



# Nepal Health Sector Support Programme III (NHSSP – III)

**QUARTERLY REPORT**  
**October to December 2017**



## **Disclaimer**

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## 1. Abbreviations

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

HMIS	Health Management Information System
HPP	Health Policy and Planning
HQIP	Health Quality Improvement Plan
HR	Human Resources
HRFMD	Human Resource and Financial Management Division
HRH	Human Resources for Health
IAIP	Internal Audit Improvement Plan
IFPSC	Institutionalised Family Planning Service Centres
JAR	Joint Annual Review
JCM	Joint Consultative Meeting
KAHS	Karnali Academy of Health Science
LARC	Long Acting Reversible Contraceptive
LCD	Leprosy Control Division
LL	Learning Lab
LLFMIS	local level financial management info system
LMBIS	Line Ministry Budget Information System
LMD	Logistics Management Division
LMIS	Logistic Management Information Systems
LNOB	Leave No One Behind
M&E	Monitoring and Evaluation
MD	Management Division
MEOR	Monitoring Evaluation and Operational Research
MLP	Minilaparotomy
MoH	Ministry of Health
MoFALD	Ministry of Federal Affairs and Local Development
MoGA	Ministry of General Administration
MoWCSW	Ministry of Women, Children and Social Welfare
MoU	Memorandum of understanding
MPDSR	Maternal and Perinatal Death Surveillance and Response
MSS	Minimum Service Standard
NASC	Nepal Administrative Staff College
NDHS	Nepal Demographic Health Survey
NHEICC	National Health Education Information and Communication Centre
NHFS	Nepal Health Facility Survey
NHP	National Health Policy
NHSP	Nepal Health Sector Programme
NHSSP	Nepal Health Sector Support Programme
NHSS	Nepal Health Sector Strategy
NHTC	National Health Training Centre
NPC	National Planning Commission
NPHL	National Public Health Laboratory
NRA	National Reconstruction Authority
NSI	Nick Simmons Institute
NSV	No Scalpel Vasectomy
OAG	Office of the Auditor General
OCMC	One Stop Crisis Management Centre
OPM	Oxford Policy Management
OPMCM	Office of Prime Minister and Council of Ministers
PBGA	Performance Based Grant Agreement
PCU	Project Coordination Unit
PD	Payment Deliverable

PHAMED	Public Health Administration Monitoring and Evaluation
PHCRD	Primary Health Care Revitalisation Division
PIP	Procurement Improvement Plan
PPFM	Public Procurement and Financial Management
PPICD	Policy, Planning, and International Cooperation Division
PPMO	Public Procurement Management Office
PNC	Postnatal Care
QAI TWG	Quality Assurance and Improvement Technical Working Group
RAMP	Remote Areas Maternal and Newborn Health Project
RANM`	Roving Auxiliary Nurse Midwife
RDQA	Routine Data Quality Assurance
RF	Results Framework
RUM	Rational Drug Use
SAS	Safe Abortion Services
SAHS	Social Accountability in the Health Sector
SBA	Skilled Birth Attendants
SBD	Standard Bidding Documents
SDG	Sustainable Development Goals
SOP	Standard Operating Procedure
SSU	Social Service Unit
STTA	Short Term Technical Assistance
TA	Technical Assistance
TABUCS	Transaction Accounting and Budget Control System
TARF	Technical Assistance Response Fund
TB	Tuberculosis
ToR	Terms of Reference
TIU	TABUCS Implementation Unit
TNA	Training Needs Analysis
TSB	Technical Specification Bank
TWG	Technical Working Group
UNICEF	United Nations International Children's Emergency Fund
VfM	Value for Money
VP	Visiting Provider
VSC	Voluntary Surgical Contraception
WHO	World Health Organization
WRH	Western Regional Hospital

## 2. Executive Summary

### Health Policy and Planning

1. Strategic support was provided to the Federalism Implementation Unit (FIU)/Ministry of Health (MoH) for finalising structures for the devolved function of health.
2. Together with the Evidence and Accountability work stream , support was provided to the National Health Training Centre (NHTC)/MoH to develop the two day orientation package on health programmes to locally elected representatives and health staff. The package included PowerPoint slides for orientation sessions and guidelines for carrying out health programmes at the local level.
3. The final list of Learning Lab (LL) sites has been identified by the Policy, Planning, and International Cooperation Division (PPICD). A detailed implementation plan is being finalised.
4. A draft planning and budgeting tool has been developed collating the existing tools and guidelines in coordination with partners including the German Corporation for International Cooperation (GIZ), Health for Life (H4L), UNICEF, USAID and the World Health Organization (WHO).
5. PPICD/MoH has been supported in developing the new National Health Policy (NHP). The MoH has submitted the final draft of the NHP to the Cabinet for approval. Feedback on the final draft of the Mental Health Policy, National Health Act, and Health Institution Quality Assurance Authority Act are awaited from relevant ministries.
6. MoH has been supported in finalising the framework for the revision of the Gender Equality and Social Inclusion (GESI) strategy and in capacity building of the MoH and Department of Urban Development and Building Construction (DUDBC) in GESI/Leave No One Behind (LNOB).
7. Support was provided to the Office of the Prime Minister and Council of Ministers (OPMCM) to finalise the health portion of the draft national strategy and action plan for Gender Based Violence (GBV) in November, 2017. Support was also provided to the Ministry of Women Children and Social Welfare (MoWCSW) to draft a ten year National Policy and Action Plan for disability in November 2017.
8. PPICD was supported in coordination with External Development Partners (EDPs) to organise a Joint Annual Review (JAR) meeting to be held from January 31 to February 1, 2018.

### Public Procurement and Financial Management (PPFM)

1. Organised the workshop to finalise the procurement improvement plan (PIP). The inputs from PPFM oversight agencies were included in draft document that was presented in the workshop. The MoH, PPMO, FCGO, OAG, DoHS, and EDPs have actively participated in the workshop. The suggestions from groups were incorporated in the final draft and further circulated to the stakeholders. The MoH has owned the document and committed to endorse it.
2. The MoH has provided approval to the National Reconstruction Authority (NRA) in rolling out TABCUS under their spending units. NHSSP has supported the MoH to update TABUCS for the National Reconstruction Authority (NRA). MoH officials have provided training to NRA officials on the use of TABCUS.
3. The Technical specification bank (TSB) has been updated and uploaded onto the LMD's website. This can be accessed by the users who have registered themselves in the web-TSB. A total of 175 people have registered themselves as TSB users; the LMD IT section is managing this.

4. Supported the MoH planning section to understand the nature of conditional grants provided to the local government. Officials from HRFMD and planning sections were involved in designing and finalising the budget analysis for FY 2017/18.

### **Service Delivery**

1. FHD supported to extend the coverage of Comprehensive Emergency Obstetric and Neonatal Care (CEONC) services resulting in Ratananagar Tadi hospital starting C-section services.. Government supported to establish five new One Stop Crisis Management Centre (OCMCs) and three new Social Service Unit (SSU) during this quarter.
2. NHSSP supported government strategy and policy formulation in the areas of Gender Based Violence; drafting human resources for health : Strategic Roadmap 2030 and drafting a national policy on nurses and professional midwives. Support for training and advocacy was provided to the National Health Education Information and Communication Centre (NHEICC) to plan the development of GBV-OCMC and free health care related advocacy and IEC materials and to finalise a training manual to operationalise the revised mental health standard treatment protocol (STP) for prescribers. Together with partners, support was provided to MOH/DOHS to carry out an inventory of 368 documents (policies, strategies, standards, protocol, guidelines) together with recommendations for knowledge management in the context of decentralisation
3. NHSSP provided technical support to Family Health Division (FHD) to organise discussions on the current high maternal mortality and to plan the assessment of the Aama programme; to the Primary Health Care Revitalisation Division (PHCRD) to form a technical working group (TWG) for the assessment of Community Health Units (CHUs) and revisions of Standard Treatment Protocols and national rational drug use guidelines and to Curative Services Division (CSD) to form a TWG to develop minimum service standards for referral hospitals.
4. Programme monitoring was supported for improved functionality and quality of care in all CEONC sites (72 districts), all OCMC sites, all SSU sites, and Health Quality Improvement Plan (HQIP) implemented hospitals (eight sites)
5. On-site technical support was provided to service delivery sites including 15 CEONC sites, five OCMC sites, four SSU sites, and two Institutionalised Family Planning Service Centres (IFPSC).
6. The implementation of the Department for International Development (DFID) family planning (FP/FA) was assisted and monitored and FP activities were supported.

### **Evidence and Accountability**

1. NHSSP engaged with the MoH and partners to develop web-based unified coding and a health facility registry system. The health facility registry will be upgraded to include on-line registration and licensing for health facilities.
2. The programme worked with the MoH and Monitoring Evaluation and Operational Research (MEOR) team to develop a health sector Monitoring & Evaluation (M&E) plan in the federal context.



3. Excel-based equity monitoring dashboards based on NDHS, HMIS and Nepal Health Facility Survey (NHFS) data were established and published on the MoH's and Nepal Health Sector Support Programme's (NHSSP's) website.
4. The DoHS was supported to orientate DHO, DPHO, and focal persons from 18 districts to implement social audits.

### **Health Infrastructure**

1. Completion of the functional design of Western Regional Hospital (WRH) and Bhaktapur Hospital. Presentation given to DFID and to the concerned hospital authorities and consensus received on the proposed design with minor changes
2. Completion of decanting space design and tender documents for Bhaktapur and Pokhara and submission to the DUDBC and DFID for review
3. Geotechnical investigation, destructive, and non-destructive testing completed for Bhaktapur Hospital
4. Detailed seismic assessment and preliminary retrofitting design with Bills of Quantity (BoQ) for Bhaktapur Hospital Completed and submitted to the DUDBC for review
5. Infrastructure component Kick off meeting organised by the MoH attended by DFID and the DUDBC
6. Workshop organised to discuss the seismic retrofitting standards for Nepal developed by the team; a panel discussion was held where national and international experts provided comments and feedback on the document and it was agreed that the process of finalising the standards will be led by the DUDBC supported by the MoH and the NHSSP technical team

### 3. Overview of the DFID NHSSP

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

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

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

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

The NHSSP is working closely with the three other DFID suppliers<sup>1</sup> providing oversight to the DFID Nepal Health Sector Programme 3 (NHSP 3) and with other External Development Partners (EDPs) who support the Nepal Health Sector. The relationships and approaches to this combined support during the first quarter of the NHSSP are detailed in this report.

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<sup>1</sup>1. Crown Agents “Procurement and Public Financial Management (PPFM)”  
2. Abt Associates “Monitoring, Evaluation and Operational Research (MEOR)”  
3. PACT “Social Accountability in the Health Sector (SAHS)”

## **4. Changes in the Operating Environment**

### **The NHSSP team**

The team suffered a tragedy in October with the sudden death of the Team Leader, Dr Gerard O' Brien. Members of the NHSSP senior management team gave extensive support to the family and in the formal processes of the repatriation of the body back to his home country. The support from the DFID Health Advisor at this time was greatly appreciated. In November, Dr Anne Austen (previous Team Leader) returned as the Interim Team Leader.

### **The MoH**

A proposed structure of the MoH has been recommended to the Council of Ministers through the high level commission on federalism. The NHSSP was involved in formulating the new structure with the Health Sector Reform Unit which was leading the federalism discussions on behalf of the MoH.

There were major changes within the Ministry during the reporting period. The Minister of Health changed (Mr Deepak Bohora replaced Mr Giriraj Mani Pokhrel), The Health Secretary Health Dr Kiran Regmi retired and Dr Puspa Chaudhary was appointed as the new Health Secretary. The FHD Director, Dr Naresh, retired and was replaced by Dr Bikash Devkota on transfer from the MoH Clinical Department. Mr Dotel was transferred to the PHCRD and was replaced as PPICD chief by an orthopaedic surgeon Dr Sri Krishna Giri. The rapid posting and re-posting of MoH officials tends to undermine decision making and generate a reluctance to deal with complex institutional problems in the context of health system strengthening.

### **The political environment**

Landmark elections for the provincial and national levels took place in two phases in December. Hopefully these elections will institutionalise democracy and bring political stability to the country. There are now elected representatives at the local level after a gap of many years with the expectation that this will facilitate development at the local level

## 5. Progress against the Workplan

This section highlights the project activities and status (section 5.1) with an explanation of why some activities are delayed (section 5.2) and a summary of progress against the project logical framework (section 5.3 ) in the reporting period from October to December 2017.

### 5.1 Planned Activities, Achievements for Q2 and Planned Activities for Q3

Activity	Achievements this Quarter (Oct - Dec 2017)	Planned Activities for Year 1 Quarter 3 (Jan – Mar 2018)
<b>WORKSTREAM 1: HPP</b>		
<b>1. The MoH has a plan for structural reform under federalism</b>	<p><b>Provided strategic support on structures and roles for central and devolved functions</b></p> <ul style="list-style-type: none"> <li>• Supported Federalism task force of MoH in finalising the structures as per the defined functions in the federal context. The draft structure of federation has been submitted to the high level Administrative Restructuring Committee stationed in Ministry of General Administration. The draft is in <b>Annex 1</b>.</li> </ul> <p><b>Enhanced the capacity of the PPICD and respective divisions to prepare for federalism</b></p> <ul style="list-style-type: none"> <li>• Support was provided to National Health Training Centre/ MoH to develop the two days orientation package on health program to locally elected representatives and health staff. The orientation package includes key areas such as;               <ul style="list-style-type: none"> <li>○ Health as a development agenda</li> <li>○ Role of three levels of government in building</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Support the MoH to prepare the final draft structures of province and local health governance by February 2018</li> <li>• Support the MoH to prepare detailed roles and responsibilities of approved structures, once the final structures approved</li> <li>• Support rolling out of the orientation package in the LL sites by March 2018</li> <li>• Provide support to FIU to prepare the guideline for pharmacy registration at local level by February 2018</li> <li>• Support the MoH to revisit the ToR of HFOMC by March 2018</li> </ul>

Activity	Achievements this Quarter (Oct - Dec 2017)	Planned Activities for Year 1 Quarter 3 (Jan – Mar 2018)
	<p>the healthy society</p> <ul style="list-style-type: none"> <li>○ Basic health services and social health security</li> <li>○ Disease control</li> <li>○ Child health</li> <li>○ Reproductive health</li> <li>○ Health facility management</li> <li>○ Ayurveda and alternative medicine system</li> <li>○ Health planning and budgeting</li> <li>○ Implementation status of health programs</li> </ul> <p><b>Developed guidelines and operational frameworks to support elected local governments planning and implementation</b></p> <ul style="list-style-type: none"> <li>● The guideline for registration, licensing, renewal of health institutions which was prepared in the 1<sup>st</sup> quarter, has now been approved by the MoH.</li> </ul>	
<p><b>2. Districts and divisions have the skills and systems in place for evidence-based bottom up planning and budgeting</b></p>	<p>Implement the Learning Lab (LL) approach to strengthen local health planning and service delivery in selected sites and document evidence of effectiveness and VfM</p> <ul style="list-style-type: none"> <li>● The final list of the Learning Lab sites was developed based on the defined criteria<sup>2</sup> of PPICD. The final list of LL sites are as follows:</li> </ul>	<ul style="list-style-type: none"> <li>● Support MoH/DoHS to develop the implementation plan to operationalise the agreed actions of the National Annual Review once JAR is completed on 1<sup>st</sup> February 2018 so the agreed actions of the JAR could also be incorporated in the implementation plan.</li> <li>● Support the MoH in next year’s planning process</li> </ul>

<sup>2</sup> All types of local government (metro, sub-metro, municipal, rural-municipal), geographic distribution, sites where other programs have planned interventions, presence of private sector/hospitals to learn successful partnership models such as on performance based grant agreement, districts where there is

Activity	Achievements this Quarter (Oct - Dec 2017)	Planned Activities for Year 1 Quarter 3 (Jan – Mar 2018)
	<ul style="list-style-type: none"> <li>○ Itahari Sub Metro, Sunsari (P1)</li> <li>○ Dhangadimai Municipality, Siraha (P2)</li> <li>○ Madhayapur Thimi Municipality, Bhaktapur (P3)</li> <li>○ Pokhara Lekhnath Metropolitan, Kaski (P4)</li> <li>○ Yeshodhara Rural Municipal, Kapilvastu (P5)</li> <li>○ Kharpunath Rural Municipality, Humla (P6)</li> <li>○ Ajayameru Rural Municipal, Dadeldhura (P7)</li> </ul> <p>The map of the LL sites is in <b>Annex 2</b>.</p> <ul style="list-style-type: none"> <li>● Based on discussions with MOH and partners developed a consolidated draft of planning and budgeting tools including guidelines applicable for the local level.</li> <li>● In coordination with WHO, drafted an integrated rapid field monitoring checklist to be used by government and EDP for visits to the decentralised levels. Mobile phone technology will be used for reporting and the data is intended to be on line in real time</li> <li>● Facilitated the sharing of LL concept (1 Dec 2017) with NHSSP work streams to identify their</li> </ul>	<p>from February onwards</p> <ul style="list-style-type: none"> <li>● Conduct an integrated scoping field visit to the selected local levels Feb-March 2018</li> <li>● Develop M&amp;E framework for monitoring the interventions in the LL sites by March 2018</li> <li>● Support local level in rolling out of the planning and budgeting tools and guideline by March 2018</li> <li>● Support the local governments of LL sites to develop evidence based AWPB for next FY 2018/19 March</li> <li>● Develop a framework for budget marker on LNOB by the end of April 2018.</li> </ul>

opportunity to collaborate with other partners, districts for convergence with other DFID programs. Discussions with DFID and PPICD still to be held to obtain final approval of districts where a focused intervention will take place and districts where less focussed support will be provided

