NHSSP Nepal Health Sector Support Programme

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Nepal Health Sector Support Programme

Quarterly Report (with Annual Summary)

Reporting Period: July – September 2014

Contents

Acronyms and Abbreviations

AIDS	acquired immune deficiency syndrome
AWPB	annual work plan and budget
BNMT	Britain-Nepal Medical Trust
CA	Constituent Assembly
CAPP	consolidated annual procurement plan
CBIMCI	community based integrated management of childhood illness
CBNCP	community based newborn care package
CEONC	comprehensive emergency obstetric and neonatal care
cGMP	current good manufacturing practices
CHD	Child Health Division
CIAA	Commission for the Investigation of the Abuse of Authority
CMAM	community based management of acute malnutrition
CMS	contract management information system
CPN (Maoists)	Communist Party of Nepal (Maoists)
CPN (UML)	Communist Party of Nepal (United Marxist Leninists)
C/S	caesarian section
DDC	district development committee
D(P)HO	district (public) health office(r)
DfID	UK Department for International Development
DG	Director General
DHIS-2	District Health Information System-2
DHO	district health office(r)
DoHS	Department of Health Services

DUDBC	Department of Urban Development and Building Construction
EAP	Equity and Access Programme
EDP	external development partner
ENAP	Every Newborn Action Plan
EOC	emergency obstetric care
EPI	Expanded Programme on Immunisation
FCGO	Financial Comptroller General's Office
FCHV	female community health volunteer
FHD	Family Health Division
FMIP	Financial Management Improvement Plan
FMR	Financial Monitoring Report
FMT	Fund Management Team
FP	family planning
FY	fiscal year
GAAP	Governance and Accountability Action Plan
GBP	Great British Pound
GBV	gender-based violence
GESI	gender equality and social inclusion
GIS	geographic information system
GiZ	Deutsche Gesellschaft für Internationale Zusammenarbeit
GoN	Government of Nepal
H4L	Health for Life
HF	health facility
HFOMC	health facility operation and management committee
HIIS	Health Infrastructure Information System
HIV	human immunodeficiency virus
HMIS	Health Management Information System
HR	human resources
HuRIS	Human Resource Information System

ICB	international competitive bidding
IHME	Institute of Health Metrics and Evaluation (University of Washington)
INGO	international non-governmental organisation
IT	information technology
JAR	Joint Annual Review
KFW	Kreditanstalt für Wiederaufbau (German Development Bank)
LGCDP	Local Governance Community Development Programme
LMD	Logistics Management Division
LMIS	Logistic Management Information System
M&E	monitoring and evaluation
MD	Management Division
MDG	millennium development goal
MIS	management information system
MNCH	maternal, neonatal and child health
MNH	maternal and newborn health
MoF	Ministry of Finance
MoFALD	Ministry of Federal Affairs and Local Development
MoHP	Ministry of Health and Population
MoU	memorandum of understanding
MS	medical superintendent
NC	Nepali Congress
NCB	national competitive bidding
NGO	non-governmental organisation
NHRC	Nepal Health Research Council
NHSP-2	Second Nepal Health Sector Programme
NHSP-3	Third Nepal Health Sector Programme
NHSSP	Nepal Health Sector Support Programme
NHTC	National Health Training Centre
NPAS	Nepal Public Sector Accounting System

NPC	National Planning Commission
NSI	Nick Simons Institute
O&M	Organisation and Management
OAG	Office of the Auditor General
OB/GYN	obstetrics/gynecology
OCMC	one-stop crisis management centre
OPM	Oxford Policy Management
OPMCM	Office of the Prime Minister and Council of Ministers
PAF	Poverty Alleviation Fund
PBGA	performance based grant agreement
PD	Population Division
PDT	Project Development Team
PEER	peer ethnographic evaluation and research
PFM	public financial management
PHCC	primary health care centre
PHCRD	Primary Health Care Revitalisation Division
PIP	Procurement Improvement Plan
PNC	postnatal care
PO	procurement office(r)
PPICD	Policy, Planning, and International Cooperation Division
PS	procurement specialist
PSI	Population Services International
QA	quality assurance
QA&ITWG	quality assurance and improvement technical working group
QI	quality improvement
QITAC	quality improvement technical advisory committee
QoC	quality of care
RA	rapid assessment

