



Nepal Health Sector Support Programme III (NHSSP – III)

**NHSSP Quarterly Report
July 2018 to September 2018**



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ABBREVIATIONS

AWPB	Annual Workplan and Budget
BC	Birthing Centre
BEONC	Basic Emergency Obstetric and Neonatal Care
CAPP	Consolidated Annual Procurement Plan
CEONC	Comprehensive Emergency Obstetric and Neonatal Care
CHD	Child Health Division
CMC	Case Management Committee
CSD	Curative Services Division
DDA	Department of Drug Administration
DDR	Disaster Risk Reduction
DFID	Department for International Development
DHO	District Health Office
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
EHR	Electronic Hospital Reporting System
EOC	Emergency Obstetric Complication
EPI	Expanded Programme on Immunisation
EWARS	Early Warning and Reporting System
FA	Framework Agreements
FCGO	Financial General Comptroller Office
FCHV	Female Community Health Volunteer
FHD	Family Health Division
FMIP	Financial Management Improvement Plan
FMoHP	Federal Ministry of Health and Population
FMR	Financial Monitoring Report
FP	Family Planning
FWD	Family Welfare Division
GBV	Gender-Based Violence
GESI	Gender Equity and Social Inclusion
GIZ	German Corporation for International Cooperation

HFOMC	Health Facility Operation and Management Committee
HIIS	Health Infrastructure Information System
HMIS	Health Management Information System
HQIP	Health Quality Improvement Plan
HRFMD	Human Resource and Financial Management Division
HVAC	Heating, ventilation, and air conditioning
IAIP	Internal Audit Improvement Plan
IT	Information Technology
JAR	Joint Annual Review
JCM	Joint Consultative Meeting
KFW	German Development Bank
LCD	Leprosy Control Department
LMD	Logistics Management Division
LMS	Logistics Management Section
LNOB	Leave No One Behind
M&E	Monitoring and Evaluation
MTR	Mid Term Review
MPDSR	Maternal and Perinatal Death Surveillance and Response
MSS	Minimum Service Standards
MoFAGA	Ministry of Finance and General Administration
MoWCSC	Ministry of Women, Children, and Senior Citizens
MoUD	Ministry of Urban Development
NDHS	Nepal Demographic Health Survey
NGO	Non-Government Organisation
NFHS	National Family Health Survey
NHEICC	National Health Education Information and Communication Centre
NHSP	Nepal Health Sector Programme
NHSS	Nepal Health Sector Strategy
NHSSP	Nepal Health Sector Support Programme
NHTC	National Health Training Centre
NPR	Nepalese Rupees
NPSAS	Nepal Public Sector Accounting Standards
NSSD	Nursing and Social Security Division
OCAT	Organisational Capacity Assessment Tool
OCMC	One-stop Crisis Management Centre
OPMCM	Office of Prime Minister and Council of Ministers
PBGA	Performance-Based Grant Agreement

PD	Payment Deliverable
PFM	Public Financial Management
PHAMED	Public Health Administration Monitoring and Evaluation
PHC	Primary Health Centre
PHCRD	Primary Health Care Revitalisation Division
PIP	Procurement Improvement Plan
PNC	Postnatal care
PPMD	Policy, Planning, and Monitoring Division
PPMO	Public Procurement Management Office
Programme	The Nepal Health Sector Support Programme
QARD	Quality Assessment and Regulation Division
QIP	Quality Improvement Plan
RANM ¹	Roving Auxiliary Nurse Midwife
RDQA	Routine Data Quality Assessment
RMNCAH	Reproductive, Maternal, Newborn, Child and Adolescent Health
SAS	Safe Abortion Services
SBA	Skilled Birth Attendants
SDG	Sustainable Development Goals
SMNH	Safe Motherhood and Neonatal Health
SOP	Standard Operating Procedures
SSU	Social Service Unit
STTA	Short-Term Technical Assistance
TA	Technical Assistance
TABUCS	Transaction Accounting and Budget Control System
TARF	Technical Assistance Response Fund
TOR	Terms of Reference
TOT	Training of Trainers
TSB	Technical Specifications Bank
TUTH	Tribhuvan University Teaching Hospital
TWG	Technical Working Group
UNFPA	United Nations Population Fund
VP	Visiting Provider
WHO	World Health Organization
WOREC	Women's Rehabilitation Center

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Precis

This report is the fifth Quarterly update of the Nepal Health Sector Support Programme 3 covering the period from July 1st, 2018 to September 30th, 2018. The Federal Ministry of Health and Population has completed restructuring at the National level; sub-National structures development is still in process. The **Learning Laboratory** concept is being established with most field assessments completed. A concept-note for an innovation to support nutrition is being developed. Most planned technical assistance interventions were on-time and are achieving stated result targets. Changes of key personnel in the Ministry are the most significant challenge to institutional capacity enhancement through technical assistance. The technical assistance team provided various analyses, draft briefs, and other content-related interventions. Transactional assistance and functionary duties are often included in the technical assistance role. It is reiterated that the international experience in devolution informs us that focal areas for technical support include (1) strengthening national stewardship of devolution, (2) strengthening local governance of healthcare, (3) strengthening human resources management and developing workforce incentives, and (4) developing and installing workable healthcare delivery systems adapted to local needs. As raised last Quarter, a detailed framework and work plan to support sector devolution is absent. Provincial and local governments will require a well-planned, appropriately timed Ministerial stewardship, and skilled technical support, to attain the capacity and competencies to govern, plan, manage, deliver, and monitor health services. The Programme has raised this matter with the Ministry at various levels, and with the World Health Organisation and the Department for the International Development in Nepal.

The development context

The health sector remains in the early stages of devolution following federalisation. Many changes in key positions have been witnessed. Uncertainty in the permanence of incumbents to key positions remains. Sub-national structures are under deliberation. Significant sector capacity-related issues are emerging at sub-national levels. District Health Office engagement in healthcare service delivery remains, but the role is becoming less clear in terms of the management and monitoring of healthcare services. Healthcare data quality and upward flow remains a concern and there is little to affirm data that can be or is used in health governance.

Technical assistance

Most technical assistance personnel are located on the campuses of their respective counterparts, thus enabling ease of access. Most technical assistance is **demand-driven**. Field visits to support sub-national providers are commonplace. Technical assistance personnel are working methodically in accordance with the work-plan and most activities are on time. Mixed technical assistance approaches are being applied according to the specific need. Coordination with other Department for International Development suppliers is evident. Working with other development partners is common if not routine. Programme planning and reporting have been reviewed and several enhancements are under development. Access by the Ministry to the Technical Assistance Response Fund has been promoted.

Conclusions and strategic implications

A detailed framework and work-plan to support sector devolution is absent. Provincial and local governments will require a well-planned, appropriately timed Ministerial stewardship, and skilled technical support, to attain the capacity and competencies to govern, plan, manage, deliver, and monitor health services. It is recommended that the Programme (1) commence the development of work plans for 2019-2020 in the coming Quarter, (2) increase the emphasis on strengthening sustainability and capacity enhancement where possible

(using the Exit and Sustainability Plan), (3) continue to move forward with the learning laboratory concept, (4) support the Ministry to lead the sector reform, through conceptualising, designing, and advancing a framework and plan for health structures and health systems for local government and provinces to uptake, and 5) With the Mid-term Review complete, it is time for dialogue on technical assistance needs for 2019-2020 – it is recommended that DFID initiate and lead this process.

1 INTRODUCTION

1.1 OVERVIEW

This document aims to apprise the Nepal Federal Ministry of Health and Population (FMOHP) and the United Kingdom's Department for International Development (DFID) on the progress of the Nepal Health Sector Support Programme 3 (Programme). The reporting period is from **1st July 2018 to 30th September 2018**.

The Programme commenced in March 2017 and is scheduled to the end of December 2020. It is the prime technical assistance component of the United Kingdom's aid to the health sector in Nepal and is aligned with Nepal's National Health Sector Strategy 2015-2020. A consortium led by Options Consultancy Services Ltd with HERD, Oxford Policy Management, and Miyamoto implements the Programme. Three other DFID suppliers are actively engaged in support of the Nepal Health Sector Programme (NHSP).

Long-term technical assistance (TA) personnel are deployed either by being (a) embedded within key departments of the FMOHP, (b) being located on the same campus for easy access by government personnel or based in an office in Patan. Short-term TA personnel are deployed to provide specialised inputs intermittently. Financial support is provided through funding of meetings, workshops, training events, and field visits. A *Technical Assistance Response Fund* is available to support special initiatives though no funds have been drawn this past Quarter.

1.2 THE DEVELOPMENT CONTEXT

Several high-level decisions have been made in this reporting period, the majority of them related to the path of advancing transition to federalisation. The sixteen bills necessary to guarantee the fundamental rights enshrined in the constitution have been passed by both Houses of the Federal Parliament. Of which two bills, Safe Motherhood and Reproductive Health Rights; and Public Health Bill, set historic landmark towards securing health as the fundamental right of the citizen. Further, the Government of Nepal has enacted several executive decisions including governance and legal frameworks for federal and sub-national level, which are being implemented. This reporting period also witnessed and a number of executive decisions by the Provincial parliaments and respective governments, facilitating enactment of political and executive authority in strengthening federal functions. Two of the major accomplishments of the Ministry of Health and Population in this reporting period were the development of the annual plan and budget and restructuring of the three levels of governance structures. While these activities were happening in parallel, alignment of annual budget with the proposed governance structure was somehow variable, resulted gaps in several areas especially in staff salary and programme budget such as Aama. This process was further convoluted with the deployment of new officials in their respective roles as new functionaries leading to limited coordination within the sector and line ministries especially with the Ministry of Finance and Ministry of Federal Affairs and General Administration. The FMOHP's state-of-affairs observed somehow precariousness and challenged with short deadlines to meet expectations in managing transition. Despite the context, the Ministry of Health and Population executed to its best efforts in finalisation of annual work plan and budget and governance structure with strategic technical assistance by several partners.

1.3 SECTOR RESPONSE AND ANALYSIS

Along with the implementation of political and governance structure, the health sector continues the conduit of full federalisation. Managing transition with ministerial stewardship and adequate and timely technical and managerial guidance to the sub-national government remained vital to the FMOHP. With the gradual deployment of officials in line with the new structure, timely guidance on an annual plan and budget process along with rationalising health budget under the conditional grant, progressive institutionalisation of sector coordination functions, creating space for evidence-based decision making with initiation of

policy dialogue platform and formation and revitalising technical working groups in a number of areas, have been some key responses from the FMoHP in managing federal transition. Increased frequency of visits, including high-level officials, from federal to sub-national level and ongoing dialogue on technical and governance matters between the federal ministry and sub-national government has somehow balanced the coordination gaps. However, the health sector continues to operate in an environment with some level of uncertainties, which will continue to challenge sector governance, coordination and quality health service delivery especially at the sub-national level. Structurally, sub-national governments require a range of competencies and skills to deliver their responsibility in health sector, which is being addressed by the FMoHP but it is a long-term investment in the sector. In the context with decentralisation of power and authority, the FMoHP has greater realisation and avowed its continued commitment to support the sub-national governments with strategic leadership, adequate skills and knowledge in the given context. It is important that technical assistance to be strategic and focused in priority areas that enable support functions to the MoHP and sub-national governments

1.4 CHANGES TO THE TECHNICAL ASSISTANCE TEAM

There were no changes in the technical assistance team structure during the reporting period.

1.5 RISK MANAGEMENT

The TA team has taken a rigorous approach to the identification and management of risk. Risks were identified, evaluated, and discussed in the Senior Management Team meetings and shared with DFID in monthly meetings. There were four additions in the risk table:

- R6 (relationship management in the context of the new structure)
- R12 (delays in government approval causing further delays on m-health implementation)
- R13 (lack of clarity in the FMoHP structure that ultimately disrupts the service delivery functions at the local level)
- R14 (the Independent Review has extended the design timeline, may require extra designs and delay the tender process- this could impact negatively on the construction critical path under the infrastructure matrix)

The overall risk factors remain at the same levels as in the previous Quarter.

1.6 LOGICAL FRAMEWORK

The logical framework was reviewed in June 2018 with DFID. Changes were made to timeframes to align with the FMoHP fiscal year for the indicators that rely on government reporting systems (all other indicators align with the NHSP timelines). Coordination was undertaken with Monitoring Evaluation Operational Research¹ to ensure alignment with the *Nepal Health Sector Programme 3- Master Logical Framework*. The annual progress on the log-frame indicators as per Appendix 3 was approved and shared with NHSP3 Mid Term Review (MTR) MTR team by DFID on the 9th August 2018. For the indicators that rely on the national Health Management Information System (HMIS), the data will be updated once the data for the 2017/18 fiscal year is finalised (due to be completed in October 2018).

1.7 TECHNICAL ASSISTANCE RESPONSE FUND

No applications for Technical Assistance Response Fund (TARF) were received from the FMoHP during the reporting period and hence no expenditures were made in this Quarter. An orientation on the TARF was made to the key government officials in the DFID-FMoHP meeting and specifically to the Head of Coordination Division, Head of Policy, Planning and Monitoring Division (PPMD), Director General of the Department of Health Services (DoHS), and the head of Family Welfare Division (FWD).

¹ A DFID supplier.

2 PROGRESS IN THE QUARTER

2.1 HEALTH POLICY AND PLANNING

RESULT AREA: i2.1 THE FMOHP HAS A PLAN FOR STRUCTURAL REFORM UNDER FEDERALISM

Activity i2.1.1 Provide strategic support on structures and roles for central and devolved function

On-time: The TA team assisted in the development of organisational structures, roles, and responsibilities for the FMOHP, including its Departments and Centres as approved by the Cabinet. The provincial level health structure is already approved, and the structure of local level is also finalised. MOFAGA has shared the structure of local levels with concerned ministries and local levels for the implementation.

Challenges: Assuring the proper alignment of sectorial functions and human resource deployment as per the new structures and tailoring TA support is an ongoing challenge. While the revision of the approved structure has already begun in the FMOHP, frequent changes in the structures may create confusion.

Inputs are scheduled for the next Quarter. An analysis of the human resources requirements at different levels as per the new structure is proposed.

Activity i2.1.2 Enhance capacity of Policy Planning and Monitoring Division and other respective divisions to prepare for federalism

On-time: The PPMD/FMOHP has initiated policy dialogue on pertinent reform agenda in the health sector. To date, two policy dialogues events have been completed namely on Procurement and Supply Chain Management, and Medicine Regulatory System and Quality Assurance. A task force was formed to manage the policy dialogue and facilitate mechanisms to address the issues raised in each meeting. The plan is to conduct such policy dialogues monthly.

Inputs are scheduled for the next Quarter. TA support will assist in further policy dialogues sessions.

Activity i2.1.3 Develop guidelines and operational frameworks to support elected local governments planning and implementation

On-time: The TA team has prepared the *Guideline for Pharmacy Registration for Local Government*. The team also supported the preparation of the *Guideline for Health Facility Operation and Management Committees (HFOMC)*, which has been submitted to the FMOHP. Together with officials from the FMOHP, the DoHS, and the German Corporation for International Cooperation (GIZ) the final draft of the guideline has been reviewed. *Programme Implementation Guidelines* have been developed for provincial and local level governments to facilitate the implementation of the activities planned through conditional grant. These guidelines have been approved by the FMOHP and uploaded on the FMOHP website.

Inputs are scheduled for the next Quarter. The Pharmacy Registration Guideline for local level governments will be finalised and approved.

Challenge: Delays in the approval of the HFOMC guideline by the FMOHP will further delay the rollout of guidance for local governments.

RESULT AREA: i2.2 DISTRICTS AND DIVISIONS HAVE THE SKILLS AND SYSTEMS IN PLACE FOR EVIDENCE-BASED BOTTOM-UP PLANNING AND BUDGETING

Activity i2.2.1 Develop gender-responsive budget guidelines, (incl. in Year 2 revision of Gender Equity and Social Inclusion operational guidelines)

On-time: A revised terms of reference (TOR) was submitted to DFID for approval after incorporation of feedback. The TOR was subsequently approved and a Technical Working Group (TWG) for Gender-responsive Budgeting was formed. Expert TA has been sought: an international consultant has been identified to carry the work forward.

Inputs are scheduled for the next Quarter: To develop the TOR and form a Technical Work Group for Gender Responsive Budgeting; Review the Ministry of Finance's *Gender Responsive Budget Guidelines* and other relevant documents; visit one province and three municipalities to review their *Annual Work Plan and Budgets* (AWPBs); consult with the concerned FMoHP divisions and centres; develop and submit the draft guidelines to the FMoHP for approval. An international expert has been identified for this work.

Activity i2.2.2 Support the Department of Health Services to consolidate and harmonise the planning and review process

On-time: TA was provided to the FMoHP in the preparation of the AWPB for the fiscal year 2018/19 according to the framework and guideline provided by the National Planning Commission, the Ministry of Finance and the National Natural Resources, and the Fiscal Commission. TA was provided for the planning of conditional grants for the health sector in consultation with the concerned divisions and centres. TA aided in the development of the *Planning and Budgeting Guidelines for AWPB Preparation at the Local-level*. Similarly, support was provided to prepare the AWPB guideline for provincial government level. Both guidelines have been approved by the FMoHP and uploaded on the FMoHP website.

Inputs are scheduled for the next Quarter. Support to organise annual review of the health sector that will be combined with the Joint Annual Review (JAR). Its process has just begun. Support in developing 15th periodic development plan and *Long-Term Vision Paper 2100 B.S.* that are led by National Planning Commission.

Activity i2.2.3 Implement learning laboratories to strengthen local health planning and service delivery

Ongoing: Work to redefine the Learning Laboratory approach is now advanced. In consultation with the concerned local governments, a local health profile has been completed in line with the standard template prescribed for the local level. Draft profiles and fact sheets are being shared with the local level for their feedback for finalisation. Baseline assessments are being prepared drawing on existing tools including the National Family Healthy Survey (NHFS). Support was provided for the formulation of the AWPB of five Learning Laboratory sites for FY 2018/19. TA coordinated with other supporting partners in remaining two Learning Laboratory sites. Support was also extended to the local level in accomplishing an annual review of 2017/18 in two of the local sites (Yashodhara and Ajayameru municipalities) as per the format suggested by the federal level. Adaptation of the Organisational Capacity Assessment Tool is in progress for the capacity assessment of the local level. The initial assessment will form part of the baseline for learning labs. Different partners, including to monitor the progress on programme implementation and challenges

therein, are formulating a TWG within the FMoHP to coordinate and oversee the provincial and local level support.

Support was provided to build the capacity of the Western Regional Hospital of Pokhara Metropolitan City, which is one of the LL sites, by providing training on "Point of Care Quality Improvement" in Kathmandu in collaboration with WHO and UNICEF.

Inputs will continue in the next Quarter. Implementation of the Organisational Capacity Assessment Tool (OCAT) in Learning Lab sites; support for the annual review in remaining sites will be continued.

Activity i2.2.4 Develop Leaving No-one Behind budget markers at National and local level

On-time: TA was provided for the development of guidelines on Budget Markers for Leaving No-one Behind (LNOB) and submitted to FMoHP for their inputs/comments. The document will be forwarded to DFID after its finalisation and translation into English.

Inputs are scheduled for the next Quarter: Incorporate inputs/comments received from the FMoHP; share the final draft guidelines to FMoHP for approval; translate the approved

RESULT AREA: I2.3 POLICY, PLANNING AND INTERNATIONAL COOPERATION DIVISION IDENTIFIES GAPS AND DEVELOPS EVIDENCE-BASED POLICY

Activity i2.3.1 Conduct institutional assessments, market analysis (including political economy analysis), provider mapping for private sector engagement

Delayed: The Short-Term Technical Assistance (STTA) to undertake a mapping of the private sector engagement has been hired and work is in progress.

Inputs are scheduled for the next Quarter. The final draft of the mapping will be prepared.

Activity i2.3.2 Update Partnership Policy for the health sector in line with that of the central government

Completed: 🌐 This activity was completed last year.

Inputs scheduled for the next quarter: Key components of the draft partnership policy for the health sector will be included in the National Health Policy 2018 and a separate guideline incorporating the essence of the draft partnership policy will be developed as planned in I2.3.5 activity. This will assist in moving an endorsement of this document forward.

~~I2.3.3 Update Partnership Policy for the health sector in line with that of the central government~~

Deleted: This will be included in Activity i2.3.1

No inputs are scheduled for the next Quarter.

Activity i2.3.4 Review existing policy and regulatory framework for quality assurance in the health sector

On-time: TA was provided to the Quality Assessment and Regulation Division (QARD) to conduct the field testing of the Minimum Service Standards (MSS) for hospitals and the debriefing of findings has contributed towards refining the *MSS for Primary, Secondary and Tertiary Hospitals* along with the *Implementation Guidelines*. The *Final draft of the Standards for Primary, Secondary and Tertiary Hospitals* were disseminated to key stakeholders on 17th and 18th September 2018. TA was also provided to the Curative Service Division of the

DoHS to refine the *Standards for Health Posts*. The final draft of the *Standards for Health Posts* will be shared with key stakeholders and processed for approval. It was suggested to have a single guideline (from Health Post to Hospitals) for the implementation of the standards and the implementation guideline is being refined accordingly. However, it is anticipated that the guideline will be finalised only after the governing structure for Quality Assurance and Improvement at all these levels of governance has been agreed.

TA was provided to QARD to conduct a Joint Appraisal Meeting of Quality Improvement Initiatives on the 19th September 2018 together with External Development Partners (EDPs) working on Quality of Care.

Inputs will be continued in the next Quarter. The MSS documents will be printed and disseminated, and the implementation of MSS in Learning Lab sites will be initiated.

Activity i2.3.5 Assess institutional arrangements needed for effective private sector engagement (PD 49)

On-time: The TOR for *PD 49* (Development of guideline for effective private sector engagement in health) has been approved by DFID. A senior STTA has been hired to support in this task (see Activity i2.3.1). An existing TWG formed at FMOHP on health policy issues will oversee the development of the guideline.

Inputs will be continued in the next Quarter.

Activity i2.3.6 Undertake policy stock take for the health sector and disseminate findings (PD 31)

Completed in previous Quarter.

Activity i2.3.7 Revise/update major policies based on findings and emerging context

On-time: The FMOHP has initiated the process for the formulation of the new health policy. The TA team shared the recommendations of the policy stocktaking report and key points of the *Draft National Health Policy 2017* and *Draft Partnership Policy 2017* in health, for consideration during the new health policy drafting process. TA is being provided to support the drafting of the new *National Health Policy*. The consultations at the provincial level have already been held.

Challenge: The FMOHP requested Nepal Health Sector Support Programme (NHSSP) team to join the provincial level policy consultation together with the FMOHP team in at least a couple of provinces. Following discussions with DFID, it was agreed that TA should be cautious to avoid an impression that TA is being committed provincial level. It was deemed appropriate at that stage not to join the FMOHP.

Inputs will continue to next Quarter. TA support in developing the final draft of the new health policy will be continued.

