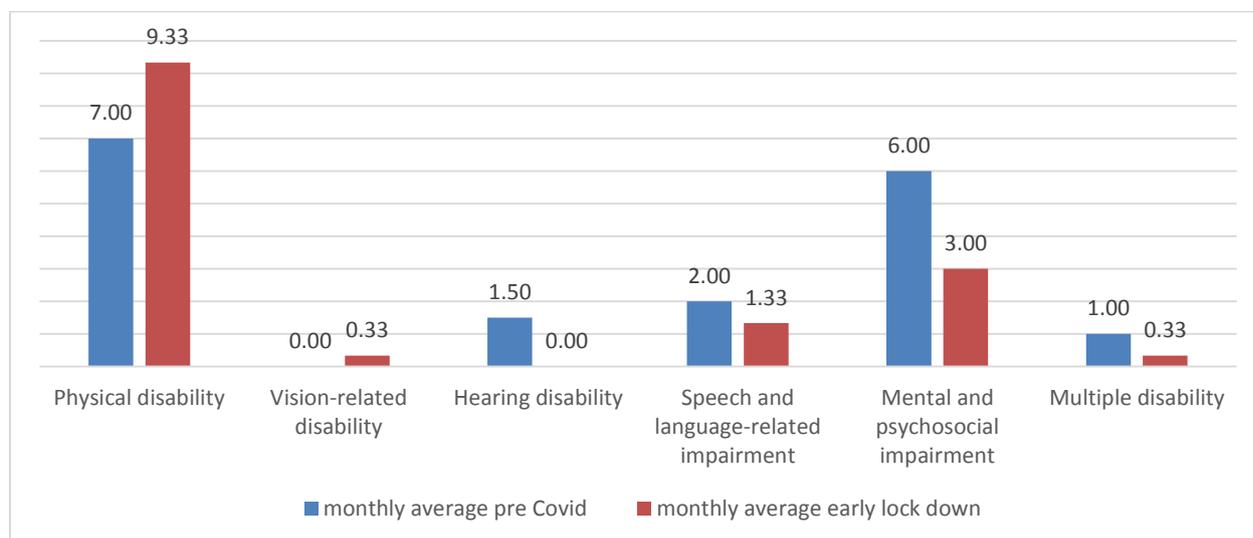

Figure 7: Monthly average number of OCMC clients with disabilities, pre-lockdown and early lockdown period

Client referral to OCMCs

Recent studies have found that the police are the most common source of referral of clients to OCMCs[31]. Figures 8 and 9 show that the police continue to be the main source of referral. The percentage of clients referred to OCMCs by the police increased slightly, from 48 per cent of clients to 51 per cent of clients from pre-lockdown to early lockdown. The percentage of clients that referred themselves increased from 14 per cent to 18 per cent, and the percentage of clients referred by relatives increased from 8 per cent to 13 per cent from pre-lockdown to early lockdown. In contrast, the percentage of clients referred from a HF or hospital dropped from 13 per cent to 6 per cent. This likely reflects the reduced access to and use of health services during lockdown generally, which meant that health providers were not seeing the same volume of GBV survivors because they were not attending HFs. The fact that a number of OCMC-based hospitals became designated COVID-19 hospitals, may have to some extent created additional barriers for survivors seeking help.