RH	reproductive health
SARA	Service Availability and Readiness Survey
SBA	skilled birth attendant
SAVE/SCI	Save the Children International
SM	safe motherhood
SMNSC	Safe Motherhood and Neonatal Steering Committee
SNP	state non-state partnership
SPA	Service Provision Assessment
SSU	social service unit
STS	Service Tracking Survey
TA	technical assistance
TABUCS	Transaction Accounting and Budget Control System
TAG	technical advisory group
TARF	Technical Assistance Resource Fund
TB	tuberculosis
ToR	terms of reference
ToT	training of trainers
TWG	technical working group
UML	United Marxist Leninists
UNDB	United Nations Development Business
UNFPA	United Nations Family Planning Association
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VDC	village development committee
WB	World Bank
WB-PQ	World Bank procurement quality
WDO	Women's Development Office
WHO	World Health Organization

1. Introduction

The Nepal Health Sector Support Programme (NHSSP) is pleased to submit this combined detailed quarterly progress report for the period July – September 2014 and annual summary for the period October 2013 - September 2014. This latter period marks the fourth operational year of the programme and the first of its second phase.

NHSSP is a programme of Technical Assistance (TA) to the Government of Nepal's (GoN's) Ministry of Health and Population (MoHP) and its Department of Health Services (DoHS), managed by the UK Department for International Development (DfID) on behalf of the pooled funding partners of the Second Nepal Health Sector Programme (NHSP-2).

Phase 1 of NHSSP ended in August 2013. Under phase 2, Options leads a consortium of partners comprised of itself, Crown Agents and Oxford Policy Management (OPM). In September 2013, an inception period took place during which priority work areas, outputs and a new draft log frame were developed. In addition, a flexible Technical Assistance Resource Fund (TARF) was created under MoHP's Policy Planning and International Cooperation Division (PPICD) to support new initiatives proposed by MoHP and its external development partners (EDPs). The phase 2 log frame was further revised during the DfID Annual Review in January 2014 and progress against each of its outputs for this quarter is described in detail in Section 3. To mark the end of the first year of NHSSP phase 2, section 2 of this report provides a summary of progress made against programme log frame outputs in the year.

The work of NHSSP's advisors is based on:

- the requirements of NHSP-2;
- the on-going activities and plans of the various MoHP departments, divisions and centres;
- the NHSSP phase 2 inception report, and
- the individual year 2 work plans of advisors that were revisited and updated with GoN counterparts and DfID and finalised on 1st September, 2014 .

All work plans have been agreed with advisors' counterparts who are mostly the heads of divisions and centres including Family Health Division (FHD), PPICD, Logistics Management Division (LMD) and others. All NHSSP activities are designed to enhance the capacity of MoHP/DoHS to deliver NHSP-2 and, most recently, to prepare the ground for NHSP-3. Enhancing capacity, for NHSSP purposes, is defined as:

> *the changes in organisational behaviour, skills and relationships that lead to the improved abilities of organisations and groups to carry out functions and achieve desired outcomes.*

2. Summary of Annual Progress

Overall Context (October 2013 - September 2014)

November 2013 saw the election of a Nepali Congress led coalition government led by Sushil Koirala and the resumption of Constituent Assembly efforts to draft federal Nepal's first constitution. Nepal's 2014/15 health budget was announced as NPR 33.5 billion (GBP 200 million) or 5.4% of national budget. While a smaller proportion of total budget than in previous years, recent improvements in Nepal's revenue base have meant a real term increase in Nepal's health budget on 2013/14 levels.

2014's Joint Annual Review (JAR) between MoHP and EDPs suggested improved overall alignment around sector priorities, including governance reforms. The JAR Aide Memoire was signed in record time reflecting a more efficient JAR process and improved consensus on core issues.

Opportunities to input into planning processes for MoHP's new five year national health support programme (NHSP-3, 2015-20) have dominated post-JAR discussions, enabled by a well-managed consultative process involving a wide range of sector and cross-sector stakeholders.

