



Nepal Health Sector Support Programme III (NHSSP – III)

QUARTERLY REPORT
July to September 2017



Disclaimer

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1. Abbreviations

AMR	Anti-Microbial Resistance
ANM	Auxiliary Nurse Midwives
ASRH	Adolescent Sexual Reproductive Health
AWPB	Annual Work Plan and Budget
BC	Birthing Centre
BEONC	Basic Emergency Obstetric and Neonatal Care
CAPP	Consolidate Annual Procurement Plan
CEONC	Comprehensive Emergency Obstetric and Neonatal Care
CHD	Child Health Division
CHU	Community Health Unit
CSD	Curative Services Division
DDA	Department of Drugs Administration
DFID	Department for International Development
DHO	District Health Office
DLI	Disbursement Linked Indicator
DHIS2	District Health Information System 2
DoHS	Department of Health Services
DRR	Disaster Risk Reduction
DUDBC	Department of Urban Development and Building Construction
eAWPB	Electronic Annual Work Plan and Budget
EDCD	Epidemiology and Disease Control Division
EDP	External Development Partner
e-GP	e-Government Procurement
EPI	Expanded Programme on Immunization
FA	Financial Assistance
FCGO	Financial Controller General's Office
FCHV	Female Community Health Volunteers
FHD	Family Health Division
FMIP	Financial Management Improvement Plan
FMR	Financial Monitoring Report
FP	Family Planning
GBV	Gender Based Violence
GESI	Gender Equality and Social Inclusion
GIZ	German Corporation for International Cooperation
GoN	Government of Nepal
H4L	Health for Life (USAID)
HFOMC	Health Facility Operation and Management Committee
HIIS	Health Infrastructure Information System
HMIS	Health Management Information System
HPP	Health Policy and Planning
HQIP	Health Quality Improvement Plan
HR	Human Resources
HRFMD	Human Resource and Financial Management Division
HRH	Human Resources for Health
IAIP	Internal Audit Improvement Plan

JAR	Joint Annual Review
JCM	Joint Consultative Meeting
LCD	Leprosy Control Division
LL	Learning Lab
LMD	Logistics Management Division
LMIS	Logistic Management Information Systems
LNOB	Leave No One Behind
M&E	Monitoring and Evaluation
MD	Management Division
MEOR	Monitoring Evaluation and Operational
Research	
MLP	Minilaparotomy
MoH	Ministry of Health
MoFALD	Ministry of Federal Affairs and Local Development
MoWCSW	Ministry of Women, Children and Social Welfare
MPDSR	Maternal and Perinatal Death Surveillance and Response
MSS	Minimum Service Standard
NDHS	Nepal Demographic Health Survey
NHEICC	National Health Education Information and Communication Centre
NHSP	Nepal Health Sector Programme
NHSSP	Nepal Health Sector Support Programme
NHSS	Nepal Health Sector Strategy
NHTC	National Health Training Centre
NPC	National Planning Commission
NPHL	National Public Health Laboratory
NRA	National Reconstruction Authority
NSI	Nick Simmons Institute
NSV	No Scalpel Vasectomy
OCMC	One Stop Crisis Management Centre
OPM	Oxford Policy Management
PBGA	Performance Based Grant Agreement
PCU	Project Coordination Unit
PD	Payment Deliverable
PHAMED	Public Health Administration Monitoring and Evaluation
PHCRD	Primary Health Care Revitalisation Division
PIP	Procurement Improvement Plan
PPFM	Procurement and Public Finance Management
PPICD	Policy, Planning and International Cooperation Division
PPMO	Public Procurement Management Office
PNC	Postnatal Care
RDQA	Routine Data Quality Assurance
RF	Results Framework
SAS	Safe Abortion Services
SBA	Skilled Birth Attendants
SBD	Standard Bidding Documents
SDG	Sustainable Development Goals
SOP	Standard Operating Procedure
SSU	Social Service Unit
STTA	Short Term Technical Assistance
TA	Technical Assistance
TABUCS	Transaction Accounting and Budget Control System

TARF	Technical Assistance Response Fund
TB	Tuberculosis
ToR	Terms of Reference
TIU	TABUCS Implementation Unit
TNA	Training Needs Analysis
TSB	Technical Specification Bank
TWG	Technical Working Group
UNICEF	United Nations International Children's Emergency Fund
VfM	Value for Money
VP	Visiting Provider
WHO	World Health Organization

2. Executive Summary

1) Health Policy and Planning

- Provided strategic support to the Ministry of Health (MOH) Technical Working Group (TWG) on Federalism and Federalism Implementation Unit (FIU) in defining structures and roles for the devolved health sector functions including the handover of health facilities to the local level.
- Collated evidence and existing tools and guidelines to support local level planning and budgeting in selected Learning Lab¹ sites in coordination with other external development partners (EDPs)
- Supported Policy, Planning and International Cooperation Division (PPICD) in the Ministry of Health (MoH) to develop evidence based policies including the Partnership Policy in Health, Mental Health Policy, National Health Act and Health Institution Quality Assurance Authority Act. The MoH shared National Health Act; the Quality Assurance Act and the Mental Health Policy with other relevant Ministries for review and suggestions. Based on this, these policies will be further refined.
- Supported the MoH in developing a framework for the revision of the Gender Equity and Social Inclusion (GESI) Strategy and supported in capacity building of MoH and Public Health Administration Monitoring and Evaluation (PHAMED) in implementing the GESI framework.
- Supported PPICD in coordination with EDPs including finalization of the action points of the Joint Coordination Mechanism (JCM) held on 27th June 2017.

2) Public Procurement and Financial Management

- Provided technical support to MoH's planning section to prepare the consolidated budget for FY 2017/18. The government of Nepal has decided to allocate 1/3 of the health budget to local government. NHSSP provided strategic inputs in keeping the records of budget provided to the local government.
- Finalised a ToR to upgrade TABCUS, which will enable budget and expenditure analysis against the NHSS indicators, DLIs and the Aama programme. The ToR also includes the provision to make TABCUS compatible in the devolved context.
- Supported MoH finance section to prepare and finalise the financial monitoring report (FMR)-2 of FY 2016/17. The practice of presenting key features of FMRs and monthly expenditure in PFM committee has been started.
- Supported MoH's HRFMD to prepare and finalise the internal audit improvement plan (IAIP) which has been shared with EDPs in the meeting of PFM committee. Financial

¹ MoH has identified following local government units as Learning Lab sites to be discussed: Itahari sub metropolitan: Sunsari; province 1; Dhangadhi municipality: Siraha; province 2; Madhyapurthimi municipality: Bhaktapur; province 3; Pokhara metropolitan: Kaski; province 4; Yashodhara rural municipality: Kapilwastu; province 5; Chandannarh municipality: Jumla; province; 6; Ajaymeru rural municipality: Dadeldhura; province 7.

Controller General's Office (FCGO) has shown its interest to roll out IAPI across the country.

- The CAPP Monitoring Committee has been established chaired by the Director General, DoHS. NHSSP will support LMD to hold regular meetings of the CAPP monitoring committee. The oversight and engagement of the CAPP Monitoring Committee will contribute in improving the CAPP preparation and finalisation.
- The draft Procurement Improvement Plan has been prepared and shared with government counterparts and NHSP-3 PPFM team.
- Basic training on e-GP (Phase II) was conducted in collaboration with PPMO and LMD. LMD staff members working at central level participated in the training. The first phase training was held in August 2017
- Supported LMD and EDPs in the emergency procurement of drugs and analysis of current drug stock of the essential drugs in flood-affected districts (in July and August 2017).

3) Service Delivery

- Supported FHD to expand CEONC services in one remote district and continuation across the country and facilitated the transfer or recruitment of CEONC service providers in 11 hospitals (10 districts).
- Agreed with MD, PHCDR and NHTC to establish comprehensive list of policies, strategies, plans, standards, protocol, and guidelines published within MOH and revise Standard Treatment Protocols (STP) (2012) and define mechanism for implementing the STP.
- Supported the FHD and PHCRD to revise the AWPB implementation guideline at district and council levels, and develop draft Skilled Birth Attendants (SBA) mentoring guideline.
- Supported the NHTC and FHD to train 22 SBA mentors from 11 districts.
- Contributed to the development of Human Resource for Health Strategic road map (2017-30) and the Professional Midwives Strategy (2017).
- Agreed with NHTC and Leprosy Control Division (LCD) to test task shifting of physiotherapy skills to paramedics; with FHD and NHEICC for developing a mHealth tool (mobile phone based)for FCHV, and with FHD and CHD to test "card box" to identify low birth weight new born at community level.
- Oriented and agreed with three municipalities in Dolakha and Ramechhap district to continue free referral of obstetric complications from BC to CEONC sites.
- Interacted with 50% of district supervisors on Visiting Provider (VP) and roving ANM (RANM) where these programme will be implemented using AWPB fund.

4) Evidence and Accountability

- Worked with the MoH and the National Planning Commission (NPC) to prepare the health related Sustainable Development Goals (SDGs). The NPC is now in the process of finalising the 17 SDG Targets in consultation with other stakeholders.
- Engaged with MoH and partners to develop a framework for improved management of health information in the federal context. This has been a benchmark for the process of defining the data needs and the roles of the local, provincial and federal government.
- Worked with the Epidemiology and Disease Control Division (EDCD) and the World Health Organisation (WHO) in management and use of information during the flood and

landslides in August-September 2017. A consolidated report has been prepared and shared with stakeholders.

- Developed dashboard using Nepal Demographic and Health Survey (NDHS) and Health Management and Information System (HMIS) data and published in MoH website.
- Engaged with MoH and DoHS in conceptualization, planning, preparation and execution of the National Health Annual Review 2017 in alignment with the federal structures.
- Supported the National Health Training Centre (NHTC) in development and delivery of a Monitoring and Evaluation (M&E) Module in National Supervisory Level Training.

5) Health Infrastructure

- Selected the two priority Hospitals (Western Regional Hospital and Bhaktapur Hospital) for the retrofitting project. Agreements for project implementation with the concerned Hospitals have been completed.
- Completed the “Training Needs Analysis for MoH and Department of Urban Development and Building Construction (DUDBC) Staff” in which different professional organisation working in the infrastructure sector of Nepal also participated.
- Supported the establishment of the Project Coordination Unit (PCU) at the MoH and provided guidance for the implementation of the reconstruction activity.
- Supported the Integrated Health Infrastructure Development Project which was endorsed by cabinet.

1. Overview of the DFID NHSSP

The Nepal Health Sector Support Programme (NHSSP) is a Technical Assistance (TA) programme to the Nepal Ministry of Health (MoH) financed by the UK Department for International Development (DFID). The NHSSP is intended to support the goals of Nepal's National Health Sector Strategy (NHSS), and assist the MoH in building a resilient health system to provide good quality health services for all.

The NHSSP is being implemented from March 2017 to December 2020 by a consortium led by Options, with HERD International, Oxford Policy Management (OPM), and Miyamoto, through a General Health and Infrastructure Technical Assistance Programme.

The NHSSP comprises five streams of work delivered through an overarching, integrated, capacity enhancement approach. These five streams of work are:

1. Health policy and planning (HPP)
2. Public Procurement and Financial Management (PFM)
3. Service delivery (SD)
4. Evidence and accountability (EA)
5. Health Infrastructure (HI)

The NHSSP is working closely with the three other DFID suppliers² providing oversight of DFID Nepal Health Sector Programme 3 (NHSP 3) and with other External Development Partners (EDPs) who support the Nepal Health Sector. The relationships and approaches to this combined support during the first quarter of the NHSSP are detailed in this report.

²The other suppliers are: Crown Agents "Procurement and Public Financial Management (PPFM)"; Abt Associates "Monitoring, Evaluation and Operational Research (MEOR)" and PACT "Social Accountability in the Health Sector (SAHS)

3. Progress against the Work Plan

This section highlights the project activities and status (section 3.1) with an explanation of why some activities are delayed (section 0) in the reporting period July to September 2017.