RESULT AREA: i2.4 FMOHP HAS CLEAR POLICIES AND STRATEGIES FOR PROMOTING EQUITABLE ACCESS TO HEALTH SERVICES

Activity i2.4.1 Revise health sector Gender Equity and Social Inclusion Strategy (PD 18)

On-time: The TA team submitted the final draft of *Health Sector Gender Equality and Social Inclusion Strategy* to the FMOHP in September. While developing the guideline, inputs from relevant government agencies such as National Planning Commission, Ministry of Women, Children, and Senior Citizens (MoWCSC), and Ministry of Finance and General

Administration (MoFAGA) were gathered. The FMoHP will submit it to the cabinet for final approval. The strategy has been translated into English to reach a wider audience and EDPs.

During this Quarter, inputs were provided to MoWCSC on the draft National Gender Equality Policy through the FMoHP, Gender Equity and Social Inclusion (GESI) Section.

Inputs are scheduled for the next Quarter: Printing of the strategy after approval and dissemination of the strategy with a wider audience.

Activity i2.4.2 Revise and strengthen GESI institutional structures, incl. revision of guidelines in Year 2

On-time: The GESI institutional mechanism has been integrated into the revised GESI strategy. Thus, a separate guideline is not required. Establishment of the mechanism will be initiated after the approval of the strategy.

Inputs are scheduled for the next Quarter: Establish the GESI institutional mechanism in selected Provinces and Municipalities following the approval of the strategy.

Activity i2.4.3 Revise the National Mental Health Policy and develop a mental health operational plan

Not scheduled: No inputs were provided in this Quarter.

Inputs are scheduled for the next Quarter: The Mental Health Policy revision process will be initiated with the leadership of Epidemiology and Disease Control Division.

Activity i2.4.4 Develop guidelines for disabled-friendly health services (PD 42)

On-time: The TOR for PD 42 (FMoHP Guidelines for disabled-friendly health services developed), due in February 2019, was submitted to DFID for approval after incorporating feedback. Following approval of the TOR, a Steering Committee was formed, which convened at an introductory meeting.

Inputs will continue for the next Quarter: Organise the Steering Committee meeting; develop a roadmap for the development of guidelines; Draft a TOR and support establishment of a multisectoral TWG; and initiate drafting process for guidelines.

Activity i2.4.5 Revise Social Service Unit and One Stop Crisis Management Centre Guideline

On-time: Technical inputs were provided to prepare implementation guidelines for annual activities concerning the management of Social Service Unit (SSU) and One Stop Crisis Management Centre (OCMC) also considering feedback received from the field level.

Inputs will continue for the next Quarter: Revise the SSU and OCMC operational guidelines based on recently revised implementation guidelines.

Activity i2.4.6 Develop Standard Operating Procedures for Integrated Guidelines for Services to gender-based violence (GBV) survivors (Year 1), and support roll-out of National Integrated Guidelines for the Services to Gender-based Violence Survivors (Year 2)

Not scheduled: This activity has been postponed until December 2018 by the MoWCSC, in consultation with the FMoHP.

No inputs are scheduled for the next Quarter. Note: Standard Operating Procedures for integrated guidelines for services to GBV survivors will be developed in 2019 once Cabinet approves the guidelines.

Activity i2.4.7 National and provincial level reviews of One-stop Crisis Management Centres and Social Service Units

Not scheduled: No inputs were provided in this Quarter.

No inputs are scheduled for the next Quarter. Note: Reviews will be organised in 2019.

Activity i2.4.8 Capacity enhancement of GESI focal persons and key influencers from the FMoHP and DoHS on GESI and Leave No-one Behind aspects

Not scheduled: A GESI/LNOB presentation was conducted during the infrastructure policy workshop jointly organised by the Department of Urban Development and Building Construction (DUDBC) and FMoHP.

Inputs are scheduled for the next Quarter: Not scheduled.

RESULT AREA: i2.5 FMOHP IS COORDINATING EXTERNAL DEVELOPMENT PARTNERS TO ENSURE AID EFFECTIVENESS

Activity i2.5.1 Support strengthening and institutionalisation of Health Sector Partnership Forum

On-time: The TA team developed a concept note for the Health Sector Partnership Forum and shared this with the PPMD. Preparations for a Health Sector Partnership Forum was discussed with the FMoHP and an agenda of the Forum are being discussed with the FMoHP team.

Inputs are scheduled for the next Quarter. Support will be provided in organising the Health Sector Partnership Forum in the next Quarter.

Challenge: Changes in FMoHP key officials may present challenges.

Activity i2.5.2 Support partnership meetings (JAR, Mid-year review, and Joint Consultative Meeting) (PD 26 & 58)

On-time: The Joint Consultative Meeting (JCM) was organised in the previous Quarter (June) including a follow-up meeting for post-budget discussion. Discussion is ongoing among EDPs and the FMoHP to schedule another JCM soon. Preliminary discussions have been conducted for the organisation of the JAR following the provincial review.

Inputs are scheduled for the next Quarter. Support to organise the 2nd JCM (already conducted on Oct 2nd) and the combined JAR and annual review, which is scheduled for December 12-14.

Activity i2.5.3 Map technical assistance and update the FMoHP TA matrix

Not scheduled: A template for the TA matrix was developed with a plan and discussed at the EDP meeting in September.

Inputs are scheduled for the next Quarter.

Challenge: Delay in agreeing on the template for TA mapping by EDPs and the FMoHP may be a challenge.

Activity i2.5.4 Support mid-term review of the National Health Sector Strategy

On-time: The TOR was drafted by EDPs and feedback was provided. A TWG has been formed in the FMoHP and has begun preparations.

Inputs are scheduled for the next Quarter. The review of the NHSS is expected to start in the next Quarter

2.2 HEALTH SERVICE DELIVERY

13.1 THE DOHS INCREASES COVERAGE OF UNDER-SERVED POPULATIONS

13.1.1 Support expansion, continuity, and the functionality of Comprehensive Emergency Obstetric Neonatal Care (CEONC) sites

Site selection and the establishment of services as per AWPB and mentoring

Delayed: Feasibility assessment at Kolte, Bajura was completed and agreed to establish CEONC services. However, feasibility assessment at Sotang, Solukhumbu was delayed due to difficulty in travelling to the site in the rainy season.

Inputs are scheduled for the next Quarter. This will include feasibility assessment in Sotang.

Improving reporting, monitoring, and response mechanisms

On time: TA monitored and reported to the FHD Director on the functionality of all CEONC sites using HMIS data and the problems reported from service sites. Regular C-section services were continued in the majority of the 83 established sites. However, in some sites services were affected, due to unavailability of human resources to provide C-section services. This being a result of delayed recruitment of short-term staff due to delayed in release of budget. Out of the 80 existing sites that were monitored, 64 were functioning during Shrawan and 65 in Badra (mid-July to mid-September). The number of districts without a functioning C-section service was 14 and 13 in these months, respectively. TA provided on-site visits to three poorly functioning sites during this period to assess.

	Province 1	Province 2	Province 3	Province 4	Province 5	Province 6	Province 7	Total
Existing sites	15	8	14	9	13	10	11	80
	Non-functioning							
Shrawan	0	3	3	2	2	4	2	16
Badra	1	2	3	2	1	4	2	5

Inputs are scheduled for the next Quarter. Continued monitoring and exploration for developing a sustainable monitoring system linking with existing MIS.

Challenge: Budgets are not being released in a timely way from *palika* or provincial governments to hospitals.

Continuation of the caesarean section study and implementation of recommendations

Delayed: The *Aama Implementation Guideline* is not yet finalised. Introduction of Robson criteria to selected hospitals may start in early January 2019, pending the Guideline finalisation.

Inputs are scheduled for next Quarter.

i3.1.2 Support the FHD and District Health Offices to upgrade health posts with Basic Emergency Obstetric and Neonatal Care services

Deleted: As reported in Quarter 3 the selection and upgrading of strategically located sites to deliver Basic Emergency Obstetric and Neonatal Care (BEONC) have been discontinued. TA will facilitate the planning and implementation of local health plans in selected remote councils. (i.3.1.13)

No inputs are scheduled for the next Quarter.

i3.1.3 Support the Primary Health Care Revitalisation Division to assess Community Health Units and modify guidelines

On time: The Primary Health Care Revitalisation Division (PHCRD) recruited an organisation to conduct the assessment. The TA provided inputs to the methodology and the study. The study was conducted by an organisation contracted by PHCRD. The NHSSP provided technical inputs to the draft report and the final report was submitted to PHCRD.

The Nursing and Social Security Division (NSSD) of the DoHS is responsible for Female Community Health Volunteer (FCHV) related strategies and activities. The Division is keen to develop further community-based strategy for Nepal.

Inputs are scheduled for the next Quarter. TA inputs from NHSSP will be provided once the NSSD takes forward future community-based strategy. NHSSP proposes to wait for the new health policy and 25-year plan as it seems there will be a higher level guidance on community health workers.

i3.1.4 Facilitate the design and testing of Reproductive, Maternal, Neonatal, Child, and Adolescent Health; Family Planning; and nutrition innovations

BBC Media Action m-Health

On-time: The NSSD has taken the leadership to take forward the official approval process. Several meetings with the NSSD took place in this Quarter. The NSSD led two interactions meetings with FCHVs, mapping of mHealth service providers, and a consensus-building meeting with government officials and partners. All participants including the Director General of the DoHS agreed to pilot the “m-Health for FCHV”. It was agreed here that it would be taken forward for the official approval process.

Approval by the Health Secretary is necessary for further actions. Once approved by the Health Secretary, a formative research will be conducted for developing appropriate m-Health tools.

|| **Challenge:** Approval process is causing delays to the planned work.

Performance-based incentive to encourage better productivity and retention of Skilled Birth Attendants

As reported in an earlier Quarterly report, the NHSSP provided support to the FWD to mobilise skilled birth attendants (SBAs) to provide postnatal care (PNC) home visit through local planning and provision of incentives to SBAs to provide PNC home visits. This activity is budgeted under FHD AWPB in 2017/18 in 30 *gaunpalika* (15 districts).

On-time: Technical support was provided to the FWD for monitoring PNC home visits by SBAs in 30 *gaunpalika* of 15 districts. Out of 30 *gaunpalika*, 26 (87%) were able to start implementing PNC home visits as per the 3-PNC visit protocol. This activity was started at the end of fiscal year 2017/2018. PNC service provision increased in 2017/18 from the

2016/17 levels in these 30 *gaunpalika*, a number of women who received three PNC visits per protocol increased from 2500 in 2016/17 to 2900 in 2017/18 in these 30 *palika*.

Inputs are scheduled for the next Quarter. It is planned to provide PNC micro-planning orientation to *palika* Health Coordinators and Assistant Coordinators in 1-2 provinces based on the FWD budget implementation plan.

Challenge: The FWD expanded this programme to 27 districts (51 *palika*²) through provinces and *palika* in 2018/19. The local government allocated the budget for 2 *palika*. However, the *Palika Health Coordinators* do not have the capacity to conduct the programme, especially in terms of planning for mobilisation of SBA and monitoring PNC home visits. Towards resolving this, TA will review implementation/monitoring guidelines, provide technical orientation/facilitation during provincial level meetings for health coordinators organised with FWD AWPB at the provincial level. FWD will plan for review and orientation meetings for several programmes to capacity-build provincial and local level staff in 2018/19.

i3.1.5 Support the FHD/Child Health Division (CHD)/PHCRD and DHO to improve access to Reproductive, Maternal, Newborn, Child and Adolescent Health and Family Planning services in remote areas building on Remote Areas Maternal and Newborn Health Project approach

On-time: Off-site follow-up done at three rural municipalities, in Dolakha and Ramechhap, where TA was provided during their annual planning and budgeting. Two rural municipalities completed their budgeting process by end of this Quarter. Umakunda (Ramechhap) approved 3,000,000 Nepalese Rupees (NPR) in the *palika* in addition some budget allocated from wards separately. Bigu *Gaunpalika* (Dolakha) approved 5,300,000 NPR for the health sector in total. The TA supported two rural municipalities to develop implementation guidelines.

Inputs are scheduled for the next Quarter. TA will support monitor implementation of their activities, follow up in next fiscal year planning, and will be presented as a case study. TA will collect information from non-supported *palikas* and include in the case story; this would be available by May/June 2019.

Implement social mobilisation and behaviour change approaches with local non-government organisations (NGOs)

Due to the changing context of federalism, the TA proposes to focus on strengthening FCHVs instead of working with local NGOs and will seek to discuss this with DFID.

Delayed: Support for FCHV baseline training second phase through STTA in Paribartan RM, Rolpa could not be provided, as the FCHV training was postponed by the *palika* due to the rainy season. It is now planned for next Quarter.

i3.1.6 Support the FHD and District Health Office to scale-up Visiting Providers, Roving Auxiliary Nurse Midwives, and Integration of Family Planning in EPI clinics

On-time: Most municipalities mobilised Visiting Providers and Roving Auxiliary Nurse Midwives. Visiting Providers were deployed in 17/20 Districts (41/60 *gaunpalika*) Roving Auxiliary Nurse Midwives in 20/20 districts (38/40 *gaunpalika*). TA is monitoring these activities through regular phone-calls. This programme will be continued until the end of the fiscal year (mid-July 2019). The Visiting Provider programme will be implemented through provinces in fiscal year 2018/19 whereas the Roving Auxiliary Nurse Midwife programme will continue to be implemented through selected *palika* in fiscal year 2018/19. Ongoing regular

2 Total 51 *palika* including 30 old *palika* and 21 new *palika*

communication (by telephone and by visits) with provinces (Provinces 1, 2, 4, 6, and 7) on the briefing and implementation of the Visiting Provider programme is being continued.

Inputs are scheduled for the next Quarter. This includes facilitation to the provincial and selected local governments for Visiting Providers and Roving Auxiliary Nurse Midwife recruitment, respectively. NHSSP team members will collect information on Visiting Provider implementation status in 2016/17 (through the District Health Office [DHO]), 2017/18 (through selected *palika*), 2018/19 (through Provinces) by government programme and UNFPA's partners (MSI and ADRA) and MSI (direct support from DFID) and analyse HMIS data to develop a report on the implementation progress and lessons learnt. (PD 52).

Supporting capacity and skills enhancement of Visiting Providers and Roving Auxiliary Nurse Midwives in remote districts

On-time: The TA conducted telephone follow-up till end of fiscal year 2017/18 but no direct support or capacity enhancement for VPs and RANMs.

Inputs are scheduled for the next Quarter for capacity building of VP and RANM recruited by provincial and selected local government.

i3.1.7 Support the FHD to expand the provision of comprehensive Voluntary Surgical Contraception

On-time: Districts have conducted comprehensive voluntary surgical camps services. DHOs are continuing coordination, supervision/monitoring and even supplied surplus supplies and medicines to *palika* or where needed in 2017/18. Some DHOs continued for 2018/19.

(1) DFID FA regular comprehensive VSC services in 5 districts namely Sunsari, Gorkha, Surkhet, Bardia and Kavrefor 2017/18. It was reported that on average 4-5 camps were conducted per district but mostly before June/July.

(2) Similarly, VSC camps through Red Book implemented in most district (both from 24 hospitals and DHOs) till July end of fiscal year 2017/18.

(3) SIFPO-2 MSI and FPAN continued VSC camps till September end 2018 in coordination with DHOs and local *palikas* before phasing out.

(4) under new MSI/DFID programme, MSI has conducted VSC camps in Lalitpur, Kavre, Sunsari after July 2018 in coordination with DHO and local *palikas*.

TA role focuses on guideline revision and monitoring progress of implementation. DHO/hospitals level didn't need regular support. This may be different in the new structure. TA also contacted and interacted with DHOs and District Family Planning Supervisors and Officers by telephone or during field visits and took stock of programme progress.

Inputs are scheduled for the next Quarter. Update VSC camps and VSC+ camps implementation by provinces, selected districts, and hospitals.

i3.1.8 Develop a digital platform for social change targeting adolescents

Review of Adolescent Sexual and Reproductive Health pack and GBV IEC materials from GESI perspectives

Completed: 🌐TA presented the revised GBV pack to National Health Education Information and Communication Centre (NHEICC) and other divisions across the DoHS. The GBV pack was reviewed and revised considering the new changes and revised GESI strategy, upon the request of the NHEICC. The revised GBV pack will contribute to addressing the gaps that persist at different levels in terms of advocacy materials related to GBV; OCMCs; and information on free health services in the Nepali language.

TA contributed to develop the presentation and updated GESI Section Chief on GBV-OCMC status and roadmap of FMoHP on eliminating GBV for the live presentation entitled *SAMAKON* hosted by Kantipur National Television. The programme was an hour long where Parliamentarian and Chair of Social Development Committee, a representative from Centre for Mental Health and Counselling, Nepal were panellists. The programme highlighted on the contributions that OCMCs have made as well as the aspects requiring improvements including the multi-sectorial coordination to insure holistic support and services to GBV survivors from “one door” as enshrined by the OCMC guidelines. During this Quarter, the OCMC of Hetauda was featured for its performance by Kantipur National Daily and the OCMC focal person from Dang received an honour (medal for public service) from the President of Nepal.

i3.1.9 Support to the FMoHP for improving delivery of nutrition interventions

Opportunities to strengthen nutrition within the Programme in Nepal - Scoping Analysis

Delayed: Discussion and development of concept note for testing “a local nutrition surveillance system to better identify households at risk, including children with moderate acute malnutrition”, under way with Evidence and Accountability team of NHSSP, is delayed due to the un-availability of a local expert to support the process.

Inputs are scheduled for the next Quarter. Discussion with the FWD director will take place in next Quarter, followed by detailed concept note preparation if the approach is acceptable to the FWD. The FWD director agreed to hold a meeting with the stakeholders to bring consensus on need of the surveillance; and agree on the design and implementation modality.

i3.1.10 Strengthening and scaling up of OCMCs

Completed: 🌐 Site visit to three districts³ completed for the scoping of new OCMCs, to be established in 2018/19. Meetings were conducted with the hospital management committee and staffs including multi-sectoral stakeholders⁴ followed by orientation on GBV-OCMC concept, framework and operation guidelines in these districts. TA facilitated an orientation on OCMC to newly appointed FMoHP/GESI Section Chief and contributed to prepare OCMC programme implementation and budget guidelines to be sent to the OCMC based hospitals through provinces for this fiscal year.

The OCMCs status was shared with the Office of Prime Minister and Council of Ministers (OPMCM) and other sector ministries during the Quarterly review organised by the OPMCM.

To address the capacity gaps due to frequent change of OCMC focal persons, eight OCMC focal persons⁵ from seven provinces participated in the “National Level Workshop on Essential Service Package related to Gender-Based Violence” organised jointly by the MoWCSC, UNFPA, WOREC and Other UN agencies from the 18th to the 20th September 2018. TA organised regular meeting with UNFPA/CVICT and others at MoHP and share information regarding MOHP's efforts, achievements and challenges on GBV/OCMC and other emergent issues. TA also delivered sessions during workshops and training, prepared presentations and participated in the opening/closing ceremony. The national level workshop broadly focused on a comprehensive approach to ending violence against

³ Kailali district (Seti Zonal Hospital), Sunsari district (BPKIHS) and Lalitpur district (Patan Academy of Health Sciences)

⁴ District police, district attorney, women police cell, safe home, CDO, I/NGOs and others

⁵ Udaypur, Saptari, Sindhuli and Kathmandu, Kaski, Dang, Surkhet and Achham

women and girls that addresses legislation and policies, prevention, services for survivors, research, and data. The workshop also included a session on OCMC and the action plan was developed to identify next steps for strengthening OCMCs and implementing the multi-sectorial response systems/approaches based on local, provincial, and national opportunities. Likewise, during this Quarter, five OCMC⁶ focal/Staff Nurses completed a six-month long psychosocial counselling training and became certified counsellors. They will be a great resource for these districts given the scarcity of trained counsellors. The training was funded by UNFPA/CVICT in collaboration with Department of Women and Children Office upon the request of the TA.

Inputs are scheduled for the next Quarter. Scoping for the establishment of four new OCMCs.

Challenge: Key standing challenges include multi-sectorial cooperation and collaboration to ensure integrated *one-door* services to GBV survivors, the timely hiring of staff nurses for OCMCs on contract and regular holding of meetings of OCMC district coordination committee, given the changed context. The frequent transfer of hospital staff including Medical Superintendent hinders the functionality of OCMCs. However, the major challenge is the long-term of rehabilitation of survivors⁷. The revision of *OCMC Operational Guidelines* with the clear roles and responsibilities of multi-sectorial stakeholders and mentoring will, to some extent, support to improve the coordination aspects for the harmonisation of services through *one-door*.

Support the strengthening of OCMCs through mentoring/monitoring and multi-sectorial sharing/consultation

Ongoing: Site visits for coaching/mentoring and monitoring in four OCMCs⁸ and meetings with district-level multi-sectorial stakeholders to review the progress, challenges, and achievements for the strengthening of OCMCs was conducted. At the Federal level, a coordination meeting was held with external development partners. This quarterly meeting was held to share the updates on their activities and to understand the scope concerning the OCMC strengthening. TA supported the FMoHP/GESI Section to share the FMoHP's initiatives to combat GBV and the plans for the future at the "International Dissemination Meeting: Addressing Domestic Violence in Antenatal Care Environments Study" to Ministers and Secretaries of sector ministries and Members of Commissions (National Women Commission and National Planning Commission), national and international universities⁹, national and international delegates, and participants from EDPs. Likewise, TA participated in the 2nd Nepal Girl Summit 2018. The summit was successfully organised with help of state-level government, ministers and NGOs. It mainly focused on ending child marriage, the dowry system, and expanding girls' horizons beyond marriage. Upon the request of several OCMC-based hospitals from Province¹⁰ 7 and Province¹¹ 3 for conduction of medico-legal training, TA initiated the consultation with NHTC and GESI Section. The Medical Superintendent from these hospitals reported that due to the lack of

⁶ Bajang, Baitadi, Achham, Bajura and Rautahat

⁷ Rehabilitation needs to be redefined - integration in the family and community, which is generally considered rehabilitation - now needs to be broadly defined as each GBV cases demand different types of rehabilitation given the types of GBV they endure, age and need of survivors etc. Further, given the increasing numbers of homeless survivors with mental health problem requiring long-term rehabilitation - is the biggest challenges - needing a separate rehabilitation system.

⁸ OCMCs of Lumbini Zonal Hospital, Bharatpur Hospital, Koshi Zonal Hospital and Hetauda Hospital

⁹ Kathmandu University School of Medical Sciences; Kathmandu Medical College; University of Sri Jayewardenepura, Sri Lanka; Oslo Metropolitan University, Norway; Johns Hopkins university, USA, NTNU, Norway

¹⁰ Seti zonal hospital, Mahakali zonal hospital, Bajura hospital, Baitadi hospital, Mangalsen hospital, Bajhang hospital

¹¹ Chautara hospital, Sindhuli hospital, Manthali PHC, Charikot PHC, Dhading hospital

trained medical officers, there have been difficulties in the examination of GBV, especially rape cases and preparation of medico-legal reports.

Inputs are scheduled for the next Quarter. Mentoring and follow-up support to select OCMC hospitals that are newly established; update the status of all 45 OCMCs including reporting for the dashboard. TA support to plan two batches of medico-legal training to medical officers from OCMC based hospitals as per the request.

i3.1.11 Rolling out the GBV clinical protocol

Planned: Orientation on GBV clinical protocol planned in 3 hospitals¹². TA will be provided for the development of presentation slides and facilitation of the sessions.