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[31] Ministry of Health and Population and NHSSP. 2020. Review of the scale-up, functionality and utilisation, including barriers to access, of One Stop Crisis Management Centres.
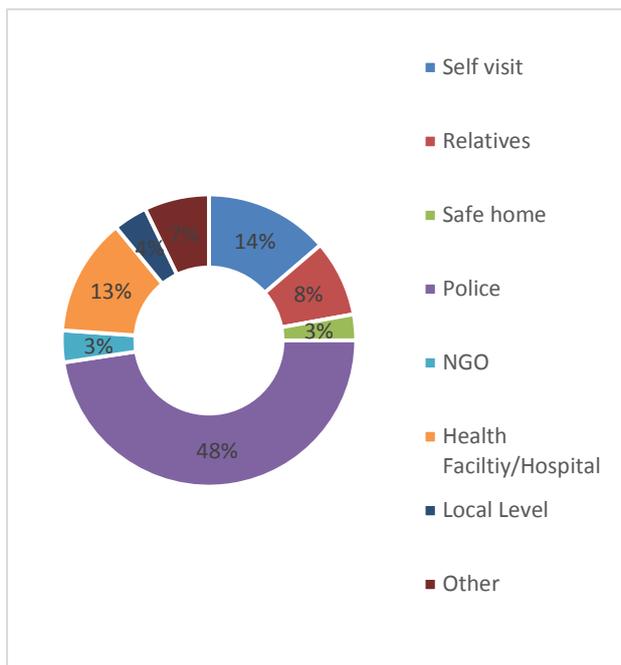
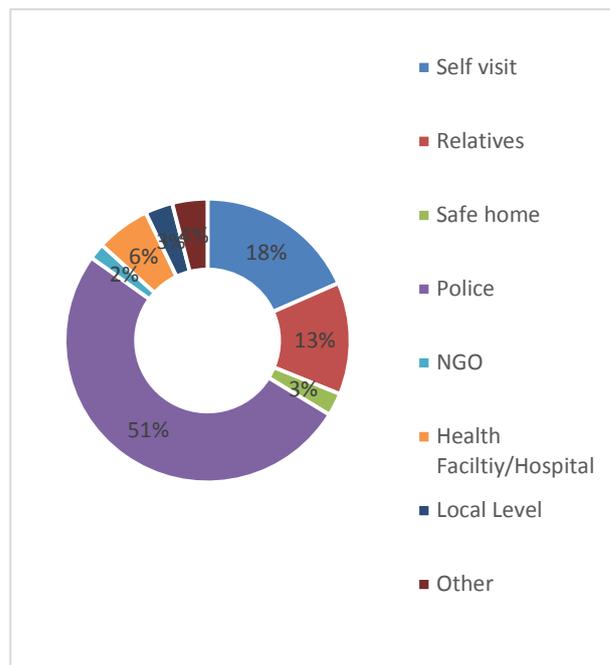*Figure 9: Source of referral to OCMC, pre-lockdown monthly average*

Figure 8: Source of referral to OCMC, early lockdown monthly average

Referral from OCMCs

Data from OCMCs during the case study period shows that the percentage of clients referred from the OCMC to home increased from 51 per cent to 55 per cent; the percentage referred from the OCMC to the police dropped from 35 per cent to 32 per cent; the percentage referred to safe homes dropped from 5 per cent to 4 per cent; and the percentage referred to rehabilitation centres stayed at 2 per cent. While the changes appear small in scale, behind these numbers sit reports from OCMC staff that COVID-19 was further increasing the challenge of finding shelter for survivors as safe homes introduced quarantine rules and were afraid to accept new clients.

The increasing lack of shelters and rehabilitation centres linked to changes in the mandate and role of the Federal Ministry of Women, Children and Senior Citizens, and the impact this is having on the care and support provided to survivors was reported earlier this year by the Ministry of Health and Population and NHSSP[32]. Survivor reports have also highlighted how survivors are frequently returned from OCMCs to the same family that inflicted violence because of social norms and lack of viable alternatives, and that violence is often repeated[33]. COVID-19 and lockdown restrictions are likely to further complicate the availability of safe shelters for survivors.