3.1 Planned Activities, Achievements for Q1 and Planned Activities for Q2

Work stream objectives	Achievements this Quarter (Jul - Sep 2017)	Planned Activities for Year 1 Quarter 2 (Oct - Dec 2017)
Work stream 1: Health Policy and Planning (HPP)		
1. The MoH has a plan for structural reform under federalism	<p><i>Provide strategic support on structures and roles for central and devolved functions</i></p> <ul style="list-style-type: none"> Final draft of Health Profile including human resources by local level prepared and submitted to the MoH. Guidelines for the handover of local health facilities developed and submitted to MoH/Federalism Implementation Unit (FIU). Handover decision has already made by the MoH and handover is in progress. The ToR for health coordinators who are deputed at local level prepared and approved by MoH <p><i>Enhance the capacity of the PPICD and respective divisions to prepare for federalism</i></p> <ul style="list-style-type: none"> Supported the MoH to define scope of the FIU Supported the preparation of the work plan of FIU (Approved by MoH) Prepared the induction package for elected local representatives and provided logistical support to carry out the orientation in provinces 3, 4 and 6 in coordination with MoFALD. Conducted briefing sessions to the newly appointed PPICD Chief and his team about federalism in health, aid harmonisation and ongoing health programmes <p><i>Develop guidelines and operational frameworks to support elected local governments planning and implementation</i></p> <ul style="list-style-type: none"> Prepared brief guidelines for registration, licensing, renewal of 	<ul style="list-style-type: none"> Support the development of an orientation package on health program to locally elected representatives and health staff Support the MoH to finalise the structures including roles and responsibilities as per the defined functions in the federal context Strategic engagement with PPICD/MoH relating to federalism and support FIU to implement its wok plan Support MoH to finalise the health institution establishment and update guidelines for local level Support the MoH to develop pharmacy establishment guidelines for the local level Support the MoH to revise the HFOMC guidelines for the federal context

Work stream objectives	Achievements this Quarter (Jul - Sep 2017)	Planned Activities for Year 1 Quarter 2 (Oct - Dec 2017)
	<p>health institutions for local level (awaiting MoH approval)</p> <ul style="list-style-type: none"> Supported the revised composition of HFOMC in the changed context (approved by MoH) Supported the MoH/FIU to prepare guidelines for health programs at local level for FY 2017/18. The MoH has endorsed the guideline uploaded on their website: http://www.moHp.gov.np/content/स-घ-यत्-क-र-य-नवयन-इक-ई Facilitated meetings with partners including WHO, UNICEF, UNFPA, GIZ, DFID, WB, H4L, USAID, to provide progress updates on the implementation of federalism 	
<p>2. Districts and divisions have the skills and systems in place for evidence-based bottom up planning and budgeting</p>	<p><i>Support MoH/DoHS to consolidate and harmonise the planning and review process</i></p> <ul style="list-style-type: none"> Supported PPICD to develop an action plan of the 26 point commitment of the Honourable Minister of Health as a complementary workplan to the AWPB Supported the MoH/DoHS to prepare and organise the provincial and national review in an integrated format. This included the preparation of presentation slides and group work facilitation. The provincial review was carried out over the first two days, followed by three days of a national review. <p><i>Implement the Learning Lab (LL) approach to strengthen local health planning and service delivery in selected sites and document evidence of effectiveness and VfM</i></p> <ul style="list-style-type: none"> Visited selected local government units³ to understand the status of health planning and related issues Consulted with the MoH/FIU on issues that emerged during the visits Held consultations with H4L, GIZ, UNICEF who are currently 	<ul style="list-style-type: none"> Support the MoH/DoHS to operationalise the agreed action plan of the annual national review Support the MoH in next year's planning process Conduct an integrated scoping field visit to the selected local levels Develop a framework for the monitoring of interventions in the LL sites Review, revise and develop planning and budgeting tools/guidelines applicable for the local level Support the local governments of LL sites to develop evidence based annual plan Refine the VfM framework for LL sites Develop a framework for budget

³ Selected sites visited include Kathmandu Metropolitan Office, Madyapur Thimi Municipal Office, Khajura Municipality, Banke, Lumbhu Village Municipality, Kavrepalanchowk.

Work stream objectives	Achievements this Quarter (Jul - Sep 2017)	Planned Activities for Year 1 Quarter 2 (Oct - Dec 2017)
	supporting local governments to ensure harmonized support <ul style="list-style-type: none"> • Compiled existing tools and guidelines in coordination with other supporting partners such as H4L, GIZ and UNICEF. 	marker on LNOB.
3. PPICD identifies gaps and develops evidence based policy	<p><i>Conduct institutional assessments, market analysis, provider mapping for private sector engagement development and operationalization of partnership policy</i></p> <ul style="list-style-type: none"> • Produced preliminary draft of the provider mapping <p><i>Update Partnership policy for the health sector in line with that of central government</i></p> <ul style="list-style-type: none"> • Organized stakeholder consultation workshop on the draft partnership policy • Draft partnership policy revised based on stakeholder feedback (final draft submitted to the MoH for approval) <p><i>Review existing policy and regulatory framework for quality assurance in the health sector</i></p> <ul style="list-style-type: none"> • TWG established to revise guidelines on health institution establishment and upgrading • Supported the development of the Health Institution Quality Assurance Authority Bill in consultation with key stakeholders (final draft submitted to MoH for approval in July 2017). • Supported the development of the Draft National Health Bill in consultation with stakeholders (submitted to MoH for approval in August 2017) <p><i>Undertake policy stocktake for the health sector and disseminate findings</i></p> <ul style="list-style-type: none"> • Compiled and listed 18 existing policy documents in the health sector for review. • Drafted framework for the review and stock taking of policies to identify gaps • Initiated review and stock taking of existing policy provisions 	<ul style="list-style-type: none"> • Support MoH in refining the mapping of providers and conduct market analysis of providers in LL sites • Support MoH to define institutional structures including roles and responsibilities to manage health sector partnerships • Support the MoH to refine and endorse draft bills and policies • Support the MoH/TWG to revise the guidelines on health institution establishment and upgrading • Support the NPHL to improve the quality of laboratory services • Undertake consultation on health sector policy stocktake to identify policy gaps and produce a report • Support the High Level Health Policy Committee to draft the national health policy as required
4. The MoH has clear policies and	<p><i>Revise health sector GESI Strategy</i></p> <ul style="list-style-type: none"> • Multisectoral steering committee (SC) and TWG formed for the 	<ul style="list-style-type: none"> • Finalization of framework for the revision of GESI strategy

Work stream objectives	Achievements this Quarter (Jul - Sep 2017)	Planned Activities for Year 1 Quarter 2 (Oct - Dec 2017)
<p>strategies for promoting equitable access to health services</p>	<p>revision of GESI strategy</p> <ul style="list-style-type: none"> • Drafted the framework for the revision of GESI strategy and shared with MoH for their review and feedback in September 2017 <p>Revise national mental health policy</p> <ul style="list-style-type: none"> • Supported MoH to draft Mental Health Policy and shared with concerned Ministries for their comments and feedback in July 2017 <p>Revise Social Service Unit (SSU) guidelines</p> <ul style="list-style-type: none"> • TWG formed for the revision of SSU guidelines to scale up in teaching, private and community referral hospitals. The first meeting is yet to be held. <p>Revise one-stop crisis management centre (OCMC) operational guidelines</p> <ul style="list-style-type: none"> • TWG formed to revise OCMC operational guidelines in changed context. The first meeting is yet to be held. <p>Development of geriatric health services guidelines</p> <ul style="list-style-type: none"> • TWG formed to develop geriatric health service guidelines and strategy. The first meeting is yet to be held. <p>Support development of national strategy and action plan for gender empowerment and to end Gender Based Violence (GBV)</p> <ul style="list-style-type: none"> • Support provided to MoH and Office of the Prime Minister and Council of Ministers to draft health sector strategy and action plan for GBV in September 2017. <p>Capacity enhancement of GESI focal persons and key influencers from MoH, DoHS on GESI/LNOB aspects</p> <ul style="list-style-type: none"> • Conducted orientation to PHAMED-GESI Section, PPICD, Curative Division and Secretary on the GESI/LNOB framework in July 2017. 	<ul style="list-style-type: none"> • Organize steering committee meeting and develop road map for the strategy revision • Review of key policies and strategies to identify the equity provisions and gaps • Conduct consultation meeting with some stakeholders • Submit mental health policy to Cabinet for approval • Revise SSU guidelines • Revise OCMC operational guidelines • Develop geriatric health service strategy and guidelines • Finalize the national strategy and action plan for gender empowerment and to end GBV
<p>5. The MoH is coordinating EDPs to ensure aid harmonisation</p>	<ul style="list-style-type: none"> • Prepared note for record, including action points, of the Joint Consultative Meeting (JCM) held on 27th June 2017 between MoH and EDPs and shared with MoH. • Coordinated three meetings between MoH and EDPs to share progress on federalism and other important policy initiatives of the MoH. 	<ul style="list-style-type: none"> • Support MoH to implement the action points of the JCM • Coordinate with MoH and EDPs to prepare for the Joint Annual Review (JAR) • Support MoH to organize pre-JAR field

Work stream objectives	Achievements this Quarter (Jul - Sep 2017)	Planned Activities for Year 1 Quarter 2 (Oct - Dec 2017)
		visit <ul style="list-style-type: none"> Support MoH to produce thematic reports for the JAR
Work stream 2: Public Procurement and Financial Management (PPFM)		
1. eAWPB system being used by MOH spending units for timely release of budget	<p><i>Develop AWPB Improvement Plan and report quarterly on progress</i></p> <ul style="list-style-type: none"> Supported the process of preparing the AWPB for FY 2017/18 Consultant identified to initiate the process of preparing the AWPB improvement plan <p><i>Conduct budget analysis using eAWPB</i></p> <ul style="list-style-type: none"> Prepared draft ToR and shared with MoH planning section Collected documents from MoFALD and identified consultants with relevant skills who can analyse the budget provided to the local level <p><i>Analysis of Aama program in eAWPB</i></p> <ul style="list-style-type: none"> ToR for third party has been finalised and consultant identified to include Aama programme's budget analysis in eAWPB Shared the ToR in the meeting of TABUCS implementation unit and requested third party to start the process of building Aama budget analysis in eAWPB <p><i>Prepare a framework for annual business plan</i></p> <ul style="list-style-type: none"> Shared the framework of the draft business plan with MoH planning section, collected their inputs and prepared a second draft Consultants identified to finalise a framework for MoH's annual business plan <p><i>Revise eAWPB to include 753 (TBC) spending units and prepare a framework for eAWPB</i></p> <ul style="list-style-type: none"> ToR for third party support has been finalised and consultants identified to build this provision in current eAWPB 	<ul style="list-style-type: none"> Support MoH to establish functional linkages between line ministry budget information system (LMBIS) and eAWPB. Support MoH to conduct the analysis of budget (NPR 15 billion) provided to the local government. Planning to complete the budget analysis report by the end of November 2017 Process of analysis of Aama programme in eAWPB will be started Planning to complete first framework for eAWPB by December 2017.

Work stream objectives	Achievements this Quarter (Jul - Sep 2017)	Planned Activities for Year 1 Quarter 2 (Oct - Dec 2017)
	<ul style="list-style-type: none"> Documents on the detailed list of 753 spending units have been collected from MoFALD. This is required to align the budget against central, provincial, district and local level 	
<p>2. TABUCS is operational in all MoH spending units including the DUDBC</p>	<p><i>Revise TABUCS to report progress against NHSS indicators and DLIs</i></p> <ul style="list-style-type: none"> ToR for third party finalised and consultants identified. The ToR includes the detail description of the process to be utilised while building the NHSS indicators in TABUCS. This provision will allow MoH and EDPs to analyse the budget and expenditure against the NHSS indicators. This also supports in reporting the progress made in the implementation of DLIs. <p><i>Support MoH to update the status audit queries in all spending units</i></p> <ul style="list-style-type: none"> Updated audit queries data up to FY 2011/12 and presented in the meeting of PFM committee <p><i>Support the MoH to update the systems manual, training manual and user handbook of TABUCS and maintenance of the system</i></p> <ul style="list-style-type: none"> Provided ongoing support through the training to the planning and financial management officials working under MoH <p><i>Update TABUCS to be used in DUDBC</i></p> <ul style="list-style-type: none"> ToR for third party finalised and discussed in the TIU Included the data on audit queries <p><i>Support annual production of Financial Monitoring Report (FMR) using TABUCS</i></p> <ul style="list-style-type: none"> FMR-2 of FY 2016/17 has been prepared and submitted to DFID (approved) <p><i>Support TABUCS by continuous maintenance of software/hardware/connectivity/ web page</i></p> <ul style="list-style-type: none"> MoH and NHSSP has requested SAIPAL technologies to provide 	<ul style="list-style-type: none"> At the request of the MoH, the revision of TABUCS will be completed by end of December 2017 Will provide the update in the meeting of PFM committee to be held on last week of October The TABUCS system manual will be finalised with third party support TABUCS will be rolled out in the DUDBC by the end of December 2017 and audit queries data will be verified FMR-3 of FY 2016/17 will be submitted to DFID Will continue to support MoH in sharing the features of TABUCS with other interested entities Will present the expenditure status in the regular meeting of PFM committee

Work stream objectives	Achievements this Quarter (Jul - Sep 2017)	Planned Activities for Year 1 Quarter 2 (Oct - Dec 2017)
	<p>ongoing support</p> <p>Share TABUCS with other countries</p> <ul style="list-style-type: none"> Presented the core features of TABUCS to National Reconstruction Authority (NRA) <p>TABUCS monitoring and monthly expenditure</p> <ul style="list-style-type: none"> The monthly expenditure reports were presented in the meetings of PFM committee Presented the status of expenditure in PFM committee meeting 	
<p>3. Revise, implement and monitor the FMIP</p>	<ul style="list-style-type: none"> Shared updates on PPFM in the meeting of PFM committee (Last meeting of PFM committee conducted on 17 July) <p>Update internal control guidelines</p> <ul style="list-style-type: none"> Started updating the internal control guidelines <p>Support the process of institutionalising the internal audit function</p> <ul style="list-style-type: none"> Finalised Internal Audit Improvement Plan Supported MoH to share IAIP with the Financial Controller General's Office (FCGO) Monitored internal audit status in TABUCS <p>Support monitoring of the FMIP in collaboration with the PFM and Audit committees</p> <ul style="list-style-type: none"> Progress made in the implementation of FMIP has been submitted to the meeting of PFM committee <p>Support MoH in designing, updating, and rolling out PBGA in Hospitals</p> <ul style="list-style-type: none"> Initiated discussions with MoH, DoHS, districts, local government and with PBGA implementing hospitals. Key issues include: <ul style="list-style-type: none"> Policy discussions to define the role of different level of government while entering into the agreement with 	<ul style="list-style-type: none"> Will continue to update the internal control guidelines in Quarter 2 Continue the series of technical discussions with FCGO Progress made in the implementation of FMIP will be submitted to the meeting of PFM committee Workshop will be organised to discuss the PBGA in devolved context and to re-design the PBGA monitoring framework- by last week of November 2017 A ToR to redesign PBGA agreements for hospitals will be prepared and shared with concerned EDPs and implementing hospitals Prepare a ToR for the PBGA Learning Group Upon approval of TOR from MoH, organise the first meeting of PBGA learning group