Inputs are scheduled for the next Quarter. Review from a distance to understand the effectiveness of the orientation in responding to the needs of survivors by the hospital system where orientation was conducted last Quarter.

i3.1.12 Rolling out the GBV Standard Operating Procedures

Completed: 🌐 TA initiated and completed a training of trainers (TOT) session entitled *Health Response to GBV*. Following the TOT, TA facilitated on-the-job training in all three training sites¹³ by the trainers (who received TOT) for medical officers and paramedics. From the three training sites/hospitals, a total of 125 service providers were trained (TOT – 12 from three sites [four participants from each site] and 113 On-the-Job Training: 40 at Koshi Zonal Hospital, 38 at Lumbini Zonal Hospital, and 35 at Bharatpur hospital). The training at the hospitals has greatly enhanced the understanding of service providers on GBV and responding to survivors as reported during the site visits. The training significantly supported their (service providers') understanding of OCMCs in detail and allowed them to clarify the different aspects of OCMCs. These aspects included concept, modality, and roles and responsibilities of various departments of the hospital and multi-sectorial stakeholders¹⁴. The Case Management Committee (CMC) and the District Coordination Committee's role in managing GBV cases including resource generation, GBV prevention, and response at different levels was also covered. Furthermore, the training contributed to enhancing the service providers' level of understanding on GBV aspects, coordination within and between hospital departments, improved record keeping, and strengthened multi-sectorial coordination including prioritising the OCMC as an integral part of the hospital. The training also supported the standardisation of the physical infrastructures and resources required for OCMCs. Within a short span of time (four months, from March to June 2018), the OCMCs of all three training sites reported an increased number of GBV cases- 92 GBV survivors at KZH, 61 at LZH, and 132 at Bharatpur hospital compared to 67 GBV cases in KZH, 41 cases in LZH, and 101 cases in Bharatpur hospital reported for eight months (July 2017 to Feb 2018). Moreover, within two months of this fiscal year (July-August 2018), due to effective inter-departmental referrals within the hospital and referrals from other neighbouring districts and partners, cases increased tremendously i.e. 54, 25 and 36.

During this Quarter, TA completed the process documentation of establishing GBV clinical protocol training sites in three referral hospitals stated above; follow-up and monitoring at training sites including the development of PD reports on the establishment of training sites.

¹² Lumbini Zonal Hospital, Bharatpur Hospital and Koshi Zonal Hospital

¹³ Bharatpur, Koshi and Lumbini hospital

¹⁴ District Police, District Attorney, Safe Home, Civil Society, District Women and Children Police Cell, Women Development Officer

Inputs are scheduled for the next Quarter. Follow-up and monitoring of training sites to strengthen them; facilitate to provide TOT to medical officers and senior nursing staff on GBV clinical protocol (based on the dropout rate of the trainers at the hospital) in coordination with the NHTC. TOT has been planned for December 2018 or January 2019 at Bharatpur hospital and LZH considering the dropout rate of the trainers.

Supporting the rollout of the protocol (and Standard Operating Procedures once approved)

Not scheduled: The Standard Operating Procedures will be developed in 2016 once the *Integrated Guidelines for Services to GBV Survivors* are approved from the Cabinet. The rollout process will take place after that.

i3.1.13 Scaling up Social Service Units

Completed: 🌐 Scoping meeting to establish two new Social Service Units (SSUs) at two hospitals¹⁵ completed during this Quarter. The SSUs are clearly improving the access of poor and disadvantaged people to health services - a core aim of the NHSS (2015–2020). Within this fiscal year (July 2017 – July 2018) 47% of poor, five percent disabled, and four percent helpless received free care services from 16 existing SSUs. Site visits for coaching/mentoring and monitoring in seven SSUs¹⁶ and meetings with NGO partners to review the progress, challenges, and achievements for the strengthening of SSUs was conducted during this Quarter.

TA contributed to prepare SSU programme implementation and budget guidelines to be sent to the SSU based hospitals through provinces for this fiscal year.

Inputs are scheduled for the next Quarter. Mentoring and follow support to select new SSUs; update the status of all 32 SSUs including reporting for the dashboard.

Support for the capacity enhancement of SSUs through mentoring/monitoring and online reporting

Ongoing: Consultations were held with Population Management Division (PMD), GESI Section and Nursing and Social Security Division to plan the three days training on “Inspirational Volunteerism and Humanitarian Approach” for newly established five SSU based hospitals to more effectively facilitate. A status report of SSUs was prepared and shared with PMD and GESI Section including the orientation to new GESI Section Chief and Section Officer on SSU.

Inputs are scheduled for next Quarter: Plan to conduct capacity building for five new SSU based hospitals in December or January 2019.

i3.1.14 Capacity building to put LNOB into practice

Completed: 🌐 Orientation was provided on GESI and LNOB to stakeholders in the Ministry of Social Development of Province 3 and Province 6. Similarly, orientation was provided to the newly recruited division directors and staffs of Nursing and Social Security division (NSSD), Division of Epidemiology and Disease Control and Family Welfare division. Since there have been changes at all levels, continuous orientation on the GESI framework of the FMoHP, a revised GESI strategy and targeted interventions (OCMC, SSU, disability and mental health) are required to build capacity and to raise the awareness of stakeholders at all levels.

¹⁵ Sahid Sukraraj hospital, Sagarmatha Zonal hospital

¹⁶ Hetauda hospital, Seti Zonal hospital, Bharatpur hospital, Koshi Zonal hospital, Western Regional hospital, Lumbini Zonal hospital and National Trauma center

Likewise, TA conducted a meeting with a team from the Institute of Medicine, Tribhuvan University Teaching Hospital (TUTH) to revise and streamline the GESI aspects in the curriculum of nursing courses. The team from the Institute of Medicine, TUTH also requested TA to facilitate the sessions on GESI and targeted interventions at the Institute of Medicine and TUTH.

Inputs are scheduled for the next Quarter. Orientation to staff and students of the Institute of Medicine, TUTH on GESI-LNOB and consultative meetings to review and revise the nursing curriculum; Orientation on GESI-LNOB and targeted interventions at province 6 and 2.

13.2 RESTORATION OF SERVICE DELIVERY IN EARTHQUAKE-AFFECTED AREAS

13.2.1 Skills transfer to paramedics and nursing staff to perform physiotherapy technicians' functions in two earthquake-affected districts

Delayed: The National Health Training Centre (NHTC) called a series of meetings with TWG formed to develop the physiotherapy skills transfer and physiotherapy experts to identify and prioritise the essential physiotherapy skills for health assistants' training who work at health posts/primary health facilities. According to the experts' recommendations, the NHTC forwarded a written request letter to the NHSSP for the number of health assistants to be trained in three districts (Dhanusha, Dhading, and Dolakha) along with the training duration and topics to be included in the training package for health assistants. The decision-making process took longer than expected and thus there was a delay in contracting out an organisation for the implementing NHTC's plan.

Inputs are scheduled for next Quarter: the NHSSP and NHTC will finalise the TOR for an organisation who will develop curriculum, design training package, develop training site, trained health workers as in agreed physiotherapy skills, and monitor the process Health Workers. Once the training package is developed, an organisation to monitor and evaluate the process and outputs/outcomes of skills transfer will be recruited.

13.2.2 Support the institutionalisation of mental health services

Completed: 🌐 TA assisted for the development of the training manual based on the *Standard Treatment Protocol for Prescribers and the Reference Manual*. The aim is to generate future trainers and co-trainers who can ultimately be mobilised for the training of medical officers and Primary Health Centre workers at the local level. The training manual has been printed in both English and Nepali languages. The rollout of the manual has been planned with Epidemiology and Disease Control Division (EDCD) in all seven provinces in this fiscal year. TA also participated in the meeting organised by EDCD and shared the areas for technical support, which includes the standardisation of psychosocial counselling, an integrated information package on mental health, and documentation of good practices/innovations that have taken place in mental health. Similarly, TA participated and presented on the progress, challenges, and the way forward on geriatric health services (status update) during the stakeholders and partners meeting organised by NSSD during this Quarter including the development of presentation for Chief NSSD to present in the upcoming conference entitled "National Status, Policies and Programmes for Healthy Aging."

Inputs are scheduled for next Quarter: Initiate the task to revise and standardise psychosocial counselling curricula under the leadership of EDCD; development of geriatric health strategy under the leadership of NSSD upon their request.

13.2.3 Strengthen the capacity of District Health Offices and HFOMC in two earthquake-affected districts

Discontinued: This activity is combined with the remote areas activity under support to the FMOHP and DHO to improve access to Reproductive, Maternal, Newborn, Child, and Adolescent Health (RMNCAH) and family planning services. (i3.1.5)

No inputs are scheduled for the next Quarter.

i3.3 THE FMOHP/THE DOHS HAS EFFECTIVE STRATEGIES TO MANAGE THE HIGH DEMAND (OF MNH SERVICES) AT REFERRAL CENTRES

i3.2.1 Skills transfer to paramedics and nursing staff to perform physiotherapy technicians' functions in two earthquake-affected districts

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Discontinued: This activity is combined with the remote areas activity under support to the FMOHP and DHO to improve access to Reproductive, Maternal, Newborn, Child, and Adolescent Health (RMNCAH) and family planning services. (i3.1.5)

No inputs are scheduled for the next Quarter.

i3.3 THE FMOHP/THE DOHS HAS EFFECTIVE STRATEGIES TO MANAGE THE HIGH DEMAND (OF MNH SERVICES) AT REFERRAL CENTRES

i3.3.1 Free emergency referral for obstetric complications

On-time: This support came to an end on 16th July 2018. A total of 157 cases were referred in this fiscal year to CEONC sites for obstetric complications.

Changed: It has been agreed with DFID that NHSSP will not do the evaluation of the free referral implementation in Dolakha and Ramechhap districts because of weak baseline data, but lessons learned will be documented and will inform work on referral services in LL sites. The payment deliverable for this assessment PD 32 “Review report on free referral in earthquake affected districts with lessons learned and recommendations” will be replaced by “Report on the Safe Motherhood and Neonatal Health (SMNH) Programme Review and the development of the SMNH Roadmap 2030” that will include a description of the process undertaken for the review along with review report including lessons learnt, and the SMNH roadmap 2030 that will have been submitted to FMOHP for its endorsement.

Inputs are scheduled for next Quarter: National consultation meetings for the review of SMNH and development of roadmap 2030 are scheduled in November 2018, December 2018 and early January 2019 at national as well as for provincial levels.

i3.3.2 Support the MoHP/DUDBC to upgrade infrastructure for maternity services at referral hospitals

On-time: The MoHP approved Bharatpur hospital’s master plan on 300 bedded maternity wing along with the birthing unit. This is a five- year plan. Infrastructure work-stream provided the following TA to get approval of the Bharatpur hospital master plan:

- finalised the draft master plan according to the standard defined by the National Guidelines on health infrastructure
- Facilitated the process of submission of Bharatpur hospital master plan to the cabinet via MoHP
- The master plan was approved by the Government of Nepal during FY 2017/18
- Based on the approval, MoHP disbursed construction budget in 1st quarter (July 2018)

Inputs are scheduled for next Quarter

- Follow up with Infrastructure work-stream to ensure design, lay-out, and functionality of the maternity wing along with the birthing unit
- Advocate the MoHP to deploy a person who will graduate in 2020 with a Bachelors in Midwifery, at the Birthing Unit.

i3.3.3 Support the implementation and refinement of the Aama programme

Delayed: Finalisation of Aama implementation guideline by the FWD. TA supported the FWD to update Aama Programme prototype guideline for *gaunpalika*, incorporating updates from the budget speech due to change in the FWD director.

Inputs are scheduled for next Quarter: Finalisation of the guideline

Support FHD planning, budgeting, and monitoring of Aama and other selected DSF programmes at the revised spending unit level

Delayed: To bridge the capacity gap this Quarter, TA has: (1) Quality assured the Aama programme rapid assessment round XI report. Final comments were sent in early September to the FWD and no further inputs have been received. The change in the focal point for Aama Rapid Assessment in the FWD and received of payment by the third party (contracted organisation) are some anticipated reasons for delay in submitting clean version of the report.

On time: 2) Produced Aama programme case study in the Budget Analysis report 3) Conducted initial brainstorming exercise with senior public health officer responsible to undertake studies in the FWD including Aama programme rapid assessment. This exercise was carried as planned in the AWPB however with a reduced budget.

Inputs are scheduled for next Quarter: Finalisation of the Aama rapid assessment round ten report and provide inputs for the TOR for the round eleven assessment.

13.4 CONTINUOUS QUALITY IMPROVEMENT INSTITUTIONALISED

i3.4.1 Support the DoHS to expand implementation of Minimum Service Standards and modular HQIP

On-time: Supported the finalisation of MSS tools and implementation guidelines with HPP and EA team for three levels; primary, secondary, and tertiary hospitals, and the tools have been submitted to the Health Secretary for endorsement.

Inputs are scheduled for next Quarter: Inputs will be provided if MSS endorsed by the FMoHP.

Hospital and Birthing Centres Quality Improvement Process (HQIP and BC QIP)

On-time: Out of total 35 existing HQIP implementing hospitals, 18 out of 25 hospitals (72%) completed four monthly self-assessments and follow-up actions to improve the quality of services. TA followed it up with all the 35 urban municipalities where HQIP implementing hospitals located and all seven provinces for providing the budget to these hospitals for HQIP follow up. Twenty hospitals will receive support from *palika* or provincial government for HQIP follow up. 33 new HQIP are planned from central (17 sites), provincial (ten sites), and partner support (six sites). Capacity strengthening of provincial health coordinators and concerned officials and focal persons in the FWD for facilitating and monitoring of the quality improvement process is crucial.

The World Health Organization (WHO) and UNICEF organised a four-day meeting for quality improvement at service delivery sites. The NHSSP contributed for the mapping of quality improvement interventions implemented under the DoHS/FMoHP. The NHSSP will align with other partners on quality improvement at service delivery sites and support concerned divisions of the DoHS/FMoHP to implement and monitor quality improvement processes and outputs/outcomes.

Delayed: Quality dashboard: Pending TA for the possibility of integration into the existing reporting system. QIMIS dashboard discussion at the FMoHP started.

Challenge: FHS has not assigned a budget to follow-up HQIP in the 15 hospitals; this will require TA to follow-up. There remains poor capacity of health coordinators/staff in seven provincial governments for the implementation of HQIP.

The initial understanding was to integrate HQIP and BC QIP tools implemented through the FHD/FWD at CEONC hospitals and birthing centres in the newly developed MSS.

However, the MSS development group was not able to integrate the QIP tool in the MSS final tool. Further discussion with the FWD and other Divisions including the Curative Service Division (CSD) is necessary during revision of NHSSP plan for 2019-20 on quality improvement process support. The FWD and provincial governments are planning to continue HQIP.

Inputs are scheduled for next Quarter: Continue monitoring the old HQIP sites and plan for capacity enhancement of staff Province and the FWD with the FWD director to facilitate introduction of HQIP in 27 new sites and follow up and monitoring of HQIP implementation in 68 hospitals (35 old sites and 33 new sites).

i3.4.2 Support the FHD to scale up on-site mentoring of Skilled Birth Attendants

On-time: The FHD has scaled up the SBA on-site clinical skills mentoring programme in 31 districts in the financial year 2017/2018. The SBA clinical mentors provide on-site clinical skills mentoring to staff at their own hospitals and at BC/BEONC sites and facilitate for self-assessment and action planning to improve service readiness using the Quality Improvement Plan (QIP) tool. Out of total 31 districts, clinical mentors from 26 (84%) districts reported on clinical skills mentoring and 25 (81%) districts reported on QIP at birthing centres. A total of 467 service providers (Nurses and Midwives) received on-site clinical skill mentoring and 130 BCs conducted a self-assessment and action planning using the QIP tool in FY 2017/2018. The NHSSP supported FHD in analysing data on QIP and clinical skills mentoring. A report will be ready by next Quarter. The Service Delivery team is working with Evidence & Accountability team for developing mobile tool for these clinical mentors to report. Further discussion with the FWD director is pending.

Inputs are scheduled for next Quarter: TA will support to the FWD and NHTC for SBA clinical mentors training and will discuss with the FWD director for developing a reporting system on quality improvement and clinical mentoring.

~~*i3.4.3 Support the expansion of the scope of strategic birthing centres as CCEs for RMNCAH services*~~

Deleted

No inputs are scheduled for the next Quarter.

i3.4.4 Support revision of the standard treatment guidelines/protocols and roll out of the updated guidelines

Delayed: The standard treatment protocol will be developed only after endorsement of the Basic Health Care Services package, which is in its final stage to be endorsed by MOHP. CSD has formed a technical working group (TWG) with supporting partners (WHO, GIZ and NHSSP) to formulate/develop regulation of BHCS, operational guidelines for BHCS implementation, STP for BHCS and costing the BHCS. NHSSP is requested to provide support to development of operational guidelines for BHCS implementation and STP for BHCS. The support will be provided by all work streams led by HPP (operation guidelines) and SD (STP) teams. Inputs are scheduled for next Quarter:

i3.4.5 Prevention of Anti-Microbial Resistance support including infection prevention, sanitation, and waste management at health facilities

On-time: Under clinical mentoring and QIP at hospitals and BC/BEONCs, infection prevention and whole site sanitation and waste management were included. A total of 18 hospitals (with CEONC) during the Quarter and 130 BC/BEONC during last fiscal year conducted self-assessments and planning for improving the quality of care. MSS for

hospitals includes standards on Infection prevention and waste disposal as per national Health Care Waste Management Guidelines 2014.

Inputs are scheduled for next Quarter: Rational prescription and monitoring will be included under STP.

i3.4.6 Support the NHTC (FHD and CHD) to expand and strengthen training sites focusing on SBAs, family planning, and newborn treatment

On-time: Rapid assessment of service readiness on SBA, family planning, and SAS were completed in three referral hospitals (Koshi Zonal hospital, Bharatpur hospital, and Pokhara academy of health sciences) by using the quality improvement tools (maternal-neonatal health, family planning, and training). The findings of this assessment were used for providing feedback to the TWG for MSS tools (which is at the final stage of approval by the FMoHP). The second phase, skill assessment and coaching mentoring, on SBA, family planning, and SAS were completed in Bharatpur hospital. The Nepali translation of the revised NHTC training management guidelines is completed, and printing of the guideline is in progress.

Inputs are scheduled for next Quarter: (1) Continue skills assessment and coaching/mentoring in remaining two hospitals namely POAHS Pokhara and Koshi Zonal Hospital Biratnagar Morang, (2) print NHTC Training Management Guideline (TMG) both in English and Nepali and handover to NHTC, (3) support NHTC in the introduction of new NHTC TMG in selected venues, (to be collectively decided by NHTC and NHSSP).

13.5 SUPPORT FHD AND CHD IN PLANNING, BUDGETING, AND MONITORING OF RMNCAH AND NUTRITION PROGRAMMES

i3.5.1 Support the FHD, CHD, and PHCRD in evidence-based planning and monitoring progress of programme implementation and performance

On-time: Provided orientation to the FWD new director and all new staff on major achievements and gaps in the FWD's programme implementation and roles of NHSSP in supporting the FWD. Continued to support review and planning for SMNH roadmap 2030 with various supporting partners.

Inputs are scheduled for next Quarter, including national and provincial consultative meetings on SMNH review and roadmap planning. Provincial level staff capacity building on micro-planning for PNC home visit is scheduled during this Quarter by the FWD. The NHSSP will provide technical support during provincial level workshops. Provincial and national annual reviews are scheduled during this Quarter. The NHSSP will provide TA in programme review at national as well as at provincial level.

i3.5.2 Capacity enhancement of local government on evidence-based planning, implementation, and monitoring of programmes aimed at LNOB and quality of care

Delayed: No inputs were provided in this Quarter.

Inputs are scheduled for next Quarter, including activities planned under Learning Lab sites. Implementation will start in Q5 with OCAT and Q6 with service delivery improvement planning with local government.

Organisational capacity assessment, using OCAT, following consultations with FMoHP and implementation of prioritised findings

Not scheduled: No inputs were provided in this Quarter.

Inputs are scheduled for next Quarter.

i3.5.3 Support to the FHD and CHD for monitoring of free care

Not scheduled: No inputs provided this Quarter due to change in director and all section chiefs.

Inputs are scheduled for next Quarter: Discussion with section chiefs will be done.

Extra –planned or un-planned activities (not included in the inception plan)

1. Coordinated, facilitated, and participated in the joint supervision and monitoring field of provincial health directorate Province1, DFID, UNFPA, Ipas, MEOR and UNFPP implementing partners (ADRA and MSI) to eastern districts (Udaypur, Sunsari, Morang, Dhankuta, Sabha, and Tehrathum) from the 16-22 September 2018
2. Capacity enhancement: facilitated contraceptive update district AWPB activity to gynaecologists and key players (Siraha); facilitated DMT/WHO MEC wheel *palika* AWPB activity (Bharatpur metropolitan); facilitated family planning clinical training package revision workshop (Dhulikehl); provided demographic/family planning information to FPS on WPD, family planning trainers; guidance on provincial Annual Work plan and Budget (AWPB)- family planning activities- for province 1; Family Planning 2020 Report preparation for Asia Regional workshop at Kathmandu
3. Provided technical expert inputs on Sayana Press (FPSC meeting and TWG meeting) and Minesse (new combined oral contraceptive) tablet registration request from Department of Drug Administration (DDA) via the FHD/FWD
4. Reviewed and provided feedback and suggestion on the draft report, as a member of the “Technical Support Committee” for a national level study, on “Adding It Up: Benefits of Meeting the Contraceptive Needs of Nepali Women” undertaken by CREHPA and Guttmacher Institute.
5. Organised DFID mission chief field visit to Province number 5.

2.3 PROCUREMENT AND PUBLIC FINANCE MANAGEMENT

RESULT AREA: i4.1 EAWPB SYSTEM BEING USED BY THE FEDERAL FMOHP SPENDING UNITS FOR TIMELY RELEASE OF THE BUDGET

Activity i4.1.1 Develop AWPB Improvement Plan and report Quarterly on progress - including training to the concerned officials

On-time: An orientation for planning officials from the FMOHP and the DoHS on the AWPB was completed. The electronic AWPB (e-AWPB) is now uploaded on to the Transaction Accounting and Budget Control System (TABUCS) and the FMOHP can see the budget analysis in their dash-board. Provincial and local government budgets are not yet able to be captured as the authorisation rests with the respective governments. The TA team has supported the PPMD to orient the provincial health authorities on planning and budget analysis.

Inputs are scheduled for the next Quarter.

Activity i4.1.2 FMOHP Budget analysis report with policy note produced by HRFMD using eAWPB (PD 50)

On-time: The FMOHP budget analysis task is completed and a report produced. The report features analysis of the macro-economic indicators, NHSS indicators, the budget of the

health sector, FMOHP, provincial and local government including conditional grants to health. Sample budget allocation practices at the provincial and local government level is also captured. A comprehensive policy note sums up the crucial elements that need to be considered in the devolved context. The PD was recently submitted to DFID ahead of the deadline of November.

Findings from the budget analysis were presented by Dr Bikash in the JCM and the meeting with provincial government.

Activity i4.1.3 Revise eAWPB to include 761 (TBC) spending units and prepare a framework for eAWPB

Completed: All levels of government can use the eAWPB as part of their planning. Currently, we are not able to capture provincial and local budgets due to a change in the chart of accounts. This requires technical support to endorse the changes from the FMOHP, provide information technology solutions, and provide support to upload budgets to TABUCS.