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[32] Ministry of Health and Population and NHSSP. 2020. Review of the scale-up, functionality and utilisation, including barriers to access, of One Stop Crisis Management Centres.
[33] Ministry of Health and Population and NHSSP. 2019. Survivor perspectives on the nature, risks and response to gender-based violence in Nepal and the implications for One Stop Crisis Management Centres.
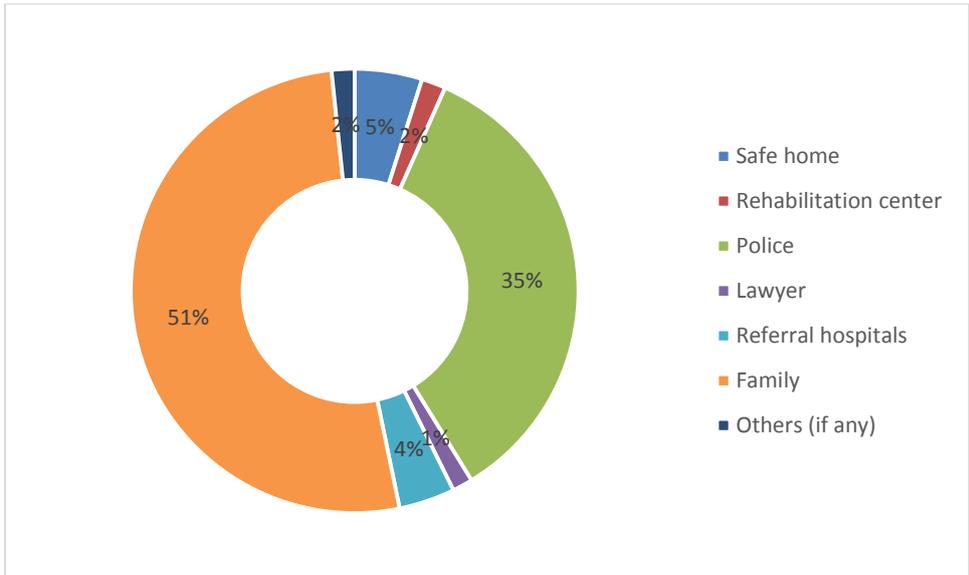
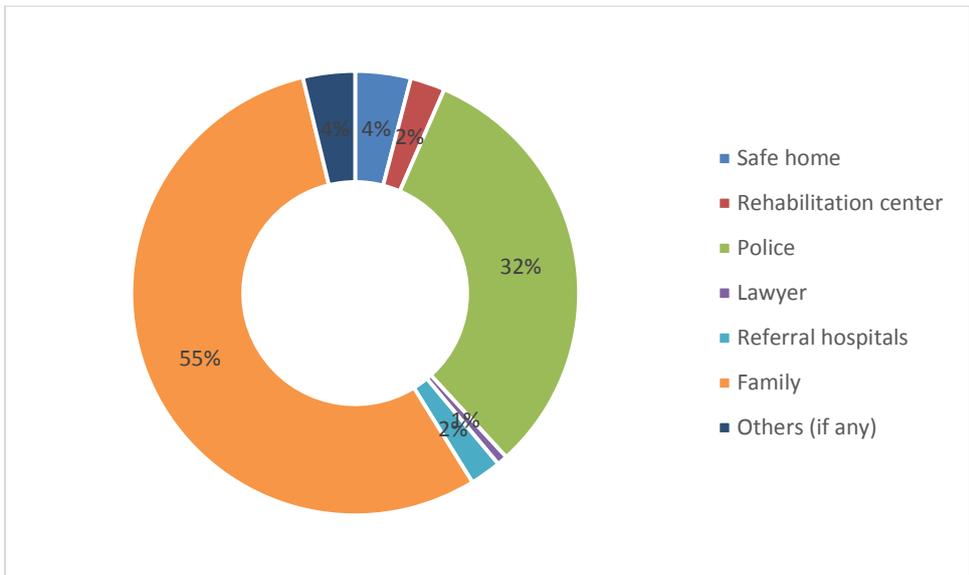*Figure 10: Referral of clients from OCMCs, pre-lockdown monthly average*

Figure 11: Referral of clients from OCMCs, early lockdown monthly average

Key informant perspectives

OCMC key informants were interviewed to collect their reflections on how and why demand for OCMC services had changed during lockdown. Figure 12 shows the number of cases per month under study at each of the six referral hospitals where OCMC staff were interviewed. While the pattern of use varied by hospital, the general pattern is of a decline in the number of cases at the beginning of lockdown in Chaitra in all six hospitals. This downward trend continued for four out of the six hospitals (Koshi, Lumbini,

Surkhet and Seti) in the month of Baisakh. In Kaski and Sagarmatha Hospitals the number of cases increased in Baisakh.
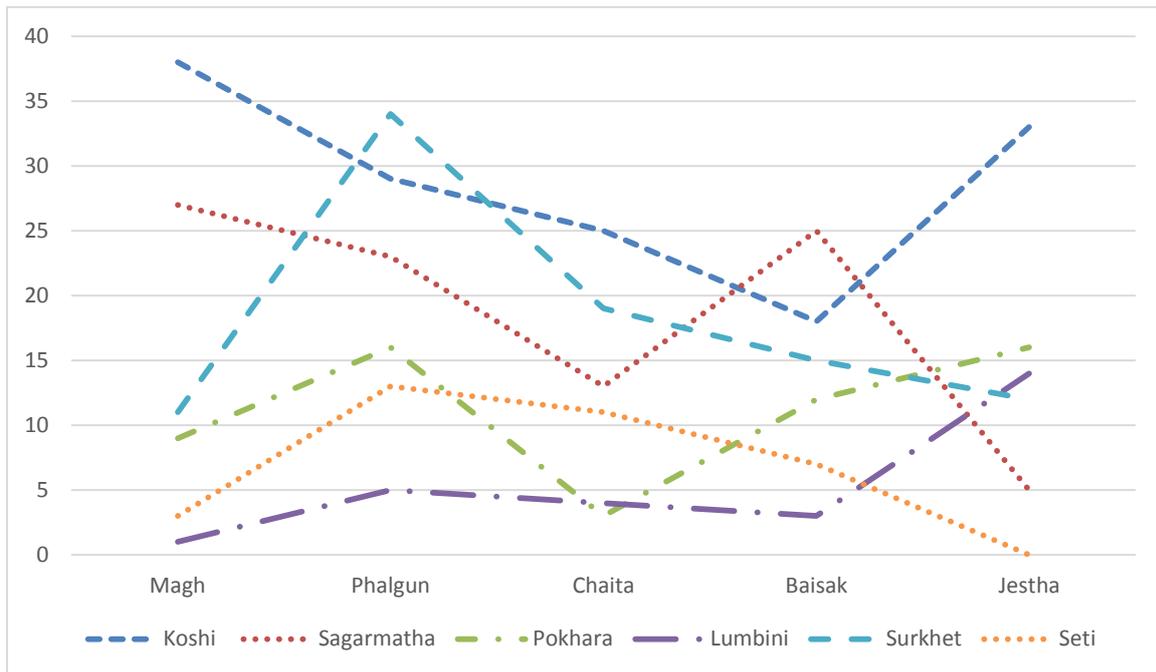