Work stream objectives	Achievements this Quarter (Jul - Sep 2017)	Planned Activities for Year 1 Quarter 2 (Oct - Dec 2017)
	<p>Hospitals</p> <ul style="list-style-type: none"> o The PBGA performance monitoring framework • Collected relevant documents i.e. procurement act, financial regulation and local governance act • Initiated PBGA learning group in discussion with Naya health (Bayal Pata Hospital) 	
<p>4. LMD is implementing standardised procurement processes</p>	<ul style="list-style-type: none"> • CAPP Monitoring Committee started the discussion on the quality of the procurement cycle • Supported in the process of preparing the CAPP for FY 2017/18 • Trained DoHS staff on CAPP preparation • CAPP 2017/18 finalised and approved by DG • Updated and shared PIP with LMD and DG • All the electronic documents required to prepare APP and CAPP are now standardised and saved in LMD's procurement section • Prepared Standard Bidding Documents (SBD) for procurement of Health sector Goods and submitted to the PPMO for approval <p><i>Reassess and build on the O&M survey and disseminate findings</i></p> <ul style="list-style-type: none"> • Reassessment of O&M survey conducted in 2014/15 and shared with LMD <p><i>Support the establishment and coordination of the CAPP monitoring committee</i></p> <ul style="list-style-type: none"> • CAPP monitoring committee has been formalised • Three meetings of CAPP monitoring committee were organised in June, July and September 2017) • DG has been active in accelerating the process of APP and CAPP 	<ul style="list-style-type: none"> • Continue the discussions on quality of procurement process • Continue support to CAPP and SBDs preparation • Continue support to CAPP-MC meeting in DoHS • Next level of discussion on O&M is needed to include the requirements from the Federal context • Continue support to LMIS-Pipeline Review meeting in DoHS • Dissemination workshop will be completed • Organise the meeting of CAPP monitoring committee • Prepare and finalise the CAPP/APP monitoring framework • Establish the linkage between CAPP monitoring committee and PFM committee
<p>5. LMD specification bank is used</p>	<ul style="list-style-type: none"> • Completed the Technical Specification Bank (TSB) • LMD has been started to use it from this financial year 	<ul style="list-style-type: none"> • Update current TSB • Endorse the revised TSB

Work stream objectives	Achievements this Quarter (Jul - Sep 2017)	Planned Activities for Year 1 Quarter 2 (Oct - Dec 2017)
<p>systematically for procurement of drugs and equipment</p>	<ul style="list-style-type: none"> • TSB can be used through the LMD's website • <i>Develop coding of TSB and orient all DoHS divisions' staff on their use, monitor its use</i> • Completed coding of TSB • Completed a workshop and an orientation training with all DoHS divisions in October 2017 • Developed web-based system and uploaded on LMD's website 	<ul style="list-style-type: none"> • Prepare standard policy on the use of TSB • Coding of TSB will be endorsed by DG in this quarter
<p>6. PPMO Electronic Procurement (e-GP) is used by LMD for an expanded range of procurement functions</p>	<p><i>Support PPMO on changes needed to e-GP for health sector procurement</i></p> <ul style="list-style-type: none"> • Conducted meeting to initiate discussions with PPMO in July, August and September • Supported PPMO to prepare SBD for health sector procurement <p><i>Train DoHS Staff on e-GP (Phase I + Phase II)</i></p> <ul style="list-style-type: none"> • Basic training was conducted on e-GP (Phase II) Procurement in collaboration with PPMO and LMD. The first phase training was held in August 2017 • Provided resource persons for procurement training (e-bidding, basic health logistic and forecasting/quantification/pipeline) <p><i>Prepared and endorsed Grievance Handling Mechanism. MoH has endorsed the mechanism which will be uploaded in the LMD's website</i></p> <ul style="list-style-type: none"> • Prepared Grievance Handling Mechanism (endorsed by MoH in September 2017) 	<ul style="list-style-type: none"> • Support PPMO to introduce e-GP system for the procurement of health sector goods through workshop • LMD will continue to provide the procurement training for DoHS staff. The second phase of training on e-GP is planned for December 2017. • Training of Trainers will be conducted by LMD in collaboration with other EDPs • Support LMD in developing grievance Handling Mechanism System which will be uploaded in LMD's website
<p>7. Ensure effective coordination with other actors supporting PPFM in the health sector</p>	<p><i>Ensure alignment with NHSP-3 PPFM suppliers</i></p> <ul style="list-style-type: none"> • Shared respective workplans with NHSP-3 PPFM team and agreed to hold monthly meetings • Worked closely with NHSP-3 PPFM team in the development of PIP and to improve the contract management at LMD • Provided TABCUS username and password to the NHSP-3 PPFM team 	<ul style="list-style-type: none"> • PPFM team will continue to engage with NHSP-3 PPFM team; USAID PFMSP TA team and USAID's supply chain TA • PPFM team will continue to provide updates to EDPs on PFM in the devolved context

Work stream objectives	Achievements this Quarter (Jul - Sep 2017)	Planned Activities for Year 1 Quarter 2 (Oct - Dec 2017)
	<p><i>Provide updates to and ensure alignment with other EDPs</i></p> <ul style="list-style-type: none"> • Provided support to USAID’s supply chain management TA to LMD. The PSM/USAID and NHSSP TA both provide support in the work of supply chain management, LMIS, providing training to officials from regional medical store and preparing the annual procurement plan. • Provided support to USAID’s TA of PFMS in logistic management • Supported LMD and EDPs for emergency procurement of drugs and analysis of current drug stock of the essential drugs in flood-affected districts (during the months of July and August 2017). • Presented the procurement updates in the meeting of supply chain group of GHSC-PSM/USAID in September 2017 • Presented ‘PPFM in devolved context’ in the EDP retreat in September 2017 	<ul style="list-style-type: none"> • PPFM team will continue to have monthly meetings with the NHSP-3 PPFM team
Work stream 3: Service Delivery (SD)		
<p>1. DoHs delivers increased coverage of underserved populations</p>	<p><i>Support expansion, continuity and functionality of CEONC sites</i></p> <ul style="list-style-type: none"> • Facilitated the establishment of CEONC services. Jajarkot district hospital started providing CEONC services in September 2017. • Supported in CEONC districts (Dhading district hospital and Bhim hospital, Lumbhini) to recruit C-section providers from CEONC fund. Facilitated the transfer of government CEONC service providers (doctors or anaesthesia assistant) to Nuwakot, Kanchanpur, Rukum, Sindhuli, Bhaktapur, Parbat, Bojpur, and Dhankhuta. <p><i>Support the PHCRD to assess Community Health Units (CHUs) and modify guidelines</i></p> <ul style="list-style-type: none"> • Agreed with PHCRD and FHD to conduct assessment of CHUs and the linkage to other community outreach approaches including PHC/ORC and FCHV. PHCRD is in the process of forming a TWG and the assessment will be completed by March 2018. 	<ul style="list-style-type: none"> • Support FHD and PHCRD for programme orientation and capacity enhancement in selected councils of districts (example – VP, RANM, QIP and SBA clinical mentoring) and technical support visits as necessary • Support FHD to conduct feasibility assessment in three new CEONC sites and for the establishment of new services • On-site visit support to non-functioning and newly established CENOC sites • Support PHCRD to conduct the assessment of CHU • Follow up of C-section study

Work stream objectives	Achievements this Quarter (Jul - Sep 2017)	Planned Activities for Year 1 Quarter 2 (Oct - Dec 2017)
	<p><i>Facilitate design and testing of early implementation of innovations to improve access to RMNCAH, FP and nutrition</i></p> <ul style="list-style-type: none"> • Agreed with relevant counterparts of DOHS on the concept papers on the five innovations: <ul style="list-style-type: none"> o Innovating to Improve Female Community Health Volunteers Engagement with Communities (BBC Media Action) o Helping Mothers' Identify Whether Their Newborn Babies Are Small (SCI) o Working with Newly Married Adolescent Girls to Increase Knowledge and Practice on Health and Healthy Behaviour's (SCI) o Can mid-level cadres provide basic physiotherapy services with good outcomes? o Can a performance-based incentive encourage better productivity and retention of skill birth attendants in remote, rural areas? • Agreed with FHD and NHEICC on the detailed plan for designing "Innovating to Improve Female Community Health Volunteers Engagement with Communities" (approved by DFID) <p><i>Support the FHD/CHD/PHCRD and DHO to improve access to RMNCAH and FP services in remote areas building on the Remote Areas Maternal and Newborn Health Project (RAMP) approach</i></p> <ul style="list-style-type: none"> • Interacted with more than 50% of district supervisors from VP and RANM districts during National Annual Review Meeting. Increased their awareness of Visiting Providers (VP), Roving ANM (RANM) and comprehensive Voluntary Surgical Contraception (VSC) programmes. 	<ul style="list-style-type: none"> • Discussion with DFID on the innovations • Detailed proposals on the innovations with counterparts and partners • Planning with local governments for the detailed implementation plan • Submit proposals for evaluation of the innovations to NRHC Facilitate formation of advisory group to take forward innovations to improve FCHV engagement with communities, to be led by FHD or NIECC as appropriate
	<p><i>Strengthening and scaling up of One-stop Crisis Management Centres (OCMCs) and GBV</i></p> <ul style="list-style-type: none"> • Provided orientation on OCMC framework and Operational Guidelines to hospital staff and management committees, 	<ul style="list-style-type: none"> • Support to establish new OCMC in 5 hospitals. • Visit to minimum 5 OCMCs to review their progress and for onsite coaching

Work stream objectives	Achievements this Quarter (Jul - Sep 2017)	Planned Activities for Year 1 Quarter 2 (Oct - Dec 2017)
	<p>representatives from local government and district stakeholders at 7 hospitals⁴.</p> <ul style="list-style-type: none"> • Conducted regular monitoring, on-site coaching and mentoring in 9 OCMC hospitals⁵. • Held consultative meetings to identify and prioritize the activities of MoH on GBV and gender empowerment to inform the finalization of National Strategy and Action Plan on GBV and Gender Empowerment (2017/18 – 2021/22). • Undertook rigorous lobbying and follow-up with all 45 OCMC hospitals (29 old and 16 new) to ensure an OCMC budget (see Annex 3 for list of existing OCMCs and those to be established). • 36 OCMC and hospital staff completed “Basic Psychosocial Counseling Training” in two batches from 26 OCMC based hospitals in August and September. • Oriented two batches of medical officers (21 doctors in total) on GBV and OCMC during their forensic training at teaching hospital in July and August. • 5 staff nurses and 5 medical officers from 2 hospitals (Inuwara and Bardiya) were provided a week long ToT on “Competency Based Training on Health Response to GBV.” Plan International provided financial support with NHTC in lead. Sessions on GBV and OCMC were facilitated by NHSSP in September. • Delivered session on GBV-OCMC during the induction program organized by NHTC to medical officers, staff nurses and supervisors in September. • Meetings with multi-sectoral partners to identify areas for coordination and collaboration. A separate meeting with partners of Integrated Program for Strengthening Security and Justice (IP-SSJ) to ensure 	<p>and mentoring. Follow up with other remaining OCMCs from distance.</p> <ul style="list-style-type: none"> • Regular coordination meeting with multi-sectoral partners including IP-SSJ for OCMC strengthening, harmonization and linkage building. Regular participation in meeting held at OPMCM to share OCMC progress and challenges through PHAMED. • Deliver session on GBV-OCMC during the forensic training to medical officers as per the NHTC’s plan. • Support to revise the OCMC guidelines as per the changed context.