Inputs are scheduled for the next Quarter.

Activity i4.1.4 Prepare a Framework for an Annual Business Plan

On-time: Based on the draft framework from last Quarter, a concept note on Annual Business Plan was drafted and shared to the FMOHP. After their initial feedback, the draft concept note was further revised. Similarly, the business plan framework was revised as per the new structure of the DoHS and the FMOHP. The team is following up with the FMOHP to agree a suitable date to conduct the training on the business plan.

Inputs are scheduled for the next Quarter. Preparing and conducting the business plan training workshop.

Activity i4.1.5 Requirement analysis of Aama programme in eAWPB

On-time: There is a need to improve the capture of the Aama budget by spending units. A framework for this has been developed and now included in TABUCS. The FMOHP can now obtain a monthly report by spending unit. There remains a need to make further improvements to capture the incentives at the local level and additional transport incentives announced in the last budget speech.

Inputs are scheduled for the next Quarter.

Activity i4.1.6 Package evidence into advocacy materials

On-time: TA supported the MoHP to prepare the guidelines and policy notes based on the recent evidences. The relevant evidences were used while preparing Aama policy briefs, procurement handbook, TSB brochure, financial management improvement plan, procurement improvement plan and internal audit improvement plan.

Inputs are scheduled for the next Quarter.

RESULT AREA: ACTIVITY I4.2 TABUCS IS OPERATIONAL IN ALL FMOHP SPENDING UNITS, INCL. THE DUDBC

Activity i4.2.1 Revise TABUCS to report progress against NHSS indicators and disbursement-linked indicators

On-time: The TA team has identified NHSS indicators that can be linked to the FMoHP and its entities' annual budgets. The FMoHP has taken a lead role in preparing a framework to map NHSS indicators to the annual budget for federal, and conditional grants of provincial as well as local governments. A template with the indicators are included in the FMR. Consultants have started working on the mapping and writing of the code sequence for TABUCS. NHSS indicators are now captured through TABUCS. The FMoHP management can access this information using the dashboard. Mapping will capture information on the FMoHP's health budget allocation spread across three levels of government. It will not, however, capture information on additional allocations for health from provincial and local governments. The Ministry of Finance may demand the inclusion of the Sustainable Development Goals (SDGs) indicators.

Inputs are scheduled for the next Quarter.

Challenges: This is beyond the scope of the NHSSP. If Ministry of Finance demand the inclusion of the Sustainable Development Goals (SDGs) indicators in AWPB and TABUCS, there is no existing capacity within NHSSP and MoHP. This can be discussed in the PFM committee meeting to develop the scope of work and identify the potential partners.

Activity i4.2.2 Support FMoHP to update the status of audit queries in all spending units

On-time: This process is ongoing. Data collection is in progress.

Inputs are scheduled for the next Quarter.

Challenges: Full data collection requires additional personnel and time. The recent changes in leadership and HR within administrative division of the FMoHP has diverted the focus of improving internal control to the deputation of HR across the country. NHSSP is currently working with finance section to priorities the internal audit functions and instruct the spending units to update the status in TABUCS.

Activity i4.2.3 Support the FMoHP to update the systems manual, a training manual and user handbook of TABUCS and maintenance of the system

On-time: All updates have been made. As a result, the National Reconstructions Authority and the MoUD are using TABUCS. Revisions may be necessary to address the upcoming changes in the structure of the FMoHP and for the federal context.

Inputs are scheduled for the next Quarter.

Activity i4.2.4 Support TABUCS through the continuous maintenance of software/hardware/connectivity/web page

On-time: A support contract with Saipal Technologies was effective until September 2018. The FMoHP has included the budget allocation for FY2018/19 to recruit IT engineers to sustain this task. Support will be required until new IT engineers are trained.

Inputs are scheduled for the next Quarter.

Activity i4.2.5 Update TABUCS to be used in the DUDBC, and to include data on audit queries

On-time: This is an ongoing process. STTA have made user-required changes and DUDBC can now prepare a progress report using TABUCS. The FMoHP management can access this. Upcoming changes in the DUDBC may require further changes to TABUCS.

Inputs are scheduled for the next Quarter.

Activity i4.2.6 TABUCS training and ongoing support to the DUDBC and concerned officials

On-time: This is an on-going process. This financial year, NPR 6 billion was allocated to the DUDBC. This allocation has increased work at the DUDBC. Expenditure is expected to increase significantly. This will require minor modifications, such as adding the types of ongoing requirements into TABUCS. A training manual that has now been uploaded to the system can be used by DUDBC personnel.

Inputs are scheduled for the next Quarter.

|| **Challenges:** Staff transfer is an issue in terms of institutional knowledge.

Activity i4.2.7 TABUCS monitoring and monthly expenditure reporting

On-time: This is an on-going process. The expenditure data from TABUCS is being used in every meeting of the Public Financial Management (PFM) committee. TABUCs also allows for reports on cash advances that may help DFID and other development partners to make the suggestions to reduce these where they are considered excessive.

TA have trained the Health Secretary, and managers in using TABUCS as a monitoring tool around two years ago. User IDs have been created for the individual trainee. Details of people login can be obtained through TABUCS. Most of them have either retired or transferred. Thus, another round of training is required.

Inputs are scheduled for the next Quarter.

Activity i4.2.8 Conduct a rapid assessment and evaluation of TABUCS

Not scheduled: No inputs were provided in this Quarter.

Further inputs are planned for the next Quarter (Quarter 6) . NHSSP will support FWD in updating the ToR, methods and tools of RA-12. The PPFM team will provide required inputs in Aama fund use and TABUCS through their spot checks.

Activity i4.2.9 Support the annual production of Financial Monitoring Report using TABUCS (PD 27)

On-time: This is an on-going process. A new format for the Financial Monitoring Report has been developed with the support from DFID/PPFM and endorsed by the FMoHP. However, full expenditure data may not be available in TABUCS because some autonomous entities are still not using TABUCS. TA will work with the Financial General Comptroller Office (FCGO) to get the full expenditure data and prepare an FMR with high quality.

Inputs are scheduled for the next Quarter.

Activity i4.2.10 Support FMoHP with the further development of TABUCS to capture the Nepal Public Sector Accounting Standards report

Delayed: The full expenditure data is not available (because, mostly, in-kind support amount is not captured in TABUCS). This could be a good initiative for provincial and local governments. TABUCS meets the reporting standard but the question is on the complete expenditure data entry from provincial and local government. Please note that Nepal Public Sector Accounting Standards (NPSAS) needs the total expenditures, and in-kind support.

No inputs are scheduled for the next Quarter.

Challenges: Fully capturing the NPSAS report in TABUCS is in discussion stage.

Activity i4.2.11 Requirement analysis of Aama programme in TABUCS (one of the SD team core areas)

Completed

No inputs are scheduled for the next Quarter.

Activity i4.2.12 Share the features of TABUCS with other governments' ministries

Completed: Very recently the MoF has decided to use/update TABUCS and name as GARIS (Government Accounting Reporting Information System). FCGO has sent a letter (8th October 2018) to FMoHP for the source code, technology and knowledge transfer of TABUCS.

Inputs are scheduled for the next Quarter.

RESULT AREA: ACTIVITY I4.3 REVISE, IMPLEMENT, AND MONITOR THE FMIP

Activity i4.3.1 Update internal control guidelines

Completed: An Internal Control Guidelines endorsed by the FMoHP on the 4th July 2018. A total of 500 hundred copies of the guidelines were printed, published on the FMoHP website, and distributed to concerned spending units.

Challenges: Execution of the guidelines at subnational level. FMoHP cannot enforce to execute federal internal control guideline to Province and Local governments. FMoHP has put this guideline on its website. Subnational entities can take this as a reference material and develop their own.

Activity i4.3.2 Discuss with the DFID whether a PETS is more useful and appropriate than a PER

Deleted: DFID has advised that the PETS will be carried out by the World Bank.

No inputs are scheduled for the next Quarter.

Activity i4.3.3 Conduct PER

Deleted: DFID has advised that the PER will be carried out by the World Bank.

No inputs are scheduled for the next Quarter.

Activity i4.3.4 Finalise, print and disseminate the FMIP

Completed: The first version of the FMIP has been prepared, uploaded, and disseminated in the last quarter. In the changed context FMoHP has requested NHSSP to review the FMIP. The draft of FMIP has been shared with NHSP-3 PPFM team and incorporated their input in the second draft which will be presented in the workshop.

Inputs are scheduled for the next Quarter.

Activity i4.3.5 Support monitoring of the FMIP in collaboration with the PFM and Audit committees

On-time: The minutes of the PFM and Audit Committee are regularly shared with the concerned development partners. A PFM team led by an accounts officer of the FMoHP and the NHSSP team visited Karnali province Surkhet district in August 2018 and monitored an internal audit and other PFM functions.

Inputs are scheduled for the next Quarter.

Activity i4.3.6 Update the training manual on PFM and finalise by a workshop, printing

On-time: The development of the training manual revision is in progress. About 70% revision has been made.

This will be completed in the next Quarter.

Activity i4.3.7 Build the capacity of the FMoHP and the DoHS officers in core PFM functions

On-time: The FMoHP has conducted a PFM training from the 26th to the 28th September 2018. The account officers (total 31) of the FMoHP, DoHS, Department of Ayurveda (DoA), DDA and Academy /Central Hospitals were trained on financial management.

Inputs are scheduled for the next Quarter.

Activity i4.3.8 Support the process of institutionalising the internal audit function through IAIP and internal audit status report (PD 43)

Completed: The “*FMoHP Internal Audit Report Produced by Administrative Division including progress on response time to audit queries*” (PD 43) was prepared and submitted to DFID in August 2018. The PD was approved by DIFD.

Based on the DFID’s suggestions we have planned to support FMoHP in improving the internal audit functions through: 1) PPFM team has supported NHSSP in developing the ToR for international STTA, 2) a system has been developed in TABUCS to monitor internal audit function, 3) FMoHP has directed to its spending units to follow the IAIP, 4) IAIP was also revised after the discussion with FCGO, 5) national STTA support has been sought time to time to complete the task, and 6) PFM advisor of NHSSP to support FMoHP in preparing the progress report to be presented in the PFM committee meeting.

Inputs are scheduled for the next Quarter.

Challenges: The internal audit functions records (reports) have been collected from only 81 units out of 312. The FMoHP needs to ensure the entry in TABUCS by all spending units.

Activity i4.3.9 Work with HRFMD on potential PFM system changes required in the devolved situation

Delayed: The TA team has provided a series of updates on PFM and procurement in development partners’ meetings. PIP, IAIP, FMIP, TABUCS are key the strategic documents and system. These will be revised and updated in the context. NHSSP will support FMoHP to have the wider level discussions to ensure the current guidelines and systems address the changing needs and they talk to each other.

Inputs are scheduled for the next Quarter.

Activity i4.3.10 Support to the PFM & Audit committee

Delayed: See Challenges below.

The last formal meeting of the PFM committee held in January 2018. The last meeting of the Audit committee chaired by Secretary was held in March 2018. The PFM meeting was proposed for June and September 2018. The meeting cannot be held due to unavailability MoHP committee members. However, the PFM technical committee meetings were organised in April, July and November 2018.

Inputs are scheduled for the next Quarter.

Challenges: There is an issue of delayed meetings due to unavailability of concerned members i.e. frequent transfer of the officials at the FMoHP and the DoHS.

Activity i4.3.11 Support FMoHP in designing, updating, and rolling out a Performance-Based Grant Agreement in Hospitals

On-time: A workshop has been conducted to inform the FMoHP on the Performance-Based Grant Agreement.

Inputs are scheduled for the next Quarter.

Activity i4.3.12 Review and revise the current Performance-Based Grant Agreement Framework

Completed: A refined framework for the Performance-Based Grant Agreement (PBGA) was prepared which will be discussed in the PBGA learning café with stakeholders, including the FMoHP. The TA team has undertaken several rounds of meetings with the chief of the PPMD.

An assessment of seven hospitals implementing PBGA was conducted. Findings were shared in a meeting chaired by the head of finance section, external development partners, and the representatives from seven hospitals. FMoHP was handed over with the key recommendations from the study and follow up is required. PBGA learning café meetings was scheduled for July 2018. However, due to unavailability of key members the meeting could not be held. It is planned during last week of January.

No inputs are scheduled for the next Quarter.

Challenges: A lack of an institutional home for the PBGA might undermine its implementation. After the upcoming structural changes, TA may need to provide additional support. A discussion is required in the meeting of PFM committee which will help in outlining the key recommendations.

Activity i4.3.13 Redesign PBGA for hospitals

On time: Based on the discussions to include public hospitals within the scope of PBGA, a draft framework was prepared, and which need to be tested with hospitals. A discussion with public hospitals is mandatory to assess their willingness to come under PBG federality. A comprehensive framework different to that of the non-government hospitals would be designed to include public hospitals.

Inputs are scheduled for the next Quarter. TA will test the willingness of public hospitals in PBGA and draft initial modality.

Activity i4.3.14 Policy discussion on PBGA for Hospitals in the federal structure

Ongoing: Several rounds of discussions were conducted with the PPMD and Finance section. The PBGA would be more relevant in the changed context. A field visit at a provincial hospital such as Seti zonal and Tikapur hospital has provided some insights in the scope of PBGA implementation in public hospitals in the federal context.

Inputs are scheduled for the next Quarter.

Activity i4.3.15 Expansion of PBGA in selected hospitals

Not scheduled:

No inputs are scheduled for the next Quarter.

Activity i4.3.16 Contribution to the learning laboratories

Not scheduled:

No inputs are scheduled for the next Quarter. The PPFM team has assigned one adviser to provide ongoing/required inputs to the Learning Lab. The adviser is coordinating PPFM issues with the learning lab focal person. This is not considered as an independent activity.

Activity i4.3.17 Develop performance monitoring framework and support its implementation

Not scheduled:

Inputs are scheduled for the next Quarter.

Activity i4.3.18 PBGA training (preparation of manual)

Not scheduled:

No inputs are scheduled for the next Quarter.

Activity i4.3.19 Discuss with the best performing governments and provider on PBGA modality

The TA team has discussed this with Naya Health. The PPMD is considering our request to prepare a case study from Bayalpata hospital run by Naya Health.

Inputs are scheduled for the next Quarter.

Activity i4.3.20 Initiate PBGA learning group

Not scheduled: No learning group meeting was organised in this Quarter. This is a loose forum to have issue base discussions. Three meetings were held in the previous quarters.

Inputs are scheduled for the next Quarter. The meeting will be organised when required. At such time, the PBGA receiving agencies, the FMoHP, and TA will participate in the meeting. The agenda will address the evolving grant management issues.

RESULT AREA: ACTIVITY I4.4 LOGISTICS MANAGEMENT DIVISION IS IMPLEMENTING STANDARDISED PROCUREMENT PROCESSES

Activity i4.4.1 Re-assess and build on the organisation and management survey and disseminate findings

Not Scheduled: The agenda of conducting organisation and management survey can be discussed in the meeting of CAPP monitoring committee. The new FMoHP structure includes the merging of the Logistics Management Division (LMD) with the Management Division. Currently, there is a Logistic Management Section that is responsible to deliver the procurement functions.

No inputs are scheduled for the next Quarter.

Activity i4.4.2 Revise Standard Operating Procedures and obtain endorsement by the DoHS

Not Scheduled: Completed in last Quarter: endorsement was obtained for the revised SOP.

Not inputs are scheduled for the next Quarter.

Activity i4.4.3 Workshop, Approval of Standard Operating Procedures (SOP) by the DoHS

Not Scheduled: Completed in last Quarter: the SOP were revised, a workshop was held and the SOP were approved.

Not inputs are scheduled for the next Quarter.

Activity i4.4.4 Preparation of SOP for Post Delivery Inspection and Quality Assurance

Delayed: The TOR for the STTA to prepare the SOPs for Post Delivery inspection and Quality Assurance is already prepared, and it is in approval process in the LMU.

Inputs are scheduled for the next Quarter.

Activity i4.4.5 Review Draft Standard Bidding Document of Framework Agreements (FA) and support its endorsement by the Public Procurement Monitoring Office (PPMO)

Ongoing: The PPMO is reviewing the SBD for FA for the health sector, submitted by the LMD and several meetings have been conducted. A consultant has been hired by the PPMO to prepare common SBDs for FA. An SBD preparation committee at the PPMO is working on the finalisation of SBD for FA.

Inputs are scheduled for the next Quarter.

Activity i4.4.6 LMD Capacity building on standardised procurement processes

Ongoing: The LMD has now become the Logistics Management Section (LMS) under the Management Division (MD). Capacity building is a continuous process including support to the procurement clinic and systematic support on procurement functions. A total of 20 clinics were provided in this Quarter. Exposure visits were aimed for developing the capacity of LMD/LMS staff members. Due to the potential changes in the organisational structure, this programme is pending.

Inputs are scheduled for the next Quarter.

Activity i4.4.7 Support PPMO for endorsement of SBDs of FA

On-time: The NHSSP TA team reviewed the draft SBD of FA prepared by the PPMO and is providing necessary inputs to them. All SBDs are discussed with PPMO. Result has not come yet.

Inputs are scheduled for the next Quarter.

Activity i4.4.8 Preparation and endorsement of SOP of FA

Delayed: As the SBD is not endorsed and announced by PPMO, the preparation of its SOP has not been initiated.

Inputs are scheduled for the next Quarter.

Activity i4.4.9 Provide TOT on FA through exposure/training

Not Scheduled:

Inputs are scheduled for the next Quarter.

Activity i4.4.10 Train the DoHS staff on FA

Not Scheduled:

No inputs are scheduled for the next Quarter until the SBD have been issued by the PPMO and are ready to use.

Activity i4.4.11 Orient suppliers on FA

Delayed: As the SBD has not been endorsed and announced by the PPMO, the preparation of its use and orientation is delayed.

Inputs are scheduled for the next Quarter.

Activity i4.4.12 Revise and update the Procurement Improvement Plan

Not Scheduled: Completed in the last Quarter

No inputs are scheduled for the next Quarter.

Activity i4.4.13 Train all the DoHS divisions on CAPP preparation using SOPs

Completed: The CAPP preparation methodology was taught during CAPP preparation workshop participated by senior and mid-level officials of FMoHP. All the divisions have since prepared their CAPP and submitted it to the Management Division. All procuring entities (Hospitals/Academy/Departments) within the FMoHP and all division of the DoHS have participated in the workshop.

No inputs are scheduled for the next Quarter.

Activity i4.4.14 Establishment and regular meeting of the CAPP Monitoring Committee

On-time: The fourth CAPP Monitoring Committee meeting was organised in August at the DoHS. During this meeting, progress in the implementation of the Procurement Improvement Plan (PIP), CAPP, Technical Specifications Bank (TSB), and achievements on Disbursement-linked indicators (DLIs) were discussed. The meeting agreed to update the current TSB.

Inputs are scheduled for the next Quarter.

Activity i4.4.15 e-CAPP designed, tested, provide training and implement

On-time: An IT Consultant to support this work has been selected. The e-CAPP has been designed and developed along with preparation of a training manual and a system manual. It is in process of being tested. Once this is complete, training will be provided to the users. In the eCAPP system the provision of tracking of CAPP revision has been included. This will be completed in next Quarter.

Inputs are scheduled for the next Quarter.

Activity i4.4.16 CAPP produced within the agreed time frame

Not Scheduled: Completed earlier.

No inputs are scheduled for the next Quarter.

Challenge: The challenge is to implement the CAPP. Changes of Director in the Management Division occurred twice in this Quarter and the previous structure of the DoHS with seven divisions have been now restructured to five divisions, which includes two new divisions: The Curative Service Division and, Nursing and Social Security Division. This led to the revision of the DoHS CAPP in a short period. There are some structural changes of divisions within the DoHS so that the LMS within the Management Division has had some challenges to coordinate the divisions to implement the CAPP. The CAPP Monitoring Committee will scrutinise any changes to the CAPP during the execution phase.

Activity i4.4.17 Review of the Public Procurement Act and Public Procurement Regulation for Health Sector Procurement in coordination with the PPMO

Not Scheduled:

Inputs are scheduled for the next Quarter.

Challenge: There is a challenge to make the Public Procurement Act and Public Procurement Regulation health sector friendly. Another challenge is to balance the constitutional mandates for federal, provincial, and local governments. In this context we are talking about health sector friendly Public Procurement Act and Public Procurement Regulation. If the Government of Nepal needs, we can provide technical support to draft amendments to the Public Procurement Act and Public Procurement Regulation.

Activity i4.4.18 Preparation of SBDs for the Procurement of Health Sector Goods

Delayed: The SBD for the procurement of Health Sector Goods was prepared and submitted to the PPMO. Continuous discussion and presentations are being held with the PPMO. The PPMO has included this in their activity schedule.

Inputs are scheduled for the next Quarter.

Challenge: The challenge is the institutional capacity of the Management Division/LMS to lobby for the required changes. The TA team will engage the FMoHP's Secretary with the PPMO to get their consent.

Activity i4.4.19 Training for the DoHS staff and suppliers on Catalogue Shopping, Buy-Back method and LIB

Suspended: This activity has been suspended because the PMO has not yet issued necessary Standard Documents of these methods. If the PPMO requires capacity building programme on these procurement modalities, we can provide technical support on this matter.

No inputs are scheduled for the next Quarter.

Activity i4.4.20 Capacity building on Procurement System in federal, provincial, and local government

On-time: SOPs for the standardisation of the procurement of drugs were prepared with the involvement of the DoHS staff and distributed to all provincial and local governments including health institutions in April 2018. Hard copies were sent by post and provided for distribution in field visits, trainings and workshops, while e-copies were sent to MoFALD to be shared from the website to all provincial and local governments. TA was provided to the Management Division, UNFPA, and ADRA Nepal on preparation of the Training Manual and Participants' Handbook. The same has been tested and implemented in three trainings and two TOTs in this Quarter.

Additionally, the NHSSP has prepared separate Session Plan for Training Programme on Procurement Management for Officials working under local/provincial government.

Inputs are scheduled for the next Quarter. We will put this matter in the Learning Lab site.

Challenge: Effective implementation and monitoring remain a risk.

RESULT AREA: ACTIVITY I4.5 LMD SPECIFICATION BANK IS USED SYSTEMATICALLY FOR THE PROCUREMENT OF DRUGS AND EQUIPMENT

Activity i4.5.1 Develop coding of specification bank and orientate all DoHS divisions on their use

Not Scheduled: Completed earlier.

No inputs are scheduled for the next Quarter.

Activity i4.5.2 Prepare and endorse Grievance Handling Mechanism

Completed: A web-based Grievance Handling and Redressal Mechanism has been developed and launched at website of LMD (now Management Division) of the DoHS. Operational training to the DoHS key staff has been completed. The TA team plans to produce reports of grievance handled by the LMS of the Management Division by the end of the Fiscal Year.

No inputs are scheduled for the next Quarter.

Activity i4.5.3 Specification bank updated by LMD in consultation with development partners

Delayed: Updating of the TSB is in process. LMS is taking initiative to review old technical specifications. It is delayed due to a lack of Biomedical Engineers at the LMS. The DoHS has passed the SOP for operating the TSB with updates and revisions of technical specifications.