Activity	Achievements this Quarter (Oct - Dec 2017)	Planned Activities for Year 1 Quarter 3 (Jan – Mar 2018)
	<p>roles and interventions in LL. The focal point for each work stream for LL has been identified and a draft implementation plan is in development</p> <ul style="list-style-type: none"> <li>•</li> </ul> <p>Scoping visit to two LL sites (Itahari sub-metro, Sunsari and Dhangadimai Municipality, Siraha) was conducted together with FIU counterparts. The observations from the field visit are in <b>Annex 3</b>.</p>	
<p><b>3. PPICD identifies gaps and develops evidence based policy</b></p>	<p><b>Conduct institutional assessments, market analysis, provider mapping for private sector engagement development and operationalisation of partnership policy</b></p> <ul style="list-style-type: none"> <li>• Support is being provided to PHAMED to update the list of private health facilities together with Evidence and Accountability team of NHSSP.</li> </ul> <p><b>Update Partnership policy for the health sector in line with that of central government</b></p> <ul style="list-style-type: none"> <li>• The draft Partnership Policy in Health was discussed in the MoH Task Team on Health Policy and its key components incorporated while drafting new National Health Policy.</li> </ul> <p><b>Review existing policy and regulatory framework for Quality Assurance in the health sector</b></p> <ul style="list-style-type: none"> <li>• Critical aspects of the quality of health care including antimicrobial resistance has been captured in the draft NHP.</li> <li>• Together with the NHSSP Service Delivery team :</li> </ul>	<ul style="list-style-type: none"> <li>• Continue support to the MoH/PHAMED in updating the information on private health facilities to be completed by July 2018</li> <li>• Support the MoH to document the existing health partnership arrangements in LL sites in order to strengthen this in the changed constitutional context by May 2018</li> <li>• Support to develop minimum standards for tertiary hospitals Final draft August 2018</li> <li>• Finalise the policy stock take report February 2018</li> </ul>

Activity	Achievements this Quarter (Oct - Dec 2017)	Planned Activities for Year 1 Quarter 3 (Jan – Mar 2018)
	<ul style="list-style-type: none"> <li>○ Supported the Management Division to update the national Inventory of standards, protocols, and treatment guidelines and to develop a plan for review and revision of national standards, protocols and guidelines (See Service Delivery section below)</li> <li>○ Provided technical support to the Family Health Division in organizing the discussion forum on the Maternal Mortality in light of the findings of NDHS 2016..</li> </ul> <p><b>Undertake policy stock take for the health sector and disseminate findings</b></p> <ul style="list-style-type: none"> <li>● A framework was developed for reviewing and stock taking of the MoH policies</li> <li>● A total of 20 policies were compiled and reviewed to feed into the National Health Policy drafting process.</li> <li>● Supported PPICD <ul style="list-style-type: none"> <li>○ To organise a workshop to review the existing policies and draft inputs to the new National Health Policy.</li> <li>○ To convene meetings of policy taskforce to develop the first draft of the National Health Policy.</li> </ul> </li> <li>● The draft national health policy was translated into English and shared by PPICD Chief with EDP</li> </ul>	



Activity	Achievements this Quarter (Oct - Dec 2017)	Planned Activities for Year 1 Quarter 3 (Jan – Mar 2018)
	<p>chair and MoH Divisions and Departments for feedback on 28 Nov 2017.</p> <ul style="list-style-type: none"> <li>The final draft of the National Health Policy, incorporating feedback was developed and approved by the MoH. The MoH has submitted the final NHP to Cabinet for endorsement.</li> </ul>	
<p><b>4. The MoH has clear policies and strategies for promoting equitable access to health services</b></p>	<p><b>Revise health sector GESI Strategy</b></p> <ul style="list-style-type: none"> <li>Finalised the framework for the revision of GESI strategy.</li> <li>Initiated the review of key policies and strategies based on the framework.</li> </ul> <p><b>Revise national mental health policy</b></p> <ul style="list-style-type: none"> <li>Feedback from other ministries on National Mental Health policy awaited.</li> <li>Supported MoH in drafting the Mental Health legislation.</li> <li>As a member of organizing committee, support has been provided in planning and organizing the International Mental health Conference in Feb 2018.</li> </ul> <p><b>Revise Social Service Unit guidelines</b></p> <ul style="list-style-type: none"> <li>Supported PHAMED in developing the brief SSU implementation guideline and shared with respective hospitals.</li> <li>Supported PHAMED in Identifying 16 additional referral hospitals for scale up of SSUs.</li> </ul> <p><b>Revise one-stop crisis management centre (OCMC) operational guidelines</b></p>	<ul style="list-style-type: none"> <li>Organise steering committee meeting and development of road map for the strategy revision.</li> <li>Conduct consultation meeting with some stakeholders to develop GESI strategy in March 2018</li> <li>Final draft of GESI strategy will be developed addressing the gaps of the policy review and completed by end June 2018</li> <li>Finalisation and submission of Mental Health Policy to Cabinet for approval by March 2018</li> <li>Continued support to MoH in finalising the Mental Health legislation to be completed 2018.</li> <li>Provide support to PHCRD/ MoH in organising the International Mental Health Conference in 16-17 Feb 2018 in Kathmandu.</li> <li>Revision of Social Service Unit guidelines based on the brief SSU implementation guideline in March 2018 .</li> </ul> <ul style="list-style-type: none"> <li>Revision of OCMC operational guidelines based on brief OCMC guideline to be completed in April 2018.</li> </ul>

Activity	Achievements this Quarter (Oct - Dec 2017)	Planned Activities for Year 1 Quarter 3 (Jan – Mar 2018)
	<ul style="list-style-type: none"> <li>• Supported PHAMED in developing the brief OCMC implementation guideline and shared with respective hospitals.</li> </ul> <p><b>Support development of national strategy and action plan for gender empowerment and to end gender based violence</b></p> <ul style="list-style-type: none"> <li>• Supported MoH and Office of the Prime Minister and Council of Ministers (OPMCM) to finalize the health portion of the draft National Strategy and Action Plan for Gender Based Violence in Nov 2017.</li> <li>• Support was provided to Ministry of Women Children and Social Welfare (MoWCSW) for the development of ten years National Policy and Action Plan for Disability in Nov 2017.</li> <li>• Supported PHAMED in coordinating OPMCM, MoWCSW and MoH for the television talk program convened on “GBV and its Impact on Health” to mark the 16 Days of Activism against GBV under the overarching theme, “Leave No One Behind: End Violence against Women and Girls” (25 Nov -10 Dec 2017).</li> <li>• <b>Capacity enhancement of GESI focal persons and key influencers from MoH, DoHS on GESI/LNOB aspects</b></li> <li>• Together with NHSSP Infrastructure team support was provided in reviewing the infrastructure</li> </ul>	<ul style="list-style-type: none"> <li>• Development of strategy and Geriatric Health Service guidelines to be completed in April 2018.</li> <li>• Finalise the National Policy and Action Plan for Disability by March 2018.</li> </ul>

Activity	Achievements this Quarter (Oct - Dec 2017)	Planned Activities for Year 1 Quarter 3 (Jan – Mar 2018)
	<p>related policies from GESI/ LNOB perspective.</p> <ul style="list-style-type: none"> <li>• Provided GESI/LNOB orientation during the Infrastructure Policy Development Workshop conducted by MoH and DUDBC in Nov 2017.</li> </ul>	
	<ul style="list-style-type: none"> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>
<p><b>5. The MoH is coordinating EDPs to ensure aid harmonisation</b></p>	<ul style="list-style-type: none"> <li>• Supported PPICD in developing the draft agenda for the Joint Annual Review Meeting (JAR). The proposed date of the JAR is 31<sup>st</sup> Jan -1 Feb 2018.</li> <li>• Coordination with DoHS, MoH and EDPs in developing the thematic reports for JAR. As agreed in JCM the thematic report of the JAR will be in line with the Nepal Health Sector Strategy nine Outcomes.</li> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>• Continue coordination with PPICD, MoH and EDPs to prepare for JAR.</li> <li>• Support MoH to organise pre-JAR field visits.</li> <li>• Support MoH to finalise the thematic report and presentations for JAR.</li> <li>• Support PPICD, MoH to conduct JAR.</li> </ul>
<p><b>Capacity Enhancement dimensions of the above activities</b></p> <ul style="list-style-type: none"> <li>• New developments including legal provisions, strategies, guidelines and evidence related to Federalism, GESI and local planning processes, issued by OPMCM and other ministries such as MoGA, MoFALD and MoWCSW is being regularly communicated to the MoH to enhance capacity for informed decision making and timely implementation by the MoH.</li> <li>• The learning from the field visits done by HPP team is regularly shared with the MoH counterparts and relevant focal units of the MoH to enable timely action and follow up to address local level problems and challenges</li> <li>• NHSSP ( HPP and E&amp;A) in collaboration with GIZ, H4L, UNICEF and WHO supported MoH to develop the orientation package on health for the local government. This is intended to enhance the capacity of the newly elected local level of government to manage the local health system</li> <li>• NHSSP shared their review of the existing health policies with the MoH task team, which facilitated the development of the National Health Policy draft.</li> <li>• NHSSP in coordination with other EDPs facilitated PPICD to lead the process for the development of guidelines and tools to enhance the capacity of the local level in planning and budgeting for harmonised support.</li> </ul>		

Activity	Achievements this Quarter (Oct - Dec 2017)	Planned Activities for Year 1 Quarter 3 (Jan – Mar 2018)
<ul style="list-style-type: none"> <li>NHSSP has supported the MoH to lead the mentoring support for the effective functioning of SSU and OCMCs through development of standard checklists, guidelines, and presentations. In addition, training to selected hospitals was provided to better coordinate with partners and enhance their capacity to advocate with local government for resource mobilisation and ensuring quality service delivery.</li> </ul>		
<b>WORKSTREAM 2: PPFM</b>		
<b>1. eAWPB system being used by the MoH spending units for the timely release of budget</b>	<b>Develop the AWPB Improvement Plan and report quarterly on progress</b> <ul style="list-style-type: none"> <li>Supported the MoH to establish linkages between the Line Ministry Budget Information System (LMBIS) and eAWPB</li> <li>Supported the MoH to conduct the analysis of budget provided to the local government. The MoH has now documented the process and amount of conditional grants provided to the local government.</li> <li>The recently updated eAWPB includes the budget analysis of Aama Programme.</li> <li>Shared the framework of the draft business plan with the MoH planning section and prepared a final framework</li> </ul> <b>Revise eAWPB to include 753 spending units and prepare a framework for the eAWPB</b> <ul style="list-style-type: none"> <li>Supported the MOH Planning Section to revise the current eAWPB which now can be used by the local government</li> </ul>	<ul style="list-style-type: none"> <li>Continue to support the MoH in establishing linkages between the LMBIS and eAWPB</li> <li>A detailed budget analysis report will be shared through the MoH and NHSSP websites in January 2018</li> <li>Work with the MoH planning section in preparing the AWPB for FY 2018/19</li> <li>A brief Aama Programme budget and expenditure report will be prepared and shared in the meeting of the PFM quarterly committee. RBF adviser will compare the expenditure and Aama service delivery data. This will be presented in a regular meeting with FHD and help build the findings during planning process.</li> <li>Work with the MoH planning section to prepare the MoH’s business plan for FY 2018/19</li> </ul>

Activity	Achievements this Quarter (Oct - Dec 2017)	Planned Activities for Year 1 Quarter 3 (Jan – Mar 2018)
	<ul style="list-style-type: none"> <li>The revised eAWPB also interfaces with the DFID supported system called local level financial management information system (LLFMIS).</li> <li>Supported DUDBC planning section in updating their eAWPB to address their requirements.</li> </ul>	<ul style="list-style-type: none"> <li>The requirement analysis report of the DUDBC will be uploaded onto the DUDBC and NHSSP website.</li> <li>Support the MoH in using the eAWPB while preparing the AWPB for FY 2018/19.</li> </ul>
<p><b>2. TABUCS is operational in all MoH spending units including the DUDBC</b></p>	<p><b>Revise TABUCS to report progress against NHSS indicators and Disbursement Linked Indicators (DLIs)</b></p> <ul style="list-style-type: none"> <li>TABUCS is updated to report detailed activities</li> <li>TABUCS can now interface with LMBIS and LLFMIS</li> <li>The MoH used TABUCS to report some of the progress made in achieving DLI's i.e. capturing the expenditure and reporting the audit queries</li> <li>The MoH finance section engaged in defining the indicators and reporting the DLIs</li> </ul> <p><b>Support the MoH to update the status audit queries in all spending units</b></p> <ul style="list-style-type: none"> <li>Updated audit queries data from FY 2012/13 to 2015/16</li> <li>Continuously engaged with MoH finance sections to improve the audit status</li> </ul>	<ul style="list-style-type: none"> <li>In consultation with the M&amp;E division, the NHSS indicators will be formally included in TABUCS. This needs to be endorsed by the MoH.</li> <li>Provide updates on progress made in TABUCS in the PFM quarterly committee meeting</li> <li>The collected data of audit queries of FY 2012/13 to 2015/16 will be uploaded in TABUCS.</li> <li>The PPFM team will provide the update on progress made in IAIP in the meeting of the PFM quarterly</li> </ul>

Activity	Achievements this Quarter (Oct - Dec 2017)	Planned Activities for Year 1 Quarter 3 (Jan – Mar 2018)
	<p><b>Support the MoH to update the systems manual, training manual, and user handbook of TABUCS and maintenance of the system</b></p> <ul style="list-style-type: none"> <li>The manuals are updated and in the process of being shared in the meeting of TABUCS implementation units.</li> <li>Provided ongoing support through training to the planning and financial management officials working under the MoH</li> </ul> <p><b>Update TABUCS to be used in the DUDBC</b></p> <ul style="list-style-type: none"> <li>The manuals, hand book, and entire of TABUCS has been updated to be implemented in the DUDBC</li> <li>DUDBC planning and finance staff were involved in finalising the document</li> </ul> <p><b>Support annual production of Financial Monitoring Report (FMR) using TABUCS</b></p> <ul style="list-style-type: none"> <li>FMR-3 of FY 2016/17 was been prepared and submitted to DFID on October 25, 2017. The final FMR-3 was submitted to DFID on December 1, 2017.</li> </ul> <p><b>Support TABUCS by continuous maintenance of software/hardware/ connectivity/ web page</b></p>	<p>committee</p> <ul style="list-style-type: none"> <li>The manuals will be uploaded in TABUCS, MoH, and NHSSP websites.</li> <li>Support will be provided through the training to the planning and financial management officials working under the MoH.</li> <li>TABUCS will be rolled out in the DUDBC</li> <li>A TABUCS implementation unit at the DUDBC will be formed.</li> <li>Training of Trainers will be provided to the DUDBC officials</li> <li>FMR-1 of FY 2017/18 will be prepared and finalised in January 2018</li> <li>Support the DFID NHSP-3 PPFM team to revise the existing FMR</li> <li>Support continuous maintenance of software/hardware/ connectivity/ web page</li> </ul>

Activity	Achievements this Quarter (Oct - Dec 2017)	Planned Activities for Year 1 Quarter 3 (Jan – Mar 2018)
	<ul style="list-style-type: none"> <li>• The MoH and NHSSP have requested SAIPAL technologies to provide ongoing support</li> </ul> <p><b>Share TABUCS with other Governments entities</b></p> <ul style="list-style-type: none"> <li>• Presented the core features of TABUCS to OAG on November 3, 2017.</li> <li>• The National Reconstruction Authority has started using TABUCS</li> </ul> <p><b>TABUCS monitoring and monthly expenditure</b></p> <ul style="list-style-type: none"> <li>• The monthly expenditure reports were presented in the meetings of PFM committee</li> </ul>	<ul style="list-style-type: none"> <li>• The core features of TABUCS will be presented as per the demand of other entities</li> <li>• The monthly expenditure reports and the status of expenditure will be continuously presented in PFM quarterly committee meetings</li> </ul>
<p><b>3. Revise, implement, and monitor the FMIP</b></p>	<ul style="list-style-type: none"> <li>• Shared updates on PPFM in the meeting of PFM committee (Last meeting of PFM committee conducted on 30 October)</li> </ul> <p><b>Update internal control guidelines</b></p> <ul style="list-style-type: none"> <li>• Updated the internal control guidelines December 2017.</li> </ul> <p><b>Support the process of institutionalising the internal audit function</b></p> <ul style="list-style-type: none"> <li>• Following a series of technical discussions with FCGO, finalised Internal Audit Improvement Plan (IAIP) and shared with FCGO for their approval</li> </ul> <p><b>Support monitoring of the FMIP in collaboration with</b></p>	<ul style="list-style-type: none"> <li>• Progress made in the implementation of FMIP will be shared in the quarterly meeting of PFM Committee January and March 2018.</li> <li>• Organise workshop to obtain the broader inputs from respective EDPs and finalise the updated internal control guidelines.</li> <li>• IAIP will be updated based on technical discussions with FCGO by end of March 2018.</li> </ul>

Activity	Achievements this Quarter (Oct - Dec 2017)	Planned Activities for Year 1 Quarter 3 (Jan – Mar 2018)
	<p><b>the PFM and Audit committees</b></p> <ul style="list-style-type: none"> <li>Progress made in the implementation of FMIP has been submitted to the meeting of PFM committee</li> </ul> <p><b>Support MoH in designing, updating, and rolling out Performance Based Grant Agreement (PBGA) in Hospitals</b></p> <ul style="list-style-type: none"> <li>Initiated discussions with MoH, DoHS, districts, local government and with PBGA implementing hospitals and organised the PBGA learning group meeting with Netra Jyoti Sangh and Naya health (Bayal Pata Hospital)</li> <li>Reviewed the current contracts with hospitals</li> </ul>	<ul style="list-style-type: none"> <li>Continuing progress made in the implementation of FMIP will be submitted to the meeting of quarterly PFM Committee meeting.</li> <li>Within February 2018 a workshop will be organised to discuss the PBGA in devolved context and suggest a new grant framework that can be used in FY 2018/19.</li> <li>Re-design the PBGA monitoring framework to be used from FY 2018/19.</li> <li>Organise meetings of PBGA learning groups.</li> </ul>
<p>4. The LMD is implementing standardised procurement processes</p>	<p><b>Reassess and build on the O&amp;M survey and disseminate findings</b></p> <ul style="list-style-type: none"> <li>O&amp;M Survey Committee formed in MoH and discussion going on to include the requirements from the federal context</li> </ul> <p><b>Revise the Standard Operating Procedure (SOP) and</b></p>	<ul style="list-style-type: none"> <li>Need to change and re-adjust the staff requirements in the devolved context after finalisation of MoH's revised structure and definition of responsibilities</li> <li>Endorsement of SOP for procurement of drugs</li> </ul>



Activity	Achievements this Quarter (Oct - Dec 2017)	Planned Activities for Year 1 Quarter 3 (Jan – Mar 2018)
	<p><b>obtain endorsement from the DoHS</b></p> <ul style="list-style-type: none"> <li>• Revision of draft SOP completed and discussion ongoing</li> </ul> <p><b>LMD capacity building on the processes</b></p> <ul style="list-style-type: none"> <li>• e-GP support desk established at LMD for initialising e-GP II</li> <li>• Continuous support to procurement and contract management practices through Procurement Clinic</li> </ul> <p><b>Support LMD to send two officials of LMD received Basic Procurement Training from PPMO</b></p> <p><b>Train DoHS staff on FA</b></p> <ul style="list-style-type: none"> <li>• Workshop on “Functional Aspects of Framework Contract, TSB, e-GP, and Devolution in Procurement Management” organised in December 2017</li> </ul> <p><b>Orientate suppliers</b></p> <ul style="list-style-type: none"> <li>• Suppliers’ conference organised to disseminate the information and orientate on the establishment of the TSB and adoption of e-GP II in LMD bidding in December 2017</li> </ul>	<ul style="list-style-type: none"> <li>• Finalise and circulate a brief SoP to facilitate the process of procurement of drugs at local governments level</li> <li>• Refresher training on Procurement Management and online contract management through e-GP II</li> <li>• Continuous advisory support in procurement process by Procurement Clinic.<sup>3</sup></li> <li>• Training will be provided after endorsement of Standard Bidding Documents (SBD) for FA in February 2018</li> <li>• Continuous motivation and support through PPMO for</li> </ul>

<sup>3</sup> This has been established at LMD to diagnose procurement related issues and provide solutions for the concerned officials and institutions. NHSSP TA team together with LMD Procurement Section has been operating the Procurement Clinic.