⁴ Koshi zonal hospital, Biratnagar; Amda community hospital Jhapa; Taulihawa hospital, Kapilvastu; Palpa hospital, Palpa; Bhaktapur hospital, Bhaktapur; Trishuli hospital, Nuwakot and Gorkha hospital, Gorkha

⁵ Manthali PHC, Charikot PHC, Bheri zonal hospital, Mahakali zonal hospital, Bharatpur hospital, Dhulikhel community hospital, Inurwa hospital, Sagarmatha zonal hospital and Lumbini zonal hospital

Work stream objectives	Achievements this Quarter (Jul - Sep 2017)	Planned Activities for Year 1 Quarter 2 (Oct - Dec 2017)
	<p>harmonization in August and September.</p> <ul style="list-style-type: none"> • Linkages built with World Bank's upcoming project - Integrated Platform for GBV Prevention and Response to strengthen OCMC program. • Support provided to PHAMED,-GESI Section, PHCRD and FHD to draft and finalize program implementation guidelines on GBV-OCMC, SSU, mental health and social audit. These guidelines have been approved by MoH and are sent to hospitals and districts for implementation. • Support provided to develop OCMC and SSU dashboard. <p>Support to establish 3 GBV clinical protocol training sites at OCMC based secondary level zonal hospitals</p> <ul style="list-style-type: none"> • Briefing NHTC on establishment of GBV clinical training sites. Criteria for the site selection developed and rounds of consultative meetings held with NHTC regarding the site selection and approach to rolling-out the GBV clinical protocol. • ToR developed and shared with DFID for approval. • Visits to training sites selected (Koshi, Bharatpur and Lumbini). Meeting with Medical Superintendent, department chiefs and other key hospital staffs to inform them about purpose, objectives and scope of work. <p>Support to scale up social Service units (SSU) in new referral hospitals (Govt, private/community and teaching hospitals)</p> <ul style="list-style-type: none"> • Support provided to PHAMED-GESI Section for the identification of appropriate hospitals for new SSU establishment. A total of 16 new hospitals⁶ selected that includes teaching, community and private hospitals. 	<ul style="list-style-type: none"> • Orientation on GBV clinical protocol at 5 hospitals as per the FHD's plan to sensitize whole hospital staffs in responding to GBV survivors. • Support to identify and contract an appropriate agency to conduct the roll out process. • Development of monitoring and reporting framework to assess the roll out process. • Support the implementing agency to conduct ToT to participants from all 3 training sites. • Support PHAMED –GESI Section to conduct meeting with selected teaching, community and private hospitals to agree on SSU modality for establishment. • Orientation on SSU concept, objectives and framework to selected 4 new SSU hospitals. • Site visit to review progress and challenges of at least 5 SSUs. Provide onsite coaching/mentoring as required. Follow up with other remaining SSUs from distance. • Finalization of training content and in-

⁶ Sindhuli hospital, Sindhuli; Bhaktapur hospital, Bhaktapur; BPKHIS, Dharan; Gangalal hospital, Kathmandu; Dhulikhel community hospital, Dhulikhel; Kathmandu medical college and teaching hospital, Kathmandu; Tribhuvan university teaching hospital, Maharajgunj; Chitwan medical college and teaching hospital, Chitwan; Nepaljunj medical college and teaching hospital, Banke; Patan hospital, Lalitpur; Midwestern regional hospital, Surkhet; Ilam hospital, Ilam; Mechi zonal hospital, Jhapa; Janakpur zonal hospital, Dhanusha; Guluriya hospital, Bardiya; and Narayani sub-regional hospital, Birjunj

Work stream objectives	Achievements this Quarter (Jul - Sep 2017)	Planned Activities for Year 1 Quarter 2 (Oct - Dec 2017)
	<ul style="list-style-type: none"> • PHAMED-GESI Section completed the process regarding the budget allocation for establishment and forwarded the memo to Secretary for approval in September/October, which was approved in late October. • Review of progress of SSU at Kanti hospital and assess the capacity of new facilitating NGO. Half a day orientation was conducted at Trauma Centre to the staffs on SSU operational guidelines in September. • SSUs of 6 zonal hospitals⁷ were visited to review progress and challenges as a part of regular monitoring/mentoring. • Meeting held with Executive Director of Social Health Security Development Committee to harmonize social health insurance with SSU (where possible) in August. • In consultation with PHAMED-GESI Section, first-phase 3 days training program for 7 SSU based hospitals has been planned which will be held between November and December. The content to be covered in the training has been drafted. The agency to conduct the training has been identified and ToR has been developed for the same. <p><i>Capacity building to put LNOB into practice</i></p> <ul style="list-style-type: none"> • Briefings on GESI framework and targeted interventions to division directors (NHTC, PHCRD, NHEICC, FHD and LCD). • At district level, orientation on GESI framework to hospital staffs and management committee of 7 hospitals conducted. Mayor and Deputy Mayor of Bhaktapur municipality oriented on GESI framework and MoH's targeted interventions. • Half a day orientation on MoH's GESI framework, OCMC program and MoH's future roadmap on GESI/LNOB and OCMC was shared to Handicap International staff during the month of July. • Consultations with NHTC and LCD regarding the development of package on GESI targeted interventions. 	<p>process support for the conduction of training at 4 new SSUs. Organize meeting between PHAMED - GESI Section and Social Health Security Development Committee to further plan on SSU and insurance linkages.</p> <p>Orientation on GESI-LNOB framework to hospital staff and management committee at 5 hospitals. Prepare framework for the development of induction package.</p>

⁷ Koshi zonal hospital, Lumbini zonal hospital, Mahakali zonal hospital, Bheri zonal hospital, Seti zonal hospital and Bharatpur

Work stream objectives	Achievements this Quarter (Jul - Sep 2017)	Planned Activities for Year 1 Quarter 2 (Oct - Dec 2017)
	<p><i>Develop digital platform for social change targeting adolescents</i></p> <ul style="list-style-type: none"> Review of selected programs on non-communicable disease (TV, FM, print, jingles) done and feedback provided to make them audience friendly and smart (in terms of language, voice, timings and context) as well as reaching the wider audiences. Feedback provided on National Adolescent Health and Development Strategy 2017 from GESI perspective. 	
<p>2. Restoration of service delivery in earthquake affected districts</p>	<ul style="list-style-type: none"> Support FHD to follow up PNC home visiting programme in 20 birthing centres in Dolakha and Ramechhap and use experiences in these two districts for development of programme implementation guidelines by FHD 3 PNC coverage increased from 34% to 76% among HF delivery in 6 months before and after PNC home visit in Dolakha and from 19% to 60% in Ramechhap in FY 2016/2017 (mid January-mid June)(HMIS) Support to DHOs to orient staff on free referral implementation guidelines and monitor the implementation. Total 28 referred cases got free referral support in Dolakha and total 9 in Ramechhap district in this quarter. Tripartite MOU has been signed with Bhimeshwor and Jiri Municipality in Dolakha and Manthali Municipality in Ramechhap (Municipality, CEONC/DHO and NHSSP) for implementation of free referral in two districts till end of FY 2017/2018. <p><i>Support to develop mental health training manual (prescribers) based on revised mental health standard treatment protocol</i></p> <ul style="list-style-type: none"> Rounds of consultative meetings held with PHCRD and NHTC to discuss the steps and processes to develop the training manual based on revised mental health standard treatment protocol (STP) for prescribers. Technical working group formed, chaired by the NHTC director, key members from NHTC, PHCRD, TUTH, Mental Hospital, CMC, NHSSP, WHO and TPO. The manual development process has been initiated. 	<ul style="list-style-type: none"> Work with HPP team for implementation of PNC home visit under learning lab programme in two remote rural councils Continue support to DHO and local councils for implementation and monitoring of free referral programmes Facilitate advocacy meeting at DCC through local councils of 2 districts for continuing free referral programme in their districts after end of FY 2017/2018 (after NHSSP support) Finalization the methodology and tools for evaluation of free referral program (work with E/A team) In-process support to finalize STP based mental health training manual including printing and dissemination of the manual. Coordinate with partners working on mental health issues to finalize key messages on mental health for dissemination.

Work stream objectives	Achievements this Quarter (Jul - Sep 2017)	Planned Activities for Year 1 Quarter 2 (Oct - Dec 2017)
	<ul style="list-style-type: none"> Support provided to PHCRD for the planning of International Mental Health Conference Nepal 2018 which will take place from 16 – 17 February. Support provided to draft standard induction package on mental health for the orientation of newly elected local body and presentation pack on mental health developed. Meeting held with NHEICC director and his team regarding the design and development of key messages on mental health and appropriate methods to deliver them. 	
3. DoHS has effective strategies to manage high demand at referral centres	<ul style="list-style-type: none"> NHTC approved plan for strengthening capacity of three referral hospitals to deliver high quality training (SBA, FP, SAS) Agreed with CHD for support to establish one new born training site <p><i>Support in implementation and refining of the Aama Programme</i></p> <ul style="list-style-type: none"> Supported CHD in planning of free newborn care implementation and monitoring; Support FHD in developing monitoring of free safe abortion services and free pelvic organ prolapsed surgery Supported FHD to undertake an Aama rapid assessment round XI and to finalized Budget Analysis ToR with case study on Aama Programme Prepared a two-page brief noting the discrepancy between health facility reimbursement under Aama and Insurance 	<ul style="list-style-type: none"> Undertake needs assessment and planning for quality improvement of services and training (SBA, FP training) at three referral hospitals Support FHD to finalise ToR and support in selecting third party, training, field implementation and monitoring of Aama rapid assessment Identify councils with birthing centres but no Aama Programme budget and facilitate in budget release. Analyse and document Aama programme implementation; revise implementation guideline; prepare a policy brief for future Aama programming
4. Continuous quality improvement institutionalised	<ul style="list-style-type: none"> Discussion with and support to NPHL and DDA on implementation of AMR policy Support to MD for coordinated efforts for the revision of standard protocols and guidelines developed by MOH and DOHS; support FHD/CHD in revision of programme specific guidelines (eg. misoprostol, Free new born care) Support FHD and NHTC (with partners) for revision of SBA clinical 	<ul style="list-style-type: none"> Continue support to NPHL and DDA on AMR policy implementation Support PHCRD for the implementation of improving rational drugs prescriptions Support MD to coordinate development of inventory of standard protocols and

Work stream objectives	Achievements this Quarter (Jul - Sep 2017)	Planned Activities for Year 1 Quarter 2 (Oct - Dec 2017)
	<p>mentoring and quality improvement process guidelines at BC/BEONC/CEONC sites, finalise SBA mentoring/caching contents and mentor/coach training package, quality improvement process (QIP) tools for district level hospitals and BC, and support training sites (Seti zonal and Bharatpur hospitals) to develop them as SBA clinical mentors/coach training site</p> <ul style="list-style-type: none"> • Support to FHD and NHTC for developing SBA coach at CEONC sites. Total 22 district SBA coach developed from 11 districts (Achham, Kailali, Banke, Nuwakot, Rasuwa, Dhading, Rukum, Baitadi, Dailekh, Surkhet, Dadeldhura) in this quarter • Support FHD to facilitate to form hospital quality improvement committee and implement HQIP by four hospitals (2015/16 FY AWPB) and follow up HQIP implementation in six district level hospitals. Among these six hospitals, four of them completed their four monthly self-assessment and action planning and implementation timely. • Participate and contribute in discussion on development of quality improvement process guidelines at health facilities (all levels) and revision/development of tools led by MD • Provide technical inputs with other work streams for quality of care component of EDPs working groups contribution to national health policy <p>HR management and capacity enhancement</p> <ul style="list-style-type: none"> • As one of the technical working group members, contributed towards drafting of HRH longterm strategic road map led by Curative Service Division, professional midwives strategic plan led by Curative Service Division, curriculum for bachelor in midwifery course to be implemented by KHAS • Supported CSD/MoH – to partnership with medical academy (KAHS) to fill skilled HRs in Jajarkot and Dolpa hospitals for delivering CEONC services 	<p>guidelines and facilitate for revision plan; and support to PHCRD for revision of standard treatment guidelines</p> <ul style="list-style-type: none"> • Support to finalisation of new or revised guidelines (SBA coaching implementation guidelines, EOC monitoring guideline) and contribute to revised RH protocols • Support FHD/DHO/ local council for expansion of and continuation of on-site clinical coaching of SBAs in councils of 10 districts and implementation of QIP in 10 district level hospitals (Bajura, Kalikot, Darchula, Salyan, Gorkha, Mugu, Syanja, Panchthar, Rautahat, Rolpa/Baitadi) • Support to FHD to provide technical support visit to hospitals which have started HQIP in 2014/15 and 2015/16 and reactivate HQIC (Taplejung, Hetauda, Rukum and Mahottari) • Technical support/contribute for the development of MSS tools for referral hospitals (NSI supporting MOH) and revision of MSS tools for district level hospitals <ul style="list-style-type: none"> • Continue contribution to final draft on MoH HR strategic road map • Final draft on MoH/CSD Professional midwives strategic plan • Documentation of the success stories

Work stream objectives	Achievements this Quarter (Jul - Sep 2017)	Planned Activities for Year 1 Quarter 2 (Oct - Dec 2017)
	<ul style="list-style-type: none"> • Provided TA to NHTC for the finalisation of training strategy in July 2017 which is being reviewed by Jhpiego headquarters. • Support FHD, LCD and NHTC on process of task shifting/sharing approaches. Agreed with NHTC to undertake a feasibility study on integration of physiotherapy skills into the existing MLP training course, a concept paper is being developed to be discussed with DFID Discussion with FHD on Non-Scalpel Vasectomy tasking shifting. • Capacity enhanced of FHD safe motherhood focal person in problem solving approaches for ensuring the functionality of CEONC services • Agreed with NHTC for review and revision of skilled birth attendants (SBA) training strategy and SBA curriculum based on newly released WHO's manual on complication management, to be completed before end of this fiscal year. • Supported FHD to conduct capacity enhancement trainings – master trainers training for MPDSR (August 2017) , FP/EPI integration (9-10 Sept 2017), COFP counseling (28-29 July 2017), 	<ul style="list-style-type: none"> • on HR management by KAHS in Jajarkot and Dolpa • Support NHTC and LCD to initiate the process of feasibility study on integration of physiotherapy skills into the existing Mid-level Providers' training • Support FHD to take further steps on NSV task shifting/sharing strategy • Final draft on Training implementation guidelines • Revision of SBA training strategy and training package
<p>5. Support the FHD and Child Health Division (CHD) to plan, budget, and monitor the RMNCAH, FP, and nutrition programmes</p>	<ul style="list-style-type: none"> • Provided TA to FHD and PHCRD for revision of overall AWPB programme implementation guidelines • Support FHD for discussion on developing system to monitor service delivery and quality of care • Support to FHD and MD to prepare QIP annual report for Management Division, especially the report prepared on quality improvement and capacity enhancement of SBAs through onsite coaching for quality services. • Attended a number of international and national conferences; and national level fora and regular sub-committees and technical working groups/advisory groups (Nutrition, Abortion, FP, SM, IMNCI, ASRH, Safe abortion, FCHV, RH protocols) and contributed in technical discussions and advocated for change (example – inclusion of medical abortion training in SBA training) • Provided TA to EDCD and Emergency nutrition cluster for 	<ul style="list-style-type: none"> • Continue support to FHD in discussion on (and finalisation of – later quarters) developing systems to monitor service delivery and quality of care • Continue to participate and contribute in national level meetings of committees and technical working groups • Continue inputs for development/revision of disaster preparedness guidelines and contingency planning • Support LMD and FHD for preparation of FP commodities specification bank • Provide technical support for the