Inputs are scheduled for the next Quarter.

Challenges: The challenge is how the LMS/Management Division will form technical committees for reviewing the technical specifications of drugs and equipment by appointing and deputing Biomedical Engineers and Pharmacists.

RESULT AREA: ACTIVITY I4.6 PPMO ELECTRONIC PROCUREMENT PORTAL IS USED BY LMD FOR AN EXPANDED RANGE OF PROCUREMENT FUNCTIONS

Activity i4.6.1 Support PPMO on changes needed on e-GP for health sector procurement

Deleted. The PPMO is currently undergoing organisational restructuring. The change in the current Electronic Procurement Portal (e-GP) is not a current priority for the PPMO. In this context, LMD/LMS has agreed to delete this activity.

No inputs are scheduled for the next Quarter.

Activity i4.6.2 Develop guidelines to support the use of e-procurement at local levels

Completed: The e-GP guidelines for the health sector and the facilitation booklet has been prepared and printed. It has been distributed to all the health facilities including provincial and local level governments in this Quarter.

Inputs are scheduled for the next Quarter.

Challenges: There was a challenge to develop the capacity of the local institutions to use e-GP. Therefore, its implementation and monitoring are potential risks.

The PPFM team has already developed SOP on e-GP execution for local government. In the next Quarter we can put this matter on the Learning Lab site.

Activity i4.6.3 Adapt e-GP to be used for handling of grievances

On-time: PPMO e-GP portal has not been completely developed to handle all grievances. A separate web-based grievance handling mechanism is adapted in LMD/LMS for the health sector.

No inputs are scheduled for the next Quarter.

Activity i4.6.4 Adapt e-GP to support e-payments

Not scheduled: A specific agenda on e-payment needs to be discussed in the meeting of the CAPP monitoring committee.

No inputs are scheduled for the next Quarter.

2.4 EVIDENCE AND ACCOUNTABILITY

RESULT AREA: I5.1 QUALITY OF DATA GENERATED AND USED BY DISTRICTS AND FACILITIES IS IMPROVED THROUGH THE IMPLEMENTATION OF THE ROUTINE DATA QUALITY ASSESSMENT SYSTEM

Activity i5.1.1 Support the development of Routine Quality Data Assessment (RQDA) tools for different levels and their rollout (PD 33)

Completed: 🌐 Web-based RDQA tools have been developed in collaboration with GIZ and WHO and published on the FMoHP website (www.moHP.gov.np).

Inputs are scheduled for the next Quarter, including follow-up and monitoring of roll out of RDQA tools at local level.

2.4 EVIDENCE AND ACCOUNTABILITY

Activity i5.1.2 Support the institutionalisation and roll out of RDQA at different levels

Not scheduled: No inputs were provided in this Quarter.

Inputs are scheduled for the Learning Lab sites next Quarter.

RESULT AREA: ACTIVITY I5.2 FMOHP HAS AN INTEGRATED AND EFFICIENT HEALTH INFORMATION SYSTEMS AND HAS THE SKILLS AND SYSTEMS TO MANAGE DATA EFFECTIVELY

Activity i5.2.1 Support the development of a framework for improved management of health information systems at the three levels of federal structures

Completed: 🌐 Based on this framework, the 'Health Sector M&E in Federal Context', a guideline for the three levels of government was developed in collaboration with GIZ, WHO, USAID and other EDPs.

Inputs are scheduled for the Learning Lab sites next Quarter.

Activity i5.2.2 Support the effective implementation of the defined functions at different levels

On-time: TA together with the PPMD and FMoHP has prepared a draft of the 'Integrated Monitoring Checklist' to monitor the effective implementation of the defined functions at the three levels of government. The draft tool will be finalised and used prior to the JAR 2018.

Inputs are scheduled for the next Quarter.

Activity i5.2.3 Support the development, implementation, and customisation of the Electronic Health Record System (PD 45)

On-time: TA studied the Nuwakot district hospital Electronic Health Record (EHR) system to understand the structure of its modules and technical specifications. The requirements for customisation have been detailed out; based on which EHR modules for a primary hospital/primary health care centre and health post are being designed in collaboration with GIZ, WHO and Possible Health. The design of EHR modules is a PD for November 2018.

Inputs are scheduled for the next Quarter.

Activity i5.2.4 Support the development and institutionalisation of an electronic attendance system at different levels

Not scheduled: No inputs were provided in this Quarter.

Inputs are scheduled for the Learning Lab sites next Quarter.

Activity i5.2.5 Support the expansion and institutionalisation of electronic reporting from health facilities

On-time: The TA supported the HMIS section at the central level to monitor the electronic reporting from facilities and local governments and develop a plan to improve the reporting coverage. The DoHS made a special provision of supporting the district health offices to complete data entry of the last fiscal year by the end of September 2018. TA also identified reporting errors (e.g. reporting of caesarean section service utilisation from non-caesarean section service sites, over reporting in IMNCI indicators etc.) and notified to HMIS section and assisted in solving the problems. In the next Quarter, the DoHS is planning orientation to the local governments for making them capable and accountable for institutionalisation and expansion of electronic reporting from health facilities.

Inputs are scheduled for the next Quarter.

Activity i5.2.6 Support the development of an OCMC software and update the SSU software

Not scheduled: No inputs were provided in this Quarter.

No inputs are scheduled for the next Quarter.

Activity i5.2.7 Support the development of a guideline for effective operationalisation of e-health initiatives

On-time: The TA discussed and agreed with PPMD, FMOHP on rationale and importance of developing a guideline for effective operationalisation of e-health initiatives in line with the National e-Health Strategy. A detailed concept will be shared with the M&E TWG and actions taken accordingly in the next Quarter.

Inputs are scheduled for the next Quarter.

RESULT AREA: i5.3 FMOHP HAS ROBUST SURVEILLANCE SYSTEMS IN PLACE TO ENSURE TIMELY AND APPROPRIATE RESPONSE TO EMERGING HEALTH NEEDS

Activity i5.3.1 Support the strengthening and expansion of Maternal and Perinatal Death Surveillance and Response (MPDSR) in hospitals and communities

On-time: The TA in coordination with WHO initiated concept of improving maternal death reporting/notification using a mobile phone application; and engaging province level academy of health sciences for strengthening and expansion of MPDSR in hospitals and communities was shared and agreed with new director of the FWD and the DoHS.

Inputs are scheduled for the next Quarter, including support in revision of the MPDSR guideline in the federal context.

Activity i5.3.2 Develop and support the implementation of a mobile phone application for FCHVs to strengthen MPDSR

On-time: The TA had a number of technical discussions with the Integrated Health Information Management Section, Management Division, the DoHS, and Medic Mobile (a private company that works with the FMOHP at the central level and with the District Public Health Office, Banke, to improve maternal deaths reporting from FCHVs in the community)

on the relevancy and appropriateness of using mobile phone application for maternal death reporting from the community. Based on the scope of work of FCHVs, their technical skills to use mobile applications and learning from Banke, the TA is suggested to develop the application targeting ANMs rather than the FCHVs. The technical discussion will be continued next Quarter and activities planned accordingly.

Inputs are scheduled for the next Quarter.

Activity i5.3.3 Collaborate with health academic institutions to enhance their capacity to lead the institutionalisation and expansion of MPDSR at the provincial level

On-time: The TA initiated concept of collaborating with province level academy of health sciences was shared and agreed with the new director of the FWD. Detail activities will be planned and implemented in the next Quarter.

Inputs are scheduled for the next Quarter.

Activity i5.3.4 Develop an e-learning package on MPDSR (web-based audio and visual training package) and institutionalise it

Not scheduled: No inputs were provided in this Quarter.

Inputs are scheduled for the next Quarter.

Activity i5.3.5 Support effective implementation of EWARS in the District Health Information System platform with a focus on the use of the data in rapid response to the emerging health needs

On time: The TA worked with the EDCD, WHO and GIZ to develop an action plan to strengthen EWARS in the federal context, which include widening of the scope of the Early Warning and Reporting System (EWARS) to include responses and operate the system as 'Early Warning and Response System' not limiting it to 'reporting' only.

Inputs are scheduled for the next Quarter.

RESULT AREA: i5.4 FMOHP HAS THE SKILLS AND SYSTEMS IN PLACE TO GENERATE QUALITY EVIDENCE AND USE IT FOR DECISION MAKING

Activity i5.4.1 Support the development and implementation of a harmonised survey plan to meet the health sector's data needs

Completed: In collaboration with MEOR and under the leadership of Policy, Planning, and Monitoring Division, FMOHP, the health sector M&E guideline was translated into Nepali and then finalised in a workshop with all stakeholders. The final draft was also shared with division directors and feedback incorporated. This guideline defines the health sector M&E functions of the local, province, and federal government; specifies the way forward and roles of different entities in meeting the data gaps with specific reference to the NHSS Results Framework and Sustainable Development Goals - Goal 3. This guideline also includes a survey plan till 2030.

Inputs are scheduled for the next Quarter, including dissemination of the guideline to the wider stakeholders.

Activity i5.4.2 Analyse HMIS and National level survey data to better understand, monitor and address equity gaps (PD 20 and 53) [and assist in planning]

Analysis of the equity gaps in health service utilisation

On-time: In collaboration with the PPMD, FMoHP and Integrated Health Information Management Section, the DoHS, the TA carried out analysis of equity gaps in utilisation of maternal health care services using the data from NDHS, NHFS, and HMIS. The objective of this analysis was to assess the levels and trends of inequalities in availability and utilisation of maternal health services in Nepal using selected indicators. This report highlights equity gaps to inform programme managers and policy makers to make evidence-based decisions to address the gaps and feed the planning processes at different levels. It is expected that the analysis will be useful for policy-making and for those involved in the allocation of scarce health sector resources. It will also help provide momentum to LNOB efforts. This analytical report was submitted to DFID as a payment deliverable (PD 53) in August 2018. DFID/MEOR comments on the draft have been addressed and resubmitted to DFID for approval.

Inputs are scheduled for the next Quarter.

SMNH Roadmap

On-time: To produce data to establish evidence for development of *Safe Motherhood and Neonatal Health (SMNH) Roadmap* worked together with Service Delivery work stream to monitor and supervise the work of STTA personnel hired for in-depth analysis of NDHS 2016 data.

Inputs are scheduled for the next Quarter.

Compendium of Nepal Health Sector Strategy's Results Framework and health related Sustainable Development Goal indicators

On-time: The TA developed a TOR for updating the compendium of national health system monitoring indicators. It is expected to build a common understanding about the indicators, achieve uniformity in definitions, and allow for comparisons over time. This will ultimately promote the proper use of the indicators.

Inputs are scheduled for the next Quarter.

GESI Strategy

On-time: Together with GESI advisors, reviewed the national GESI strategy for finalisation.

No inputs are scheduled for the next Quarter.

Profile for learning lab sites

On-time: The TA extracted HMIS data to support Health Policy and Planning work stream in developing profiles of Learning Lab sites.

Inputs are scheduled for the next Quarter.

Study to analyse effect of distance on utilisation of ANC services

On-time: The TA supported the Service Delivery work stream to conceptualise and manage data for the study. This study identifies the distance between residence of users and health facilities to examine the association between distance and service use and focusing on maternal health services.

Inputs are scheduled for the next Quarter.

Activity i5.4.3 Support the development of a survey plan to meet the health sector data needs with a focus on NHSS RF & IP, SDGs & disbursement-linked indicators and its implementation

Deleted: This is addressed in Activity i5.4.1. The M&E Guideline explained in Activity i5.4.1 above includes a Survey plan.

No inputs are scheduled for the next Quarter.

Activity i5.4.4 Support the FMoHP to improve evidence-based reviews and planning processes at different levels – concept, methods, tools, and implementation

On-time: Quality Improvement Management Information System: The TA developed a TOR to identify and standardise the quality of care related national indicators. Based on this, the current dashboard hosted on the FMoHP website will be improved which will help the programme managers to monitor the quality of care indicators.

Inputs are scheduled for the next Quarter.

Annual review: The TA supported the PPMD, the FMoHP, the Management Division, and the DoHS to prepare guidelines and templates for annual review at local, provincial, and federal level. The tools and templates for the local and provincial levels are published at the FMoHP website. As stated in the 'Health Sector M&E in Federal Context', the 'JAR' and 'National Annual Review' are combined and scheduled for the last week of November 2018.

Inputs are scheduled for the next Quarter.

MTR of the NHSS: The TA supported the PPMD and FMoHP to develop TOR for Mid-Term Review of the NHSS as provisioned in the NHSS (2015-2020). The FMoHP has formed a TWG comprising members from FMoHP and EDPs. As per the plan, the consultants will be selected and begin the review by November 2018, a draft report will be prepared by December and finalised by January 2019.

Inputs are scheduled for the next Quarter.

Activity i5.4.5 Support develop evidence-based programme briefs (two pages/programme) for the elected local authorities and dissemination

On-time: Policy briefs: Development and design of three policy briefs completed. These are related to client satisfaction with antenatal care services; caesarean section service utilisation; and strengthening and expansion of MPDSR. These policy briefs will be translated into the Nepali language for the benefit of local governments and a larger audience.

Inputs are scheduled for the next Quarter.

Activity i5.4.6 Support partners and stakeholder engagement forums for better coordination and collaboration and informed decision-making (M&E TWG)

On-time: M&E TWG meetings: These meetings help partners working in health sector M&E to share ideas and work with one another; is need based and organised by the FMoHP. This common platform helps increase collaboration and reduces duplication in M&E activities. The PPMD, FMoHP has initiated the process of revising the structure of the M&E TWG in line with the new structures at the FMoHP and the DoHS.

Inputs are scheduled for the next Quarter.

Activity i5.4.7 Support the development of health M&E training packages for the health workforce at different levels

Not scheduled: No inputs were provided in this Quarter.

Inputs planned for next year.

RESULT AREA: /5.5 THE FMOHP HAS ESTABLISHED EFFECTIVE CITIZEN FEEDBACK MECHANISMS AND SYSTEMS FOR PUBLIC ENGAGEMENT IN ACCOUNTABILITY

Activity i5.5.1 Strengthening and sustaining of social audit of health facilities - revised guidelines in the changed context, develop reporting mechanism and enhance the capacity of partner NGOs

Not scheduled: No inputs were provided in this Quarter.

Planned for next year.

Activity i5.5.2 Support the development and operationalisation of smart health initiatives, including grievance management system for transparency and accountability

Delayed: E-health initiatives: unified coding of health facility, health facility registry, grievance management system, file tracking system and knowledge management portal have been finalised and awaiting final endorsement from the Secretary, FMoHP.

Inputs are scheduled for the next Quarter.

Activity i5.5.3 Establish and operationalise policy advocacy forums through the development of the approach and tools

On-time: TA supported the FMoHP to conduct two policy dialogues in this Quarter; one being on procurement and supply chain management; and the other on medicine regulatory system and quality assurance. The FMoHP has a plan to have this type of dialogues on monthly basis. The FMoHP has formed a TWG to address the key issues and action points discussed during the dialogues.

Inputs are scheduled for the next Quarter.

Activity i5.5.4 Support citizen engagement forums at central and provincial levels to jointly monitor performance and feed the decision-making processes

Delete. This activity is covered by Activity i5.5.1 and Activity i5.5.3.

No inputs are scheduled for the next Quarter.

Other activities

- 1 Participated in a training organised by WHO on use of Health Equity Analysis Toolkit in Pokhara from 10-11 Sep 2018. This software application facilitates the assessment of within country health inequalities. There is a plan to share the learning with other FMoHP/DoHS staff and NHSSP colleagues in the next Quarter.
- 2 Analysed HMIS data on diarrheal disease burden for Rural Water and Sanitation Programme of DFID
- 3 Developed a summary write up of current health situation of Nepal reflecting inequalities in safe motherhood, family planning, immunisation and nutrition programmes for DFID
- 4 Extracted and summarised HMIS data on major health indicators to reflect the situation of Province 5 for DFID
- 5 Supported MEOR for knowledge management of DFID's NHSP3 suppliers
- 6 Participated in a joint meeting with DFID, NHSSP, and MEOR on health sector M&E. This type of meeting between NHSSP and MEOR is planned regularly on monthly basis.
- 7 Community-based nutrition surveillance in Learning Lab site: the NHSSP is working towards establishing a nutrition surveillance system in a Learning Lab site. The purpose is to collect data beyond the HMIS, and ensuring quality data for nutrition, as well as ensuring evidence-based planning and implementation of nutrition programmes at the local level. Developed a TOR to define NHSSP's engagement strategy in the nutrition sector at the federal, provincial and local level; identify appropriate interventions that is feasible to implement in given context; and develop an implementation modality of the proposed intervention in consultation with the FMoHP and DFID.
- 8 Supported the PPMD, FMoHP to draft 'health vision 2030' for National Planning Commission
- 9 Supported PPMD, FMoHP to monitor progress on health-related SDGs
- 10 Drafted core capacity enhancement indicators to be monitored in Learning Lab sites
- 11 Drafted an M&E framework for tracking progress of activities in Learning Lab sites

2.5 HEALTH INFRASTRUCTURE

HEALTH INFRASTRUCTURE KPA 1: POLICY environment *7.1.1 Produce post-2015 Earthquake Performance Appraisal Report (PD 13)*

Completed: Achieved in Quarter 3, Year One. This report provides an overview of disaster risk reduction (DRR) activities and policies in the FMoHP and aims to improve and enhance the coordination mechanism for DRR governance in the changed context of federalism. It has been planned to integrate improved coordination of DRR as a pilot within the Learning Lab sites. A concept note has been prepared to mainstream the DRR in the health sector for all levels of government as per the new Disaster Risk Management Act 2017. An earthquake appraisal report and its findings on mainstreaming DRR in the health sector was

disseminated and discussed with the Health Emergency and Disaster Management Unit (HEDMU) of the FMoHP. Based on the recommendations from the appraisal, the HEDMU has formed a committee to oversee Emergency & Disaster Management in the health sector and will begin to update of existing DRR documents and guidelines. The NHSSP Policy Development Adviser has been nominated as a key member of this committee. The committee is expected to begin work from next Quarter after finalising its TOR.

During the Quarter, the HEDMU led a hospital safety assessment of four hub hospitals in Provinces 6 and 7. The NHSSP team provided inputs for the assessment based on its experience in successfully accomplishing the damage assessment of health facilities in earthquake-affected districts, and the seismic vulnerability assessment of two priority hospitals selected for retrofitting.

A study on DRR governance status in the health sector in Learning Lab areas has been planned for the next Quarter.

A detailed condition assessment of the health facilities in Karnali and other selected provinces has been scheduled for the next Quarter, in response to demands from the respective provincial ministries of social development.

Challenge: There is a risk that the changes in functions and relationships resulting from the new federal dispensation may impact on the approach to mainstreaming DRR at the different levels. In such cases, adjustments will be required in the proposed implementation modality.

i7.1.2 Upgrade HIIS to integrate functionality recommendations

On time: An online Health Infrastructure Information System (HIIS) has been developed and is being updated. The Uniform Resource Locator (URL – ‘web address’) has been created and is 5.9.167.97. Digitisation and the update of feature information in the HIIS geo-database are taking place. The data from the Damage Assessment carried out during the post-earthquake Health Transition and Recovery Programme (HTRP) has been fully integrated into the system, while further infrastructure data availed from different official sources are being incorporated.

Updating the HIIS is an ongoing requirement, particularly as the new federal, provincial, and local structures begin to add to or change the health infrastructure network.

Inputs are scheduled for the next Quarter.

Challenge: The system is founded on data collected in 2008 and information from secondary sources for many of the attributes for 47 Districts in the system. It has partial information on the physical status of about 3 900 sub-health posts that were under local government jurisdiction until 2011. These were declared as health posts in 2011 and brought under the jurisdiction of the FMoHP. These data gaps may affect the accuracy of any analysis. To improve this situation, and to develop a multi-hazard resilience profile, a detailed infrastructure and situation assessment of health facilities in the remaining 46 districts needs to be incorporated in the system.

i7.1.3 Transfer HIIS to FMoHP, support the institutionalisation of the tool and enhance capacity in its use

On-time: Government staffs from the DoHS are from time-to-time working with the NHSSP Infrastructure Team to plan for different health infrastructures and facilities. This exposes them to analysis using HIIS data and increases their acquaintance with and use of the system and tools.

The web-based HHS portal has been configured for local authority level user management where in each local authority can access the health facility in their jurisdiction. Training programs will be organised in conjunction to the programmes planned for revision of categorisation of health facilities in provincial levels in participation of representatives from the local authorities. User account credentials of HHS for each local authority along with GIS based data will be disseminated to the representatives of local authorities and provincial government.

GIS based locations and health infrastructure details (Such as, categorisation status, building block level physical status, land information, utilities, accessibility) from the HHS will aid the local and provincial governments to devise their development plans. NHSSP is co-ordinating with NRA / World bank in assessment of health facilities not covered by the DEA earlier.

Inputs are scheduled for the next Quarter.

Challenge: The DoHS and FMOHP need to develop a comprehensive data centre in to house different information systems in a secure and efficient way. The NHSSP is continuously following up on this issue with the FMOHP.

17.1.4 Revision of the Nepal National Building Code (NNBC) in relation to retrofitting, electrical standards, Heating, Ventilation and Air Conditioning (HVAC), and sanitary design.

A Capacity Enhancement Programme training workshop on improved approaches to electrical, HVAC and sanitary services design in health infrastructure was conducted during the Quarter for engineers from the DUDBC's federal and provincial offices, along with engineers from selected local authorities.. The forum held a detailed discussion on the need for the development of guidelines, standards, and updating of the current building codes to ensure better quality for health infrastructure construction. The DUDBC made a specific request to produce electrical and sanitary services design handbooks. In addition, there is a need for guidelines on HVAC in health facilities. Work to develop these handbooks and guidelines will be initiated in the next Quarter.

Challenge: The development and endorsement of new codes and guidelines can be a lengthy process. The Team will engage closely with DUDBC officials to seek to expedite the process as necessary.

17.1.5 Nepal earthquake retrofitting, and rehabilitation standards produced and adopted (PD 21)

Completed: ✓ The PD was achieved during Quarter Four, Year One. Initially, the standard was produced as guidelines, after which a high-level workshop involving the FMOHP and DUDBC representatives recommended that these should be further developed to become standards for Nepal. This will become a guiding document for retrofitting. A working committee has been formed under the leadership of the DUDBC and a detailed plan of action is being prepared for taking this initiative forward. A workshop was conducted in NHSSP Year One, which brought together suggestions, and recommendations for developing standards from the lead government authorities in Nepal, national and international experts. A working calendar for support from an international expert from Miyamoto has been prepared during the last Quarter for continuing and completing the standard development work, in close coordination with the Senior Earthquake Resilience Adviser.

Based on the workshop proposals and peer reviewers, a framework of the retrofitting standards with a work schedule has been prepared and shared with the DUDBC for their comments. The working team from the NHSSP has started work as per the framework.

Inputs are scheduled for the next Quarter.

i7.1.6 Development of the Climate Change and Health infrastructure framework (PD 22)

Completed: ✓ Achieved in Quarter Four, Year One.