Activity	Achievements this Quarter (Oct - Dec 2017)	Planned Activities for Year 1 Quarter 3 (Jan – Mar 2018)
	<p><b>Revise and update the PIP and support its implementation</b></p> <ul style="list-style-type: none"> <li>• Incorporated feedback from the NHSP-3 PPFM team on Procurement Improvement Plan (PIP)</li> <li>• Organised a workshop to finalise the PIP in December 2017</li> <li>• PIP finalised and awaiting endorsement by MOH</li> </ul> <p><b>Support the establishment and coordination of the CAPP monitoring committee</b></p> <ul style="list-style-type: none"> <li>• The CAPP monitoring Committee chaired by the Director General DOHS is intended expedite CAPP implementation and procurement procedures</li> </ul> <p><b>Preparation of Standard Bidding Documents ( SBDs) for Procurement of Health Sector Goods</b></p> <ul style="list-style-type: none"> <li>• SBD for procurement of Health Sector Goods prepared and submitted to PPMO for endorsement – several discussions held with PPMO for justification of separate SBD for procurement of Health Sector Goods</li> </ul> <p><b>Capacity building on the procurement system in federal, provincial, and Local government</b></p> <ul style="list-style-type: none"> <li>• Discussion workshop on “Devolution in Health Sector Procurement in a Federal setup– Indian Experience” organised in November 2017</li> </ul>	<p>using online bidding through e-GP II</p> <ul style="list-style-type: none"> <li>• Endorsement of the PIP by the MoH</li> <li>• Provide initial support to implement the PIP</li> <li>• CAPP Monitoring Committee meeting will be organised to monitor the progress of CAPP implementation through quarterly meeting of CAPP Monitoring Committee</li> <li>• Training of DoHS staff on CAPP preparation will be organised</li> <li>• Continuing advocacy for a separate SBD for Health Sector Goods</li> </ul>
<p><b>5. LMD specification bank is used</b></p>	<p>Develop coding for the Technical Specification Bank (TSB) and orient all DoHS divisions' staff on its use,</p>	<ul style="list-style-type: none"> <li>• Continuous monitoring of the use of the TSB</li> </ul>

Activity	Achievements this Quarter (Oct - Dec 2017)	Planned Activities for Year 1 Quarter 3 (Jan – Mar 2018)
<p><b>systematically for procurement of drugs and equipment</b></p>	<p>monitor its use</p> <ul style="list-style-type: none"> <li>• Coding of technical specifications of 1089 equipment and 108 essential drugs completed and endorsed by the DoHS to establish online TSB</li> <li>• The technical specifications with codes have been uploaded onto the LMD website</li> <li>• TSB is functioning and using by DoHS and other stakeholders</li> </ul> <p>Specification bank updated by LMD in consultation with EDPs annually</p> <ul style="list-style-type: none"> <li>• TSB shared in the workshop for stakeholders including EDPs in November 2017</li> <li>• TSB can be accessed by the users who have registered themselves in the web-TSB. A total of 175 people have registered themselves as TSB users; the LMD IT section is managing this.</li> </ul>	<ul style="list-style-type: none"> <li>• Addressing feedback received on the TSB</li> <li>• Present progress in the CAPP monitoring committee</li> </ul> <ul style="list-style-type: none"> <li>• Technical Committees will be formed at the LMD for the review of old technical specifications and preparation of necessary new specifications by February 2018</li> <li>• TSB users’ guidelines based on the changed context will be finalised and distributed to all local governments.</li> </ul>
<p><b>6.PPMO e-GP is used by LMD for an expanded range of procurement functions</b></p>	<p>Initiation of e-GP II in LMD</p> <ul style="list-style-type: none"> <li>• Bidding started using online e-GP II system of PPMO in December 2017</li> <li>• Four tenders have been published under e-GP II</li> </ul> <p>Support PPMO on changes needed to e-GP for health sector procurement</p> <ul style="list-style-type: none"> <li>• The current bottlenecks of e-GP II with</li> </ul>	<ul style="list-style-type: none"> <li>• All ICBs, NCBs, and SQs shall be completed by using e-GP II</li> </ul> <ul style="list-style-type: none"> <li>• On-going support to resolve current bottlenecks of e-GP II with respect to Health Sector Procurement</li> </ul>

Activity	Achievements this Quarter (Oct - Dec 2017)	Planned Activities for Year 1 Quarter 3 (Jan – Mar 2018)
	<p>respect to Health Sector Procurement identified and shared with PPMO for improvement</p> <p>Adapt LMIS to support Procurement Monitoring Report</p> <ul style="list-style-type: none"> <li>• Supported to strengthen LMIS-Pipeline Review Meeting in the LMD</li> </ul> <p>Train DoHS staff on e-GP</p> <ul style="list-style-type: none"> <li>• Established e-GP support desk at LMD</li> </ul>	<ul style="list-style-type: none"> <li>• Support the LMD for proper use of e-LMIS in quantification, preparation of CAPP and procurement monitoring</li> <li>• Refresher e-GP training will be organised in February 2018</li> <li>• ToT training will be organised to strengthen capacity of LMD staff to be capable to train the local and provincial level HI staffs by March 2018</li> <li>• e-GP training in provincial level will be organised in one province</li> </ul>
<p><b>7.Support LMD for Disposal of Drugs and Medical Goods</b></p>	<ul style="list-style-type: none"> <li>• Guidelines for disposal mechanism for expired and unused drugs and medical goods prepared and handed over to the LMD in December 2018</li> </ul>	<ul style="list-style-type: none"> <li>• The guidelines will be implemented by LMD. TA team will support the finalisation of the monitoring framework by March 2018</li> </ul>
<p><b>Capacity Enhancement</b></p> <p>In this quarter, the PPFM work stream has worked with the LMD and MoH to enhance their capacity to understand the evolving context of constitutional change and the impact on planned activities. The embedded TA at the MoH and LMD worked closely with government counterparts to address the day-to-day developments in public procurement and financial management. The various trainings held in both PFM and Procurement were intended to introduce new technologies such as web-based TSB and e-bidding through e-GP II both to government and to suppliers to enhance their capacity to work in this more streamlined and effective way.</p> <p>NHSSP PPFM provided support to HRFMD in expanding TABUCS in the National Reconstruction Authority (NRA) which will support capacity for efficient financing and reporting on disaster situations thus significantly enhancing the resilience of the government.</p> <p>The PPFM team has engaged with the LMD and MoH officials in designing, updating, and implementing policies and programmes. The team has encouraged government counterparts to make presentations in relevant forums. This approach firstly develops the capacity of the officials and secondly supports</p>		

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institutionalisation of the successful interventions.		
<b>WORKSTREAM 3: SERVICE DELIVERY</b>		
<b>I. DoHS delivers increased coverage of underserved populations</b>	<b>Support the expansion, continuity, and functionality of CEONC sites</b> <ul style="list-style-type: none"> <li>Support was given to conduct a feasibility assessment for CEONC establishment in three hospitals<sup>4</sup> and for a planning workshop at Ratnanagar Tadi hospital to establish CEONC services. C-section was started in the Tadi hospital in early December 2017. On-site visits to 15 CEONC/referral hospitals<sup>5</sup> were carried out for improving functionality and quality. Continuous monitoring and off-site and on-site support to all CEONC sites was given. Of-site support was given to CEONC hospitals for the recruitment/deployment of C-section providers, availability of drugs and transfer of anaesthesia assistants Supported FHD and NHTC in selection of doctors to be trained as Advanced Skilled Birth Attendants [ASBA] for CEONC skills training</li> <li>During this reporting period, the MoH signed a MoU with the Karnali Academy of Health Sciences</li> </ul>	<ul style="list-style-type: none"> <li>Continue support to all CEONC hospitals focusing on poor performing (zero reporting) sites. Support planning workshop to establish CEONC at three hospitals by the end of 2018 .</li> <li>Facilitate and support CSD/General administration of MoH to develop the following three documents :               <ol style="list-style-type: none"> <li>Deployment strategy for scholarship doctors</li> <li>Retention strategy of CEONC team in the remote strategy</li> <li>Local recruitment guidelines for HDCs By end of March 2018</li> </ol> </li> <li>Facilitate and support CSD to partnership with Council for Technical Education and Vocational Training (CTEVT) to align with HR needs particularly in the remote areas</li> <li>Facilitate and support nursing administrator/ MoH, nursing council to develop five year plan for production, deployment and retention of professional midwives by March 2018</li> </ul>

<sup>4</sup> Inaruwa/Sunsari, Rangeli/Morang and Ratnanagar Tadi/Chitwan hospitals

<sup>5</sup> Bara, Siraha( lahan), Rautahat, Makwanpur, Tikapur, Sarlahi, Udyapur, Inaruwa, Rengeli and Ratnanagar Tadi hospitals, and Koshi zonal hospital, Bheri zonal hospitals, Surkhet regional hospital , Bharatpur hospital, Sagarmatha zonal hospital,

Activity	Achievements this Quarter (Oct - Dec 2017)	Planned Activities for Year 1 Quarter 3 (Jan – Mar 2018)
	<p>to better align human resources needs, particularly health workers in 13 districts of the Karnali zone<sup>6</sup>. The CSD is exploring strategies through supporting partners (including NHSSP and Nick Simmons Institute [NSI]) to develop the capacity of the KAHS so that they can manage human resources needs required for CEONC and lifesaving emergency surgeries.</p> <ul style="list-style-type: none"> <li>• The CSD jointly with the NSI and NHSSP prepared a draft deployment plan for a MD/MS scholarship programme and discussed this with the general administration/MoH for 16 CEONC districts<sup>7</sup>. By October-December 2018, 27 MDGPs and 11 OBGYNs will be graduated, all of them as either government employee or bonded to the government.</li> <li>• NHSSP support is not financial but is focussed on advising on where to deploy the graduates , based on needs identified in monthly monitoring of service delivery sites together with NSI</li> </ul> <p><b>Support the PHCRD to assess CHU and modify guidelines</b></p> <ul style="list-style-type: none"> <li>• Supported the PHCRD to write a concept note and ToR on CHU assessment. Support the FHD and DHOs to upgrade health posts with Basic</li> </ul>	<ul style="list-style-type: none"> <li>• Follow up and support to PHCRD for TWG meeting to finalize the ToR, selection and contracting out to an organization, finalization of methodology by end of March 2018</li> </ul>

<sup>6</sup> Humla, Jumla, Dolpa, Mugu, Acham, Bajura, Kalikot, Bajhang, Jajarkot, Surkhet, Dailekh, Rukkum, and Salyan

<sup>7</sup> Sunsari, Rangel, Manthali (Ramechhap), Sindhupalchowk, Dhading, Bhim, Syangja, Burtibang, Mugu, Dolpa, Humla, Rukum, Jajarkot, Rolpa, Achham, Baitadi

Activity	Achievements this Quarter (Oct - Dec 2017)	Planned Activities for Year 1 Quarter 3 (Jan – Mar 2018)
	<p>Emergency Obstetric and Neonatal Care (BEONC) services</p> <p><b>Support the FHD/Child Health Division (CHD)/PHCRD and DHO to improve access to RMNCAH and FP services in remote areas building on Remote Areas Maternal and Newborn Health Project (RAMP) approach</b></p> <ul style="list-style-type: none"> <li>Based on the experiences of RAMP and TRP, the FHD has planned/budgeted in the AWPB for services expansion at remote areas (including the selection of strategically located health facilities for BC establishment and upgrading these facilities to become comprehensive centres of excellence), service quality improvement (through quality improvement process and on-site mentoring), and micro-planning for postnatal care (PNC) or free referral to reach un-reached women. Following consultation with the FHD, six remote councils from micro-planning sites (out of 30 councils planned by the FHD) were selected to be supported for supporting for planning to improve access and use of health services in remote locations<sup>8</sup> by their respective councils.</li> </ul> <p><b>Support the FHD and DHO to scale-up Visiting Providers (VPs) (and roving Auxiliary Nurse Midwives [ANMs]) and an integration of FP in Expanded Programme on Immunisation (EPI) clinics</b></p>	<ul style="list-style-type: none"> <li>Facilitate micro planning meeting at 6 remote/rural municipalities of 3 districts (Rolpa, Rasuwa and Panchthar districts) linking with remote access planning in January 2018</li> <li>Off-site support to remaining 20 local councils for micro-planning for PNC/free referral.</li> </ul>

<sup>8</sup> FHD selected 6 remote local councils of 3 districts (Panchthar, Rolpa and Rasuwa districts)

Activity	Achievements this Quarter (Oct - Dec 2017)	Planned Activities for Year 1 Quarter 3 (Jan – Mar 2018)
	<ul style="list-style-type: none"> <li>Communicated and informed all 99 local councils where VP and RANM budget is allocated for programme implementation guidelines and procedures. One rural Local council (in Kalikot) hired three RANM and some rural municipalities in four districts: Kaplivastu, Banke, Kalikot, and Darchula (of the 20 districts) have initiated hiring RANMs.</li> </ul> <p><b>Support the FHD to expand provision of comprehensive Voluntary Surgical Contraception (VSC)</b></p> <ul style="list-style-type: none"> <li>16 rural municipalities of 15 districts (of 75 districts) started implementing satellite clinics for LARCs</li> <li>Comprehensive VSC implementation was started in Kavre district (out of five districts planned in the AWPB)</li> </ul> <p><b>Support the MoH for improving the delivery of nutrition interventions</b></p> <ul style="list-style-type: none"> <li>The NHTC agreed to revise SBA training strategy based on the current needs of human resource and learning from the current implementation of the SBA strategy, and to revise the training manual based on new evidence and guidelines from WHO. Revision and strengthening the delivery of the nutrition message will be one of the components.</li> </ul>	<ul style="list-style-type: none"> <li>Continue on-going support to VP/RANM programme including orientation, implementation, monitoring and capacity enhancement from selected rural and urban municipalities and also provide TA/field visits</li> </ul>



Activity	Achievements this Quarter (Oct - Dec 2017)	Planned Activities for Year 1 Quarter 3 (Jan – Mar 2018)
		<p>Form a working group under NHTC SBA forum, develop consensus on the process and support NHTC to start the revision process (draft strategy and manual to be completed by end of 2017/18 fiscal year).</p>
	<p><b>Develop digital platform for social change</b></p> <ul style="list-style-type: none"> <li>Contributed to the TWG organised by the NHEICC to develop advocacy and IEC materials related to GBV, OCMC, and free care.</li> </ul> <p><b>Strengthening and scaling up of OCMCs and GBV</b></p> <ul style="list-style-type: none"> <li>Supported PHAMED-GESI and the FHD establish five new OCMCs<sup>9</sup>, and conducted <i>site visits for monitoring, coaching/mentoring</i> in five existing OCMCs<sup>10</sup>. Rigorous lobbying and networking was carried out in order for municipalities to transfer the OCMC budget. Most OCMCs have now received half of their budget, four have received their entire budget, and several are still awaiting funds. Mayors<sup>11</sup> (four), Deputy Mayors<sup>12</sup> (ten), Heads and Deputy Heads of local councils</li> </ul>	<ul style="list-style-type: none"> <li>Design advocacy materials on GBV-OCMC.</li> <li>Review NHEICC communication pack.</li> <li>Support establishment of 3-4 new OCMCs.</li> <li>Continue visits to existing OCMCs to review progress, provide onsite coaching/mentoring and follow up remaining OCMCs from distance.</li> <li>OCMC related coordination meetings with multi-sectoral partners and participation in GBV related meetings held at OPMCM.</li> <li>Support revision of OCMC guidelines.</li> <li>Conduct ToT on GBV clinical protocol.</li> <li>Orientation on GBV clinical protocol at 5 hospitals.</li> </ul>