Work stream objectives	Achievements this Quarter (Jul - Sep 2017)	Planned Activities for Year 1 Quarter 2 (Oct - Dec 2017)
	responding flood induced disaster in 30 districts <ul style="list-style-type: none"> Support FHD to celebrate FP day on 18th September 2017 Provided expert opinion on new DFID funded FP project design to be implemented by MSI and technical comments and inputs to assessments/evaluation done for FHD's programmes by partners (FP micro-planning assessment, Aama rapid assessment round X) 	implementation and monitoring of activities implemented with DFID's FA
Work stream 4: Evidence and Accountability (EA)		
1. The MoH implements Routine Data Quality Assurance (RDQA) system to improve the quality of data generation and use	<ul style="list-style-type: none"> Engaged with MoH and Management Division to use the RDQA tools in IMNCI programme. 	<ul style="list-style-type: none"> Engage with MoH and partners to review and customize the existing RDQA tools in a web-based format and develop guidelines for their use at different levels of the new governance structure. NHSSP in collaboration with MEOR will lead the support in development of web-based RDQA tools.
2. MoH has an integrated and efficient HIS and has the skills and systems to manage data effectively	<ul style="list-style-type: none"> Worked with MoH and National Planning Commission (NPC) to draft and finalise the health related SDGs. The NPC is now in the process of finalising all 17 SDG Targets for Nepal in consultation with stakeholders. Supported MoH to develop a framework for improved management of health information, with focus on defining the M&E functions and the health sector data needs and data gaps at different levels of governance including the actions to address them. This has been a benchmark for developing the health sector M&E with reference to the NHSS RF and SDGs (2016-2030), which is in the process of development in collaboration with MEOR. 	<ul style="list-style-type: none"> Develop dashboard to track the progress of NHSS RF and health related SDGs and publish in MoH website. Support MoH to develop health sector M&E plan including survey plan. Work with HMIS, Management Division and Partners (WHO, GIZ and USAID) to develop and roll out DHIS2 at all local governments (753) and facilities.
3. MoH has robust surveillance systems in place to	<ul style="list-style-type: none"> Worked with EDCD and WHO in management and use of information during the flood and landslide in August-September 2017. Supported EDCD to develop daily situation update reports, including final comprehensive report which helped the MoH and the health cluster 	<ul style="list-style-type: none"> Engage with FHD and partners (MedicMobile) to develop Mobile application for the surveillance of maternal deaths

Work stream objectives	Achievements this Quarter (Jul - Sep 2017)	Planned Activities for Year 1 Quarter 2 (Oct - Dec 2017)
<p>ensure timely and appropriate response to emerging health needs</p>	<p>partners to identify needs and deliver timely response. The situation update reports are available at www.edcd.gov.np</p> <ul style="list-style-type: none"> Engaged with FHD to review and develop the MPDSR implementation plan in the federal context. 	
<p>4. MoH has the skills and systems in place to generate quality evidence and use it for decision making</p>	<ul style="list-style-type: none"> Under the leadership of MoH, in collaboration with health development partners (WHO, USAID, GIZ, UNICEF) developed health sector M&E implementation plan which addresses the health sector data needs at local, province and federal levels with appropriate sources and processes. Using NDHS and HMIS data, developed a database and carried out analysis to produce trends that reflect changes in key indicators over time. The dashboard is available in MoH's website. (www.moh.gov.np). The electronic notice display board at the MoH has also been updated with trend graphs of key NDHS indicators and other key information like OCMC and SSU. Supported NHTC in development and delivery of M&E Module in National Supervisory Level Training. Engaged with MoH and DoHS in conceptualization, overall planning, preparation and execution of National Health Annual Review 2017 in alignment with the federal structures. Supported DoHS in province wise data analysis using HMIS, NDHS and NFHS 2015 data, preparation of presentation slides and group work hand outs. Engaged in NDHS 2016 report writing workshop from July 17-26, 2017. 	<ul style="list-style-type: none"> Support MoH to develop health sector M&E plan (including survey plan) with reference to NHSS and SDGs in collaboration with MEOR Develop equity monitoring dashboards based on HMIS data to be implemented at local government level Support MoH to develop dashboard to monitor equity at national and sub-national levels Engage in Nepal Health Facility Survey (NHFS) Data Analysis Workshop Support MoH in making Joint Annual Review more evidence based Engage with management division and partners to develop Quality Improvement Management Information System
<p>5. MoH has established effective citizen feedback mechanisms and systems for public</p>	<ul style="list-style-type: none"> Engaged with PHCRD in developing program implementation guideline for social audit and citizen engagement 	<ul style="list-style-type: none"> Support conducting social audit training to officials in selected districts.

Work stream objectives	Achievements this Quarter (Jul - Sep 2017)	Planned Activities for Year 1 Quarter 2 (Oct - Dec 2017)
engagement in accountability		
Work stream 5: Health Infrastructure (HI)		
1. Policy Environment	<p><i>Support Policy for Infrastructure Development, Upgrade & Maintenance production and adoption</i></p> <ul style="list-style-type: none"> Completed the policy for infrastructure development upgrade including the land selection criteria. While this work was actually planned for in year 2, it was initiated early by the team as the MoH required it urgently to address the provision of health services under the new Federal Structure. Delineation of different levels of health facilities and location including standard designs of each level and type of health facilities based on the catchment population, accessibility and centrality was made using HIIS information. The document has been approved by the cabinet and files forwarded to MoH by the Chief Secretary for its implementation. This will support expansion and distribution of health services in Nepal from earlier ad-hoc system to a planned scientific system. <p><i>Produce post 2015 Earthquake Performance Appraisal Report (PD 13)</i></p> <ul style="list-style-type: none"> Post 2015 earthquake Performance Appraisal Report has been completed and submitted to DFID as a payment deliverable. This covers multi hazard resilience recommendation for health services. This activity included a review of previous studies and documents as well as interviews and consultations with key informants including service providers and health facility in-charges. This report will be used by the MoH to prepare its DRR at all levels of governance in the context of federalism. It will also inform other policies related to disaster planning, mitigation and preparedness including response. 	<ul style="list-style-type: none"> Printing of the guidelines, dissemination of the policy and the guidelines to the different concerned organizations and institutions. This will complement to the National DRR policy and disaster related acts and regulations. Orient different stakeholders in use and benefits of HIIS, also coordinate with DUDBC to link the software with the software developed by DUDBC to monitor progress of health facility construction from different districts

Work stream objectives	Achievements this Quarter (Jul - Sep 2017)	Planned Activities for Year 1 Quarter 2 (Oct - Dec 2017)
	<p><i>HIIS upgrade and reporting to support evidence-based decision making</i></p> <ul style="list-style-type: none"> The HIIS system has been upgraded to make it more user friendly and easy to update by the local level implementing agencies. However HIIS has complete information of health facilities only from 31 earthquake medium and hard hit districts and will depend upon the other secondary and old data for any kind of planning exercise. Also, it does not cover information on most of the health posts from the remaining 44 districts of Nepal. <p><i>Retrofitting Codes & Practice Preliminary Report</i></p> <ul style="list-style-type: none"> The preliminary report was completed and submitted to DFID. <p><i>Retrofitting Standards for Health Infrastructure facilities</i></p> <ul style="list-style-type: none"> Overview and development of standards underway <p><i>Support development of the Infrastructure Capital Investment Policy, including facility prioritisation and selection (PD 46)</i></p> <ul style="list-style-type: none"> Number of health infrastructures by facility level identified for each local authority Standard design of each type of facility completed Costing of each type of individual facility completed Costing of total infrastructure construction required for the country as per the nationwide gap analysis has been prepared and long term construction plan prepared The main document has been endorsed by the cabinet and sent through Chief Secretary to MoH for implementation. Once MoH Secretary issues the order for implementation this document will become the guiding document for local entities for construction of health facilities with regard to minimum standard for health facilities, type and size. 	<ul style="list-style-type: none"> using mobile technology. Sourcing of GIS data from survey department, GoN and Update HIIS geo-database to support climatic designs of health facilities and to deal with climate change issues. Coordination with DUDBC for its recommendation and revision in the codes Engagement with DUDBC for endorsement Support MoH to implement the policy
2. Capacity Enhancement	<i>Ongoing capacity development support to MoH/DUDBC, including capacity assessment, including formation of a Capacity Enhancement</i>	<ul style="list-style-type: none"> Conduct training based on the needs identified by TNA both for DUDBC and

Work stream objectives	Achievements this Quarter (Jul - Sep 2017)	Planned Activities for Year 1 Quarter 2 (Oct - Dec 2017)
	<ul style="list-style-type: none"> • Design review and provided technical inputs in Master Plan of Bharatpur Hospital. • Design review and provided technical inputs in Construction of Sukraraj Tropical Disease Hospital, Teku. • Design review and provided technical inputs in Construction of Solukhumbu District Hospital. <p><i>Capacity Building in use of standard designs and guidelines for improvement of quality in health facilities</i></p> <ul style="list-style-type: none"> • Supported MoH in preparation of detailed engineering design of standard health post type 4 and orientation to PCU. • Conducted one event to PCU on standard designs and guidelines. <p><i>Support to MoH for establishing and institutionalization of Project Coordination Unit (PCU) for planning, implementation, monitoring and supervision of reconstruction activity of health facilities and support to coordinate with NRA and DUDBC as required.</i></p> <ul style="list-style-type: none"> • PCU established with support from NHSSP • PCU provided orientation on health infrastructure requirements and guidelines to enhance their capacity to take up reconstruction of health facilities • PCU provided guidance for preparing plan and budget for reconstruction • PCU provided orientation on preparing different types of bidding documents under the public procurement act and procedures and supported in developing bidding documents and architectural designs, structural designs and other details • Supported PCU for preparing JD of the newly recruited staffs. 	<ul style="list-style-type: none"> • The capacity building training will be conducted to DUDBC and other entities, once Secretary of MoH signs and forwards the documents for endorsed by the cabinet for implementation approved designs and guidelines • Support PCU in monitoring and supervision work and support in planning of facilities for the next year using the damage assessment data in HIIS • Regular Support for PCU staffs on standard designs and guideline • Support PCU in e-bidding process
<p>3. Retrofitting and rehabilitation</p>	<p><i>Continued support to MoH and reconstruction Authority for reconstruction activity of health infrastructure (monitoring, supervision, review of design drawings)</i></p> <ul style="list-style-type: none"> • Reviewed design submitted by TDH for Bulmutar Health Post, 	<p>Ongoing Design reviews:</p> <ul style="list-style-type: none"> • Four Health posts in Kathmandu Valley by Nepal Redcross Society. • Health post construction at Barpak by

Work stream objectives	Achievements this Quarter (Jul - Sep 2017)	Planned Activities for Year 1 Quarter 2 (Oct - Dec 2017)
	<p>Saping Health Post, Majhifeda, Kusadevi, Kharpachok, Falate, Salle Bhulmu health posts in Kavrepalanchok districts.</p> <ul style="list-style-type: none"> • Reviewed and commented on the inception report on the reconstruction of four hospitals (Jiri, Ramechhap, Gorkha and Rasuwa) submitted by KfW. • Reviewed detailed design drawings of Inpatient block at Chautara Hospital supported by America Nepal Medical Foundation (ANMF). • Reviewed Nuwakot District Hospital, supported by KOICA • Organised coordination meeting between different stakeholders (municipality, NRA, Contractor, Consultant, MoH entities etc.) for expediting the reconstruction work for Bir Hospital and Paropakar Maternity and Women’s Hospital • Reviewed feasibility study report for reconstruction of Manang Hospital, which now has been agreed by Ministry of Finance <p><i>Direct construction through NHSSP carrying on from TRP</i></p> <ul style="list-style-type: none"> • Completed the construction work of retaining wall in Tatopani Health Post, Sindhupalchok. 	<p>JICA</p> <ul style="list-style-type: none"> • Urban Health promotion center in Dhading by Rotary Club of Kathmandu. <p>Review the Handover request of the Health post:</p> <ul style="list-style-type: none"> • Pre-fab health post at Dolalghat, Devitar, Anaikot, Baluwapati in Kavrepalanchok District by TDH. • Pre-fab health post at Okharpauwa, Bhalche at Nuwakot and Pangretar HP, Sindhupalchok by Malteser International. • Prefab health post at Tipling, Lapa, Jharlang in Dhading district by Himalayan Health Care, Nepal. • Prefab health post at Amppipal, Shreenathkot, Ghyalchok, Bhulmichok and Ghairung health posts in Gorkha District by Asal Chimeki Nepal. • Prefab ORC buildings at Jugu, Jhyaku, Kavre, Namdu, Chhetrapa in Dolakha Districts

3.2 Delayed Activities

In this section key factors resulting in delays to the implementation of activities are examined.