This activity is linked with i7.1.1. The detailed conditions assessment of existing health facilities at Karnali province is scheduled to take place in the next Quarter. The assessment will also examine climate change issues and support the development of climate-responsive health infrastructure design for Karnali region

i7.1.7 Support the development of an implementation plan for Infrastructure Capital Investment Policy (PD 89), and Preparation of a framework for the development of supporting tools for effective implementation of the categorisation of health facilities (PD 46)

On-time: The Infrastructure Capital Investment Policy and its provisions were developed previously, and it is now planned to implement and disseminate this widely to support decision making at all levels of government. A PD report in this regard has been prepared and approved by DFID. The report sets out an action plan, along with activities, responsibilities, and a timeline. This report has been discussed with the FMoHP for its endorsement. The FMoHP has given broad agreement to implementing the action plan.

The categorisation of Health Facilities document was developed in 2017 as an annex volume to Nepal Health Infrastructure Development Standards (NHIDS) 2074 and now plans its implementation and revision is being planned. Implementation is starting to get underway with the DoHS, FMoHP, and DUDBC, while the NHSSP is also disseminating the document to central, provincial, and local government structures during different training events and interaction programmes.

The implementation plan for categorised health facilities has been preliminarily discussed with the FMoHP, provincial and local governments who have expressed their provisional acceptance of these proposals. As per PD 46 approved by DFID, NHSSP team will officially interact with government representatives for official endorsement of the implementation plan. The PD report proposes that a working committee be established to revise the document and develop an evidence-based procedure to strengthen the categorised status levels of health facilities. The plans developed for the dissemination, implementation, and revision of the document aims to support the wider implementation of NHIDS and its annexes along with adoption of the Categorisation of Health Facilities document as an important decision-making tool for health facility infrastructure development.

Whilst distinct, this work is closely linked to the implementation of the Infrastructure Capital Investment Policy and several activities will be carried out in parallel at local level to maximise uptake of both.

Department of Local Infrastructure (DOLI) jointly with MoHP in co-ordination with NHSSP is planning implementation categorisation of health facilities under NHIDS. The work mainly focuses on developing an implementation strategy for establishment of a primary level hospital in each local authority adapting the integrated approach spelled out in the categorisation of health facilities in the NHIDS.

NHSSP is co-ordinating between MoHP and Ministry of Federal Affairs and General Administration (MoFAGA) regarding the finalisation of implementation strategy. The jointly owned finalised implementation strategy will be forwarded to the Cabinet for endorsement.

Inputs are scheduled for the next Quarter.

Challenge: Coordination at different levels and time management are the main challenges. Implementation of both documents requires intensive interaction and widespread dissemination across provincial and local government levels. Similarly, the working committee developing the new evidence-based approach will need active representation from all levels of government. There is a need of considerable input to co-ordinate communications, linkage, and participation between each tier of government to ensure compliance with the national Constitution. The NHSSP team will engage closely with counterparts at all levels of government to mitigate these challenges. A plan of action has been prepared and endorsed by DFID in PD 46 and PD 89. These implementation plans along with joint activities with DOLI has been prepared and is being discussed jointly. The action plan envisages the wider dissemination and interactions with local government on the documents through workshops, discussion and interaction programmes for inputs and suggestions supporting the efficient revision, local ownership and implementation.

17.1.8 Revise existing Health Infrastructure Design Standards and upgrade Guidelines to ensure equity by bringing them in line with LNOB good practice and orient infrastructure stakeholders on these

On-time: The final draft document for Gender Equity and Social Inclusion (GESI)/LNOB compliance in health infrastructure development has been submitted to the Ministry of Urban Development (MoUD) for review. The document has been welcomed by the DUDBC. In this Quarter the NHSSP team has incorporated GESI/LNOB-related issues in tender documents for retrofitting of two priority hospitals, and these have been sent to the DUDBC for discussion. The NHSSP team presented this document to the participants from provincial health directorates, social development ministries and the DUDBC in the recent policy development-training event held in Kathmandu. This document will set the current benchmark for the compliance of GESI/LNOB in health facilities development and construction for all levels of government.

Inputs are scheduled for the next Quarter.

HEALTH INFRASTRUCTURE KPA 2: CAPACITY ENHANCEMENT

17.2.1 Ongoing capacity development support to the FMoHP/DUDBC, including capacity assessment, including the formation of a Capacity Enhancement Committee

On time: At the request from Management Division and the DUDBC, the NHSSP team visited the construction site of Mid-Western Regional Hospital at Surkhet (proposed to tertiary level as per the Facility Prioritisation approved by the FMoHP) and provided on-site instructions to resolve issues.

Similarly, a site visit was also made to Bir Hospital to monitor the lobby refurbishment work (being done using a design earlier supported by the NHSSP).

The NHSSP team also supported the FMoHP to monitor progress and resolve construction-related issues in Bir Hospital and Paropakar Maternity and Women's Hospital. This work was contracted by hospital itself from the government funds. NHSSP team supported Bir Hospital in preparing architectural design, interior design, specifications and procurement in request

of MoHP. NHSSP undertook to provide this support as a part of capacity enhancement of the public hospital by demonstrating the application of standards guidelines to enhance the quality of space and service. This work covered functional readjustments, improving circulations, provision of proper signage, applying state-of-art finishing material for interior.

The NHSSP team assisted the FMoHP and KFW in reviewing bid documents and design drawings for five different hospitals under reconstruction.

A NHSSP RHITA orientation programme was organised for the new Deputy Director General (DDG) at the DUDBC. Reports on progress and plans for the next Quarters were discussed with the DDG and his health infrastructure team.

The Retrofitting decanting timeline and processes involved were discussed with the Vice Chancellor, Dean, Director, and other officials of the Western Regional Hospital, Pokhara during the Quarter and the process was agreed.

The NHSSP team organised an orientation workshop for FMoHP officials to discuss conflicting provisions and policies developed by different sectorial ministries regarding health infrastructure development.

The NHSSP team made a presentation on standard designs, categorisation of health facilities and its rationale at the DoHS, Teku during a workshop organised by the FMoHP for discussing the AWPB with the provincial government.

The NHSSP team supported the technical monitoring visit at health posts recently constructed by Terre De Hommes (TDH) at Falate, Bhumlutar, and Salle Bhumlu in Kavre District. The purpose of the visit was to technically verify the constructions of the facility in line with the standards of the FMoHP. The visit was made on the request of FMoHP.

The NHSSP Structural Engineer embedded in the DUDBC health buildings division has been continuously supporting the structural design of different health infrastructures planned in AWPB through the pool fund.

TA was provided to the FMoHP for the development of Type designs (four types) along with preliminary estimates for Urban Health Promotion Centres to be constructed at the ward levels where no other health institutions are present. The type designs are under review and discussion before approval by the FMoHP.

TA was provided to the FMoHP for the review of the prefab health post constructed at Sisdol in Nuwakot by Korea International Cooperation Agency (KOICA) through the United Nations Development Programme (UNDP).

Inputs are scheduled for the next Quarter.

17.2.2 Training Needs Analysis (TNA) for FMoHP and Staff (PD 14)

Completed: ✓ The PD was achieved in Quarter Three of Year One. It is an ongoing process.

The technical skills training provided through the NHSSP Capacity Enhancement Programme over the last Quarter has been greatly appreciated and is clearly meeting immediate needs. These activities have generated demands from DUDBC to add some more specialised components into the existing Training Needs Analysis (TNA). In line with this request, the programme has been increased to cover training on design of electrical, sanitary, and HVAC for health facilities, along health waste management. Demand has also come for in-depth training in coordination with the Staff College for mid-level managers of the DUDBC on overall issues, policies, standards, and guidelines related to health infrastructure development including organisation management and health programme leadership.

Inputs are scheduled for the next Quarter.

Challenges: The NHSSP team pays constant attention to ensuring that scheduling and participation are compatible, and that events are accessible. However, female participation in the events are lesser because of the fact that female staffs in government positions are far lesser. . There is no other specific issues regarding female participation.

i7.2.3 Health Infrastructure Policy Development Training Programme Implementation Y1 (PD)

Completed: PD approved by DFID and payment already made during the last Quarter of 2017.

No inputs are scheduled for the next Quarter.

i7.2.4 Health Infrastructure Policy Development Training Programme Implementation Y2

On time: The Health Infrastructure Policy Development Training Programme Implementation (PD 67) was rescheduled from May 2019 and conducted in this Quarter. The event was jointly organised with the Nepal Administrative Staff College (NASC), building on the positive outcome from the previous workshop held in November 2017. The NASC was selected as the best suitable partner for this training. It has a long history of policy formulation training for senior government officials, a pool of resource persons highly experienced in delivering and supporting government in policy formulation and implementation, and partners with high-level experts involved in the formulation of the Nepal federal structure. The training modules were developed jointly between the NASC and NHSSP infrastructure team. The training was conducted with the resource persons from the DoHS, NHSSP, and NASC. The training completion report has been approved by DFID.

Inputs are not scheduled for the next Quarter.

i7.2.5 Policy Development Training Impact Evaluation (PD 38)

Completed: ✓ During the last Quarter

No inputs are scheduled for the next Quarter.

i7.2.6 DUDBC technical skill training design and conducted Y1 (PD 34)

Completed: ✓ during last Quarter Year One

No inputs are scheduled for the next Quarter.

i7.2.7 DUDBC technical skill training design and conducted Y2

On-time: The technical skill training on Electrical and Sanitary Design for Health Infrastructure was conducted during this Quarter. The three-day event was mainly for the DUDBC engineers involved in health infrastructure development. The resource persons were sourced from the Institute of Engineering, Pulchowk campus, FMOHP, NHSSP, and independent experts working on health facilities. The training completion report has been prepared and submitted.

Inputs are scheduled for the next Quarter.

i7.2.8 Technical Skills Training Impact Evaluation (PD 39)

Completed: ✓ This activity was achieved during the last Quarter.

No inputs are scheduled for the next Quarter.

i7.2.9 Feasibility Study and Recommendations for Establishment of Mentoring Support (PD 54)

On-time: A terms of reference for this feasibility study has been approved by DFID, and the process of contracting of consultant for this assignment is underway.

Inputs are scheduled for the next Quarter.

i7.2.10 Skills Development Training for contractors and professionals designed and implemented Y1

Completed: On time in Year One.

Inputs are scheduled for the next Quarter.

i7.2.11 Skills Development Training for contractors and professionals designed and implemented Y2

Inputs are scheduled for the next Quarter.

Challenges: This activity is closely linked to the timing of publication of the tenders for retrofitting works at the priority hospitals. This in turn may be affected by the outcome of the Third-Party Review of the retrofitting designs. The NHSSP team is in close engagement with the review team to support its activities and avoid any unnecessary delays.

i7.2.12 Design & Roll-out of Roadshows & Information Sessions in Priority Districts (PD 47)

On-time: During this Quarter, these activities were conducted in Pokhara and Bhaktapur. The NHSP team gathered valuable feedback on the Nepal Health Infrastructure Development Standards (NHIDS) 2017, as well as on the retrofitting of the two priority hospitals. The Honourable Social Development Minister of Gandaki Province and staff members from the Ministry attended the Pokhara event, along with the mayors and officials from different municipalities. The programme was organised under the leadership of FMOHP and was attended by the Secretary and other high-level officials. The Bhaktapur event was organised under the leadership of Bhaktapur Municipality, with the participation of political representatives from different wards, municipal officials and civil society representatives from important Bhaktapur organisations. The programme completion report has already been submitted to DFID.

Inputs are scheduled for the next Quarter.

~~i7.2.13 Annual Impact Review: assess the impact and effectiveness of capacity programme activities developed, implemented and adopted in Year One.~~

Delete. This is redundant with the assessments mentioned above.

No inputs are scheduled for the next Quarter.

HEALTH INFRASTRUCTURE KPA 3: RETROFITTING AND REHABILITATION

i7.3.1 Strengthening Seismic, Rehabilitation, and Retrofitting Standards and orientation on the standards, incl. report with recommendations (PD 16)

Completed: ✓ Achieved in Year One Quarter 3.

No inputs are scheduled for the next Quarter.

i7.3.2 Identification and Selection of Priority Hospitals (PD 15)

Completed: ✓ Achieved in Year One Quarter One.

No inputs are scheduled for the next Quarter.

i7.3.3 Geotechnical site survey, structural element test, production of drawings, detailed condition assessment

Completed: ✓ Geotechnical investigations, structural element tests using non-destructive and destructive tests and detailed condition assessments were conducted during the last Quarter. Based on survey and testing, detail seismic assessment and retrofitting designs has been completed. These designs and drawing were reviewed and signed off by the peer reviewers and submitted to DUDBC for approval. Currently, the designs are under review by Third-Party Monitoring team. No activities were scheduled this Quarter.

No inputs are scheduled for the next Quarter.

i7.3.4 On-site training to FMoHP and DUDBC technical staff on seismic assessment of hospital buildings

Completed: On-site training to FMoHP and DUDBC technical staff on seismic assessment of the priority hospitals was completed last Quarter. No inputs were scheduled for this Quarter.

No inputs are scheduled for the next Quarter.

i7.3.5 Design of retrofit works (structural/non-structural) with the DUDBC (PD 29)

On-time: The design has been completed and submitted to both DUDBC and to DFID in Year One.

DFID's Third-Party Review process is ongoing. All the design reports and drawings have been supplied to the review team via DFID. The NHSSP team has made a preliminary presentation on design consideration, methodology and retrofitting options. The review team field visits and reporting will take place in the last week of October, and the process is expected to be completed by the end of November 2018.

Inputs are scheduled for the next Quarter.

i7.3.6 Training on retrofitting design and tendering, and sharing of the design and measures (PD 35)

Completed: Achieved in Quarter one 2018. In line with the TNA report, a further event on retrofitting design training for DUDBC engineers has been scheduled to take place by the end of December 2018

Inputs are scheduled for the next Quarter.

i7.3.7 Preparation of final drawings

All the required sets of architectural, structural, sanitary, and electrical drawings with cost estimates have been submitted to the DUDBC for tendering in last Quarter. The final drawings were reviewed by the NHSSP team independent experts and signed by them after agreeing to the designs this Quarter. The Third-Party Review experts contracted by DFID are reviewing the final drawings.

Challenges: The Third-Party Review team needs to report before the tender procedure can move forward. The NHSSP team is in close engagement with the review team to support its activities and avoid any unnecessary delays.

Inputs are scheduled for the next Quarter.

i7.3.8 Production of Bills of Quantities

Completed: A Bill of Quantities was completed during the last Quarter and submitted to DUDBC. It has been revised several times since then. Last Quarter norms for rate analysis for retrofitting works have been prepared and presented to DUDBC. The comments from DUDBC on the norms for rate analysis for retrofitting works have been received, incorporated, and submitted to the DUDBC for further review this Quarter. Once finalised, the norms shall be endorsed by the DUDBC. With the beginning of the new fiscal year, all the rate analysis will need to be adjusted in line with the updated cost estimates.

Inputs are scheduled for the next Quarter.

i7.3.9 Tender process and contractor mobilisation (PD 40)

Delayed: This PD had to be postponed due to the request for a Third-Party Review of the design, including methodology used and standards applied. The process has been initiated this Quarter and presentation of both architectural and structural designs has been made to the reviewers. The necessary design, calculations, modelling, and other analysis as required have been submitted to the reviewers.

Inputs are scheduled for the next Quarter.

Challenge: The Third-Party Review team needs to report before the tender procedure can move forward. This may also be affected by a delay in the budget adjustment process. There may be an impact on the disbursement-linked indicator timeline. The NHSSP team is in close engagement with the review team to support its activities and avoid any unnecessary delays.

i7.3.10 Priority Hospitals Work Implementation and Supervision, completion of the first phase (PD 55)

Not scheduled. No inputs were provided in this Quarter.

No inputs are scheduled for the next Quarter.

i7.3.11 Tatopani Health Post Retention wall construction

Completed: In Year One.

No inputs are scheduled for the next Quarter.

i7.3.12 Engagement of the FMoHP/ DUDBC people in design and tendering

Two structural engineers were recruited in the previous Quarter and embedded in the DUDBC to support its technical staff and engage in retrofitting design. The design and tender documents have been discussed at each stage and reviewed jointly several times, updates have been made based on the consultation. The designs and tender documents have been reviewed by external reviewers and shared with the FMoHP and DUDBC.

Inputs are scheduled for the next Quarter.

3 CONCLUSIONS

The Mid-Term Review is near completion and draft reports have been submitted and commented-on. A final report is pending.

Reiterated from the previous Quarter, three key points are emphasised: (1) The absence of a unifying framework and comprehensive plan to guide *devolution* is the most significant overall risk to the sector; (2) provincial and local government strategic approaches and delivery systems for healthcare are weak, and may weaken further, (earlier gains may well be lost); and (3) Technical responses need to be strongly founded on integrated national and sub-national capacity-enhancement and behavioural-change approaches to assure value for money and reduce the risk of aid dependence.

It is also reiterated that the international experience in devolutions informs us that focal area for technical support include (1) strengthening national stewardship of devolution, (2) strengthening local governance of healthcare, (3) strengthening human resources management and developing workforce incentives, and (4) developing and installing workable healthcare delivery systems adapted to local needs. As raised last Quarter, a detailed framework and work plan to support sector devolution is absent. Provincial and local governments will require a well-planned, appropriately-timed Ministerial stewardship, and skilled technical support, to attain the capacity and competencies to govern, plan, manage, deliver, and monitor health services.

TA has supported the FMoHP in transitioning to a role of stewardship of devolution. For example, the Strategic Advisor participated and numerous high-level discussions and meetings addressing federalisation-related matters. There are limitations though, much of the decisions are made at Ministerial-level currently outside of the direct influence of TA. And, embedded TA have some limitations in experience in consulting to health sector devolution. Given the changes in the FMoHP and the sector, the need to review TA assignment at federal-level has been frequently raised. As had the need for bringing in learnings through increased use of international TA. Developing further the sector stewardship-role requires counter-parting well-qualified TA with the most senior personnel of the FMoHP. Specific advisors for heads the Health Planning, Monitoring Division, and the Coordination was offered towards this; though not yet taken-up.

Strengthening local governance is outside of the current TA area of investment. DFID's Social Accountability Approaches in the Health Sector supplier would be well placed already to engage local health boards, in strengthening community participation and engagement in these boards. Commencing with the NHSSP's activities in the LLs, dialogue with this supplier is ongoing.

The HR Advisor has advised on human resources issues. However, there has been limited support in terms of strengthening human resources management and developing workforce incentives through NHSSP in the past period. Within the new Health Coordination Division, the HR section rests. It is hoped that support to this section emerges as a priority for government and included in the TA plan for 2019-2020.

TA has supported the DoHS programmes in MCH and RH and adaptations are being made to address emergent needs in a federal context. But in addition, broader modelling and support for health systems in devolved health services delivery is required. This was discussed with the Director General and an advisor was offered; though not yet taken-up. It is hoped that TA support to health systems emerges as a priority for government and included in the TA plan for 2019-2020.

DFID and WHO have advised on the need for a stronger plan for devolution in the sector and requested to raise this topic in pertinent meetings and discussions.

It is recommended that TA (1) commence the development of work plans for 2019-2020 in the coming Quarter, (2) increase the emphasis on strengthening sustainability and capacity enhancement where possible (using the Programme's *Exit and Sustainability Plan*), (3) continue to move forward with the LL concept, (4) support the Ministry to lead the sector reform, through conceptualising, designing, and advancing a framework and plan for health structures and health systems for local government and provinces to uptake, and 5) With the MTR complete, it is time for broader dialogue on TA needs and modality in 2019-2020.

APPENDIX 1 UPDATE OF LOG FRAME

NEPAL HEALTH SECTOR SUPPORT PROGRAMME (March 2016- December 2020)										
PROJECT TITLE:										
OUTCOME 1	Outcome Indicator 1.1		Baseline Value (Mid July 2016- Mid July 2017)	Milestone Y1 (Mid July 2016- Mid July 2017)	Milestone Y2 (Mid July 2017- Mid July 2018)	Milestone Y3 (Mid July 2018-Mid July 2019)	Milestone Y4 (Mid July 2019-Mid July 2020)	Target (Mid July 2020-Dec 2020)	Assumptions	Remarks
Health system is more resilient to environmental shocks and natural disasters	% of new health facility buildings completed on time and adhering to environmental shocks and natural disaster resilience (structural and functional) criteria	Planned	Not applicable	No milestone planned	No milestone planned	No milestone planned	100	100	Revised standards are timely endorsed by FMOHP.	Baseline value is not applicable as the environmental shocks and natural disaster resilience criteria are not revised for new health facilities. For Milestone Y1 & Y2 the existing criteria have been considered.
		Achieved			Revised standards are endorsed by mop.					
		Source DUDBC report								
OUTCOME 2	Outcome Indicator 2.1		Baseline Value (Mid July 2015 - Mid July 2016)	Milestone Y1 (Mid July 2016- Mid July 2017)	Milestone Y2 (Mid July 2017- Mid July 2018)	Milestone Y3 (Mid July 2018-Mid July 2019)	Milestone Y4 (Mid July 2019-Mid July 2020)	Target (Mid July 2020-Dec 2020)	Regular availability of SBAs at all BCs, BEONCs and CEONCs	Y1 - Y2: HMIS does not report data by local government so districts are monitored. From Y3 HMIS will generate data by local governments so from Y3 onwards local governments will be monitored

Equitable utilization of quality health services	% point reduction in gap between the average SBA delivery (disaggregated by Province) 2.1.a) % point reduction in gap between the average SBA delivery of the bottom 10 and top 10 districts (for MY1, MY2)	Planned	Not applicable	No milestone planned	5	No milestone planned	No milestone planned	No milestone planned	Baseline 2015/16: Average % of highest 10 districts: 90.8 Average % of lowest 10 districts: 18.4 Percentage difference: 72.3
		Achieved		1.3	Annual data will be available by October 2018				
		Source HMIS							
	2.1.b) % point reduction in gap between the average SBA delivery of the bottom 10% and top 10% of local government (for MY3, MY4)	Planned	Not applicable	No milestone planned	No milestone planned	Establish baseline for Local Governments	5	No milestone planned	
		Achieved							
		Source HMIS							
OUTCOME 3	Outcome Indicator 3.1	Baseline Value (Mid July 2016-Mid July 2017)	Milestone Y1 (Mid July 2016- Mid July 2017)	Milestone Y2 (Mid July 2017- Mid July 2018)	Milestone Y3 (Mid July 2018-Mid July 2019)	Milestone Y4 (Mid July 2019-Mid July 2020)	Target (Mid July 2020-Dec 2020)	For Province and Local Government, baseline and targets will be set at the end of FY 2017/18	Baseline data for Central level accessed from TABUCS on 10 Aug 2017
Improved governance and accountability of the health sector at the	% of allocated health budget expended at central, provincial and local levels								

three levels of government that leaves no one behind	3.1a) Federal government	Planned	83.1	No milestone planned	85	87	88	No milestone planned			
		Achieved		93.9	Annual data will be available by October 2018						
			Source AWPB, TABUCS, FMR								
	3.1b) provincial government	Planned	Not applicable	No milestone planned	No milestone planned	TBC	TBC by year 2	No milestone planned			
		Achieved		Not applicable	Not applicable						
			Source AWPB, TABUCS, FMR								
	3.1c) Local government	Planned	Not applicable	No milestone planned	No milestone planned	TBC	TBC by year 2	No milestone planned			
		Achieved		Not applicable	Not applicable						
			Source AWPB, TABUCS, FMR								
INPUTS (£)	DFID (£)		Govt (£)		Other (£)		Total (£)	DFID SHARE (%)			
INPUTS (HR)	DFID (FTEs)										
OUTPUT 1	Output Indicator 1.1		Baseline Value (Mid July 2016-Mid July 2017)	Milestone Y1 (Mid July 2016-Mid July 2017)	Milestone Y2 (Mid July 2017-Mid July 2018)	Milestone Y3 (the federaly 2018-Mid July 2019)	Milestone Y4 (Mid July 2019-Mid July 2020)	Target(Mid July 2020-Dec 2020)	Assumptions		
Evidence based policies and	% of local governments adhering to	Planned	Not applicable	No milestone planned	No milestone planned	50	75	No milestone planned	Health structures in federal		

guidelines developed in the federal context endorsed by the respective authorities in FMoHP	guidelines on health structure in federal context	Achieved		Not applicable	FMoHP has submitted the proposed health structures in federal context to the Ministry of Federal Affairs and General Administration for endorsement in May 2018. This is expected to be finalised by July 2018.					context will be defined in year 1										
												Source								
												FMoHP report on organization restructuring in federal context								
	Output Indicator 1.2		Baseline Value (July 2015 - July 2016)	Milestone Y1 (1 July 2016- 30 June 2017)	Milestone Y2 (1 July 2017-30 June 2018)	Milestone Y3 (1 July 2018-Mid July 2019)	Milestone Y4 (Mid July 2019-Mid July 2020)	Target (Mid July 2020-Dec 2020)												
	Number of priority health policies, strategies and guidelines endorsed by FMoHP																			
	1.2a) Policies	Planned	FMoHP priorities set for Year 1 & 2	1 (Partnership in Health)	1 (AMR)	To be determined based on FMoHP priority	To be determined based on FMoHP priority	To be determined based on FMoHP priority												