<sup>9</sup> Dhankuta hospital, Dhankuta; Koshi zonal hospital, Biratnagar; Taulihawa hospital, Kapilvastu; Palpa hospital, Palpa; Bhaktapur hospital, Bhaktapur

<sup>10</sup> Gaur hospital, Rautahat; Bharatpur hospital, Bharatpur; Hetauda hospital, Hetauda, Dhulikhel hospital, Dhulikhel and Koshi zonal hospital, Biratnagar

<sup>11</sup> Bhaktapur, Rautahat, Malangwa, Bidur (Nuwakot),

<sup>12</sup> Surkhet, Taulihawa, Dhankuta, Parsa, Sarlahi, Bara, Hetauda, Biratnagar, Palpa, Bidur (Nuwakot)

Activity	Achievements this Quarter (Oct - Dec 2017)	Planned Activities for Year 1 Quarter 3 (Jan – Mar 2018)
	<p>(seven), and health coordinators at local councils were oriented on the MoH’s GESI framework and targeted interventions during the OCMC and SSU establishment at different districts</p> <p>Participation in GBV related multi-sectoral meetings held by OPMCM including on development of National Strategy and Action Plan on GBV and Gender Empowerment (2017/18 – 2021/22).</p> <p><b>Support to establish three GBV clinical protocol training sites at OCMC based secondary level zonal hospitals</b> (Koshi, Bharatpur, and Lumbini)</p> <p><b>Support to scale up SSUs in new referral hospitals (government, private/community, and teaching hospitals)</b></p> <ul style="list-style-type: none"> <li>• Supported the PHAMED-GESI section to establish three new SSUs<sup>13</sup> and carried out site visits to four existing SSUs<sup>14</sup> for monitoring and coaching/mentoring</li> <li>• Introduced senior management at BPKIHS Dharan and Chitwan Medical College on SSU concept</li> <li>• Completion of a three day training programme</li> </ul>	<ul style="list-style-type: none"> <li>• Develop monitoring and reporting framework to assess the roll out process.</li> <li>• Support establishment of 4 new SSUs including in 2 private hospitals.</li> <li>• Site visit to review progress and provide coaching/mentoring at 5 SSUs and distance follow up with remainder.</li> <li>• Capacity building training at 3 SSUs based at central level referral hospitals.</li> <li>• Orientation on GESI-LNOB framework and specific targeted interventions to hospital staff, management committee and local government representative at 5 hospitals.</li> <li>• Prepare framework of induction package on GESI-LNOB in consultations with NHTC.</li> </ul>

<sup>13</sup> Narayani sub-regional hospital, Birjunj; Gulariya hospital, Bardiya and Bhakthapur hospital, Bhaktapur

<sup>14</sup> Hetauda hospital, Koshi zonal hospital, Kanti hospital and Bharatpur hospital

Activity	Achievements this Quarter (Oct - Dec 2017)	Planned Activities for Year 1 Quarter 3 (Jan – Mar 2018)
	<p>on Inspirational Volunteerism and Humanitarian Approach for four SSU based hospitals<sup>15</sup> from November to December 2017.</p> <p><b>Capacity enhancement to put LNOB into practice</b></p> <ul style="list-style-type: none"> <li>• Briefings/orientations on the GESI framework and targeted interventions to selected national stakeholders including the MoH Chief Specialist (now Secretary), National Women Commission, women police cell, and Care International. At the district level, orientation was given to stakeholders in Dhaunkuta, Hetuda, Bara, and Rautahat.</li> <li>• Supported the PHCRD to plan a two day orientation on “Mainstreaming GESI in the Health Sector” in 16 districts as per their AWPB in December 2017</li> <li>• Interaction programme organised with LCD and its partners to improve coordination and service delivery from SSU and OCMC based hospitals to people with disabilities. During the programme, the GESI concept and framework of the MoH were also shared in November 2017.</li> </ul>	
<p><b>Facilitate the design and testing of early implementation of innovations to improve access to RMNCAH, FP, and nutrition</b></p>	<ul style="list-style-type: none"> <li>• Finalised the proposal for developing and testing the mHealth tool to support FCHV and the research protocol to assess the effectiveness of the tool in enhancing the capacity of FCHV.</li> </ul>	<ul style="list-style-type: none"> <li>• Stakeholders meeting (FHD, NHEICC, CHD, Smart health sections of MOH and other partners as appropriate) for all the innovations after NHSSP Advisory Group meeting held in December 2017</li> </ul>

<sup>15</sup> Koshi zonal hospital, Bheri zonal hospital, Mahakali zonal hospital and Seti zonal hospital

Activity	Achievements this Quarter (Oct - Dec 2017)	Planned Activities for Year 1 Quarter 3 (Jan – Mar 2018)
	<ul style="list-style-type: none"> <li>• Formed an Advisory Group with NHSSP advisors from different work streams to support the finalisation of designs and monitoring of the innovations in the designs of interventions/tools appropriate for change within the federal context</li> <li>• SCI finalised their proposal on “Working with Adolescent Girls and Young Women to Increase Knowledge and Practices on Reproductive Health” and “Helping Mothers Identify and Seek Appropriate Care When Their Newborn Babies Are Small using foot length box”. The foot length box proposal is being reviewed by an external expert.</li> <li>• Agreed with the NHTC and LCD for a physiotherapy skills transfer for paramedics/nurses. A concept paper is being finalised.</li> <li>• Performance based incentives will be provided to Skilled Birth Attendants (SBAs) in remote, rural areas to encourage better care at the community level (e.g. postnatal visits) is now implemented under FHD’s AWPB and remote areas access (see above)</li> </ul>	<ul style="list-style-type: none"> <li>• Initiate implementation of m-Health tool development; working with adolescents, and “foot length box” based on the recommendations of new FHD director</li> <li>• Finalize concept paper on skill transfer and further actions</li> <li>• Coordinate with MEOR for final design, monitoring and evaluation of the innovations.</li> </ul>
<b>2. Restoration of service delivery in earthquake affected districts</b>	<b><i>Support to develop a mental health training manual (prescribers) based on revised mental health</i></b>	<ul style="list-style-type: none"> <li>• Support PHCRD deliver training to prescribers on the STP based manual. Roll out of the manual in January 2018</li> </ul>

Activity	Achievements this Quarter (Oct - Dec 2017)	Planned Activities for Year 1 Quarter 3 (Jan – Mar 2018)
	<p><b>standard treatment protocol (STP)</b></p> <ul style="list-style-type: none"> <li>Supported the NHTC and TWG<sup>16</sup> to finalise the training manual based on revised mental health STP for prescribers.</li> <li>Supported the conference organising committee in PHCRD for the planned International Mental Health Conference Nepal 2018, February 16 to 17 2018, under the theme “Coming Together for Mental Health”.</li> </ul> <p><b>Skills transfer to paramedics and nursing staff to perform physiotherapy technicians’ functions in two earthquake-affected districts</b></p> <ul style="list-style-type: none"> <li>Supported NHTC to develop a concept note on undertaking a feasibility study on the integration of physiotherapy skills into the existing Mid-level Providers’ training</li> </ul>	<ul style="list-style-type: none"> <li>Facilitate printing of the manual.</li> <li>Support to mental health conference as required.</li> <li>Finalise and agree the concept note with DFID and NHTC</li> <li>Support NHTC to organise meeting with stakeholders, identify physiotherapy skills and develop TOR and advertise for an organisation to lead the process of skills transfer by end of March 2018</li> </ul>
<p><b>3. The DoHS has effective strategies to manage high demand at referral centres</b></p>	<p><b>Free emergency referral for obstetric complications</b></p> <ul style="list-style-type: none"> <li>Free referral for obstetric complications from BCs to CEONC sites continues in Dolakha and Ramechhap districts. A total of 44 cases were referred from BCs to CEONCs in this quarter. The total referral in this fiscal year from mid-July 2017 is 70 women ().</li> <li>This intervention will be assessed d from</li> </ul>	<ul style="list-style-type: none"> <li>Continue support to DHO and local councils for implementation and monitoring of free referral programmes</li> <li>Facilitate advocacy meeting at local councils through DCC of 2 districts for continuing free referral programme in their districts after end of FY 2017/2018 (after NHSSP support)</li> </ul>

<sup>16</sup> NHTC, PHCRD, TUTH, Mental Hospital, CMC, NHSSP, WHO and TPO are members of the TWG

Activity	Achievements this Quarter (Oct - Dec 2017)	Planned Activities for Year 1 Quarter 3 (Jan – Mar 2018)
	<p>February-April 2018. A detailed methodology and tools are being developed in consultation with MEOR.</p> <p><b>Support the implementation and refinement of the Aama Programme</b></p> <ul style="list-style-type: none"> <li>• Supported the FHD to finalise the Aama Programme Rapid Assessment round X report. Finalised ToR for the Aama Programme Rapid Assessment round XI and support given in the preparation of EOI. The EOI was published on December 18, 2017.</li> <li>• Completed a progress report on the functionality of the Aama Programme as a part of Budget Analysis work. Only 219 local councils provided complete information on the Aama Programme with a number of administrative delays reported impacting on payment of the Aama incentives</li> <li>• Supported the FHD to organise a stakeholders meeting to discuss current high maternal mortality rate and way forward in December The FHD planned to form a high level advisory committee led by the Health Secretary and various working groups to do a major programme</li> </ul>	<ul style="list-style-type: none"> <li>• Finalization the methodology and tool for assessment of free referral intervention. The report will be submitted in April 2018 as PD SD 29.</li> <li>• Organise a meeting to share findings from Aama Rapid Assessment round X in safe motherhood/ research sub-committee meeting.</li> <li>• Support FHD in selecting third party, training, field implementation and monitoring for Aama rapid assessment round XI</li> <li>• Continue updating information from remaining Local councils; including budget analysis and facilitation of budget advocacy by local councils</li> <li>• .</li> <li>• Revise and disseminate Aama programme guideline based on bottlenecks in current implementation guidelines.</li> <li>• Support FHD (and NHTC/NHEICC) in major programmes review process with other partners. Way forward for 2030 to be developed by July 2018.</li> </ul>

Activity	Achievements this Quarter (Oct - Dec 2017)	Planned Activities for Year 1 Quarter 3 (Jan – Mar 2018)
	<p>review (e.g. Aama, SBA, community based programmes, FP, etc.) using existing data (NDHS, NHFS, HMIS, MPDR, LMIS etc.), followed by various consultation meetings to develop a way forward 2030 for improving maternal and newborn health status (reduce MMR). This will be aligned with the NDHS further analysis and the FHD/MoH may propose Technical Assistance Response Fund (TARF) support for a detailed data analysis which was not included in the NDHS further analysis.</p>	
<p><b>4. Continuous quality improvement institutionalised</b></p>	<p><b>Support the NHTC (FHD and CHD) to expand and strengthen training sites focusing on SBAs, FP, and newborn treatment</b></p> <ul style="list-style-type: none"> <li>• Support to the NHTC to review and revise “National training management guideline 2012” started</li> <li>• Monitored the strengthening of Institutionalised FP Service Centres (IFPSC) of Banke and Chitwan districts including repairing/refurbishing, and procuring IP related equipment.</li> <li>• Supported the FHD to take further steps on NSV task shifting/sharing strategy: the FHD Director expressed his commitment to this initiative at a FP subcommittee meeting, however, suggested to follow up with the NHTC.</li> </ul>	<ul style="list-style-type: none"> <li>• Support NHTC to finalise and implement “training management guideline”</li> <li>• Make preliminary visit to 2 training sites (Bharatpur and Koshi hospital)</li> <li>• Conduct rapid site assessment in 3 training sites</li> <li>• Follow up with NHTC/FHD for NSV task shifting</li> </ul>

Activity	Achievements this Quarter (Oct - Dec 2017)	Planned Activities for Year 1 Quarter 3 (Jan – Mar 2018)
	<p><b>Support revision of the standard treatment guidelines/protocols and roll out the updated guidelines</b></p> <ul style="list-style-type: none"> <li>Supported the MD (Health Facility Development and Quality Section - HFDQS) to compile a list of documents (policies, strategies, plans, guidelines, standards, and protocols). A total of 368 documents were listed (detailed in PD 19). Supported the PHCRD with a concept note on the 2012 STP revision. A TWG has been formed by the PHCRD for this process.</li> <li>Discussed with the FHD, WHO, UNICEF, and UNFPA for revision of national medical standard for reproductive health volume 1, 2 and 3. UNFPA will support revision of Volume 1 and 2. UNICEF, WHO, and the NHSSP will support revisions of volume 3.</li> </ul> <p><b>Support the DoHS to expand the implementation of Minimum Service Standards (MSS) and modular HQIP</b></p> <ul style="list-style-type: none"> <li>The CSD formed a TWG with the MD, National Public Health Laboratory (NPHL), NHTC, PHAMED, NHSSP, and NSI to develop MSS to improve service quality and strengthen management capacity for referral hospitals. This document will be drafted by the TWG under the leadership of the CSD and supported by the</li> </ul>	<ul style="list-style-type: none"> <li>Continue support for the document/knowledge management process to give update on document lists and way forward recommendations to the Health Secretary February 2018</li> <li>Facilitate PHCRD to conduct TWG meeting and contracting out consultants for revision of the STP</li> <li>Facilitate FHD to finalize the process of revision of NMS volume 1,2 and 3 at appropriate sub-committees (FP, SMNSC) and support revision of NMS volume 3 with WHO and UNICEF.</li> <li>CSD to pilot MSS in two tertiary hospitals (Bharatpur and Pokhara Academy hospital) and based on the lessons learned it will be scaled up in other tertiary hospitals</li> <li>Continue to support and facilitate 12 hospitals and local councils (10 new sites and 2 old sites) to implement HQIP.</li> <li>Support FHD to monitor continue implementation, analysis of QI progress at 17 hospitals (CEONC sites) and SBA clinical mentoring and upload QI and SBA</li> </ul>



Activity	Achievements this Quarter (Oct - Dec 2017)	Planned Activities for Year 1 Quarter 3 (Jan – Mar 2018)
	<p>NHSSP and NSI.</p> <ul style="list-style-type: none"> <li>Supported the FHD to facilitate hospital quality improvement process (HQIP) at nine hospitals<sup>17</sup>. The baseline hospital quality regarding MNH service situation has been analysed by individual hospitals and a plan of actions for improvement has been developed.</li> <li>Supported the FHD to monitor HQIP implementation and their progress at eight CEONC sites<sup>18</sup>. Supported the MD and FHD to prepare an Annual Report on Quality Improvement.</li> </ul> <p><b>Support the FHD to scale up on-site mentoring of SBAs</b></p> <ul style="list-style-type: none"> <li>Supported the FHD and NHTC to train and enhance the capacity of SBA mentors at CEONC sites. A total of <b>28</b> district SBA mentors were developed in 14 districts<sup>19</sup> in this quarter.</li> <li>Supported the FHD to finalise EOC monitoring guidelines and SBA coaching guidelines for mentors and a coaching/mentoring tool for participants which were reviewed and drafted with SMNH partners</li> </ul> <p><b>Prevention of Anti-Microbial Resistance (AMR)</b></p>	<p>skills scores dashboard in FHD website.</p> <ul style="list-style-type: none"> <li>Support FHD/DHO/ local council for expansion of and continuation of on-site clinical coaching at 10 districts.</li> <li>Work closely with FHD and SMNH partners to establish district skill lab for SBA onsite coaching programme</li> </ul>

<sup>17</sup> Nine hospitals (seven new sites - Baitadi, Darchula, Bajura, Salyan, Panchthar, Ilam and Mugu; and two old sites - Mahottari and Rukum)

<sup>18</sup> Charikot PHC and Jiri hospital Dolakha, Manthali PHC Ramechhap, Sindhuli hospital, Dadeldhura and Rapti sub-regional hospital Dang, Prithivichandra hospital Nawalparasi and Terathum district hospital

<sup>19</sup> Taplejung, Myagdi, Ilam, Mahottarai, Ramechhap, Chitawan, Lamjung, Kapilwastu, Gulmi, Bara, Dolakha, Okhaldhunga, Kailali and Kanchanpur

Activity	Achievements this Quarter (Oct - Dec 2017)	Planned Activities for Year 1 Quarter 3 (Jan – Mar 2018)
	<p><b>supported including infection prevention, sanitation, and waste management at health facilities</b></p> <ul style="list-style-type: none"> <li>• Agreed with the PHCRD to support the implementation of Rational Use of Medicines (RUM) guidelines at district level by supporting guideline development and training of master trainers</li> <li>• Led by the HPP, conducted two meetings with the NPHL and Department of Drugs Administration (DDA) to identify areas of NHSSP support required for the prevention of AMR, and as a team agreed to focus on four key areas: <ul style="list-style-type: none"> <li>• Support the PHCRD to revise/update the PHCRD 2012 STP and RUM guidelines,</li> <li>• Support DDA to finalise a new drug act and facilitate the development of an AMR action plan</li> <li>• Support the NPHL for continued advocacy on using NPHL surveillance data for making evidence based decisions by the national AMR committee chaired by the MoH Health Secretary</li> <li>• Partner with Nepal Medical Association and Nepal Medical Council to educate medical doctors, pharmacists, nurses, and paramedics on the optimal/rational use of antibiotics</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Support PHCRD to finalize of rational drugs use (RUM) guideline and train mater trainers for district level implementation of RUM guideline.</li> <li>• Finalize selection of indicators and develop quality of care monitoring dashboard at FHD’s website.</li> <li>• Support PHCRD to revise/update of PHCRD 2012 STP (standard treatment protocol), and RUM (rational use of medicines) guidelines.</li> <li>• HPP to follow up new drug act to be approved by the cabinet.</li> </ul>