Delayed Activity	Reason	Way Forward
Work stream 1: Health Policy and Planning		
Revise health sector GESI Strategy (PD)	<ul style="list-style-type: none"> MoH has decided to postpone the revision of GESI strategy due to the delay in state restructuring 	<ul style="list-style-type: none"> MoH has decided to complete the revision of GESI strategy in March 2018 DFID has approved the delay until April 2018 of the PD documenting the revision of the GESI strategy
Develop SOP for Integrated Guidelines for Services to GBV survivors	<ul style="list-style-type: none"> GBV integrated guidelines still not submitted from Ministry of Women Children and Social Welfare (MOWCSW) to Cabinet due to delayed state restructuring 	<ul style="list-style-type: none"> Revise the draft guidelines jointly with MOWCSW when state restructuring has been finalized
Work stream 2: Procurement and Public Financial Management		
Prepare a Framework for Annual Business Plan	<ul style="list-style-type: none"> MoH has requested us to make framework compatible across the federal, provincial and local level There was no policy level clarity on the funds that have been provided to local level 	<ul style="list-style-type: none"> We will prepare a draft framework and present in the workshop The formation of provincial government will help in finalising the framework
MoH Budget analysis report with policy note produced by HRFMD using eAWPB (PD 50)	<ul style="list-style-type: none"> There is no system to capture the budget and expenditure provide to local government There is no policy level clarity on the funds that have been provided to local level 	<ul style="list-style-type: none"> We will revise the ToR and include the provision of manual capturing the funds and expenditure provided to the local government
Revise eAWPB to include 766 (TBC) spending units and prepare a framework for eAWPB	<ul style="list-style-type: none"> Approval of inception report provide a formal pathway to contract third party No policy level clarity at MoH and higher level 	<ul style="list-style-type: none"> We will complete this task by end of December 2017

Delayed Activity	Reason	Way Forward
TABUCS training and on-going support at DUDBC and concerned officials	<ul style="list-style-type: none"> Approval of inception report provide a formal pathway to contract third party We need support from IT company to update the TABUCS which will support in adding the requirements of DUDBC and finalising the training materials 	<ul style="list-style-type: none"> Training plan will be finalised in 2nd quarter in a close consultation with DUDBC
Reassess and build on the O&M survey and disseminate findings	<ul style="list-style-type: none"> State restructuring is not completed and previous O&M survey assessment report is not relevant in changed context 	<ul style="list-style-type: none"> After completion of devolution and general election it should be planned later.
Orient suppliers on Financial Assistance (FA)	<ul style="list-style-type: none"> Preliminary work related to FA and SBD of FA has not yet been approved by PPMO. 	<ul style="list-style-type: none"> Orientation is planned in 2nd Quarter.
Revision of SOP and its endorsement by DoHS	<ul style="list-style-type: none"> Preliminary work has been done. Requested to concerned STTA to finalize revision of the SOP 	<ul style="list-style-type: none"> We will complete this task in 2nd quarter
Preparation and endorsement of SOP of FA	<ul style="list-style-type: none"> Preparation of SBDs is completed and sent to PPMO earlier but SBDs for FA has not yet been approved by PPMO 	<ul style="list-style-type: none"> After approval of SBDs for FA by PPMO, this task will be completed in a month
Review of PPA & PPR for Health Sector Procurement in coordination with PPMO	<ul style="list-style-type: none"> Several meetings with PPMO held to assess PPA/PPR provisions for health sector's procurement in devolved context Support to PPMO for the issuance of SOP on Catalogue Shopping is completed Several meetings held with PPMO for threshold of e-GP execution in health sector 	<ul style="list-style-type: none"> PPFM team will continue to engage with PPMO for PPA/PPR review as required in the devolved context PPFM team will continue to support PPMO to issue the SOPs for LIB and Buy-Back method of procurement
Training for DoHS staffs and suppliers at catalogue shopping, buy back method and LIB	<ul style="list-style-type: none"> Discussion and coordination with PPMO is going on Design of training courses of Catalogue shopping, Buy-Back Method and LIB is going on 	<ul style="list-style-type: none"> After the approval of Training Courses of Catalogue shopping, Buy-Back Method and LIB training for DoHS staff will be conducted in this Quarter
Capacity building on Procurement System in	<ul style="list-style-type: none"> There is no clarity in procurement system at federal, provincial and local government 	<ul style="list-style-type: none"> Continue the meetings with MoH/LMD and PPMO

Delayed Activity	Reason	Way Forward
federal, provincial and local government	<ul style="list-style-type: none"> We are actively engaged with MoH/LMD and PPMO 	
Develop coding of TSB and orient all DoHS divisions' staff on their use, monitor its use	<ul style="list-style-type: none"> Due to the flood in Tarai, LMD has asked PPFM team to provide support in managing the status of drug supply MoH restricted its staff members to participate in the work which is not related to the relief of flood victims After the flood MoH has instructed all division to be prepared for the National review 	<ul style="list-style-type: none"> We will complete this important task by First week of November 2017
Adapt e-GP to handle Grievance Mechanism	<ul style="list-style-type: none"> PPMO has not been able to complete this module in e-GP 	<ul style="list-style-type: none"> Continue the meetings with MoH/LMD and PPMO
Work stream 3: Service Delivery		
FP strengthening--TOT DMT, WHO MEC etc.	<ul style="list-style-type: none"> FHD focal persons busy for other national level activities and Dashain holidays 	<ul style="list-style-type: none"> Planned in next quarter (November/December 2017)
Preparation of specification for FP commodities]	<ul style="list-style-type: none"> Tippani from DG approved but FHD focal persons busy for other national level activities and Dashain holidays 	<ul style="list-style-type: none"> Planned in next quarter (November/December 2017)
'Contraceptive update orientation to Obs/Gyne and key players' by DHO Kathmandu (DFID FA district level FHD for AWPB 2073/74)	<ul style="list-style-type: none"> Reluctancy of OB/GYN to participate in family planning orientation (Decision making tool) organised by district level 	<ul style="list-style-type: none"> In 2074/75 AWPB-district level FHD has scaled up this activity in 15 districts. FHD program implementation guide has been revised making the implementation more flexible/pragmatic. It is anticipated that frequent follow up and TA from central level is necessary this year.
Mentoring in Non-functional and new HR recruited CEONC site	<ul style="list-style-type: none"> Delay in approval of inception report 	<ul style="list-style-type: none"> To visit non-functioning (6 sites) and three newly established sites.

Delayed Activity	Reason	Way Forward
HQIP self-assessment program Rolpa district hospital	<ul style="list-style-type: none"> HQIP program facilitation could not be completed due to competing commitments of the DHO (particularly the local level election) and FHD 	<ul style="list-style-type: none"> HQIP self-assessment will be linked with SBA coaching program in this FY 2017/2018
Could not support HQIP re-strengthening in Hetauda, Taplejung, Mahottari and Rukum hospital	<ul style="list-style-type: none"> Could not visit hospital due to delay inception approval 	<ul style="list-style-type: none"> Coordinate and plan immediately once inception approved
Work stream 4: Evidence and Accountability		
Development of health sector M&E plan with focus on roles of Local, Province and Federal Government	<ul style="list-style-type: none"> Delay in finalization of structures of MoH in federal context 	<ul style="list-style-type: none"> HPP is engaged with MoH in the finalization process
Work stream 5: Health Infrastructure		
Training Need Analysis for MoH and DUDBC	<ul style="list-style-type: none"> Due to monsoon flooding in different districts of Nepal and engagement of the DUDBC and MoH staff members in relief and recovery work, the intended workshops for TNA could not be organised on time 	<ul style="list-style-type: none"> This has been completed now and accordingly the capacity enhancement areas have been identified and under design.

4. Challenges and Lessons Learnt

The challenges experienced and lessons learnt by the NHSSP during the reporting period are summarized below:

4.1 Challenges

Table 1 Challenges Encountered and Mitigated During the Quarter

Challenges Encountered During the Quarter	Mitigating Actions Taken
Work stream 1 Health Policy Planning:	
Frequent change in leadership in the MoH	<ul style="list-style-type: none"> • Timely briefing to the new leadership about DFID/NHSSP TA
Prolonged inception phase delayed initiation of some activities	<ul style="list-style-type: none"> • Engagement with MoH on non-budgetary activities.
Delay in state restructuring hampered the initiation and approval of some activities	<ul style="list-style-type: none"> • Continuous engagement with MoH and MOWCSW
Work stream 2 Procurement Public Finance Management	
Flood in Tarai has caused delay in implementing the planned activities	<ul style="list-style-type: none"> • PPFM team has been flexible and provided support to LMD in preparing the current stock of the drugs • Provided support to LMD in starting the process of essential drugs procurement in 'disaster situation' (flood) • Provided support to HRFMD in expanding TABCUS in NRA which will support in the efficient financing and reporting in 'disaster situation'
Timely completion of APP and CAPP due to the transfer of LMD director	<ul style="list-style-type: none"> • Explained the importance of APP and CAPP to DG • DG has agreed to take up the role and organised the meetings • DG has instructed all divisions to complete the APP within 20th August
Work stream 3 Service Delivery	
Due to lack of a clear guidelines on budget distribution, budget for hospitals were distributed to local councils, resulting in delayed programme implementation as elected bodies are not clear on how to release budget to hospitals.	<ul style="list-style-type: none"> • Orientation to local councils members is planned by MOH (Annual review meeting in DG's action plan)

Challenges Encountered During the Quarter	Mitigating Actions Taken
<p>The majority of health coordinators placed at Municipalities (local councils) have a low level of convincing power and understanding of programme implementation. They are also not clear on their roles and responsibilities.</p>	<ul style="list-style-type: none"> MOH is planning for orientation of health coordinators and develop their job description. (Annual review meeting in DG's action plan)
<p>The functionality of existing OCMCs and establishment of new OCMCs:</p> <ul style="list-style-type: none"> OCMC budgets were sent to municipalities instead of hospitals and municipalities were reluctant to transfer the budget to hospitals. This has created difficulties in making OCMC services functional and also for the establishment of new OCMCs. Due to uncertainty in budget transfer, staff nurses (on contract) of most OCMCs have resigned, impacting the functionality and effectiveness of OCMC as they were trained on handling GBV cases. 	<ul style="list-style-type: none"> To facilitate the budget transfer process, FHD sent a letter to all respective hospitals to secure OCMC budget from all 45 municipalities where budget was sent. This was followed by another request letter by the PHAMED-GESI Section stating the decision of Secretary MoH to support the hospital by providing the budget to the municipalities. Since that did not pave the way, the situation was shared with the OPMCM through PHAMED-GESI Section, who directed MoFALD to communicate with those municipalities to transfer the budget. Likewise, MoFALD has sent letter to all those municipalities requesting for the budget transfer. So far 3 OCMCs have been able to secure their budget.
<p>Work stream 4 Evidence and Accountability</p>	
<p>Use of evidence in review process (National Annual Review)</p>	<ul style="list-style-type: none"> Prepared reference documents pulling and analyzing the data from HMIS, NDHS and NHFS to guide the group discussions and plan the future activities
<p>Data management and use of evidence in disaster response</p>	<ul style="list-style-type: none"> Engaged with EDCC and WHO in developing tools, data collection, analysis, preparing disseminating reports
<p>Work stream 5 Infrastructure</p>	
<ul style="list-style-type: none"> Convincing the Hospital authorities that retrofitting can strengthen the structural performance of an old building to a desired standard. Convincing people that the retrofitting also involves functional retrofitting, which can improve the functionality of the hospital services to the existing standards and need not be knocked down. Almost all the staff members argued that there is no point 	<ul style="list-style-type: none"> Talk programme, experience sharing with the Hospital Management Committee, presentations with examples of structural and functional retrofitting and using the civil society as well for convincing seems to have worked in Pokhara. We may also need on-site demonstration of retrofitted sites within Nepal. Functional retrofitting of Bir Hospital once completed can be good example.

Challenges Encountered During the Quarter	Mitigating Actions Taken
retrofitting an old nonfunctional building and they believed it needs to be destroyed and rebuilt.	
Getting Civil Servant into capacity development programmes as per the scheduled timeline is difficult	<ul style="list-style-type: none"> Continued follow-ups were required
Frequent transfer of officials associated with the programme makes it difficult for us to implement different activities scheduled and already agreed by the former authorities.	<ul style="list-style-type: none"> We have been organizing orientation to the newcomers. We have been keeping records of all the events and agreements.

4.2 Lessons Learnt

Work stream 1: Health Policy Planning:
<ul style="list-style-type: none"> Use of TARF fund to support the Ministry's request to hire STTAs to support urgent needs of TWG on Federalism was helpful Coordination and communication between and among the work streams of NHSSP was very helpful to deliver as One Team. SSUs could be a platform to harmonise all social health security programs at the hospital level
Work stream 2: Procurement Public Finance Management
<ul style="list-style-type: none"> The flexible TA has been instrumental in addressing the immediate need of MoH and winning the acceptance of high-level officials. This has facilitated changes like endorsement of IAIP, finalisation of the CAPP and formation of CAPP monitoring committee.
Work stream 3: Service Delivery
<ul style="list-style-type: none"> Annual review: The annual review agenda focused on programmatic areas; however across all the programmes' groups, except hospital group, the main problems and challenges identified were related to governance, HR, infrastructure, fund allocation and security issues. It would be more productive if national level review focuses on the six building blocks of the health system rather than programme areas, and councils and provincial level reviews focus on programmatic issues. Handholding for a longer period: discussion during FP/EPI MTOT training revealed that FP/EPI integration is not implemented as expected in Kalikot and Sindhupalchowk districts. This indicates the need for continued TA from supporting partners until the program reached 'maturity'. Opportunities working with councils: Local councils are willing to support health programmes if they are convinced about the importance of interventions and their outcomes, especially when linked to potential earning capacity (eg. Municipalities in Dolakha and Ramechhap were willing to support the free referral fund in future as they are convinced that delays in child birth could result in death, disability or an economically less productive child). Budget allocation for OCMCs: Since OCMCs are hospital based and are established in the centre of district level hospitals (and most are in referral level hospitals), the OCMC budget should be sent directly to the OCMC based hospitals for effective and timely implementation

of OCMC program.

Work stream 4: Evidence and Accountability

- The flexible TA approach has contributed to addressing the MoH emerging needs such as the support to the NHTC in developing and delivering the training package; and support to EDCD in information management during the disaster.
- The use of ICT based dashboard in the dissemination of information is contributing towards use of information.