Other notable events in the year include revisions to the Health Service Act that have cleared the way for the recruitment of additional public health staff, punitive actions taken by the Commission for the Investigation of the Abuse of Authority (CIAA) in relation to irregular procurement and the development of a new draft health policy.

In September 2014, DfID Nepal's Head of Office travelled to Far Western Region to review several UKaid supported projects, including NHSSP. Accompanied by NHSSP's GESI adviser, she toured a one-stop crisis management centre (OCMC) in Dhanghadi, observed MoHP's Transaction Accounting and Budget Control System (TABUCS) in use, and met local health officials and female community health volunteers (FCHVs).

Progress made between October 2013 and September 2014 against programme logframe outputs is summarised as follows:

In Strengthening Core Health System Functions

The principal achievement under **procurement** in the year was LMD's successful preparation of its consolidated annual procurement plan (CAPP), 2014/15, for DoHS. While subject to recent revision and re-approval from the World Bank, the CAPP marks a major step forward in improving procurement efficiency and, potentially, improved transparency and increased value for money in the sector.

Under a regionally significant initiative, NHSSP TA supported LMD to develop a web-based technical specification bank for medical equipment, drugs and other materials. Initially kick-started with data from

DfID India, the bank currently contains over 1100 technical specifications and has been taken into common usage in Nepal by both health providers and suppliers, and across the region including in Bangladesh.

Other QA mechanisms introduced include the systematic review of most bidding documents, development of an electronic Contract Management Information System (CMS) and support to medical suppliers to improve the standard of submitted bidding documents. TA also worked extensively to train up contracted bio-medical engineers for, among other things, post-delivery goods inspection.

Advisors also extended their support beyond procurement functions alone to strengthen LMD's capacity to manage the full supply chain. Working in collaboration with other key sector agencies, TA provided guidance on topics such as goods inspection, warehouse management and onward distribution of goods.

Extensive discussions also took place on broader procurement reforms, both within MoHP/DoHS and with EDPs, including on repositioning LMD within MoHP and the various options available to ensure greater levels of autonomy and responsibility. Discussions on developing a cadre/team of procurement specialists, enhancing their technical capacities and ensuring their retention also progressed, contributing to the development of a road map for change. Under the TARF, NHSSP is providing further technical support to facilitate this process, agree the way forward and assess what can be put in place under NHSP-2 and what needs to be taken forward to NHSP-3.

Important reforms in **public financial management** (PFM) were achieved through the development, piloting and full national roll out of a web based accounting and budget package, TABUCS. Operating manuals were prepared, training implemented across the country and a help desk established in MoHP. Internal Financial Control Guidelines and Audit Clearance Guidelines were also introduced and led to the clearance of 39% of outstanding audit queries from 2013/14. These efforts were further assisted by establishing web-connectivity between MoHP and the Financial Comptroller General's Office's financial database.

Health infrastructure design, planning and construction management under Management Division and the Department of Urban Development and Building Construction (DUDBC) made good progress with technical standards for health facilities expanded and land selection guidelines for new and upgraded facilities approved. Construction completion also rates increased with DUDBC applying punitive measures to poorly performing contractors for the first time.

The single most important advance in infrastructure in the year was MoHP's decision to prioritise 2014/15 infrastructure investments through Management Division based on criteria and data from its web-based Health Infrastructure Information System (HIIS). While this plan fails to capture all ministry investments in infrastructure in the year - the subject to an important review in late 2013 - it represents an important step forward for the preparation of a single consolidated annual infrastructure procurement plan in the future.

In Strengthening Information and Monitoring Systems

Monitoring and evaluation TA inputs focused on the revision and upgrading of MoHP's Health Management Information System (HMIS) under a new District Health Information System - 2 (DHIS-2) (www.dhis2.org) platform and rolled out across the country in time for 2014/15 data collection. Over 70,000 health staff and community volunteers were trained in its use.

Other advances in the year included the on-going development of a uniform data coding system across the nine MISs maintained by MoHP and the adoption of the Central Bureau of Statistics' standard district and VDC identification codes. A registry of state and non-state health institutions was also prepared.