Activity	Achievements this Quarter (Oct - Dec 2017)	Planned Activities for Year 1 Quarter 3 (Jan – Mar 2018)
	<p><b>Monitoring quality of care</b></p> <ul style="list-style-type: none"> <li>• Discussion started with FHD to develop quality dashboard and selected a few indicators</li> </ul>	
<p><b>5. Support the FHD and CHD to plan, budget, and monitor the RMNCAH, FP, and nutrition programmes</b></p>	<ul style="list-style-type: none"> <li>• Supported the FHD in the implementation and monitoring of AWPB's activities in MNH, ASRH, and FP programmes and financial tracking on DFID FP/FA supported activities.</li> <li>• Provided technical support to the LMD for the preparation and finalisation of specifications for FP commodities,.</li> <li>• Provided technical support or participated in the FHD's sub-committee (FP, SMNSC, ASRH, SAS, FCHV, research).</li> <li>• Led, facilitated, and provided technical expert information on FP thematic chapters of RH clinical protocol for MO.</li> <li>• Support trainings provided by the FHD and NHTC including COFP/C facilitator, MPDSR, and SBA clinical mentor training</li> <li>• Undertook joint field visits with the FHD, DFID, USAID, UNFPA team to six districts of WDR and MWDR in October/November 2017.</li> <li>• Support the FHD to prepare 2073/74 Annual Report for FP and SMN sections.</li> <li>• Led the 2018 JAR report preparation with FHD on (1) Humanitarian Assistance on health, (2) HRH</li> </ul>	<ul style="list-style-type: none"> <li>• Develop dashboard for tracking spending of DFID FP/FA supported activities for facilitating implementation of budgeted activities and improving accountability.</li> <li>• Provide TA to FHD, districts, local councils and health facilities on demand</li> <li>• Support to distribute local level program implementation guideline to local councils linking with district technical support visit.</li> <li>• Support to FHD to provide FHD program orientation to local councils in meetings organised by the MOFALD</li> <li>• Support FHD in implementation of AWPB's where capacity building is required, orientation of local councils and health coordinators on implementation guidelines as opportunity arises during field visits, and monitoring of programme implementation and progress towards achieving targets.</li> <li>• Support FHD in planning and budgeting for 2018/19 fiscal year if budgeting process starts.</li> </ul>

Activity	Achievements this Quarter (Oct - Dec 2017)	Planned Activities for Year 1 Quarter 3 (Jan – Mar 2018)
	and (3) equitable access and utilisation of health services.	
6. Human Resources Management	<p><b>Facilitate and support the CSD to improve staff availability at all levels with a focus on rural retention and enrolment</b></p> <ul style="list-style-type: none"> <li><b>Final Draft on Human Resources for Health: Strategic Roadmap 2030</b> NHSSP is a member of the HRH TWG that submitted their final draft to the MoH for approval. This document will be contextualised at all three levels of governance; federal, provincial, and local for the purpose of improving health workers' education, projections on production, deployment, management, performance, leadership, governance, health workforce information, and evidence.</li> </ul> <p><b>Facilitate and support the CSD to improve human resources education and competencies</b></p> <ul style="list-style-type: none"> <li><b>Final draft on National Policy on Nurses and Professional Midwives:</b> The HRH TWG submitted the final draft to the MoH for approval. This document will guide regulations on education and competencies and projections on production, deployment, recruitment, and retention.</li> </ul>	<ul style="list-style-type: none"> <li>Use OCAT organisational capacity assessment tool at LL sites to identify capacity needs of local governance authorities to manage basic health care services – to be developed in Q3</li> </ul>

Activity	Achievements this Quarter (Oct - Dec 2017)	Planned Activities for Year 1 Quarter 3 (Jan – Mar 2018)
<p><b>Capacity enhancement of local government on evidence-based planning, implementation, and monitoring of programmes in order to promote LNOB and quality of care</b></p> <ul style="list-style-type: none"> <li>As technical experts in various RMNCH, FP, and GBV thematic areas, Service Delivery (SD) team members are providing TA to enhance the capacity of both concerned government divisions/centres and supporting partners of the government. The TA takes on various forms as in feedback on documents (standards, protocols, manuals, guidelines, strategies, policies)<sup>20</sup>, inputs during meetings/ workshops/ individual meetings, and providing training/orientation<sup>21</sup> to government health workers and officials, and EDP/INGO/NGO staff.</li> <li>Orientation, training, coaching, and mentoring on GBV, OCMC, SSU programmes has been supported to sensitise and enhance the understanding of stakeholders at different levels including service providers across the health system to be responsive in providing health services to target group clients (poor, people with disabilities, the helpless, senior citizens, disaster victims, GBV survivors, and those at risk of GBV) in a comprehensive manner. Furthermore, capacity has been enhanced for improved coordination between health and other service sectors including civil society organisations at the centre, district, and community levels.</li> <li>Orientation and sharing with local government (Mayors, Deputy Mayors, Heads, and Deputy Heads and executive officers of local municipalities) on implementation guidelines of the AWPB, GESI/LNOB, and targeted interventions has contributed to build a common understanding and to raise awareness about the significant disparities in health outcomes and high levels of GESI that need to be tackled through institutional and systematic change, capacity building, and changes in the broader socio-political environment. Impact of the capacity enhancement was shown by them in addressing GBV issues with a willingness to allocate funds.</li> <li>Support was provided to develop advocacy materials related to FP, MNH, and GBV-OCMC and information on free health services in Nepali language. This will make a significant contribution to enhancing capacity at the local level.</li> <li>Inputs were provided to the local level for orientation guidelines (NHTC led) and orientation of local government on FHD's allocated budget implementation, and opportunities were taken to orient and interact with local government during field visits so as to capacitate them for effective implementation of RMNCAH programmes</li> </ul>		

<sup>20</sup> RH clinical protocols, Clinical mentoring guideline, EOC monitoring guideline, National Strategy and Action Plan on GBV and Gender Empowerment, training manual to operationalise the revised mental health standard treatment protocol, equipment specification, commodities specifications, etc.

<sup>21</sup> Training on FP, SBA clinical mentor, MPDSR, GBV, CEONC, OCMC, SSU

Activity	Achievements this Quarter (Oct - Dec 2017)	Planned Activities for Year 1 Quarter 3 (Jan – Mar 2018)
<ul style="list-style-type: none"> <li>NHSSP support for FHD in the extension of the HQIP tool for facility-based quality improvement contributes to enhancing the capacity of health workers and the community to work towards quality improvement. The tool is a self monitoring ‘traffic light’ that is publicly displayed within the facility and thus enables the facility management committee and the facility users to assess quality of services and facility management as a means towards improvement.</li> </ul>		
<b>WORKSTREAM 4: EVIDENCE AND ACCOUNTABILITY</b>		
<p><b>The MoH to implement Routine Data Quality Assurance (RDQA) system to improve the quality of data generation and use</b></p>	<ul style="list-style-type: none"> <li>Discussions with the MoH and partners (GIZ and USAID) are in progress to review the existing MS Excel-based RDQA tools and develop a web-based application for use at different levels of the new governance structure.</li> <li>Discussions with the MoH and MEOR are in progress to learn from and align this initiative with an operation research on how a small probability sample can be blended with HMIS to improve its quality.</li> </ul>	<ul style="list-style-type: none"> <li>Develop a web-based application of the existing RDQA tools for use at different levels of the new governance structure by April 2018.</li> <li>Collaborate with MEOR to implement and learn from the operation research on blending a small probability sample with HMIS to improve its quality; and align with the RDQA to improve their effectiveness.</li> </ul>
<p><b>The MoH has an integrated and efficient HIS and has the skills and systems to manage data effectively</b></p>	<ul style="list-style-type: none"> <li>Supported MoH to update the web portal hosted on the MoH website to track the progress of NHSS Results Framework. This web-based application also includes a dashboard with graph of the trend data with a focus on equity between different population sub-groups. (<a href="http://www.mohp.gov.np">www.mohp.gov.np</a>).</li> <li>Supported the MoH to develop interactive dashboards to track the progress on key results from the national level surveys (NDHS and NHFS) and routine data (HMIS). The dashboards are hosted on the MoH’s and NHSSP website.</li> </ul>	<ul style="list-style-type: none"> <li>Convert excel-based dashboard based on NDHS, HMIS and NHFS data into web-based interactive dashboards and publish in MoH’s website by end of March 2018.</li> <li>Support MoH to develop dashboard to track the progress of health related SDGs and DLIs and publish in MoH website by April 2018.</li> <li>Develop dashboard to monitor indicators of NHSSP’s log frame and internal monitoring framework, Value for Money (VfM) framework by April 2018.</li> <li>Engage with MoH and partners to develop and implement unified coding system and health facility registry by May 2018.</li> </ul>

Activity	Achievements this Quarter (Oct - Dec 2017)	Planned Activities for Year 1 Quarter 3 (Jan – Mar 2018)
	<ul style="list-style-type: none"> <li>Engaged with MoH, to develop a unified coding system in which each health facility gets a unique code that identifies each individual facility irrespective of its ownership, type, and location. This is an important step towards interoperability across various information systems. The NHSSP is supporting MoH and partners to developing a health facility registry, which will include a master inventory list of all health facilities in Nepal with unique identification code, location, type, level, and service information that can be upgraded to include e-registration and licensing of health facilities. NHSSP supported MoH to organize a workshop for these initiatives from 13 to 15 December 2017.</li> </ul>	<ul style="list-style-type: none"> <li>Engage with MoH to upgrade the health facility registry to include e-registration and licensing of health facilities in July 2018.</li> </ul>
<p><b>The MoH has robust surveillance systems in place to ensure timely and appropriate response to emerging health needs</b></p>	<ul style="list-style-type: none"> <li>Continued support given to the FHD in conceptualising, developing, and implementing expansion of the MPDSR in additional facilities and districts including prioritising strengthening of MPDSR as the primary source for monitoring MMR and improving quality of service through effective response.</li> </ul>	<ul style="list-style-type: none"> <li>Work with FHD and partners (MedicMobile) to develop Mobile application for surveillance of maternal deaths in July 2018.</li> <li>Continue engaging with MoH and partners to strengthen MPDSR in federal context.</li> </ul>
<p><b>The MoH has the skills and systems in place to generate quality evidence and use it for decision making</b></p>	<ul style="list-style-type: none"> <li>Supported the MoH to develop concept note and implementation of a health sector M&amp;E plan that: <ul style="list-style-type: none"> <li>- Defines health M&amp;E functions of the local, provincial and federal government based on the Functional Analysis of the Constitutional</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Engage with MoH and partners to develop health sector M&amp;E plan by May 2018.</li> <li>Engage with DoHS to develop equity monitoring dashboards based on HMIS data to be implemented at local government level by May 2018.</li> </ul>

Activity	Achievements this Quarter (Oct - Dec 2017)	Planned Activities for Year 1 Quarter 3 (Jan – Mar 2018)
	<p>Provisions</p> <ul style="list-style-type: none"> <li>- Identifies health sector data needs and ensures timely availability of data with reference to the NHSS RF and the SDGs [what, where (source) and when]</li> <li>- Develops the health sector survey plan (2018-2030) to respond to the NHSS, SDGs, and programmatic data needs</li> </ul> <ul style="list-style-type: none"> <li>• Engaged in NHFS Data further analysis workshop from October 9 to 13, 2017. The NHSSP is engaged in further analysis of antenatal and postnatal care service related data.</li> <li>• Together with the HPP section, engaged with the MoH to conceptualise and prepare the JAR, 2017.</li> </ul>	<ul style="list-style-type: none"> <li>• Support Management Division and partners to develop Quality Improvement Management Information System by July 2018.</li> </ul>
<p><b>The MoH has established effective citizen feedback mechanisms and systems for public engagement and accountability</b></p>	<ul style="list-style-type: none"> <li>• Provided inputs to Social Accountability in the Health Sector Programme (SAHS) regarding the existing social accountability practices/tools used in health sector and reviewed and provided feedback on the draft report of Applied Political Economy Analysis in October and November, 2017.</li> <li>• Engaged with PHCRD to facilitate a two day orientation on Social Audit for the DHO, DPHO, and focal persons from 18 districts to implement social audit in their health facilities in December 2017.</li> </ul>	<p>Support MoH and partners to develop and implement grievance management system at MoH by May 2018.</p>
<p><b>Other initiatives</b></p>	<ul style="list-style-type: none"> <li>• Supported the NHTC/DoHS/MoH to develop a package to orient newly elected representatives and health staff at the local level on importance of</li> </ul>	<ul style="list-style-type: none"> <li>• EA and SD team to support FHD to develop programme monitoring dashboard that displays quality of service related indicators at the Palika and</li> </ul>



Activity	Achievements this Quarter (Oct - Dec 2017)	Planned Activities for Year 1 Quarter 3 (Jan – Mar 2018)
	<p>health programmes, current strategies, and interventions in health. Supported MD to prepare the DoHS annual report 2073/74.</p> <ul style="list-style-type: none"> <li>• The EA and SD teams engaged with the FHD to design a study to evaluate free referral services for obstetric complications.</li> <li>• The EA and HPP team engaged with planning at the MoH to identify health indicators that need to be reviewed in selected LL sites.</li> </ul>	<p>health facility level by May 2018.</p>
<p><b>Capacity Enhancement Implication:</b></p> <p>The NHSSP engaged with the MoH to develop interactive dashboards develop to monitor NHSS RF and other key indicators from NDHS, NHFS, and HMIS. These dashboards serve as a foundation to better understand, monitor, and measure progress towards national targets and in addressing equity gaps. This is also a milestone in disseminating the data related to health sector progress on tracer indicators to a wider audience. This will strengthen the ability of government to use evidence in the overall planning process and in feeding the decision making processes at various levels.</p> <p>Another important capacity enhancement initiative was the support provided to the NHTC/DoHS/MoH to develop a package to orient newly elected representatives and health staff at the local level on importance of health programmes, current strategies, and interventions in health.</p>		
<p><b>WORKSTREAM 5: HEALTH INFRASTRUCTURE</b></p>		
<p><b>1. Support Policy for Infrastructure Development, Upgrade, and Maintenance production and adoption</b></p>	<ul style="list-style-type: none"> <li>• The printing of the documents on Health Infrastructure Development Standards and supporting volumes was completed during this quarter. These documents provide guidance for the development of health infrastructure across the national system.</li> </ul>	<p>Distribution of the documents and orientation to concerned agencies and stakeholders in January 2018</p>
<p><b>2. Nepal Earthquake Retrofitting and</b></p>	<ul style="list-style-type: none"> <li>• The existing seismic codes (1994) of Nepal were applied in practice only after the</li> </ul>	<p>Prepare detailed activities for the endorsement of the Document by the government and interventions</p>

Activity	Achievements this Quarter (Oct - Dec 2017)	Planned Activities for Year 1 Quarter 3 (Jan – Mar 2018)
<b>Rehabilitation Standards (PD 21)</b>	<p>building construction act came in to effect in 2004. Most of the existing health facilities in Nepal, as vulnerability and damage assessments reports in the past confirm, were constructed before 2004, many of them even before 1994. The assessments confirm that these health facilities were not built as per the seismic codes and are vulnerable to seismic damage. Till date assessment has been done only in limited number of Districts in Nepal. Therefore its necessary that the government identifies all such facilities in the country and takes necessary preventive steps. Basically these preventive initiatives involve retrofitting of health facilities. The development of the Nepal Earthquake Retrofitting Standards for Health Infrastructure is envisaged to largely support the effort in design of health infrastructure retrofitting</p>	<p>required led by DUDBC with technical backstopping from NHSSP team and coordinated by the MoH in January</p>
<b>3. Climate Change and Health Infrastructure Framework (PD 22)</b>	<ul style="list-style-type: none"> <li>• This report draws attention to climate change-induced hazard in relation to health infrastructure in Nepal. It highlights risks to health facilities and vulnerable groups. While information on climate change and its impacts is not yet fully comprehensive, the reports use publicly available data to categorise hazards</li> </ul>	<ul style="list-style-type: none"> <li>• Initiate necessary preparation for raising the profile of climate change hazards with the MoH and the new province and municipal structures (February- March)</li> <li>• Carry out advocacy for condition and risk survey of health infrastructure, based on the DEA, to supplement existing information. This should extend</li> </ul>

Activity	Achievements this Quarter (Oct - Dec 2017)	Planned Activities for Year 1 Quarter 3 (Jan – Mar 2018)
	<p>and the number and type of facilities at risk. This data has been combined with Geographical Information System mapping and the Health Infrastructure Information System platform.</p>	<p>the existing database to cover all remaining districts in the country. This is subject to availability of funds.</p> <ul style="list-style-type: none"> <li>• Liaise with the Thematic Working Group on Urban Settlements and Infrastructure of the National Adaptation Plan process to identify health infrastructure as a specific category of infrastructure vulnerable to climate change</li> </ul>
<p><b>4. HIIS upgrade and reporting to support evidence-based decision making</b></p>	<ul style="list-style-type: none"> <li>• The HIIS system, building on the work of the previous quarter, has been upgraded to make it more user friendly and easier to be updated by the local level implementing agencies. The system was used for analysing data for various reports such as climate induced hazard mapping, diseases outbreak trend analysis and mapping. Overall the HIIS information has been useful in all the key performance areas in achieving the target identified for this period of reporting.</li> <li>• Initiation of integration of Human Resource Information into HIIS in coordination with HPP and Service Delivery work stream.</li> </ul>	<ul style="list-style-type: none"> <li>• Continue orientation to different stakeholders on the use and benefits of HIIS</li> <li>• Initiation has been made to link the HIIS with the software developed by DUDBC to monitor progress of health facility construction from different districts using mobile technology. This will be completed by the end of the quarter.</li> <li>• Efforts initiated with Durham University academics to secure seismic scenario data for inclusion in HIIS</li> </ul>
<p><b>5. Support the development of the Infrastructure Capital Investment Policy, including facility</b></p>	<ul style="list-style-type: none"> <li>• The documents have been finalised, printed, and are ready for distribution</li> </ul>	<ul style="list-style-type: none"> <li>• Continuous support to the MoH and other concerned agencies in implementing the policy and guidelines</li> </ul>