Figure 12: Number of OCMC clients per month for six selected referral hospitals

Key points from the interviews are presented below.

Increased GBV but decline in clients at OCMCs

Respondents from all six OCMCs reported an increase in domestic violence owing to lockdown, social isolation and the increasing financial pressure on families. However, lockdown conditions, fear of COVID-19 and the non-availability of transport meant that, in general, only those severe cases of violence that were also reported to the police were accessing OCMCs. For these clients, a police vehicle or hospital ambulance was despatched to transport the victim.

Increased child abuse and rape

The respondent from Pokhara Health Sciences Hospital felt that most of the cases attending the OCMC during lockdown were girls under 18 years. Cases of family abuse of children under 10 had also been treated, as well as victims that had been trafficked from other districts to Pokhara, and three cases of rape that had involved the intoxication of the victims.

Increased number of attempted suicides

Sagarmatha Hospital noted that there was an increase in the number of attempted suicides after lockdown and felt that this was linked to social and economic pressure, family disputes and unemployment. The OCMC provided telephone counselling to clients who could not get to the hospital because of lack of transport.

Good coordination with the hospital authority and police

OCMC respondents from all six of the hospitals reported good coordination with hospital management and police. The Sagarmatha respondent highlighted the provision of personal protective equipment to the OCMC by the hospital management, and the transport and supplies for medico-legal tests provided by the police for rape cases.

In contrast to the support of police and hospital authorities, Surkhet Hospital OCMC felt that survivors' neighbours and community didn't want to be involved with the case or the police.

Safe home

Fear of COVID-19 and the need to protect existing safe home residents, plus the chronic shortage of safe homes per se, made it difficult to access safe homes during lockdown. Koshi, Pokhara and Seti Hospitals all flagged that safe homes were only accepting clients after they had tested negative for COVID-19 and had received a PCR report. Gaps in access to testing and delays in getting results made this problematic. At Koshi Hospital, an agreement was reached with the safe home to accept new residents prior to the test result but this was not so in other sites.

In the case of Sagarmatha Hospital, which has no safe home or shelter in the municipality where it is located (Rajbiraj Municipality), the OCMC faced great difficulty in supporting clients in need of emergency shelter during lockdown.

Recommendations

The rising incidence of GBV triggered by the COVID-19 pandemic and lockdown restrictions has amplified the barriers to accessing OCMC services. Women's and girl's lack of agency to seek help and lack of awareness of the services provided by OCMCs is a major hindrance.

In the short term, multi-media campaigns, including television, radio and social media, are needed to raise awareness of women's and girl's rights, the illegality of GBV, the harm to the individual, family and society, and how and where victims and perpetrators can seek help. Online conferences and workshops are also a way to target young people. Secondly, a solution for providing accessible safe homes is needed. In the short term, the approach used by the Morang Safe Home could be considered at other sites to overcome the problem of how to house survivors as they wait for COVID-19 test results. Where safe homes lack the physical space for safe quarantine of new clients, temporary quarantine accommodation may need to be sourced by the local authority. More systemically, access to safe homes for all survivors and OCMCs must be increased to avoid returning survivors to violent settings where they are at risk of continuing abuse.