Work stream 5: Infrastructure

- One of the most critical elements of Hospital retrofitting is planning and managing the continuous delivery of health service delivery while the retrofitting is also ongoing. This has been learnt from the present experience of DUDBC in Patan Hospital and functional retrofitting of lobby at Bir Hospital. Learning from this experience, we need to have a very efficient decanting strategy for Pokhara and Bhaktapur.

Annex 1.Payment Deliverables completed in Q1

Area	No	Description of Milestone	DFID submission due date	Actual submission date	DFID approval date
HPP	1	Concept note for strengthening local health planning and budgeting in the federal context	Jun-17	01-Jun-17	13-Jul-17
PPFM	2	Internal audit improvement plan prepared and endorsed	Jun-17	02-Jun-17	13-Jul-17
SD	3	An innovation for RMNCAH and nutrition agreed and designed with MoH/DoHS	Jun-17	29-May-17	30-Jun-17
E&A	4	Support the development of a framework for improved management of health information in the context of federal governance structures in Nepal	Jun-17	01-Jun-17	28-Jun-17
RHITA Inc	5	Policy and standards /codes gap analysis report	Jun-17	26-May-17	05-Jul-17
RHITA Inc	6	Capacity Building Programme Outline Design report, covering TNA arrangements staff and construction industry beneficiary, modules and timeframe	Jul-17	31-May-17	20-Jul-17
RHITA Inc	7	Retrofitting/Rehab codes and practice preliminary report	Jun-17	26-May-17	05-Jul-17
Management	8	Office set up, all staff functioning	Jun-17	02-Jun-17	28-Jun-17
Management	9	Programme Quality Assurance Plan written	Jun-17	01-Jun-17	05-Jul-17
Management	10	Combined GHITA and RHITA Inception Report	Jun-17	20-Jun-17	Conditional approval was given on 24th August but final approval in October 2017
PPFM	11	Consolidated Annual Procurement Plan (CAPP) produced within agreed timeframe, incorporating relevant information from all DoHS divisions each year	Aug-17	05-Sep-17	08-Sep-17
RHITA 1	13	Post 2015 Earthquake Performance Appraisal Report produced	Aug-17	08-Sep-17	14-Sep-17

RHITA 2	14	Training Needs Analysis of MoH and DUDBC staff	Aug-17	04-Oct-17	16-Oct-17
RHITA 3	15	Confirm final selection of two priority hospitals approved by MoH (and NRA if required)	Aug-17	10-Aug-17	21-Aug-17
RHITA 3	16	Overview and Report recommended retrofitting standards for health infrastructure facilities	Aug-17	06-Sep-17	20-Sep-17

Annex 2. Value for Money

Value for Money (VfM) for DFID programs is about maximising the impact of each pound spent to improve poor people’s lives. DFID’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.

The NHSSP team submitted a draft VfM framework as part of the inception report. This framework will be refined during a one-day workshop planned for the 5th December 2017. In addition to refining the indicators themselves, this exercise will be used to clarify the data sources, data collection frequency and reporting frequency. The timing of the workshop aligns well with the annual work planning process which is also planned for December 2017, as this ensures that VfM principles and analysis to date will feed into planning.

For this quarterly report, we report against four indicators from the draft VfM framework. This list will be revised for subsequent quarterly reports based on the outcomes of the workshop in December.

Economy

Indicator 1: Average unit cost of short term TA daily fees, disaggregated by national and international

The average unit cost for short term technical assistance for this reporting period is £511 for internationals and £219 for nationals. This compares well to the benchmark of £611 for internationals and £224 for nationals which was calculated based on Options’ programmes globally and agreed by DFID under NHSSP2.

International STTA	Total Q1	Average Unit Cost
Days	59	511
Income	30,167	
National STTA	Total Q1	Average Unit Cost
Days	52	219
Income	11,269	

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

Just under half of total STTA days in Quarter 1 are national versus international (47% versus 53%). During the first quarter a number of STTA days were used to provide strategic support to the programme as well as ongoing backstopping support and quality assurance of deliverables. Much of the national STTA days on the other hand are linked to the implementation of programme activities, many of which were put on hold until the inception report was approved and authorisation to spend was provided. Going forward, the proportion of national STTA days to international days will increase in line with the original budget.

Short Term Technical Assistance Type	In client contract budget*		Actuals Q1 (July – September 2017)	
	Days	%	Days	%
International TA	2291	44%	59	53%
National TA	2942	56%	52	47%
TOTAL	5233	100%	111	100%

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

A total of 34% of the budget has been spent on administration and management in the first quarter. Again, this reflects the fact that programmatic expenditure was limited to essential activities only which significantly constrained overall expenditure during the period. The majority of the administration and management expenses are taken up by ongoing office support and running costs (32%) which remain constant even when programmatic expenditures are reduced. The proportion of the budget taken up by administration and management is expected to reduce in subsequent quarters now that programme activities are fully under way.

Category of admin / management expense:	Budget	Actuals to date (March – September 2017)
	%	%
Office running costs (rent, suppliers, media, etc)	2%	32%

Equipment	4%	1%
Vehicle purchase	3%	0%
Bank and legal charges	0%	0%
Sub-total admin / management	16%	34%
Sub-total programme expenses	84%	66%
Total	100%	100%

Effectiveness

Indicator 8: Government approval rate of technical assistance deliverables as % of milestones submitted and reviewed by DFID to date

So far, all payment deliverables have been approved by the Government of Nepal and signed off by DFID.

	Payment Deliverables (March – September 2017)
Total technical deliverables throughout NHSSP3	105
PDs submitted to date	14
PDs approved to date	14
Ratio %	100%

Annex 3. List of OCMCs

Existing OCMCs	OCMCs to be established this FY
<ul style="list-style-type: none"> • Maternity hospital, Kathmandu • Dhulikhel community hospital, Dhulikhel • Rapti sub-regional hospital, Dang • Western region hospital, Kaski • Bheri zonal hospital, Banke • Bharatpur hospital, Chitwan • Lumbini zonal hospital, Rupendahi • Karnali health academy, Jumla • Hetuda hospital, Makwanpur • Inuwara hospital, Sunsari • Sagarmatha zonal hospital, Saptari • Dhading hospital, Dhading • Chautara hospital, Sindhupalchok • Charikot PHC, Dolokha • Manthali PHC, Ramechhap • Panchthar hospital, Panchthar • Sarlahi hospital, Sarlahi • Phaplu hospital, Solukhumbu • Gaur hospital, Rauthat • Damauli hospital, Tanahu • Prithvi chandra hospital, Nawalparasi • Pyuthan hospital, Pyuthan • Doti hospital, Doti • Guluriya hospital, Bardhya • Dhaulagari zonal hospital, Baglung 	<ul style="list-style-type: none"> • Koshi zonal hospital, Morang • Amda community hospital, Jhapa • Dhunkuta hospital, Dhankuta • Kalaya hospital, Bara • Taulihawa hospital, Kapilvastu • Gorkha hospital, Gorkha • Palpa hospital, Palpa • Tamghas hospital, Gulmi • Sandhikharka hospital, Argakhachi • Bhaktapur hospital, Bhaktapur • Trishuli hospital, Nuwakot • Mangalsen hospital, Achham • Baitadi hospital, Baitadi • Bajura hospital, Bajura • Rukum hospital, Rukum • Midwestern zonal hospital, Surkhet

- | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <ul style="list-style-type: none">• Mahakali zonal hospital, Kanchanpur• Udaypur hospital, Udaypur• Rumjatar hospital, Okhaldhunga• Sindhuli hospital, Sindhuli | |
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Annex 4.NHSSP Risk Matrix Assessment (updated on 30th October 2017)

General Health TA matrix													
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
		Likelihood	Impact			Likelihood	Impact		Yes	Yes			
	Contextual												
R1	Lack of progress in other areas of GoN policy may affect achievement of NHSS targets	High	High		Close collaboration across ministries, and between EDPs; ensure activities are planned taking into account expected targets	Low	Medium		Yes	Yes	Regular monitoring and feedback / lessons learnt session	Strategic Advisor/Team Leader	Treat
R2	Weak planning and coordination between EDPs and government.	Medium	Medium		Team support MoH to work closely with other ministries; Team Leader supports DFID in coordination	Low	Medium		Yes	Yes	Continue to work collaboratively with other EDPs	HPP Adviser	Treat

	<i>Political</i>												
R3	<i>Lack of political will to drive key reform processes for example procurement reform</i>	<i>Medium</i>	<i>High</i>		<i>Our advisors work closely with senior staff in MoH to advocate, build understanding and buy in to planned reform processes.</i>	<i>Medium</i>	<i>Medium</i>		<i>Yes</i>	<i>Yes</i>	<i>Pace of changes will be carefully planned. Regular meeting of CAPP monitoring committee.</i>	<i>Team Leader /PPFM lead Adviser/Strategic Advisor</i>	<i>Treat</i>
R4	<i>Transition planning is still in process, uncertainty over the sub national structure remains; local elections took place in May 2017, province and federal level elections are planned on 26 November and 7 December.</i>	<i>High</i>	<i>High</i>		<i>The STTA for Federalism and Health Sector Transition and NHSSP Advisors are supporting the MoH to develop a health sector transition plan, informed by best available evidence. The STTA is providing regular updates and advice to the NHSSP on implications of federalism on work plans</i>	<i>High</i>	<i>High</i>		<i>Yes</i>	<i>Yes</i>	<i>NHSSP team will work closely with MOH and take flexible and adaptive approaches</i>	<i>Advisers</i>	<i>Treat</i>

					and deliverables								
R5	Decentralisation of health governance and service delivery will require intensive capacity enhancement at the local/municipal level as PHC may not be the priority of local level government. Threats to RMNCAH service delivery are already appearing both at hospital level and primary health care level.	High	High		Provision of flexible TA, flexible planning and willingness to change mode of TA support and focus	High	High		Yes	Yes	Regular engagement with the MOH colleagues in planning processes to recognise if changes need to be made	Concerned Advisers	Treat
	Programmatic												

R6	Government capacity to implement and the possibility that the TA will be used to substitute capacity gaps	High	Medium		Our TA is embedded in government offices, where appropriate, and is focusing on the development of systems and tools, with a flexible approach	Medium	Low		Yes	Yes	NHSSP team will be strategic as possible in the supporting functions, working to offer sustainable systems solution	Concerned Advisers	Treat
R7	MoH priorities/demands are changeable due to external and internal pressures which deflects TA from sector targets	High	Low		The NHSSP team is and will continue to closely collaborate with key counterparts to ensure a shared understanding of work plans. The NHSSP is being flexible and responsive to make certain that adapting plans will have limited impact on overall quality of delivery of the TA.	Low	Low		Yes	Yes	NHSSP team will work closely with MOH colleagues and remain flexible and strategic	Concerned Advisers	Treat

R8	<i>Competing national and local level priorities and high transfer of MoH staff means that inadequate resourcing is available for other NHSSP activities.</i>	Medium	Medium		<i>Close liaison with the MoH. Our finance team supports effective budgeting of NHSSP, tracks expenditure against agreed budgets, and flag any apparent shortfall in resourcing that is likely to affect achievement of the programme deliverables.</i>	Low	Low		Yes	Yes	<i>NHSSP team will work with other partners for resource leveraging</i>	<i>Concerned NHSSP Advisers</i>	<i>Treat</i>
R9	<i>High staff turnover in key government positions limits the effectiveness of capacity enhancement activities with MoH and DoHS.</i>	Medium	Medium		<i>By institutionalising approaches and systems NHSSP does not rely on individual capacity building to ensure sustainability.</i>	Medium	Low		Yes	Yes	<i>Engage with mid-level staff of MOH, programming will include orientation of newly transferred officials and staff for better understanding and ownership of TA support.</i>	<i>Concerned NHSSP Advisers</i>	<i>Tolerate</i>

R10	Health workers are not able to complete training/engage in programme activities due to workload, and/or frequent staff turnover, limiting effectiveness of activities to improve QoC.	Low	Low		Capacity enhancement to improve quality of care will be planned with DHOs and facility managers; refresher trainings will be offered on a regular basis; focus is on building capacity and the functionality of the facility, not just training.	Low	Low		Yes	Yes	NHSSP will actively encourage on site coaching /training	Concerned NHSSP Advisers	Tolerate
	Climate & environmental												
R11	Further earthquakes, aftershocks, landslides or flooding reverse progress made in meeting needs of population through disrupting delivery of essential healthcare services	Medium	High		Continue to monitor situation reports/GoN data; ensure programme plans are flexible, and replan rapidly following any further events. Comprehensive security	Medium	Medium		Yes	Yes	Regular orientation to team on security guidelines	Deputy Team Leader	Tolerate

					<i>guidelines will be put in place for all staff.</i>								
	<i>Financial</i>												
<i>R12</i>	<i>The TA programme has limited funds to support the strengthening of major systems components such as HR systems.</i>	<i>Medium</i>	<i>Low</i>		<i>Support policy and planning in the MOH. Engage with other EDPs who are supporting related areas.</i>	<i>Low</i>	<i>Low</i>		<i>Yes</i>	<i>Yes</i>	<i>Continue to work with WHO and other partners who may have financial resources to support these</i>	<i>HRH Adviser</i>	<i>Transfer</i>
<i>R13</i>	<i>Financial Aid is not released for expected purposes.</i>	<i>Medium</i>	<i>High</i>		<i>Planning and discussions with MoH and MoF. Health Financing TA will support the government in managing release of Financial Aid.</i>	<i>Low</i>	<i>Medium</i>		<i>Yes</i>	<i>Yes</i>	<i>Continue with regular and quality monitoring of FMR and regular meeting of PFM committee</i>	<i>Lead PPFM Adviser and PFM adviser</i>	<i>Treat</i>
<i>R14</i>	<i>Financial management capacity of subcontracted local partners is low.</i>	<i>Low</i>	<i>Medium</i>		<i>Carry out a due diligence assessment of major partners at the beginning of the contract.</i>	<i>Low</i>	<i>Low</i>		<i>Yes</i>	<i>Yes</i>	<i>Carry out regular reviews of progress against agreed work plans and budgets.</i>	<i>Deputy Team Leader</i>	<i>Treat</i>