Activity	Achievements this Quarter (Oct - Dec 2017)	Planned Activities for Year 1 Quarter 3 (Jan – Mar 2018)
prioritisation and selection (PD 46)		
<b>6. Continued support to the MoH and NRA for reconstruction activity of health infrastructure (monitoring, supervision, review of design drawings); inception phase</b>	<ul style="list-style-type: none"> <li>• Supported the MoH to coordinate with JICA and concerned hospitals for the issues, concerns, and progress related to Bir Hospital and Maternity Hospital</li> <li>• Supported MoH in the finalising master plan of Rapti Zonal Hospital.</li> <li>• Supported Kathmandu DHO in the design, estimation, and tendering of Budanilkantha City Hospital</li> <li>• Reviewed architectural and structural designs from various EDPs (such as Nepal Red cross, TDH, JICA, KOICA, Rotary club) related to reconstruction and recovery work and recommended to the MoH for issuing permission for the construction.</li> </ul>	<ul style="list-style-type: none"> <li>• Continue support to MOH and NRA for oversight of reconstruction activity</li> </ul>
<b>7. Ongoing capacity development support to the MoH/DUDBC, including capacity assessment, including formation of a Capacity Enhancement Committee</b>	<ul style="list-style-type: none"> <li>• Geotechnical investigation, destructive, and non-destructive testing has been completed for Bhaktapur Hospital. This activity aims to understand the geology and engineering properties of existing soil at the specific locations of the each buildings. The investigation provides the following information which is being used for the seismic assessment and retrofitting design of the buildings: <ul style="list-style-type: none"> <li>• Site subsoil type</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Three capacity enhancement events have been planned for the DUDBC and MoH officials during this quarter</li> <li>• Conduct TNA for Contractors and private sector professionals in February 2018.</li> <li>• Formation of the Steering Committee to formalise the support to the DUDBC for policy development activities, capacity enhancement activities, and conducting activities related to retrofitting of hospitals by end February</li> </ul>

Activity	Achievements this Quarter (Oct - Dec 2017)	Planned Activities for Year 1 Quarter 3 (Jan – Mar 2018)
	<ul style="list-style-type: none"> <li>• Liquefaction susceptibility of the site</li> <li>• Bearing capacity of the soil</li> <li>• Ground settlement after major Earthquakes</li> <li>• Support in detail seismic assessment and preliminary retrofitting design with BoQ for Bhaktapur Hospital prepared and submitted to DUDBC for review</li> <li>• Support in design, estimate and preparation of Tender document for decanting space for Bhaktapur Hospital and WRH, Pokhara.</li> </ul>	<ul style="list-style-type: none"> <li>• Support a detailed seismic assessment and preliminary retrofitting design with BoQ prepared for the WRH, Pokhara</li> <li>• Support in preparing design and tender document for de-installations, installation, maintenance, de-installation and reinstallation of equipment during the decanting period for different blocks within the hospital facility</li> </ul>
<p><b>8. Design and Implementation of Ministry of Health Policy Development Training</b></p>	<ul style="list-style-type: none"> <li>• Health Infrastructure development policy formulation was identified as a priority during the training Needs Analysis ( TNA) exercise carried out in September 2017</li> <li>• A two-day training module on this topic was designed for senior officials at the MoH, NRA, and DUDBC who play key roles in policy formulation, planning and programme management related to Health Infrastructure development and reconstruction.</li> <li>• The training was implemented in partnership with Nepal Administrative Staff College (NASC) assisted with guidance on adult education methodology, design of learning objectives and inputs on the</li> </ul>	<ul style="list-style-type: none"> <li>• The next version of this Health Infrastructure Policy Development workshop will include more information on the federal system and health infrastructure. The design of this training will be completed by the end of the quarter.</li> <li>• Several issues need to be resolved or developed as policy for making the health infrastructure development and coordination effort more efficient</li> <li>• Discussions around these issues will be made with the MoH leading the process.</li> </ul>

Activity	Achievements this Quarter (Oct - Dec 2017)	Planned Activities for Year 1 Quarter 3 (Jan – Mar 2018)
	<p>government policy-making process.</p> <ul style="list-style-type: none"> <li>The NASC was a highly suitable partner for this exercise – 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 the area of policy formulation and implementation, and partnerships with high-level experts involved in the formulation of the Nepal federal structure.</li> </ul>	
<p><b>9. Capacity enhancement of the MoH/DUDBC in planning, designing, and implementing different types of health facilities</b></p>	<ul style="list-style-type: none"> <li>Support to the MoH for resolving the issue of land management b/w Organ Transplant Centre and Bhaktapur Hospital. For the purpose, survey of Hospital Land was made, and different solutions and designs prepared and presented to stakeholders to come to an agreement.</li> <li>Support in preparing functional designs for Bhaktapur Hospital and WRH, Pokhara</li> <li>Support to the DUDBC in preparing design details for ongoing construction of the Mid-Western Development Region, Surkhet as demanded by the contractor to DUDBC.</li> </ul>	<p>Support in preparing the design for retrofitting hospitals (WRH, Pokhara and Bhaktapur) to be completed by end of February</p>
<p><b>10. Direct construction through NHSSP carrying on from TRP</b></p>	<ul style="list-style-type: none"> <li>Completed the construction work of Manthali PHCC</li> <li>All TRP construction now completed</li> </ul>	
<p><b>Capacity enhancement</b></p>		

Activity	Achievements this Quarter (Oct - Dec 2017)	Planned Activities for Year 1 Quarter 3 (Jan – Mar 2018)
<p>The Health Infrastructure work stream has a specific capacity enhancement focus as exemplified by a proposed formation of a working sub committee for Capacity Enhancement activities with DUDBC, under the proposed Steering Committee comprising of high level DUDBC, NRA and MOH Officials. The technical interventions as described above include as the capacity focus</p> <p>(1) increasing the capacity of DUDBC for planning , designing and implementing the retrofitting of health facilities able to withstand seismic events, including support in developing retrofitting standards.</p> <p>(2) continued support to MOH and NRA for providing technical advice for health infrastructure development and reviewing of technical proposals, designs and drawings that were signed between government and EDPs during NHSSP/HTRP.</p> <p>(3) support to government for policy health infrastructure policy development in the context of on-going seismic vulnerability and other environmental shocks.</p>		

### 5.3 Delayed Activities

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

Delayed Activity	Proposed Date	Reason for Delay	New Date
<b>WORKSTREAM 1: HEALTH POLICY AND PLANNING</b>			
Develop SOP for Integrated Guidelines for services to GBV survivors	September 2017	GBV integrated guidelines still not submitted from the Ministry of Women Children and Social Welfare (MoWCSW) to the Cabinet due to delayed state restructuring	Tentatively September 2018, however, the date will be re-confirmed by the MoH in consultation with the MoWCSW

Delayed Activity	Proposed Date	Reason for Delay	New Date
<b>WORKSTREAM 2: PPFM</b>			
TABUCS training and on-going support at the DUDBC and concerned officials	December 2017	<ul style="list-style-type: none"> <li>Support from the IT company Saipal Technologies was needed to update the TABUCS including adding the requirements of DUDBC and finalising the training materials. A delay in finalising their contract therefore caused a delay in providing TABUCs training</li> </ul>	February 2018
Reassess and build on the O&M survey and disseminate findings	December 2017	<ul style="list-style-type: none"> <li>The organisation restructuring report is yet to be finalised by the MoH's high level committee</li> <li>After finalising the MoH organisational structure, the O&amp;M survey assessment will be relevant</li> </ul>	March 2018
Workshop, Approval of the SOP by the DoHS	September 2017	<ul style="list-style-type: none"> <li>Revision of SOP has not been completed due to the wide scope of the exercise</li> <li>PPMO requested more time to provide their feedback</li> </ul>	February 2018
Provide ToT on FA through exposure/training	November 2017	<ul style="list-style-type: none"> <li>Venue and team for the program has not been finalised by LMD</li> </ul>	March 2018
<b>WORKSTREAM 3: SERVICE DELIVERY</b>			
Undertake needs assessment and planning for quality improvement of services and training (SBA, FP training)	By December 2017	Considerable time taken to select the three tertiary/referral hospital with NHTC..	Detailed assessment of the 3 sites will start In February



Delayed Activity	Proposed Date	Reason for Delay	New Date
at three referral hospitals			
Support NHTC and LCD to initiate the process of feasibility study on integration of physiotherapy skills into the existing Mid-level Providers' training	By December 2017	NHTC has agreed to integrate physiotherapy skills into the existing mid- level provider's training in mid - November 2017. Revised concept submitted to DFID, once approved NHTC will invite concerned stakeholders to develop consensus on the process of feasibility study.	Expected NHTC to hold first stakeholders' meeting on 2 <sup>nd</sup> week of February 2018, following this, the rest of activities related to feasibility study will begin.
Final draft on Training Management implementation guidelines	By December 2017	Identification and selection of expert (STTA), from the open market, with required experience, skill and capacity took longer time than expected.	It is expected the STTA will complete this task of review/revising NHTC Training Management Guidelines 2012 by end of February 2018
Revision of SBA training strategy and training package	By December 2017	The NHTC approved this activity only on December 4 at the TWG meeting in consultation with experts (SBA trainers, NESOG, and partners).	Expected to begin by the third week of February 2018
Conduct CEONC planning workshop in Gokuleswor	By Oct 2017	CEONC budget not released by the DPHO of Darchula district	March 2018
Free referral budget support to Jiri hospital through Jiri Municipality had been interrupted in this quarter	First to second week of October 2017	Although Jiri Municipality signed the MoU with the NHSSP on free referral support, the municipality did not request the funds on time	January 17 to 25 2018

Delayed Activity	Proposed Date	Reason for Delay	New Date
Free referral advocacy meeting with the DCC of Ramechhap and Dolakha could not be completed in this quarter	Within November 2017	This advocacy meeting needed to be linked with the planning and budgeting process of local councils and DCC. It was not completed because of the delay in the LG planning process due to the elections and the formation of state and federal government processes.	February weeks 2 to 4, 2018
Nine out of the ten districts for on-site SBA coaching programmes could not complete them	October to December 2017	Our support fully depends on the district time plan and they were not ready to start onsite coaching in this quarter (October to December 2017) because of delayed procurement of skill lab materials by the DHO/DPHO	Starting from January third week, 2018
HQIP re-strengthening in Hetauda hospital	October third week	Could not visit Hetauda hospitals due to FHD inability to arrange time with the Medical Superintendent because the council did not give the budget to the hospital.	Second week of February 2018
HQIP re-strengthening in Taplejung hospitals	November 1 to 2 2017	Could not visit Taplejung hospitals as time was not given to the FHD by district	December 22 to 23 2017
HQIP re-strengthening in Taplejung hospitals	December 22 to 23 2017	District could not give time because of absent focal person (PHN) and the	January 3 to 4 week 2018

Delayed Activity	Proposed Date	Reason for Delay	New Date
		DHO engaged in a central level programme in Kathmandu.	
HQIP Gorkha Hospital	November last week	Could not release budget from local council in time	
HQIP Gorkha Hospital	Dec. 3rd week	Timelin not matched between the FHD and Gorkha Hospitals, busy schedule of the FHD	First week of February 2018
HQIP Syanja district hospital	November 2 to 3, 2017	Could not release budget in time in Syanja hospital from the municipality.	Second week of February 2018
HQIP Kalikot district hospital	First to second week of December	The Mayor and Executive Officer were not available on the planned date. Later on the district fixed the date for the programme at the same time as Mugu and Ilam HQIP	January 12 to 13 2018
HQIP Rautahat district hospital	December 18 to 19 2017	Rautahat did not give time to FHD and supported Ilam instead of Rautahat	Third to Fourth week of February 2018
Facilitate the formation of an advisory group to take forward innovations to improve FCHV engagement with communities, to be led by the FHD or NIECC as appropriate	By December 2017	This was due to a delay in the finalisation and approval of the proposal.	Within one month of the proposal's approval
Planning with local governments for the detailed implementation plan of innovations and submit proposals for evaluation of the innovations to the NRHC	By December 2017	Delay in the finalisation of proposals from implementing partners	By March 2018
<b>WORKSTREAM 4: EVIDENCE AND ACCOUNTABILITY</b>			
Development of web-based	April 2018	In the changed context, the MoH	

Delayed Activity	Proposed Date	Reason for Delay	New Date
<p>applications for the existing excel-based RDQA tools for use at different levels of the new governance structure was planned for this quarter.</p>		<p>priority for now is on defining the M&amp;E functions of the three government structures and take this initiative as per the new roles of the governance units.</p>	<p>Design the application in line with the roles of health facilities and the governance units Continue working with MoH, GIZ, and USAID.</p>
<b>WORKSTREAM 5: HEALTH INFRASTRUCTURE</b>			
<p>Finalisation of the design and tender documents for Bhaktapur Hospital</p>	<p>By the end of December 2017</p>	<p>Due to the ongoing land issue</p>	<p>First quarter of 2018</p>

### 5.3 Progress against the Logical Framework ( to be reported annually)

OUTPUT 1	Output Indicator 1.1		Baseline (2016)	Year 1 (Mar 2017 - Feb 2018)	Progress Towards Targets
Evidence based policies and guidelines developed in the federal context and endorsed by the respective authorities in MoH	% of local governments adhering to policy/guideline on health structure in federal context	Planned	MoH is in the process of defining health structures in federal context	na	
	Output Indicator 1.2		Baseline (2016)	Year 1 (Mar 2017 - Feb 2018)	
	Number of priority health policies, strategies and guidelines endorsed by MoH	Planned 1.2a: Policies	MoH priorities set for Year 1 & 2	1 (Partnership in Health)	
	1.2a: Policies	1.2b: Strategies	MoH priorities set for Year 2	na	
	1.2b: Strategies	1.2c: Guidelines	MoH priorities set for Year 2	na	
	1.2c: Guidelines		MoH priorities set for Year 2	na	
	Output Indicator 1.3		Baseline (2017)	Year 1 (Mar 2017 - Feb 2018)	

## 6. Challenges and Lessons Learnt

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

### 6.1 Challenges

**Table 1 Challenges Encountered and Mitigated During the Quarter**

Challenges Encountered During the Quarter	Mitigating Actions Taken
<b>WORKSTREAM 1: HEALTH POLICY PLANNING:</b>	
<ul style="list-style-type: none"> <li>• Frequent change in the leadership of the MoH</li> </ul>	<ul style="list-style-type: none"> <li>• Briefing to the new leadership about DFID/NHSSP TA was provided in a timely fashion</li> </ul>
<ul style="list-style-type: none"> <li>• Delays in state restructuring hampered the initiation and approval of some activities</li> </ul>	<ul style="list-style-type: none"> <li>• Continuous engagement with the MoH</li> </ul>
<b>WORKSTREAM 2: PROCUREMENT AND PFM</b>	
<ul style="list-style-type: none"> <li>• The election of the federal government has caused delays in designing some systems and finalising policy documents.</li> </ul>	<ul style="list-style-type: none"> <li>• The PPFM team has been flexible and provided support to the MoH to enhance their understanding of the conditional grants provided to local government</li> <li>• Since MoH officials were not allowed to travel outside their office requiring overnight stay, we have engaged them in policy discussions and provided desk based support in updating the PBGA framework, updating TABUCS at the DUDBC, and preparing the PIP</li> </ul>
<b>WORKSTREAM 3: SERVICE DELIVERY</b>	

**Budget allocation and spending:**

- The lack of a clear understanding of the budget release system from local councils to hospitals delayed the timely completion of the AWPB and this has impacted the functionality and quality of services provided, staff motivation, and raised concerns for the future. Affected programmes include the OCMC and HQIP programmes.
  - Most of the AWPB's budget allocated to local councils is not implemented. Reasons include less priority for busy local authority, less experience or motivated health coordinators at local councils..
  - Due to transition phase, the CEONC fund was sent to the DPHO and not to hospital, which delayed in recruiting HR locally
  - Inadequate and inequitable budget allocation (e.g. ANM contract, medicines, urban and rural municipalities, Aama)
  - Private hospitals are unable to cover the cost of providing free or subsidised services to all 12 SSU target groups.
- Supported FHD for orientation to local council members on linking the FHD programme with the orientation programme by MoFALD. Interactions for advocacy were carried out with several Mayors on the importance of health, appropriate budget allocation, and effective human resources mobilisation
  - Follow up with the DPHO/DHO and hospitals for recruitment of C-section providers using CEONC fund.
  - Follow up with the MoH. The MoH is allocating extra budget for Aama in 16 local councils.
  - A narrower target group will be covered by SSUs at private hospitals, including the poor, disabled, GBV survivors and helpless. This issue will be addressed during the revision of SSU guidelines.