MoHP's the Service Tracking Surveys for 2012 and 2013 were also disseminated and TA supported the development of a generic toolkit of templates, guidance notes and materials to support the implementation of future surveys. Importantly, the STS 2012 and 2013 and other sector evidence were used to review progress made under NHSP-2 and to help set priorities, targets and baselines for the draft NHSP-3 document. Future efforts to track sector progress will be enhanced following the decision by MoHP and EDPs to implement a single Nepal Health Facility Survey (NHFS) from 2015 onwards.

Under **essential health care services** prospects for the effective monitoring of service quality in maternal, neonatal and child health (MNCH) facilities advanced with the establishment of quality improvement (QI) structures at both DoHS and health facility levels, the allocation of an FHD QI budget, and the piloting of a QI process and toolkit. The latter focused on facility self-assessments, local action planning and local resource mobilisation.

A similar local planning approach was taken to address overcrowding in referral hospitals and early work began on identifying and strengthening strategically located birthing centres. A CEONC Coordination Group was formed in FHD and TA support was provided to strengthen CEONC service provision at facility level.

MoHP efforts to improve MNH programming in underserved remote areas got underway in Taplejung district following an extensive study followed by FHD and CHD led consultations, design work and final approval by Nepal's Health Research Council (NHRC). Findings from the Taplejung pilot are expected to contain important pointers for the targeting of remote populations under NHSP-3.

In a recent initiative, TA supported FHD to analyse national family planning requirements and also stepped in, at DfID's request, to provide programmatic support. Further, advisors worked with SAVE to help design and pilot context specific implementation of its integrated management of newborn and child illness (IMNCI) approach in three districts.

In Supporting Institutional Reform Processes

Under **health policy and planning**, the 2014 JAR, Joint Consultative Meetings (JCMs) and a number of other reviews helped identify sectoral policy, structural, staffing and management gaps which have since featured prominently during NHSP-3 thematic working groups' discussions. A zero-draft NHSP-3

document and monitoring framework were prepared under the guidance of an expert project development team (PDT) resourced from the TARF.

The 2014 JAR proved a notable success. MoHP leadership was more pronounced than in earlier years with TA focusing on the preparation of eight working papers, arranging a field visit for JAR participants, facilitating the review and organising a first exhibition of health sector agencies. The high level of civil society participation at the JAR proved particularly encouraging and its Aide Memoire was signed by MoHP and the EDP health group in record time.

Several important **gender equality and social inclusion** related reforms initiated under NHSSP phase 1 progressed during the year. These include the signing of a collaborative agreement between MoHP and the Ministry of Federal Affairs and Local Development (MoFALD) to integrate health within local government programming including the potential integration of MoHP's Equity and Access Programme (EAP) within the social mobilisation component of MoFALD's Local Governance and Community Development Programme (LGCDP). Critically, in this regard, a well-received study on existing health and governance social mobilisation schemes was completed by NHSSP in four VDCs of two districts. Discussions are currently taking place on planning and agreeing piloting of the new approach prior to the end of NHSP-2.

Inputs to improve facility based GESI related services included the revision of Guidelines for Social Service Units (SSUs), additional training in selected health facilities and the preparation of an SSU Monitoring and Evaluation Framework. Social auditing received a strong boost with several sector agencies including USAID/Health for Life (H4L), GiZ, and UNFPA applying MoHP's revised guidelines in their working districts. A social audit process evaluation of audits carried out in the last two years was also commissioned, with the report due in late 2014.

Cross-ministry collaboration to treat victims of gender based violence and address the underlying causes strengthened significantly. Staff working at MoHP's one stop crisis management centres (OCMCs) received improved on-site support and training on psycho-social counselling. An OCMC Monitoring and Reporting Manual was also developed and a cross ministry exposure visit focusing on GBV to Sri Lanka undertaken.

Successful reforms in **public financial management** included FHD contracting out rapid monitoring of its successful 'Aama' programme and encouraging private sector health facilities to implement the scheme. The Ministry is currently leading a review of unit costs of the programme with support from NHSSP to determine the potential need to adjust current reimbursement rates.

Technical Assistance Response Fund (TARF) Funding

TARF funded activities in the quarter July – September 2014 were as follows:

1. Payment for the two consultants (one full time and one part time) and one secretary hired for the NHSP-3 Project Development Team (PDT).
2. Payment for the two procurement specialists requested by LMD.
3. Payment for the Sr. SM Coordinator and CEONC Mentor for FHD requested by FHD.