		Achieved		1 (Policy on Partnership in Health drafted. The partnership issues are included in the revised National Health Policy)	1 AMR is included in the revised National Health Policy (draft) developed with NHSSP support.					
		Source								
		FMoHP endorsed policies, strategies and guidelines								
	1.2b) Strategies	Planned	FMoHP priorities set for Year 2	No milestone planned	1 (GESI)	To be determined based on FMoHP priority	To be determined based on FMoHP priority	To be determined based on FMoHP priority		
		Achieved		Not applicable	1 Health Sector GESI Strategy developed and submitted to FMoHP with NHSSP support					
		Source								
		FMoHP endorsed policies, strategies and guidelines								
	1.2c) Guidelines	Planned	FMoHP priorities set for Year 2	No milestone planned	1 (National Standard Treatment Guideline)	To be determined based on FMoHP priority	To be determined based on FMoHP priority	To be determined based on FMoHP priority		

		Achieved		Not applicable	<p>5 Development of NSTG is awaiting finalisation of Basic Health Package.</p> <p>1. Guideline for handover of health facilities to the local governments developed and executed.</p> <p>2. Health Sector AWPB Preparation Guideline for Local Level</p> <p>3. SoP of Procurement Management Facilitation Handbook for Local Level;</p> <p>4. Electronic Government Procurement Handbook for Local Level.</p> <p>5. Health infrastructure design and construction guidelines (Volume 2 of NHIDS 2017)</p>					
		Source								
		FMoHP endorsed policies, strategies and guidelines								

	Output Indicator 1.3		Baseline (Mid July 2015- Mid July 2016)	Milestone 1 (1 July 2016- 30 June 2017)	Milestone 2 (1 July 2017-30 June 2018)	Milestone 3 (1 July 2018-June 2019)	Milestone 4 (Mid July 2019-Mid July 2020)	Target (Mid July 2020-Dec 2020)	Minimum service standards for primary hospitals will be updated in line with the standards of IIDP 2017 in year 1.	Year 2: The new structure of facilities is not implemented yet.	
	% of public hospitals implementing the minimum service standards bi-annually in learning lab sites	Planned	Not applicable	No milestone planned	No milestone planned	50	70	100			
		Achieved		Revision of minimum service standards of primary hospitals in progress.	MSS revised for primary hospitals; and MSS developed for secondary and tertiary level hospitals						
		Source									
		Updated Minimum Standards for primary hospitals, NHSSP periodic progress reports									
	Output Indicator 1.4		Baseline (Mid July 2015- Mid July 2016)	Milestone 1 (1 July 2016- 30 June 2017)	Milestone 2 (1 July 2017-30 June 2018)	Milestone 3 (1 July 2018-Mid July 2019)	Milestone 4 (Mid July 2019-Mid July 2020)	Target (Mid July 2020-Dec 2020)	OCAT will be designed, adopted and the first round of assessment completed in year 2.		
	% of FMoHP entities met actions recommended from OCAT as per the plan	Planned	Not applicable	No milestone planned	No milestone planned	100	100	100			
		Achieved			The NHSSP is exploring suitable tools and the process of OCAT used in other countries for adaptation in the local						

				context. This will be shared with the FMoHP once the health structures are finalised in the federal context.					
	Source								
	OCAT progress report, NHSSP periodic progress reports								
	Output Indicator 1.5	Baseline Value (Mid July 2016- Mid July 2017)	Milestone Y1 (Mid July 2016- Mid July 2017)	Milestone Y2 (Mid July 2017- Mid July 2018)	Milestone Y3 (Mid July 2018-Mid July 2019)	Milestone Y4 (Mid July 2019-Mid July 2020)	Target (Mid July 2020-Dec 2020)		
	% of agreed actions in Joint Consultative Meeting (JCM) completed timely	Planned	JCM action monitoring mechanism does not exist	No milestone planned	100	100	100	100	
		Achieved		Not applicable	100				
IMPACT WEIGHTING (%)	Source							RISK RATING	
	JCM note for record								
INPUTS (£)	DFID (£)		Govt (£)		Other (£)		Total (£)	DFID SHARE (%)	
INPUTS (HR)	DFID (FTEs)								

OUTPUT 2	Output Indicator 2.1		Baseline Value (Mid July 2016- Mid July 2017)	Milestone Y1 (Mid July 2016- Mid July 2017)	Milestone Y2 (Mid July 2017- Mid July 2018)	Milestone Y3 (Mid July 2018-Mid July 2019)	Milestone Y4 (Mid July 2019-Mid July 2020)	Target (Mid July 2020-Dec 2020)	Assumptions			
Financial management capacity strengthened by supporting the development, implementation and monitoring of Financial Management Improvement Plan (FMIP)	% of FMoHP spending units conducting internal audit in line with the internal audit improvement plan (IAIP)	Planned	IAIP does not exist	Milestone not planned	Milestone not planned	30	50	No milestone planned	IAIP will be finalised and implemented in year 1.			
		Achieved			FMoHP has finalised IAIP and sent to FCHGO. Implementation monitored by PFM committee							
		Source										
		OAG Annual Report										
	Output Indicator 2.2		Baseline Value (Mid July 2016- Mid July 2017)	Milestone Y1 (Mid July 2016- Mid July 2017)	Milestone Y2 (Mid July 2017- Mid July 2018)	Milestone Y3 (Mid July 2018-Mid July 2019)	Milestone Y4 (Mid July 2019-Mid July 2020)	Target (Mid July 2020-Dec 2020)	Revised eAWPB and TABUCS are in line with the upcoming legal and system frameworks.	Baseline: Current eAWPB is not fully used and needs to be updated to include planning at local, provincial and federal level.		
	Number of FMoHP officials trained on											
	2.2a) Revised eAWPB	Planned	Not applicable	No milestone planned	100	150	200	No milestone planned	eAWPB and TABUCS will be revised/ updated in year 1	Removed the target of 2.2a (training on e-AWPB) from 2018 onward. Since we have developed eAWPB as an integral part of TABUCS we will provide 'one training' which is included in 2.2b (updated TABUCS). This shows that systems		
		Achieved		Not applicable	109							
Source												
Health sector eAWPB, Training completion report									The figures in milestones and targets are			
	2.2b) Updated TABUCS	Planned	Not applicable	No milestone planned	100	150	200	No milestone planned				
		Achieved		156	126							

	d									
	Source									
	Health sector eAWPB, Training completion report								cumulative.	are now integrated and integrated training to the
Output Indicator 2.3		Baseline Value (Mid July 2016- Mid July 2017)	Milestone Y1 (Mid July 2016- Mid July 2017)	Milestone Y2 (Mid July 2017- Mid July 2018)	Milestone Y3 (Mid July 2018-Mid July 2019)	Milestone Y4 (Mid July 2019-Mid July 2020)	Target (Mid July 2020-Dec 2020)			
% of FMoHP spending units having no Recorded Audit Observations	Planned	30	No milestone planned	32	34	37	No milestone planned			
	Achieved		19.1 (Of the total 307 FMoHP spending units, 59 units reported to have no recorded audit observations)	The audit reports that show the 'Recorded Audit Observations' will be available by April 2019.						
IMPACT WEIGHTING (%)	Source								RISK RATING	
	OAG Annual Report									
INPUTS (£)	DFID (£)		Govt (£)		Other (£)		Total (£)	DFID SHARE (%)		
INPUTS (HR)	DFID (FTEs)									

OUTPUT 3	Output Indicator 3.1		Baseline Value (Mid July 2016- Mid July 2017)	Milestone Y1 (Mid July 2016- Mid July 2017)	Milestone Y2 (Mid July 2017- Mid July 2018)	Milestone Y3 (Mid July 2018-Mid July 2019)	Milestone Y4 (Mid July 2019-Mid July 2020)	Target (Mid July 2020-Dec 2020)	Assumptions	
Procurement capacity enhanced by implementing Procurement Improvement Plan (PIP) that results in improved procurement of drugs, medical supplies and equipment that are of good quality	% of procurement contracts awarded against Consolidated Annual Procurement Plan (CAPP)	Planned	48	No milestone planned	50	60	70	No milestone planned		The decrease in % is due to dropping of many procurement packages in 2017-18. That is resulted due to many items including equipment were added in CAPP of 2016-17 at the end of third Quarter (February-March), the contracts of which were awarded around June-July. Therefore, the CAPP of 2017-18 carried the payment liability of previous CAPP. That is also reason of no equipment procured in 2017-18 (OP 3.2b).
		Achieved		60 (Out of 176 procurement contracts in CAPP, a total of 106 contracts were signed as of mid-July 2017)	56.78					
		Source LMD Record on CAPP (Baseline taken from NHSS 2015-20, RF)								
	Output Indicator 3.2		Baseline Value (Mid July 2016- Mid July 2017)	Milestone Y1 (Mid July 2016- Mid July 2017)	Milestone Y2 (Mid July 2017- Mid July 2018)	Milestone Y3 (Mid July 2018-Mid July 2019)	Milestone Y4 (Mid July 2019-Mid July 2020)	Target (Mid July 2020-Dec 2020)	Timely monitoring of progress by PFM and CAPP monitoring committees.	
	% procurement tender completed adhering with specification bank for									

3.2a) Free drugs	Planned	Standard specification bank is in the process of revision	No milestone planned	85	90	95	No milestone planned		
	Achieved		FMoHP has endorsed and published the standard specification for 105 free essential drugs.	100					
	Source LMD Report on procurement of free drugs and essential equipment, Specification Bank								
3.2b) Essential equipment	Planned	Standard specification bank revised	No milestone planned	75	85	90	No milestone planned		
	Achieved		The DoHS has initiated the process of revising the standard specification for 1088 medical equipment.	No essential equipment procured					
Source LMD Report on procurement of free drugs and essential equipment, Specification Bank									
Output Indicator 3.3		Baseline Value (Mid July 2016- Mid July 2017)	Milestone Y1 (Mid July 2016- Mid July 2017)	Milestone Y2 (Mid July 2017- Mid July 2018)	Milestone Y3 (Mid July 2018-Mid July 2019)	Milestone Y4 (Mid July 2019-Mid July 2020)	Target (Mid July 2020-Dec 2020)	Procurement clinic will be established in Year 1.	

	% of responses among the cases registered in procurement clinic	Planned	NA	No milestone planned	50	60	70	No milestone planned		
		Achieved		Procurement clinic has been established at LMD, the DoHS.	100				RISK RATING	
		Source								
		LMD report on procurement clinic								
INPUTS (£)	DFID (£)		Govt (£)		Other (£)		Total (£)	DFID SHARE (%)		
INPUTS (HR)	DFID (FTEs)									
OUTPUT 4	Output Indicator 4.1		Baseline Value (Mid July 2016- Mid July 2017)	Milestone Y1 (Mid July 2016- Mid July 2017)	Milestone Y2 (Mid July 2017- Mid July 2018)	Milestone Y3 (Mid July 2018-Mid July 2019)	Milestone Y4 (Mid July 2019-Mid July 2020)	Target (Mid July 2020-Dec 2020)	Assumptions	
FMoHP expands access to RMNCAH and nutrition services, especially to underserved groups	Number of public CEONC sites with functional caesarean section service	Planned	75	No milestone planned	78	81	84	No milestone planned	The figures in milestones and targets are cumulative.	
		Achieved		63	Annual data will be available by October 2018					

		Source							
		HMIS							
Output Indicator 4.2		Baseline Value (Mid July 2016- Mid July 2017)	Milestone Y1 (Mid July 2016- Mid July 2017)	Milestone Y2 (Mid July 2017- Mid July 2018)	Milestone Y3 (Mid July 2018-Mid July 2019)	Milestone Y4 (Mid July 2019-Mid July 2020)	Target (Mid July 2020-Dec 2020)		
Number of current users of: (Disaggregated by provinces and ecological region)									
4.2a) IUCD and Implant	Planned	420,715	No milestone planned	516,998	604,365	679,979	No milestone planned		
	Achieved		463,195	Annual data will be available by October 2018					
	Source								
		HMIS							
4.2b) IUCD	Planned	169,299	No milestone planned	183,533	197,055	209,901	No milestone planned		
	Achieved		175,593	Annual data available by October 2018					
	Source								
		HMIS							
4.2c) Implant	Planned	251,416	No milestone planned	333,466	407,310	470,078	No milestone planned		
	Achieved		287,602	Annual data will be available by October 2018					
	Source								
		HMIS							

		Source								
		HMIS								
Output Indicator 4.3		Baseline Value (Mid July 2016- Mid July 2017)	Milestone Y1 (Mid July 2016- Mid July 2017)	Milestone Y2 (Mid July 2017- Mid July 2018)	Milestone Y3 (Mid July 2018-Mid July 2019)	Milestone Y4 (Mid July 2019-Mid July 2020)	Target (Mid July 2020-Dec 2020)			
Number of people served by One Stop Crisis Management Centres (OCMC)	Planned	3,480	No milestone planned	4,320	5,160	5,760	No milestone planned	OCMC Status update report published on March 2018' shows that 8958 people were served by OCMC from October 2013 to mid-July 2017. Annual disaggregation is not available in the system. Now the system has been established to generate the yearly data.		
	Achieved			Annual data will be available by August 2018						
	Source									
	OCMC reports									
Output Indicator 4.4		Baseline Value (Mid July 2016- Mid July 2017)	Milestone Y1 (Mid July 2016- Mid July 2017)	Milestone Y2 (Mid July 2017- Mid July 2018)	Milestone Y3 (Mid July 2018-Mid July 2019)	Milestone Y4 (Mid July 2019-Mid July 2020)	Target (Mid July 2020-Dec 2020)			
Number of women benefited from Aama programme (disaggregated by ecological region and Province)	Planned	315,355	No milestone planned	321,356	327,355	333,355	No milestone planned			
	Achieved		291,711	Annual data will be available by October 2018						
	Source									
	FHD record, HMIS, TABUCS									
Output Indicator 4.5		Baseline Value (Mid July 2016- Mid July 2017)	Milestone Y1 (Mid July 2016- Mid July 2017)	Milestone Y2 (Mid July 2017- Mid July 2018)	Milestone Y3 (Mid July 2018-Mid July 2019)	Milestone Y4 (Mid July 2019-Mid July 2020)	Target (Mid July 2020-Dec 2020)	Nutrition component of SBA training		

			July 2017)	July 2017)		July 2019)	July 2020)		manual will be revised by year 2	
	Number of SBA trained using revised SBA training manual on nutrition	Planned	Not applicable	No milestone planned	No milestone planned	400	600	300		
		Achieved		SBA training manual, including the nutrition, is in process of revision						
		Source								
		Revised SBA training manual, training completion report, FHD and NHTC record								
IMPACT WEIGHTING (%)	Output Indicator 4.6		Baseline (Mid July 2015- Mid July 2016)	Milestone 1 (1 July 2016- 30 June 2017)	Milestone 2 (1 July 2017-30 June 2018)	Milestone 3 (1 July 2018-Mid July 2019)	Milestone 4 (Mid July 2019-Mid July 2020)	Target (Mid July 2020-Dec 2020)	Two innovative interventions will be developed and implemented in year 1 and 2	
	Number of innovative interventions evaluated and disseminated	Planned	NA	No milestone planned	No milestone planned	No milestone planned	2	No milestone planned		
		Achieved		Not applicable	Innovative interventions are in the process of development					
		Source								RISK RATING
		Evaluation report								
INPUTS (£)	DFID (£)		Govt (£)		Other (£)		Total (£)	DFID SHARE (%)		
INPUTS (HR)	DFID (FTEs)									

OUTPUT 5	Output Indicator 5.1		Baseline Value (July 2015 - July 2016)	Milestone Y1 (1 July 2016- 30 June 2017)	Milestone Y2 (1 July 2017-30 June 2018)	Milestone Y3 (1 July 2018-Mid July 2019)	Milestone Y4 (Mid July 2019-Mid July 2020)	Target (Mid July 2020-Dec 2020)	Assumptions	
Availability and use of evidence is improved at all levels	% of local governments in the learning lab sites using equity monitoring dashboards based on HMIS data	Planned	Not applicable	No milestone planned	No milestone planned	50	80	100	Dashboard will be developed in year 1. HMIS is estimating the target population for 753 local governments. Equity dashboard will be generated based on the estimated target population by June 2018.	
		Achieved			Equity monitoring dashboard based on HMIS data has been developed and published in FMoHP website. The number of local governments using the dashboard will be monitored from August 2018					
		Source HMIS								
	Output Indicator 5.2		Baseline Value (July 2015 - July 2016)	Milestone Y1 (1 July 2016- 30 June 2017)	Milestone Y2 (1 July 2017-30 June 2018)	Milestone Y3 (1 July 2018-Mid July 2019)	Milestone Y4 (Mid July 2019-Mid July 2020)	Target (Mid July 2020-Dec 2020)	RDQA benchmark will be set in Year 1.	

% of government health facilities achieving benchmark on RDQA in LL sites	Planned	RDQA benchmark not set	No milestone planned	No milestone planned	20	50	80		
	Achieved		Not applicable	Web-based RDQA developed. This will set a benchmark and will be used from July 2018.					
	Source								
	NHSSP periodic progress report, review report of LL sites								
Output Indicator 5.3		Baseline (Mid July 2015- Mid July 2016)	Milestone 1 (1 July 2016- 30 June 2017)	Milestone 2 (1 July 2017-30 June 2018)	Milestone 3 (1 July 2018-Mid July 2019)	Milestone 4 (Mid July 2019-Mid July 2020)	Target (Mid July 2020-Dec 2020)		In agreement with DFID, the assessment of inter-facility free referral support is postponed for 2018/19
Number of assessments conducted on priority programme areas and results shared with stakeholders	Planned	Not applicable	No milestone planned	No milestone planned	3 (Free referral system, OCMC and Social Audit)	No milestone planned	No milestone planned		
	Achieved								
Source									
Assessment reports									
Output Indicator 5.4		Baseline (Mid July 2015- Mid July 2016)	Milestone 1 (1 July 2016- 30 June 2017)	Milestone 2 (1 July 2017-30 June 2018)	Milestone 3 (1 July 2018-Mid July 2019)	Milestone 4 (Mid July 2019-Mid July 2020)	Target (Mid July 2020-Dec 2020)	Themes will be determined based on FMOHP	

							2020)		priorities	
	Number of policy briefs produced based on FMoHP priorities and shared to inform policy	Planned	na	1	3	4	5	2		
		Achieved		1 Policy brief on service utilization by caste/ethnic groups	4 Policy briefs on: 1. ANC service satisfaction 2. Inequalities in use of CS service 3. MPDSR strengthening in federal context 4. Policy gaps and recommendations					
IMPACT WEIGHTING (%)	Source									
	Policy briefs produced annually								RISK RATING	
INPUTS (£)	DFID (£)		Govt (£)		Other (£)		Total (£)	DFID SHARE (%)		
INPUTS (HR)	DFID (FTEs)									
OUTPUT 6	Output Indicator 6.1		Baseline (Mid July 2015- Mid July 2016)	Milestone 1 (Mid July 2016- Mid July 2017)	Milestone 2 (Mid July 2017- Mid July 2018)	Milestone 3 (Mid July 2018-Mid July 2019)	Milestone 4 (Mid July 2019-Mid July 2020)	Target (Mid July 2020-Dec 2020)	Assumptions	

								2020)					
FMOHP has the capacity to ensure health infrastructure is resilient to environmental shocks	Number of health infrastructure related policies endorsed by FMOHP	6.1a) Policies	Planned	Health infrastructure specific policy does not exist	No milestone planned	1 (Facility prioritization and selection)	1 (Health sector infrastructure development, upgrade and maintenance)	No milestone planned	No milestone planned	FMOHP priorities for retrofitting and rehabilitation continue, and are not diverted by the move towards federalism			
			Achieved		Not applicable	1. Policy on 'Nepal Health Infrastructure Development Standards 2017. 2. Policy on 'Health facility prioritization and categorization' (Vol. 1 of NHIDS 2017) 3. Policy on 'Health facility construction and upgrading' (Section 6 of Health Facility Design and							

					Construction Guidelines; Vol 2 of NHIDS 2017) 4. Policy on 'Land Selection Criteria' (Section 5 of Health Facility Design and Construction Guidelines; Vol 2 of NHIDS 2017)					
	Source									
	Health infrastructure related policies and standards endorsed by FMoHP									
6.1b) Standards	Planned	NA	1 (Retrofitting and Rehabilitation)	No milestone planned	No milestone planned	No milestone planned	No milestone planned			
	Achieved		1 Nepal health infrastructure earthquake retrofitting, and rehabilitation standards submitted to	Process defined, and necessary steps identified to get legal status of the Nepal health infrastructure earthquake retrofitting and						

				DUDBC	rehabilitation standards from concerned authorities				
	Source								
	Health infrastructure related policies and standards endorsed by FMoHP								
Output Indicator 6.2		Baseline Value	Milestone 1 (Mid July 2016- Mid July 2017)	Milestone 2 (Mid July 2017- Mid July 2018)	Milestone 3 (Mid July 2018-Mid July 2019)	Milestone 4 (Mid July 2019-Mid July 2020)	Target (Mid July 2020-Dec 2020)		Move to Federalism does not result in major staff redeployment
Number of people trained in policy development and technical skills related to resilient design, construction and maintenance (disaggregated by government staff and construction workers)									
6.2a) Government staff	Planned	Not applicable	No milestone planned	80	90	90	No milestone planned		
	Achieved		12	140					