R15	<i>Weak PFM system leads to fiduciary risk</i>	<i>High</i>	<i>High</i>		<i>To work actively to support the MoH in strengthening various aspects of PFM via an updated FMIP , regular meeting of PFM committee, update the internal control guideline and add cash advance module in TABUCS to reduce fiduciary risk and the formulation of procurement improvement plan (PIP) and establishment of a CAPP monitoring committee</i>	<i>Medium</i>	<i>medium</i>		<i>Yes</i>	<i>Yes</i>	<i>Continue to monitor risks and mitigate through periodic update of FMIP, CAPP, and PIP, through the PFM and CAPP monitoring committee. Engaging MoH Secretary, FCGO and PPMO.</i>	<i>Lead PPFM Adviser and sr Procurement adviser</i>	<i>Treat</i>
<i>R16</i>	<i>Further devaluation of the £ reduces the value of FA and TA commitment.</i>	<i>Medium</i>	<i>Medium</i>		<i>Monitor exchange rates and planned spend against these</i>	<i>Medium</i>	<i>Low</i>		<i>Yes</i>	<i>Yes</i>	<i>Strengthen regular monitoring and verification of</i>	<i>Team Leader/Deputy Team Leader</i>	<i>Tolerate</i>

											wokrplans against budgets		
R17	Delay recruitment of Team leader may hamper timely submission of PDs	High	High		Options will recruit an interim Team Leader and expedite the recruitment for new Team leader	Medium	Low		yes	yes	Supporting mechanism will be developed from OptionsS to the interim team leader and the team.	Director, programme management	Treat
Infrastructure risk matrix													
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
		Likelihood	Impact			Likelihood	Impact						
	Contextual												
R1	Weak planning and coordination between EDPs and government.	Medium	Medium		Team will work closely with MOH to coordinate with other ministries/departments and EDPs;	Medium	Low		Yes	Yes	Team Leader, as in previous programmes, will attend EDPs coordination meeting	Team Leader	Treat

	<i>Political</i>												
R2	<i>Lack of buy-in from senior government stakeholders on revising and adopting policies, codes and standards, and drive key reform processes for example procurement reform</i>	<i>Medium</i>	<i>Medium</i>		<i>Infrastructure Advisors work closely with senior staff in MoH, DUDBC and NRA to build ownership of proposed policies, codes and standards and buy in to planned reform processes. Pace of planned changes will be carefully considered.</i>	<i>Medium</i>	<i>Low</i>		<i>Yes</i>	<i>Yes</i>	<i>NHSSP will work closely with the Health Building Construction Central Coordination and Monitoring Committee.</i>	<i>Lead Infrastructure Advisor</i>	<i>Treat</i>
R3	<i>Progress towards federalism is slow, creating confusion over what the final sub national structure will look like, and limiting progress in achieving improvements in health infrastructure.</i>	<i>High</i>	<i>Medium</i>		<i>Team Leader will work closely with MOH and DUDBC in responding to federalism, providing support in adapting health infrastructure plans and</i>	<i>High</i>	<i>medium</i>		<i>Yes</i>	<i>Yes</i>	<i>We will ensure close links between RHITA and GHITA, so RHITA is able to draw on support from GHITA engagement in the preparation for</i>	<i>Team Leader</i>	<i>Tolerate</i>

					targeted capacity enhancement as the decentralisation process becomes clear.							federalism		
R4	Lack of clarity over roles and responsibilities of MoH, DUDBC and other related departments in health infrastructure. Lack of clarity in set up, roles and responsibilities of PCO and PIUs.	Medium	Medium		Team will support finalisation of the roles and responsibilities of PCU and PIUs, and develop effective working relationship with the PCU.	Medium	Medium		Yes	Yes	NHSSP will build links and regular communication between MOH and DUDBC, and take forward recommendations of institutional review	Lead Infrastructure Advisor	Transfer	
	Programmatic													
R5	MoH and DUDBC priorities and requests for non-planned TA draw advisors away from agreed work plan and exhaust available resources.	High	low		Close collaboration with key counterparts in the mobilisation phase of the TA resulting in shared understanding of work plans.	Medium	Low		Yes	Yes	We will regularly review workplans with counterparts and adapt flexible approach.	Lead Infrastructure Advisor	Treat	

R6	<i>High staff turnover in key government positions limits effectiveness of capacity enhancement activities with MoH and DUDBC.</i>	Medium	Medium		<i>The NHSSP capacity enhancement approach will focus on institutionalising approaches and systems, not rely on individual capacity building to ensure sustainability.</i>				Yes	Yes	<i>NHSSP will engage with different level staff to strengthen the institutionalisation processes.</i>	<i>Lead Infrastructure Advisor</i>	<i>Tolerate</i>
R7	<i>Local construction companies not responsive/engaged in capacity building activities.</i>	Low	Medium		<i>Our team has established working relationships with local companies, design of capacity building will respond to identified needs.</i>	Low	Low		Yes	Yes	<i>Capacity building will be part of the contractual arrangement.</i>	<i>Seismic Resilience Advisor</i>	<i>Treat</i>
	Climatic and environmental												

R8	<i>Further earthquakes, aftershocks, landslides or flooding reverse progress made in rehabilitation of existing health infrastructure.</i>	<i>Medium</i>	<i>High</i>		<i>Continue to monitor situation reports/GoN data; ensure programme plans are flexible, and re-plan rapidly following any further events.</i>	<i>Medium</i>	<i>Medium</i>		<i>Yes</i>	<i>Yes</i>	<i>Health and Safety guidelines to be developed and share with staff and to ensure all consortium staff are covered by the relevant insurance scheme.</i>	<i>Seismic Resilience Advisor</i>	<i>Tolerate</i>
R9	<i>Retrofitting not completed in advance of next major seismic event; retrofitting does not prevent significant damage if there is another earthquake.</i>	<i>Medium</i>	<i>High</i>		<i>Insurance will be in place for construction and retrofitting work to cover damage during such events. There will be 1 year defect liability period for the contractor for any defects against the specification to make it correct.</i>	<i>Medium</i>	<i>Medium</i>		<i>Yes</i>	<i>Yes</i>	<i>NHSSP will ensure that retrofitting work will comply with building codes and work is completed as early possible.</i>	<i>Lead Infrastructure Adviser</i>	<i>Tolerate</i>

	Financial												
R10	Financial Aid is not released for expected purposes.	Medium	high		Joint planning and early discussions with MOH and MOF.	Low	Medium		Yes	Yes	PPFM and Health Infrastructure teams will continue to support the government in managing release of Financial Aid.	PPFM Adviser	Treat
R11	Financial management capacity of subcontracted local partners is low.	Medium	Low		We will carry out a due diligence assessment of major partners at the beginning of the contract.	Low	Low		Yes	Yes	We will carry out regular reviews of progress against agreed work plans and budgets.	Deputy Team Leader	Treat
R12	Risk of fraud with locally contracted construction companies.	Medium	Medium		Due diligence processes, quality control and regular monitoring of local subcontracts (including results-based sign-off and payments)	Low	Low		Yes	Yes	We will develop a plan for regular monitoring	Lead Infrastructure Adviser	Treat

R13	Further devaluation of the £ reduces the value of FA and TA commitment.	Medium	low		Monitor exchange rates and planned spend against these	Low	Low		Yes	Yes	Strengthen regular monitoring and verification of workplans against budgets	Team Leader/D eputy Team Leader	Tolerate
Overall risk rating		Medium											

The risk level R5 within the General Health TA programme “Decentralisation of health governance and service delivery will require intensive capacity enhancement at the local/municipal level as PHC may not be the priority of local level government. Threats to RMNCAH service delivery are already appearing both at hospital level and primary health care level.” has been raised to high for both gross risk and net risk for likelihood and impact. This is based on anecdotal evidence from the Service Delivery team in relation to e.g. CEONC funding for the hospital level not being channelled appropriately, delays over contacting additional ANMs to provide SBA services; local level decisions not to fund Visiting Family Planning Providers; funds for OCMCs not being channelled appropriately, essential drugs for the maternity out of stock. If not addressed issues such as these will contribute directly to a downturn in service coverage and outcomes. NHSSP is collaborating with WHO and Unicef to develop a brief format that can be used during field work at local level to provide a snapshot of service delivery issues. Data collection will use mobile phone technology for rapid synthesis at the central level. This will indicate areas of required intervention to mitigate risk.

Risk definitions:	
Severe	This is an issue / risk that could severely affect the achievement of one or many of the Department’s strategic objectives, or could severely affect the effectiveness or efficiency of the Department’s activities or processes.
Major	This is an issue / risk that could have a major effect on the achievement of one or many of the Department’s strategic objectives, or could have a major effect on the effectiveness or efficiency of the Department’s activities or processes.
Moderate	This is an issue / risk that could have a moderate effect on the achievement of one or many of the Department’s strategic objectives, or could have a moderate effect on the effectiveness or efficiency of the Department’s activities or processes.

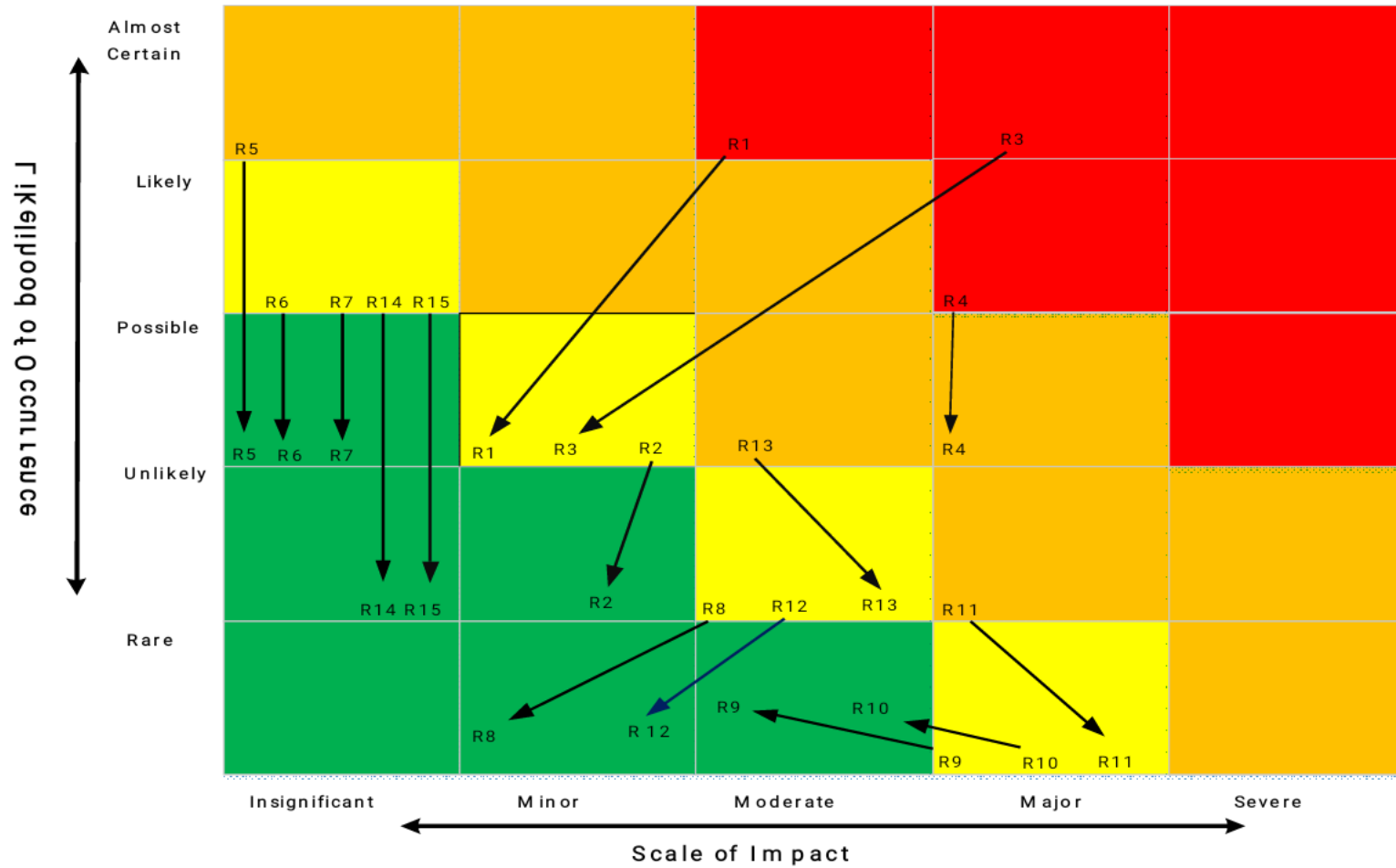
Minor

This is an issue / risk that could have a minor effect on the achievement of one or many of the Department's strategic objectives, or could have a minor effect on the effectiveness or efficiency of the Department's activities or processes.

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 current 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 the programme control that would render some / all of the work impossible

Risk Matrix - GHITA



Risk Matrix: RHITA