4. Second payment for the Organisation and Management (O&M) survey requested by MoHP's HR and Finance Unit.

New TARF funded activities planned for October – December 2014 include:

a. At the request of LMD, the hiring of 2 bio-medical engineers and one mechanical engineer for four months.
b. At the request of PPICD, funds for the preparation of a Comprehensive Health Act.
c. At the request of PPICD, the hiring of two senior consultants to prepare the NHSP 3 Implementation Plan (NHSP-3 IP).
d. At the request of LMD, the hiring an expert facilitator to help achieve consensus on the way forward regarding procurement reforms set out in the 2013/14 JAR and Aide Memoire.

Summary details of the expenditure on the TARF in the year are given below:

Descriptions	Amount	Remarks
Total Fund Value	£500,000	
Spent to date	£116,791	
Additional committed to date	£65,202	
Remaining Balance	£318,007	
Management fee	£3,878	

Additional support

In addition to the activities funded under NHSSP phase 2, Options is managing several sub-contracts on behalf of DfID as outlined below described in greater detail in the appropriate sections of this report.

a) In Monitoring and Evaluation (M&E)
At the request of Management Division (MD), a contract was awarded to the local consultancy New ERA to assist the division in assuring the quality of training on the revised HMIS at all levels and across all districts (see 3.1.2).

b) In Financial Management
Funds were provided for training and the roll out of TABUCS at all cost centres across the country (see 1.2.1).

c) In Essential Health Care
As noted above, a sub-contract was issued to SAVE to provide technical support for the strengthening of new born care in Nepal, including the development and implementation of context-specific plans in high-need areas; the strengthening of government programme quality, and government monitoring and supervisory systems.

Provision was also made to implement recommendations from the phase 1 remote areas study recently approved by the Nepal Health Research Council (NHRC) and Director General of the Department of Health Services.

A further key input in the reporting period was NHSSP technical support to the Britain-Nepal Medical Trust (BNMT) to help it prepare content for its proposed 'Health Link' website celebrating 200 years of UK-Nepal relations and to conduct a series of health seminars showcasing Nepal-UK shared expertise within the sector

Four NHSSP and four sub-contract payment deliverables and 13 publications were produced in the quarter with all final, non-sensitive documents uploaded to the NHSSP website (www.nhssp.org.np). Over 300 new images, mostly from health facilities, were added to the photo gallery on the website which has been visited 15,000 hits since Jan 2013; Facebook page 'likes' at the end of the quarter totalled over 2100 and 140 people currently follow NHSSP on twitter. The uploading of NHSSP documents to MoHP's website continues.

3. Detailed Quarterly Updates

TA Output 1:
Core Health System Functions Strengthened

NHSP-2 Outputs: **Improved physical assets and logistics management (7)**
Improved heath governance and financial management (8)
Improved sustainable health financing (9)

Indicator 1.1: Logistics Management Division's (LMD's) capacity for transparent and timely procurement

1.1.1. Increase Logistics Management Division's (LMD's) capacity to conduct procurement and contract management in a transparent, timely and accountable manner in line with procurement guidelines and the Consolidated Annual Procurement Plan (CAPP)

The CAPP for 2014/15 received a no objection letter (NOL) from the World Bank however, due to further changes requested by various divisions, it was revised and resubmitted for a new NOL which remained pending at the end of the reporting period. Until a NOL is received, procurement for 2014/15 cannot proceed past the document preparation phase and it is likely that some procurement planned in the year may not now take place.

This difficulty has been exacerbated in the aftermath of CIAA investigations into irregular procurement practices with LMD officials continuing to prove reluctant to sign any procurement papers. As a consequence, very little procurement has been carried out in the reporting period.

Priorities for the coming quarter include receiving the NOL from the World Bank and proceeding with procurement. Adviser efforts will also focus on preparing the ground to ensure that 2015/16's CAPP better reflects the consolidated needs of all divisions and centres.