		Source							
		Training completion reports; Annual Impact Evaluation Reports							
6.2b) Construction sector staff	Planned	Not applicable	No milestone planned	No milestone planned	50	100	No milestone planned		
	Achieved								
	Source								
	Training completion reports; Annual Impact Evaluation Reports, Participant's list of FMOHP, DUBDC								
Output Indicator 6.3		Baseline Value (Mid July 2016- Mid July 2017)	Milestone Y1 (Mid July 2016- Mid July 2017)	Milestone Y2 (Mid July 2017- Mid July 2018)	Milestone Y3 (Mid July 2018-Mid July 2019)	Milestone Y4 (Mid July 2019-Mid July 2020)	Target (Mid July 2020-Dec 2020)	Government continues to prioritise roll-out of resilient health facilities with funds allocated and effective programme management.	Hazard resilience criteria need to be updated in line with the Integrated Infrastructure Development Plan 2017
% of new government health facilities designed adhering to hazard resilience criteria (structural and functional)	Planned	Not applicable	No milestone planned	100	100	100	100		
	Achieved			Annual data will be available by end of July 2018					
	Source								
	Completion report from NHSSP /consultant. Handover and completion certificate will be in 4th years. Signed contracts, payment reports and completion certificates								
Output Indicator 6.4		Baseline (Mid July 2015- Mid July 2016)	Milestone 1 (1 July 2016- 30 June 2017)	Milestone 2 (1 July 2017-30 June 2018)	Milestone 3 (1 July 2018-Mid July 2019)	Milestone 4 (Mid July 2019-Mid July 2020)	Target (Mid July 2020-Dec 2020)	Timely agreement between FMOHP and DFID on hospitals to	

	Number of health facilities/hospitals retrofitted or rehabilitated with support from DFID's earmarked Financial Aid		Planned	Retrofitting of two priority hospitals proposed using DFID FA	No milestone planned	No milestone planned	No milestone planned	2	No milestone planned	be retrofitted, timely release of fund and procurement of contractor. Design and preparation of tender documents will be completed in year 1; and contract awarded and mobilised in year 2.	
			Achieved			Design for retrofitting of two priority hospital and preparation of procurement document has been completed and submitted to DUDBC and DFID on Feb 2018.					
	IMPACT WEIGHTING (%)		Source								
		Standards and retrofitting completion certificate from FMoHP									
INPUTS (£)											
	DFID (£)		Govt (£)		Other (£)		Total (£)	DFID SHARE (%)			

Appendix 2 Payment Deliverables

Area	PD. No	Description of Milestone	DFID submission due date	Actual submission date	DFID approval date
PPFM	37	Consolidated Annual Procurement Plan (CAPP) produced within agreed timeframe, incorporating relevant information from all the DoHS divisions each year	Jun-18	29-Jun-18	21-Aug-18
Management	41	Quarterly report 4 April - June	Jul-18	31-Jul-18	10-Aug-18
HPP	18	Gender and equity strategy updated by FMoHP	Jun-18	29-Jun-18	27-Jul-18
PPFM	43	FMoHP internal audit report produced by HRFMD including progress on response time to audit queries	Aug-18	29-Aug-18	05-Oct-18
SD	44	Support roll out the GBV clinical protocol in 3 OCMC based hospitals that are developed as training site	Aug-18	28-Aug-18	26-Sep-18
HI	67	Policy Development Training updated and implemented	Aug-18	03-Sep-18	03-Sep-18

APPENDIX 3 RISK MATRIX ASSESSMENT

NHSSP Risk Matrix Assessment (Updated on 3rd October 2018)

NHSSP takes a rigorous approach to the identification and management of risk. We continually identify, evaluate and discuss risks in the SMT meetings and share with DFID in a monthly meeting. There are four additions in the risk table:

- **R6** (relationship management in the context of new structure),
- **R12** (Delayed in government approval causing further delay on m-health implementation.)
- **R13** (Lack of clarity in the FMoHP structure that ultimately disrupt the SD functions at the local level)
- **R14** (The Independent Review has extended the design timeline, may require extra designs and delay the tender process. This could impact negatively on the construction critical path (under infrastructure matrix).

The overall risk factors remain at the same level as previous Quarter.

General Health TA matrix												
Risk No	Risk	Gross Risk		Risk Factor RAG rated	Current controls	Net Risk		Risk Factor or RAG rated	Net Risk Acceptable?	Additional controls / planned actions	Assigned manager / timescale	Actions
		Likelihood	Impact			Likelihood	Impact					
	Contextual											
R1	Weak coordination between EDPs and MOHP.	Medium	Medium		NHSSP Team support FMoHP to work with EDPs; Team Leader supports DFID in coordination	Low	Medium		Yes	Continue to Facilitate FMoHP and EDPs for the implementation and monitoring of transition plan and agreed action points	Team Leader/Strategic adviser	Treat
	Political											
R2	Inadequate political will to drive key reform processes for example procurement reform	Medium	High		NHSSP advisors work closely with senior staff in FMoHP to advocate, build understanding and buy in to planned reform processes.	Medium	Medium		Yes	Pace of changes will be carefully planned. Regular meeting of CAPP monitoring committee.	Team Leader /PPFM lead Adviser/Strategic Advisor	Treat
R3	Uncertainty over the sub national structure; may affect programme implementation	High	High		NHSSP Advisors are supporting the FMoHP to develop a health sector transition plan,	High	High		Yes	NHSSP team will work closely with FMoHP and take flexible and adaptive approaches	Strategic Adviser and HPP Team Lead	Treat

					informed by best available evidence. The Strategic Adviser is working closely with FMoHP and providing regular updates and advice to the NHSSP adviser for on-going work.							
R4	Insufficient capacity of local government in Health sector management may affect timely delivery of quality health service	High	High		Capacity building of local government including orientation on programme implementation guides and planning support in coordination with all supporting partners EDPs	High	Medium	Y	Yes	Regular engagement with the FMoHP in planning processes to recognise if changes need to be made	Concerned Advisers	Treat
R5	Competing priorities at the local level may result less attention to public health interventions	High	High		Support FMoHP in advocating for health and Capacity building of local & provincial government including orientation on programme implementation guides and planning support in coordination with all supporting partners EDPs	High	Medium	Y	yes	NHSSP will support FMoHP in developing minimum service standard and implement HQIP at different level health facilities.	Service Delivery Adviser	Treat
R6	Change in FMoHP structure may affect the relationship management with the	Medium	Medium		NHSSP advisers will engage with relevant department/units in	Low	Low		Yes	NHSSP will participate in induction processes in the relevant department.	All advisers	Treat

	counterpart				strategic issues in terms of planning and implementation.							
	Programmatic											
R7	Routine reporting system may be affected due to structural change at local level	Medium	High		Engage with FMoHP to provide onsite coaching to Local Government for electronic reporting of HMIS in DHIS2 platform	Medium	Low		Yes	NHSSP IS engage with FMoHP to develop, AND MONITOR implementation plan	EA adviser	Treat
R8	MoHP 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	NHSSP team will work closely with FMoHP colleagues and remain flexible and strategic	Concerned Advisers	Treat
R9	Evolving priorities of FMoHP means that less attention is paid to NHSSP supported activities.	Medium	Medium		NHSSP will engagement with FMoHP and provide flexible and responsive support within the scope of NHSSP	Low	Low		Yes	NHSSP team will work with other partners for resource leveraging	Concerned NHSSP Advisers	Treat
R10	High staff turnover in key government positions limits the	Medium	Medium		NHSSP adopts capacity enhancement at	Medium	Low		Yes	NHSSP works with different cadre of Health Staff.	Concerned NHSSP Advisers	Tolerate

	effectiveness of capacity enhancement activities with FMOHP and the DoHS.				institutional and system level besides individual capacity enhancement so that institutional memory remains in place							
R11	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	NHSSP will actively encourage on site coaching /training and support training needs identification	Concerned NHSSP Advisers	Tolerate
R12	Delays in government approval causing further delay on m-health implementation.	High	High		Meet with relevant government officials to facilitate an approval.	Medium	Medium		Yes	BBC media action is working with the Nursing Division at the DoHS and making available any documents to support the approval processes.	Strategic adviser & Lead SD Adviser	Treat
R13	Lack of clarity in the FMOHP structure that ultimately disrupt the SD functions at the local level	High	High		NHSSP continue working with FMOHP and priorities the essential service delivery functions through regular monitoring and support.	Medium	Medium		Yes	NHSSP team working with Secretary and other relevant units to minimise the disruption through continue dialogue and support	Strategic adviser & Lead SD Adviser	Treat
	Climate & environmental											
R14	Further earthquakes, aftershocks, landslides or flooding reverse	Medium	High		Continue to monitor situation reports/GoN data; ensure	Medium	Medium		Yes	NHSSP will support MOHP to update disaster preparedness	Concerned NHSSP Advisers	Tolerate

	progress made in meeting needs of population through disrupting delivery of healthcare services				programme plans are flexible, and re-plan rapidly following any further events. Comprehensive security guidelines will be put in place for all staff.					plan		
	Financial											
R15	The TA programme has limited funds to support the strengthening of major systems components such as HR systems.	Medium	Low		Support policy and planning in the MOHP. Engage with other EDPs who are supporting related areas.	Low	Low		Yes	Continue to work with FMOHP and WHO and other partners who may have financial resources to support these	Advisers	Treat
R16	Financial Aid is not released for expected purposes.	Medium	High		Planning and discussions with FMOHP and MoF. Health Financing TA will support the government in managing release of Financial Aid.	Low	Medium		Yes	Continue with regular and quality monitoring of FMR and regular meeting of PFM committee	Lead PPFM Adviser and PFM adviser	Treat
R17	Financial management capacity of subcontracted local partners is low.	Low	Medium		Carry out a due diligence assessment of major partners at the beginning of the contract.	Low	Low		Yes	Carry out regular reviews of progress against agreed work plans and budgets.	Deputy Team Leader	Treat
R18	Weak PFM system leads to fiduciary risk	High	High		To work actively to support the FMOHP in strengthening various aspects of PFM via an updated FMIP, regular meeting of PFM committee, update the internal	Medium	medium		Yes	Continue to monitor risks and mitigate through periodic update of FMIP, CAPP, and PIP, through the PFM and CAPP monitoring committee. Engaging FMOHP Secretary, FCGO and PPMO.	Lead PPFM Adviser and senior Procurement adviser	Treat

					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							
R19	Further devaluation of the £ reduces the value of FA and TA commitment.	Medium	Medium		Monitor exchange rates and planned spend against these	Medium	Low		Yes	Strengthen regular monitoring and verification of work plans against budgets	Team Leader/Deputy Team Leader	Tolerate

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Infrastructure risk matrix												
Risk No	Risk	Gross Risk		Risk Factor or RAG rated	Current controls	Net Risk		Risk Factor or RAG rated	Net Risk Acceptable?	Additional controls / planned actions	Assigned manager / timescale	Actions
		Likelihood	Impact			Likelihood	Impact					
	Contextual											
	Political											
R1	Lack of buy-in from senior government stakeholders on revising and adopting policies, codes and standards, and drive key reform processes for example	Medium	Medium		Infrastructure Advisors work closely with senior staff in MoHP, DUDBC and	Medium	Low		Yes	NHSSP will work closely with the Health Building Construction Central Coordination and Monitoring Committee	Lead Infrastructure Advisor	Treat

	procurement reform				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.							
R2	The political process of federalism is complete; However, the creation of sub national structures, with allocations of powers, finance and staff is a long process. This delay will limit the rate and scale of improvements in health infrastructure.	High	Medium		The Team will work closely with MOH and DUDBC in responding to federalism, providing support in adapting health infrastructure plans and targeted capacity enhancement as the decentralisation process becomes clear.	High	medium		Yes	We will coordinate with other initiatives under the NHSSP (such as Learning Labs) to develop improved models of service delivery under federalism	Team Leader	Tolerate
R3	Lack of clarity over roles and responsibilities of FMoHP, DUDBC and other related departments in health infrastructure	Medium	Medium		Team will support clarification of the roles and responsibilities of departments,	Medium	Medium		Yes	NHSSP will build links and regular communication between MOH and DUDBC, and take forward recommendations of institutional review	Lead Infrastructure Advisor	Transfer

					and NRA / PCU.							
	Programmatic											
R4	MOH and DUDBC priorities and requests for non-planned TA draw advisors away from agreed workplan and exhaust available resource	High	Low		Close collaboration with key counterparts in the mobilisation phase of the TA resulting in shared understanding of work plans.	Medium	Low		Yes	We will regularly review workplans with counterparts and adapt flexible approach.	Lead Infrastructure Advisor	Treat
R5	High staff turnover in key government positions limits effectiveness of capacity enhancement activities with FMoHP and DUDBC.	Medium	Medium		The NHSSP capacity enhancement approach will focus on institutionalising approaches and systems, not rely on individual capacity building to ensure sustainability				Yes	NHSSP will engage with different level staff to strengthen the institutionalisation processes.	Lead Infrastructure Advisor	Tolerate

R6	Local construction companies not responsive/engaged in capacity building activities.	Low	Medium		Our team has established working relationships with local companies, design of capacity building will respond to identified needs.	Low	Low		Yes	Capacity building will be part of the contractual arrangement.	Seismic Resilience Advisor	Treat
Climatic and environmental												
R7	Further earthquakes, aftershocks, landslides or flooding reverse progress made in rehabilitation of existing health infrastructure.	Medium	High		Continue to monitor situation reports/ GoN data; ensure programme plans are flexible, and re-plan rapidly following any further events.	Medium	Medium Medium		Yes	Health and Safety guidelines to be developed and shared with staff and to ensure all consortium staff are covered by the relevant insurance scheme.	Lead Infrastructure Adviser	Tolerate
R8	Retrofitting and completed in advance major seismic event; retrofitting does not prevent significant damage if there is another earthquake	Medium	High		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 contract or for any defects against	Medium	Medium		Yes	NHSSP will ensure that retrofitting work will comply with building codes and work is completed as early possible	Lead Infrastructure Adviser	Tolerate

					the specification to make it correct.							
	Financial											
R9	Financial Aid is not released for expected purposes.	Medium	High		Joint planning and early discussions with FMOHP and MOF.	Low	Medium		Yes	PPFM and Health Infrastructure teams will continue to support the government in managing release of Financial Aid.	PPFM Adviser	Treat
R10	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	We will carry out regular reviews of progress against agreed work plans and budgets.	Deputy Team Leader	Treat
R11	Risk of fraud with locally contracted construction companies.	Medium	Medium		Due Diligence process, quality control and regular monitoring of local subcontracts (including results-based sign-off and payments)	Low	Low		Yes	Procurement processes, construction management and monitoring will be strengthened	Lead Infrastructure Adviser	Treat

R12	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	Strengthen regular monitoring and verification of work plans against budgets	Team Leader/ Deputy Team Leader	Tolerate
R13	Disagreements over land allocations at Bhaktapur Hospital may cause delay in retrofitting work	Medium	High		NHSSP team will seek to promote resolution between the principal parties	Medium	Medium		Yes	NHSSP will work with Bhaktapur municipality to settle disputes between parties.	Lead Infrastructure Adviser	Treat
R14	The Independent Review has extended the design timeline, may require extra designs and delay the tender process. This could impact negatively on the construction critical path.	High	High		Strategic dialogue with DFID to facilitate the review processes.	Medium	Medium		Yes	Close engagement with Review Team to support process and share information	Team Leader & Lead Infrastructure Adviser	Treat
	Overall risk rating	Medium										

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 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 / some / all the work impossible

APPENDIX 4: VALUE FOR MONEY (JULY – SEPTEMBER 2018)

Value for Money (VfM) for the 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 VfM framework was updated in June 2018 to align with the changing context of the country, and to reflect the inputs of each of NHSSP workstreams. NHSSP has formed a VfM committee that meets every Quarter to monitor the progress against the indicators. Detailed below are the indicators that NHSSP has committed to reporting on a Quarterly basis.

VfM results: Economy

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

The average unit cost for Short Term Technical Assistance (STTA) for this reporting period is £539 for international TA and £119 for national TA. The average unit cost of both international and national STTA is below the benchmark of £611 and £224, respectively.

International STTA	Actuals to date (March 2017 - Sept 2018)	Average unit cost to date (March 2017– Sept 2018)	Actuals (July – Sept 2018)	Average unit cost (July – Sept 2018)
Days	310	556	51.5	539
Income	172,498		27,766	
National STTA	Actuals to date (March 2017 – Sept 2018)	Average unit cost to date (March 2017 – Sept 2018)	Actuals (July – Sept 2018)	Average unit cost (July – Sept 2018)
Days	999	145	266.5	119
Income	145,185		31,708	

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

The majority (84%) of STTA used in this Quarter are nationals which is well above the benchmark of 56 %. This Quarter witnessed substantial inputs from the national STTA: to develop RH guidelines (SD), reviewing status of OCMCs (GESI), providing support to CEONC sites (SD), and assessment of building services for sanitary layouts (HI). Likewise, the international STTAs were used for developing strategies, action plans, and quality assurance of payment deliverables. The team are in the process of identifying specialist international expertise across several key areas (e.g. decentralization, health informatics, internal audit) so we anticipate that the share of international STTA will increase in the next Quarter.

Short Term Technical Assistance Type	In client contract budget*		Actuals to date (March 2017 – Sept 2018)		Actuals (July – Sept 2018)	
	Days	%	Days	%	Days	%
International TA	2,291	44%	310	24%	52	16%
National TA	2,942	56%	999	76%	267	84%
TOTAL	5,233	100%	1,309	100%	318	100%

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

In this reporting period, 31 percent of the budget was spent on administration and management. The key drivers are office running and office support staff costs. This Quarter witnessed the salary increase and Dashain bonus of support staff that drove up the administration expenses.

Category of admin / mgmt. expense:	Client budget		Actuals to date (March 2017 – Sept 2018)		Actuals (July – Sept 2018)	
	GBP	%	GBP	%	GBP	%
Office running costs (rent, suppliers, media, etc)	88,550	2%	57,642	6%	11,105	8%
Equipment	26,063	1%	29,251	3%	1,630	1%
Vehicle purchase	120,000	3%	52,875	5%		0%
Bank and legal charges	13,110	0%	2,259	0%	221	0%
Office Set up and maintenance	29,090	1%	31,904	3%	3,253	2%

Office Support Staff	383,318	9%	118,033	12%	25,391	18%
Vehicle Running cost and Insurance	73,998	2%	16,106	2%	2,085	1%
Audit and other Professional Charges	16,000	0%	11,991	1%		0%
Sub-total admin / management	750,129	18%	320,061	32%	43,685	31%
Sub-total programme expenses	3,385,899	82%	680,318	68%	95,348	69%
Total	4,136,028	100%	1,000,379	100%	139,033	100%

VfM results: Efficiency

Indicator (15): Unit cost (per participant, per day) of capacity enhancement training (disaggregated by level e.g. National and local)

During this Quarter, seven sessions of capacity enhancement trainings were conducted to 236 participants. At the national level, six training sessions were conducted to reach 183 participants. At the local level, one training sessions was conducted to 53 participants. The average cost per participant per day incurred for national-level training (£30) is less than half of the benchmark cost (£62); however average cost of training at local level is slightly higher than the benchmark (£39 compared to £46). The venue for the local level training was Pokhara where the cost of conducting the training is relatively higher than other sites.

Level of Training *	Cost per participant/day Benchmark ** GBP	Actuals to date (Jan – Sept 2018)***			(July – Sept 2018)		
		No. of capacity enhancement training conducted	No. of Participants	Average Cost Per Participant/Day (GBP)	No. of capacity enhancement training conducted	No. of Participants	Average Cost Per Participant/Day (GBP)
National	62	15	491	31	6	183	30
Local	39	9	209	28	1	53	46

* The level has been reduced to two: National and Local, the district has been embedded into local

** The benchmark was set at the initiation of NHSSP (reference for cost taken from NHSP 2 and TRP programmes)

*** The data for this indicator was collected from Jan 2018 onwards.

VfM results: Effectiveness

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

During this reporting period, the programme submitted 43 PDs; 40 PDs have been approved by the Government of Nepal and signed off by DFID.

Payment Deliverables (March 2017 – Sept 2018)	
Total technical deliverables throughout NHSSP3	105
PDs submitted to date	43
PDs approved to date	40
Ratio %	93%

October 2018



NHSSP Case Study

GENDER AND
SOCIAL INCLUSION

One Stop Crisis Management Centres: Developing an effective health systems response to Gender Based Violence in Nepal

One Stop Crisis Management Centres (OCMCs) are helping Nepal develop a coordinated, health-systems response to gender based violence.

In Nepal, more than 22% of women have experienced physical violence from the age of 15. 26% of married women have experienced physical, sexual or emotional violence from their spouse, and 66% of victims never tell anyone about their experiences or seek help¹.

Gender based violence (GBV) has become an urgent national issue. As a response, in 2011 the Nepal Ministry of Health and Population (MoHP) piloted the establishment of seven hospital-based One Stop Crisis Management Centres (OCMCs). OCMCs provide a comprehensive range of services for survivors of GBV, including health care, psycho-social counselling, access to safe homes, legal protection, personal security, rehabilitation and vocational skills training. Because of the multi-faceted needs of GBV survivors, OCMCs act as secretariats, coordinating with multi-sectoral partners to ensure services are provided.

The UKAid-funded Nepal Health Sector Support Programme (NHSSP) is now in its third phase of implementation (2017 – 2020). NHSSP has been providing technical assistance to the MoHP to develop, strengthen and scale up OCMCs across the country since their inception. This support has not only enhanced the Government's understanding of GBV issues but has also resulted in the MoHP taking ownership of OCMCs, as they prioritise delivering services to those who need it most. In doing so, the programme is working to address gender inequality and is striving to ensure no-one is left behind.

¹ Nepal Demographic and Health Survey 2016

Taking a multi-sectoral approach to addressing GBV issues

Mainstreaming Gender Equality and Social Inclusion (GESI) across Nepal's health sector

GESI mainstreaming is the process whereby barriers and issues faced by women, poor, and excluded people are identified by, and addressed in all functional areas of the health system. This includes the working environment and culture, institutional systems, policy formulation, programme and budget development, service delivery, monitoring and evaluation, and research.

Incorporating Gender Equality and Social Inclusion (GESI) across all activities has been an integral part of the NHSSP programme. The programme's approach to GESI has been multi-sectoral because steps that need to be taken to tackle issues such as GBV, go beyond the responsibility of the MoHP alone. The programme works closely with several Ministries, including the Prime Minister's Office, the Ministry of Women, Children and Senior Citizens, Ministry of Education, Ministry of Law and Justice, Ministry of Home Affairs, the National Planning Commission and the National Women's Commission; all of whom play key roles as sectoral ministries to support the OCMCs at large.

The establishment of OCMCs presented NHSSP with an opportunity to strengthen this locally-coordinated approach to enhance services that meet the needs of some of the most vulnerable in Nepali society. NHSSP technical advisors have supported the government to develop OCMC operational guidelines which have been accepted and well-practised, and are reviewed and revised each year. GBV clinical protocols have been developed and rolled out in 20 districts to ensure services are delivered comprehensively and to high quality. Meetings between case management and district coordination committees are regularly held and improvements have been seen in the referral and rehabilitation of cases, to note a few key achievements.