<p><b>HR management:</b></p> <ul style="list-style-type: none"> <li>• A lack of updated human resource data (sanctioned versus filled) at hospitals is limiting general administration/the MoH for responding to the human resources needs.</li> <li>• Human resources recruitment by hospital management does not align with the human resource needs. Providers/trainers working at referral hospitals (clinical training sites) are overwhelmed with ongoing training programmes plus overcrowding.</li> <li>• Some medical doctor DHOs have felt uncomfortable working in the changed governance structure (e.g. undue pressure, tension, doctors more frustrated, lack of respect from elected authorities)</li> <li>• Underutilisation of trained doctors in providing NSV and MLP services</li> </ul>	<ul style="list-style-type: none"> <li>• A simple table prepared on the percentage of sanctioned posts filled and vacant will be filled by the NHSSP team during their routine field travel and according to the data, general admin/MoH will manage the human resources</li> <li>• With NSI support one full time assistant will be put at CSD and general admin/MoH for keeping updated hospital data on human resources</li> <li>• Recruitment guidelines need to be developed in the context of decentralisation for HDC/HMC to ensure transparency</li> <li>• Updated the NHTC about this issue, both parties (NHTC and referral hospitals) agreed to implement training as per hospitals' training calendar.</li> <li>• Advocated local governance authorities (Mugu, Kaski, Tikapur) about the importance of supporting environment for the doctors working in remote areas. Active listening to grievances, reassurance and in some cases attempts reduce to 'conflict/communication gaps' between local bodies and district/hospital health managers/service providers tried</li> <li>• Updated the NHTC, and suggested FHD needs to revise low incentive provision for NSV and MLP</li> </ul>
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<p><b>Programme implementation:</b></p> <ul style="list-style-type: none"> <li>• Not all Health Coordinators/Assistant Health Coordinators at local councils are skilled/experienced on programme planning/implementation/monitoring and they felt there was little 'support/guidance' from the central level</li> <li>• A stock-out of essential medicines and supplies is soon expected (reasons: depleted local stocks, delayed procurement from local level)</li> <li>• Delayed and incomplete HMIS R/R expected (e.g. two vs three copies, lack of timely reporting, analysis)</li> <li>• Most district and sub district level FP/ASRH activity implementation affected due to the election code of conduct</li> <li>• Absence of appointment of FHD Director almost for two weeks affected central level activity implementation (e.g. in the approval of Tippians)</li> </ul>	<ul style="list-style-type: none"> <li>• Some district focal persons and local health coordinators were contacted and informed of the programme activities. Supporting partners requested to make local level programme implementation guidelines available where possible, implementation guidelines and budget linkages in websites were shared with district focal persons, and printing and distribution of implementation guidelines was carried out.</li> </ul>
<b>WORKSTREAM 4: EVIDENCE AND ACCOUNTABILITY</b>	
<ul style="list-style-type: none"> <li>• M&amp;E functions of three governments not defined clearly.</li> </ul>	<ul style="list-style-type: none"> <li>• The MoH with support from the NHSSP and other partners is developing the health sector M&amp;E Plan that defines the functions of local, province, and federal government.</li> </ul>
<b>WORKSTREAM 5: HEALTH INFRASTRUCTURE</b>	
<ul style="list-style-type: none"> <li>• Land issue of Bhaktapur</li> <li>• Lack of rate analysis norms and specification of retrofitting works</li> </ul>	<ul style="list-style-type: none"> <li>• Continuous follow up and advocating the Ministry to take a strong position on the land issue related to Bhaktapur Hospital</li> <li>• Learning from the global experiences and adopting the best practices in the Nepalese context</li> </ul>

<p><b>Release for capacity enhancement</b></p> <ul style="list-style-type: none"> <li>Securing the release of civil servants for capacity development activities as per the scheduled timeline is difficult.</li> </ul>	<ul style="list-style-type: none"> <li>It is necessary to be persistent and follow-up with management on a frequent basis.</li> <li>The Capacity Enhancement Programme steering committee, when established, will assist in the securing of the release of participant staff.</li> </ul>
<p><b>Staff turnover</b></p> <ul style="list-style-type: none"> <li>Frequent staff turnover among key government officials hampers the implementation and follow-through on previously approved activities.</li> </ul>	<ul style="list-style-type: none"> <li>Orientation sessions have been held with the new staff, particularly in terms of work-in-progress and previously approved activities. Close attention is paid to keeping records of agreements and decisions relating to ongoing work and commitments to ensure institutional knowledge is protected and that decision-making delays are minimised.</li> </ul>

## 6.2 Lessons Learnt

### Health Policy and Planning:

- Coordination and communication between and among the work streams of NHSSP was very helpful to deliver as one team- specifically the collaboration between HPP and E&A on the preparation of the implementation orientation package for local authorities and between HPP and SD on the inventory of MOH/DOHS documents

### PPFM:

- The endorsement of the CAPP monitoring committee by the MoH under the leadership of the Director General is one of the key initiatives to institutionalise the procurement related tasks at the DoHS/LMD/MoH. The ToR of the committee has been shared with the concerned EDPs and the secretary has endorsed the ToR. In the meeting, LMD officials need to share progress made in the implementation of the PIP, CAPP, TSB, and provide an update on the entire procurement cycle. This is owned by the LMD and working with identified officials will help develop the capacity.

### Service Delivery:

- The training budget needs to include the provision of a locum at hospitals during the implementation of training. This is mainly due to the fact that hospitals are already struggling with an acute shortage of skilled service providers, and on top of that the long duration training (e.g. SBA) challenged hospitals to handle the pressure of both training and service delivery at the same time.
- The allocation of budget to hospital levels directly (not local councils, not to DPHOs) needs to take place for all hospital based programmes/activities including OCMC, CEONC, and HQIP to improve the timely implementation and ownership of these activities by the hospital staff and management.
- Support given to developing the document inventory by the QAI TWG has led to a realisation by all stakeholders that the current programme (thematic or divisions/centres) focused implementation guidelines will result in confusion and hampering service delivery at the local level especially for the

local health coordinators. Further support to the MoH on knowledge management is crucial (detailed in PD 19).

**Evidence and Accountability:**

- Regular M&E TWG meetings at the MoH have been effective in bringing multi stakeholders on to one platform, informing the MoH and partners about ongoing activities, and harmonising resources.
- Promoting the use of ICT based dashboards in the dissemination of information is contributing towards a wider use of information.

**Health Infrastructure:**

- The most significant lesson for the retrofitting programme learned during this quarter is that the demonstration of functional retrofitting through 3D drawings or visual effects can make health facility managers and service providers better understand the functional retrofitting designs of the health facility and the acceptance is higher once it is convincingly put forward to them.
- It is very important that national level experts and multiple stakeholders are consulted at every step of the development of national level standards. Care also must be taken that the country's policy, codes, and other legal provisions are consistent with the document being developed.
- The retrofitting designs must be economical, fit the country context (user friendly, adoptable, implementable, and understandable for all types of technical professionals working in the infrastructure development sector) and the document should demonstrate its quality, coverage, and contents compared to other existing documents.

## 7. Payment Deliverables

Area	No	Description of Milestone	DFID submission due date	Actual submission date	DFID approval date
Management	17	Quarterly reports 1 Jul - Sep	Oct-17	15-Nov-17	17-Nov-17
SD	19	Report on process of review and revision of national standards, protocols, and guidelines on RMNCAH, FP, and nutrition, and agreed revision plans with counterparts and supporting partners	Nov-17	28-Nov-17	04-Dec-17
E&A	20	Dashboards to monitor equity at national and sub-national levels developed and used	Nov-17	24-Nov-17	29-Nov-17
RHITA 1	21	Nepal earthquake retrofitting and rehabilitation standards produced and adopted	Nov-17	30-Nov-17	04-Dec-17
RHITA 1	22	Nepal climate change and health infrastructure framework	Nov-17	30-Nov-17	10-Dec-17
RHITA 2	23	MoH policy development training designed and implemented	Nov-17	30-Nov-17	30-Nov-17
PPFM	24	Procurement Improvement Plan (PIP) prepared and endorsed	Dec-17	06-Dec-17	11-Dec-17

### 8. NHSSP Risk Matrix Assessment (updated on 31 December 2017)

<b>General Health TA matrix</b>													
Risk No	Risk	Gross Risk		Risk Fact or RAG rated	Current controls	Net Risk		Risk Factor RAG rated	Net Risk Acceptable?		Additional controls / planned actions	Assigned manager / timescale	Actions
		Likelihood	Impact			Likelihood	Impact						
	<i>Contextual</i>												
R1	<i>Lack of progress in other areas of GoN policy may affect achievement of NHSS targets</i>	<i>High</i>	<i>High</i>		<i>Close collaboration across ministries, and between EDPs; ensure activities are planned taking into account expected targets</i>	<i>Low</i>	<i>Medium</i>		<i>Yes</i>	<i>Yes</i>	<i>Regular monitoring and feedback / lessons learnt session</i>	<i>Strategic Advisor/Team Leader</i>	<i>Treat</i>
R2	<i>Weak planning and coordination between EDPs and government.</i>	<i>Medium</i>	<i>Medium</i>		<i>Team support MoH to work closely with other ministries; Team Leader supports DFID in coordination</i>	<i>Low</i>	<i>Medium</i>		<i>Yes</i>	<i>Yes</i>	<i>Continue to work collaboratively with other EDPs</i>	<i>HPP Adviser</i>	<i>Treat</i>
	<i>Political</i>												

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

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

	c												
R6	<i>Government capacity to implement and the possibility that the TA will be used to substitute capacity gaps</i>	<i>High</i>	<i>Medium</i>		<i>Our TA is embedded in government offices, where appropriate, and is focusing on the development of systems and tools, with a flexible approach</i>	<i>Medium</i>	<i>Low</i>		<i>Yes</i>	<i>Yes</i>	<i>NHSSP team will be strategic as possible in the supporting functions, working to offer sustainable systems solution</i>	<i>Concerned Advisers</i>	<i>Treat</i>
R7	<i>MoH priorities/demands are changeable due to external and internal pressures which deflects TA from sector targets</i>	<i>High</i>	<i>Low</i>		<i>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.</i>	<i>Low</i>	<i>Low</i>		<i>Yes</i>	<i>Yes</i>	<i>The NHSSP team will work closely with MoH colleagues and remain flexible and strategic</i>	<i>Concerned Advisers</i>	<i>Treat</i>



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

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

	<i>needs of population through disrupting delivery of essential healthcare services</i>				<i>security guidelines will be put in place for all staff.</i>								
	<i>Financial</i>												
<i>R12</i>	<i>The TA programme has limited funds to support the strengthening of major systems components such as HR systems.</i>	<i>Medium</i>	<i>Low</i>		<i>Support policy and planning in the MOH. Engage with other EDPs who are supporting related areas.</i>	<i>Low</i>	<i>Low</i>		<i>Yes</i>	<i>Yes</i>	<i>Continue to work with WHO and other partners who may have financial resources to support these</i>	<i>HRH Adviser</i>	<i>Transfer</i>
<i>R13</i>	<i>Financial Aid is not released for expected purposes.</i>	<i>Medium</i>	<i>High</i>		<i>Planning and discussions with MoH and MoF. Health Financing TA will support the government in managing release of Financial Aid.</i>	<i>Low</i>	<i>Medium</i>		<i>Yes</i>	<i>Yes</i>	<i>Continue with regular and quality monitoring of FMR and regular meeting of PFM committee</i>	<i>Lead PPFM Adviser and PFM adviser</i>	<i>Treat</i>

R14	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	Yes	Carry out regular reviews of progress against agreed work plans and budgets.	Deputy Team Leader	Treat
R15	Weak PFM system leads to fiduciary risk	High	High		To work actively to support the MoH in strengthening various aspects of PFM via an updated FMIP, regular meeting of PFM committee, update the internal control guideline and add cash advance module in TABUCS to reduce fiduciary risk and the formulation of procurement improvement plan (PIP) and establishment of a CAPP monitoring committee	Medium	medium		Yes	Yes	Continue to monitor risks and mitigate through periodic update of the FMIP, CAPP, and PIP, through the PFM and CAPP monitoring committee. Engaging the MoH Secretary, FCGO and PPMO.	Lead PPFM Adviser and senior Procurement adviser	Treat

R16	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	Yes	Strengthen regular monitoring and verification of workplans against budgets	Team Leader/Deputy Team Leader	Tolerate
R17	Delay recruitment of Team leader may hamper timely submission of PDs	High	High		Options will recruit an interim Team Leader and expedite the recruitment for new Team leader	Medium	Low		yes	yes	Supporting mechanism will be developed from Options to the interim team leader and the team.	Director, programme management	Treat
<b>Infrastructure risk matrix</b>													
<b>Risk</b>	<b>Risk</b>	<b>Gross Risk</b>	<b>Risk Fact</b>	<b>Current controls</b>	<b>Net Risk</b>	<b>Risk</b>	<b>Net Risk Acceptable?</b>	<b>Additional controls /</b>	<b>Assigned manager /</b>	<b>Actions</b>			

No				or RAG rate d				Fac tor RAG rat ed			planned actions	timescale		
		Likeliho od	Impac t			Likelihood	Impact							
	<i>Contextual</i>													
R1	<i>Weak planning and coordination between EDPs and government.</i>	<i>Medium</i>	<i>Medium</i>		<i>Team will work closely with the MoH to coordinate with other ministries/departments and EDPs;</i>	<i>Medium</i>	<i>Low</i>		<i>Yes</i>	<i>Yes</i>	<i>Team Leader, as in previous programmes, will attend EDPs coordination meeting</i>	<i>Team Leader</i>	<i>Treat</i>	
	<i>Political</i>													
R2	<i>Lack of buy-in from senior government stakeholders on revising and adopting policies, codes and standards, and drive key reform processes for example procurement</i>	<i>Medium</i>	<i>Medium</i>		<i>Infrastructure Advisors work closely with senior staff in MoH, DUDBC and NRA to build ownership of proposed policies, codes and standards and buy in to planned reform processes. Pace of planned</i>	<i>Medium</i>	<i>Low</i>		<i>Yes</i>	<i>Yes</i>	<i>NHSSP will work closely with the Health Building Construction Central Coordination and Monitoring Committee.</i>	<i>Lead Infrastructure Advisor</i>	<i>Treat</i>	

	<i>reform</i>				<i>changes will be carefully considered.</i>								
R3	<i>Progress towards federalism is slow, creating confusion over what the final sub national structure will look like, and limiting progress in achieving improvements in health infrastructure.</i>	<i>High</i>	<i>Medium</i>		<i>Team Leader will work closely with the MoH and DUDBC in responding to federalism, providing support in adapting health infrastructure plans and targeted capacity enhancement as the decentralisation process becomes clear.</i>	<i>High</i>	<i>medium</i>		<i>Yes</i>	<i>Yes</i>	<i>We will ensure close links between RHITA and GHTA, so RHITA is able to draw on support from GHTA engagement in the preparation for federalism</i>	<i>Team Leader</i>	<i>Tolerate</i>
R4	<i>Lack of clarity over roles and responsibilities of the MoH, DUDBC and other related departments in health</i>	<i>Medium</i>	<i>Medium</i>		<i>Team will support finalisation of the roles and responsibilities of PCU and PIUs, and develop effective working relationship with</i>	<i>Medium</i>	<i>Medium</i>		<i>Yes</i>	<i>Yes</i>	<i>NHSSP will build links and regular communication between the MoH and DUDBC, and take forward</i>	<i>Lead Infrastructure Advisor</i>	<i>Transfer</i>

	<i>infrastructure. Lack of clarity in set up, roles and responsibilities of PCO and PIUs.</i>				<i>the PCU.</i>						<i>recommendations of institutional review</i>		
	<i>Programmatic</i>												
R5	<i>MoH and DUDBC priorities and requests for non-planned TA draw advisors away from agreed work plan and exhaust available resources.</i>	<i>High</i>	<i>low</i>		<i>Close collaboration with key counterparts in the mobilisation phase of the TA resulting in shared understanding of work plans.</i>	<i>Medium</i>	<i>Low</i>		<i>Yes</i>	<i>Yes</i>	<i>We will regularly review workplans with counterparts and adapt flexible approach.</i>	<i>Lead Infrastructure Advisor</i>	<i>Treat</i>
R6	<i>High staff turnover in key government positions limits effectiveness of capacity enhancement activities with MoH and</i>	<i>Medium</i>	<i>Medium</i>		<i>The NHSSP capacity enhancement approach will focus on institutionalising approaches and systems, not rely on individual</i>				<i>Yes</i>	<i>Yes</i>	<i>NHSSP will engage with different level staff to strengthen the institutionalisation processes.</i>	<i>Lead Infrastructure Advisor</i>	<i>Tolerate</i>



	DUDBC.				capacity building to ensure sustainability.								
R7	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	Yes	Capacity building will be part of the contractual arrangement.	Seismic Resilience Advisor	Treat
	<b>Climatic and environmental</b>												
R8	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		Yes	Yes	Health and Safety guidelines to be developed and share with staff and to ensure all consortium staff are covered by the relevant insurance scheme.	Seismic Resilience Advisor	Tolerate

R9	Retrofitting not completed in advance of next 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 contractor for any defects against the specification to make it correct.	Medium	Medium		Yes	Yes	NHSSP will ensure that retrofitting work will comply with building codes and work is completed as early possible.	Lead Infrastructure Adviser	Tolerate
	<b>Financial</b>												
R10	Financial Aid is not released for expected purposes.	Medium	high		Joint planning and early discussions with the MoH and MoF.	Low	Medium		Yes	Yes	PPFM and Health Infrastructure teams will continue to support the government in managing release of Financial Aid.	PPFM Adviser	Treat
R11	Financial management capacity of subcontracted	Medium	Low		We will carry out a due diligence assessment of major partners at	Low	Low		Yes	Yes	We will carry out regular reviews of progress	Deputy Team Leader	Treat

	<i>local partners is low.</i>				<i>the beginning of the contract.</i>						<i>against agreed work plans and budgets.</i>		
R1 2	<i>Risk of fraud with locally contracted construction companies.</i>	<i>Medium</i>	<i>Medium</i>		<i>Due diligence processes, quality control and regular monitoring of local subcontracts (including results-based sign-off and payments)</i>	<i>Low</i>	<i>Low</i>		<i>Yes</i>	<i>Yes</i>	<i>We will develop a plan for regular monitoring</i>	<i>Lead Infrastructure Adviser</i>	<i>Treat</i>
R1 3	<i>Further devaluation of the £ reduces the value of FA and TA commitment.</i>	<i>Medium</i>	<i>low</i>		<i>Monitor exchange rates and planned spend against these</i>	<i>Low</i>	<i>Low</i>		<i>Yes</i>	<i>Yes</i>	<i>Strengthen regular monitoring and verification of workplans against budgets</i>	<i>Team Leader/Deputy Team Leader</i>	<i>Tolerate</i>
R1 4	<i>Potential conflict between the MoH and DUDBC regarding Bhaktapur Hospital</i>	<i>Medium</i>	<i>High</i>		<i>The NHSSP will facilitate the formation of steering committee representing both the MoH and</i>	<i>Medium</i>	<i>Medium</i>		<i>yes</i>	<i>yes</i>	<i>Develop MoU with clear roles &amp; responsibilities between the DUDBC and MoH</i>	<i>Lead Adviser RHITA</i>	<i>Treat</i>

retrofitting plan might cause delay in retrofitting work.					DUDBC							
<b>Overall risk rating</b>	Medium											

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

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

## 9. VALUE FOR MONEY

A Value for Money (VfM) workshop was held on the 5<sup>th</sup> of December 2017. This was facilitated by the Lead Technical Advisor for NHSSP from the Options UK team and was attended by the entire NHSSP team. The MEOR team were also invited to attend and to present on their work on VfM. The objectives of the workshop were to:

- Increase awareness and understanding of VfM concepts and apply these to NHSSP work streams
- Review and refine the VfM framework
- Identify roles and responsibilities in relation to VfM within NHSSP and vis-à-vis MEOR

The NHSSP VfM Framework has been updated to reflect the inputs of each of the work streams. Updates included refining the timelines, roles and responsibilities and selecting the themes for some of the case studies. A VfM committee, with representation from each of the work streams, is responsible for finalising the framework and for overseeing ongoing monitoring and reporting. **The revised VfM framework will be shared with DFID during Q3.**

Detailed below are the indicators that NHSSP has committed to reporting against on a quarterly basis, as per the previous quarterly report. An additional two indicators will be added in the Quarter 3 report, as per the current VfM framework. These are as follows:

- **Indicator I5:** Unit cost (per participant, per day) of capacity enhancement training (disaggregated by level e.g. national, sub-national, local)
- **Process P5:** Technical assistance products are designed to meet government capacity enhancement needs

### Quarter 2 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 £537 for internationals and £249 for nationals. The average unit cost of International STTA compares well to the benchmark of £611, however, for nationals the average unit cost is slightly higher than the benchmark of £224. In the second quarter, NHSSP used only senior national consultants which increased the average unit rate of national STTA. These consultants supported two important pieces of work: the development of the Procurement Improvement Plan and the review of the final draft of retrofitting and rehabilitation standards. It is worth noting that overall there has been a fall in the number of STTA days in Q2 compared to Q1. International STTA fell by 25% and national STTA fell by 50%.

International STTA	Total (Mar- Dec 2017)	Average Unit Cost (Mar – Dec 2017)	Total Q2	Average Unit Cost Q2
Days	164	536	44	537
Income	87,904		23,626	
National STTA	Total (Mar – Dec 2017)	Average Unit Cost ( Mar – Dec 2017)	Total Q2	Average Unit Cost Q2
Days	120	258	26	249
Income	30,847		6,474	

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

The proportion of national STTA days used in second quarter was 38% compared to 62% international STTAs. As was the case in the previous quarter, a number of international STTA days were used to provide strategic support to the programme and quality assurance of deliverables. Due to the sudden death of the NHSSP Team Leader, the programme drew on a higher number of international STTA days than were planned in order to ensure the smooth running of the programme. The inputs of the national STTA, on the other hand, were slowed down by the fact that full implementation of the programme was delayed until mid-October. Going forward, the proportion of national STTA days to international days will increase in line with the original budget.

Short Term Technical Assistance Type	In client contract budget*		Actuals to date (March – December 2017)		Actuals Q2 (Oct – December 2017)	
	Days	%	Days	%	Days	%
International TA	2291	44%	164	58%	44	63%
National TA	2942	56%	120	42%	26	37%
<b>TOTAL</b>	<b>5233</b>	<b>100%</b>	<b>284</b>	<b>100%</b>	<b>70</b>	<b>100%</b>

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

A total of 41% of the budget has been spent on administration and management in second quarter. A large portion of this expenditure is due to vehicle purchase (22%). The programmatic expenditure was limited to essential activities in the first quarter followed by contracting suppliers and consultants in the second quarter for full phase implementation, which significantly constrained overall expenditure. An important point to note is that the proportion of the overall costs taken up by office running cost decreased significantly in the second quarter to 6% from 32 % of the first quarter. The proportion of the budget taken up by administration and management is expected to reduce in subsequent quarters now that programme activities are fully under way.

Category of admin / mgmt. expense:	Client budget		Actuals to date (March – December 17)		Actuals Q2 Oct - Dec	
		%		%	GBP	%
Office running costs (rent, suppliers, media, etc)	88,550	2%	28,701	6%	5,306	2%
Equipment	26,063	1%	25,835	5%	5,861	3%
Vehicle purchase	120,000	3%	47,376	10%	47,376	22%
Bank and legal charges	13,110	0%	1,518	0%	331	0%
Office Set up and maintenance	29,090	1%	21,119	4%	5,185	2%
Office Support Staff	383,318	9%	60,101	12%	19,582	9%
Vehicle Running cost and Insurance	73,998	2%	8,756	2%	4,242	2%
Audit and other Professional Charges	16,000	0%	8,000	2%		0%
<b>Sub-total admin / management</b>	<b>750,129</b>	<b>18%</b>	<b>201,406</b>	<b>42%</b>	<b>87,884</b>	<b>41%</b>
<b>Sub-total programme expenses (see below)</b>	<b>3,385,899</b>	<b>82%</b>	<b>283,891</b>	<b>58%</b>	<b>127,731</b>	<b>59%</b>
Total	4,136,028	100%	485,298	100%	215,615	100%

### Quarter 2 VfM results: Effectiveness

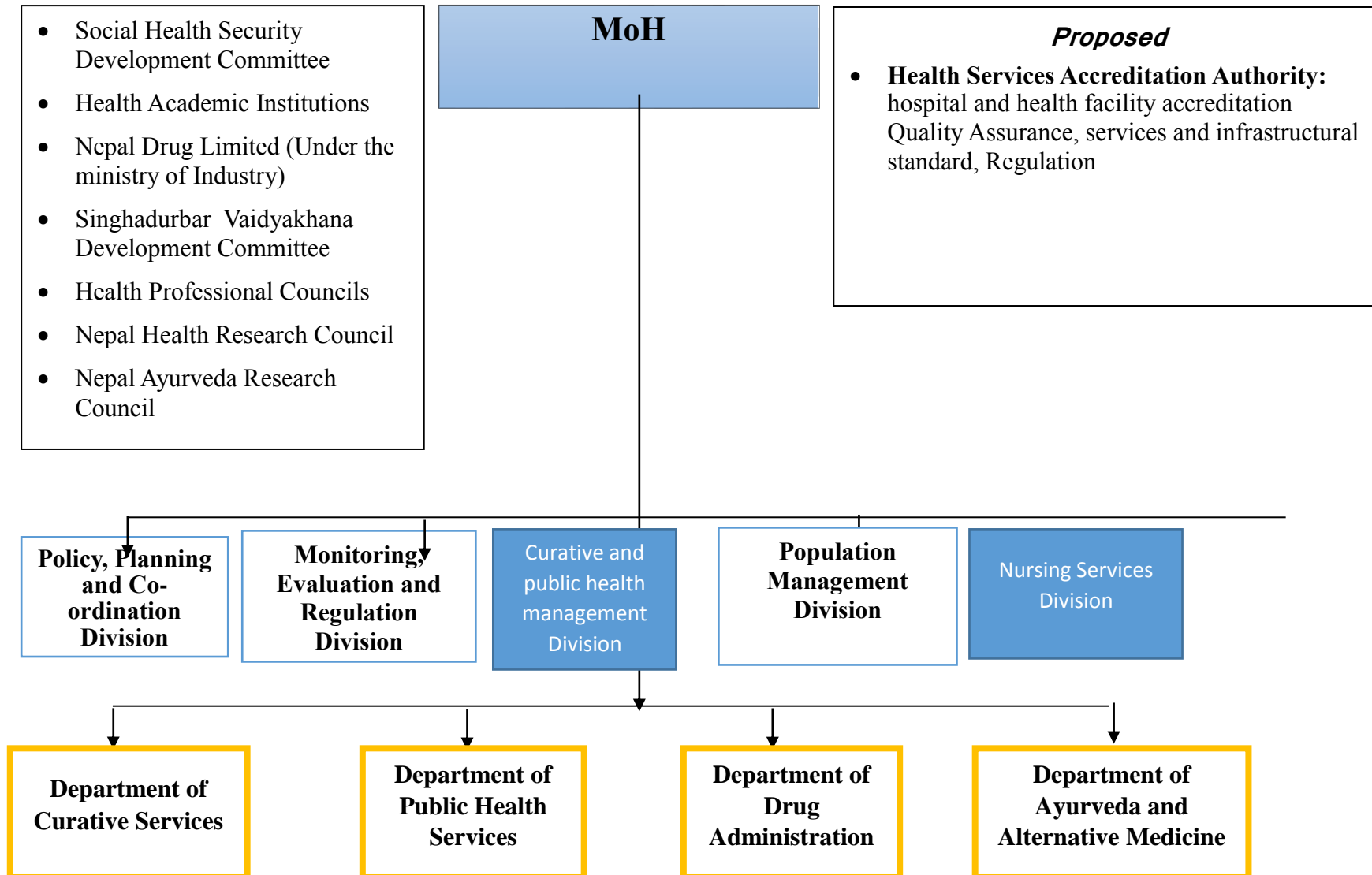
#### **Indicator 8: Government approval rate of technical assistance deliverables as % of milestones submitted and reviewed by DFID to date**

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

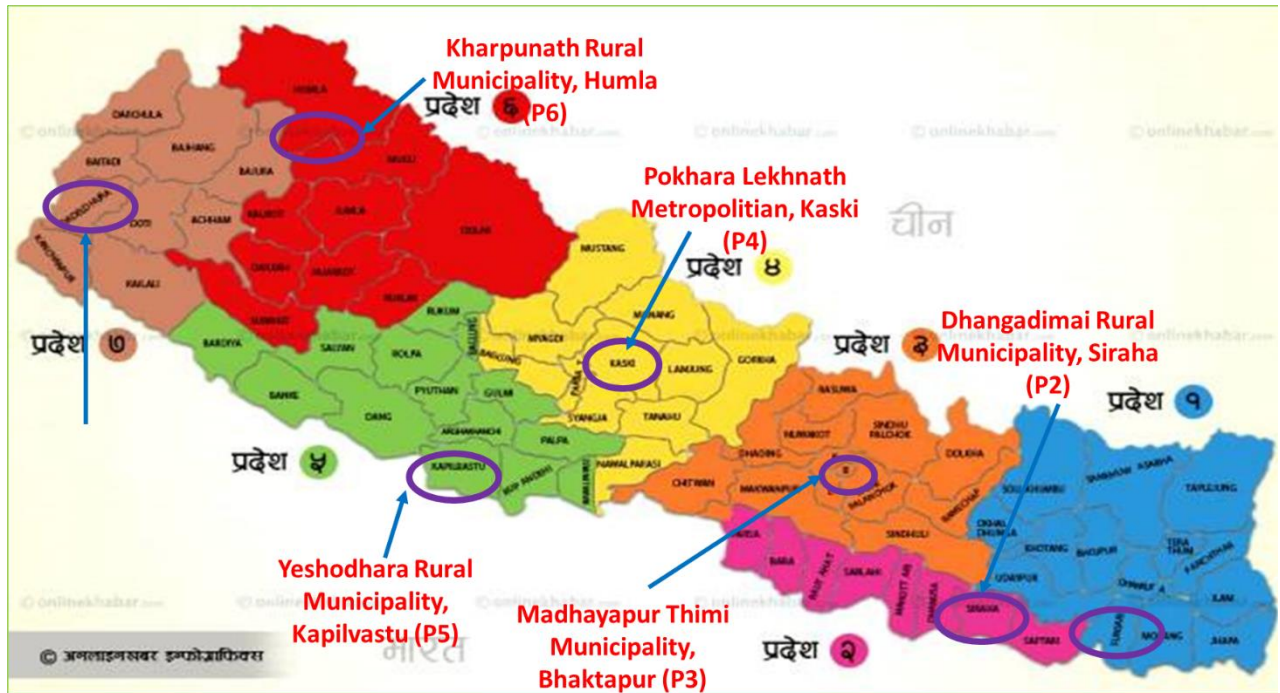
	<b>Payment Deliverables (March – December 2017)</b>
Total technical deliverables throughout NHSSP3	105
PDs submitted to date	21
PDs approved to date	21
<b>Ratio %</b>	<b>100%</b>



## Annex 1: Proposed structure of the Health Sector - Federal Level



## Annex 2: Proposed LL Sites



### **Annex 3: Key Observations from the two LL site visit based**

Key Observations from the two LL site visit based on the interaction with the health coordinators and Deputy Mayor/Mayors are as follows:

#### **Itahari Sub metropolitan:**

- Existing health facilities: PHC-1, HP-4, UHC-2, Drugs clinics-2. There is no public hospital in the municipality.
- Existing situation: Municipal Council meeting already held, current FY budget and programme approved.
- Proposed programme for current FY:
  - Total budget for current FY Rs. 1,350,000,000/-
  - Allocated budget for health sector Rs. 11,500,000/- (excluding the conditional grant from GoN)
  - Major activities proposed in this FY:
    - ✓ Maintenance of a PHC
    - ✓ construction of 1 HP building,
    - ✓ Support to two BCs
    - ✓ Procurement of drugs (if required, up to Rs. 1,000,000)
    - ✓ Rent for UHPC
    - ✓ Public health and environment
    - ✓ health camps for women
    - ✓ training for safe motherhood,
    - ✓ Support to FCHVs (Life insurance, Transportation allowance, snacks allowance etc.) and so on.
- Long term vision:
  - To upgrade the existing PHCC to 50 bedded hospitals. The work will start from this year to upgrade it to 15 bedded hospitals. There is a plan to spend NPR. 5,000,000/- for this purpose.
  - At least one HP in each ward
  - To develop clean city
  - No maternal and infant deaths
  - A policy will be formulated
- Ongoing major activities:
  - Tender for drugs (equivalent to Rs 2,000,000/- conditional grant), expected to complete the process by January 15.
  - Notice published for hiring of health staff
  - Notice published for house rent for UHPC
- Major challenges:
  - Not clear about the modality of implementation of sectoral programmes
  - No proper storage facility for drugs
  - No health profile
  - Most of the health equipment is old and out dated
  - Only one health staff (coordinator only) at municipality
  - No idea how to register the local health institutions
  - HMIS- only two copies are prepared, need three copies so that the municipality can use it. Health coordinator has no idea how to prepare HMIS reports. DHIS2 not heard at all. No private sector reporting. Even UHCs are not regularly share the HMIS reports.
  - Chief Executive Officer too busy to discuss with health related issues/programmes
  - Local health staffs do not work professionally (no discipline!), they are not trained

- regularly.
- Allowances for health coordinators too poor, even that tiny amount is not easy to use.
- Immediate requirements:
  - TA for policy formulation for local level
  - Capacity development of health coordinators and facility staffs
  - Computer literate health staffs at municipal office
  - At least one additional health staff at municipality (with computer literate)
  - Orientation about health to elected members and health staffs.
  - Orientation for formulation and execution of the health programmes
  - Amount allocated for some headings in conditional grant is so small nothing can be done (e.g. Rs 1000/- for production and dissemination of health promotion materials).

### **Dhangadhhi Mai Municipality:**

- Existing health facilities: PHC-none, HP-6, UHC-none. There is no public hospital in the municipality.
- Existing situation: Municipal Council meeting recently held in 1st week of January. Current FY budget and programme approved.
- Proposed programme for current FY:
  - Total budget for current FY Rs. 460,000,000/-
  - Allocated budget for health sector Rs. 3,400,000/- (excluding the conditional grant from GoN)
- Major activities proposed in this FY:
  - Support to two BCs
  - Procurement of drugs (if required, up to Rs. 1,500,000/-), process not initiated yet,
  - One UHPC to be established this year (process will be initiated, GoN grant is coming)
  - Public health related activities
  - Health camps for hilly areas
  - Support to FCHVs (Transportation allowance, snacks allowance etc.) and so on.
  - HFOMCs being formed
  - RTI is the major diseases at present
- Long term vision:
  - Health one of the priority area of the municipality
  - To establish a 15 bedded hospital in the municipality.
  - At least one HP in each ward (eight more to be established, need GoN support)
  - Clean city
  - Fully immunised
  - No maternal and infant deaths
  - Establish two labs (this year)
  - No home delivery
- Major challenges:
  - Not clear about the modality of implementation of sectoral programmes
  - No proper storage facility for drugs
  - No health profile, no profile of the municipality as well.
  - Most of the health equipment is old (out dated)
  - Only two health staffs at municipality
  - No idea how to register the local health institutions
  - HMIS- only two copies are prepared, need three copies so that municipality can use it. Health coordinator has no idea how to prepare HMIS reports. DHIS2 not heard at all. No private sector reporting. Even UHCs are not regularly share the HMIS reports

- Chief Executive Officer too busy to discuss with health related issues/programmes
- Local health staffs do not work professionally (no discipline!), they are not trained regularly
- Allowances for health coordinators too poor, even that tiny amount is not easy to use.
- Administrative issues, sanction of leave, lack of knowledge on computer skills, sanction of travel order and so on
- Less coordination with DHO
- Two sanctioned posts are vacant out of 6 health posts.
- Not enough salary for sanctioned posts
- Amount allocated for some headings in conditional grant is so small nothing can be done (e.g. Rs 1000 for production and dissemination of health promotion materials).
- Immediate requirements:
  - Capacity development of health coordinators and facility staffs
  - At least one additional health staff at municipality (with computer literate)
  - Orientation about health to elected members and health staffs.
  - Orientation for formulation and execution of the health programmes to coordinators and elected bodies
  - Enough Salary for sanctioned posts