1.1.2 Quality assurance (QA) procedures for annual procurement plans and bid documents established and disseminated with approval by DfID and Logistics Management Division (LMD)

Effective quality assurance is essential if the quality of bidding documents, evaluation reports and draft contracts for international competitive bidding (ICB) and national competitive bidding (NCB) is to reach the required standard. In the reporting period, QA procedures were completed for all documents

submitted for review. However, as reported last quarter, many of the documents slated for QA review - mostly NCBs - were approved by LMD without being sent to TA for review. This runs the risk of LMD staff continuing to launch procurements without reference to advisors, thereby making it difficult to ensure that the required QA standards are met.

1.1.3 Support improvements in systems, procedures and processes for procurement and contract management

Additional reports and features continue to be added to LMD's electronic Contract Management Information System (CMS) which has been designed to support the effective management of contracted suppliers, procurement planning, financial reporting and other supply chain related activities.

TA completed capacity enhancement in procurement and contract management following several training sessions and on-the-job training mentoring. Training content was a combination of subject-specific (e.g. contract management for goods and the procurement cycle) and more generic professional skills (e.g. IT and English language training).

As planned, NHSSP advisers completed their visits to all five regions and to district headquarters to review supply chain management processes on the ground including procurement and contract management procedures. TA also continued to participate in 'Friends of LMD' meetings to improve coordination and resource sharing in supply chain activities.

In the coming quarter, advisor efforts will focus on further systems' development activities, particularly those related to CMS and supply chain training for DoHS staff, including those in the regions. Further information sharing on the CMS and supply chain processes with other parties in government and external agencies is also planned.

1.1.4 Strengthen linkages between procurement, contract management and finance through an electronic contracts management system

Following the piloting in three districts reported in the last quarter, a rollout plan was prepared for the implementation of demand forecasting and delivery information processes in central and regional warehouses and divisions (note that districts failed the pilot trial and were therefore excluded from the roll out plan). The plan is now going through the approval process.

A series of meetings and a major workshop were held between DoHS' Finance Section and LMD to proceed with the CMS system and apply a commonly agreed reporting format. All software programming has now been completed and the output reports have been reviewed and approved.

In the next quarter, following approval of the rollout plan, implementation of the demand forecasting and delivery information reporting systems will begin. Security access levels for reports will also be discussed by LMD/Finance Section with the DG and, following approval, the system will be rolled out.

1.1.5 Enhance value for money in procurement practices by improving LMD knowledge of the supplier market for selected procured goods

No significant developments are reported in this area in the quarter.

1.1.6 Expand capacity of Logistics Management Division (LMD) to effectively ensure quality of goods procured through use of technical specification bank and appropriate use of biomedical engineers

LMD's technical specifications bank provides standard specifications of equipment and pharmaceuticals that are open to anyone to view and download from LMD's website. As of 31st August, 1,155 technical specifications had been designed, drafted and uploaded into the databank (www.dohslmd.gov.np). This marks an increase of 100 specifications on last quarter's total. The bank continues to be used both in-country by health suppliers and providers, and regionally with several organisations in Bangladesh visiting the site frequently.

Also in the reporting period, LMD's and NHSSP's biomedical engineers visited twelve hospitals in six districts to promote use of the bank for both central and local procurement. Further, NHSSP's bio-medical engineers continued to coach their LMD counterparts in appropriate post-shipment inspection including rejection procedures.

In the coming quarter, TA will design, draft and upload additional technical specifications including items requested by other medical establishments. Regional visits to promote use of the bank will also continue.

The major risk to the bank is a failure to keep it up to date as a result of staffing shortages. It should be noted here that there are currently no sanctioned bio-medical engineers in LMD and this may make it difficult sustain and further develop the bank in the medium term.

Indicator 1.2 Timeliness of Budgeting and Financial Reporting

1.2.1. Improve budgetary control by supporting roll out of Transaction Accounting and Budget Control System (TABUCS) nationally and building capacity of Ministry of Health and Population (MoHP) to effectively manage and use TABUCS

The roll out of TABUCS to all cost centres across the country was completed in the quarter and a letter forwarded by MoHP instructing all cost centres to adopt the system herewith. Up to the end of September, 90% of this year's financial data has been entered and budget and expenditure reports have been produced. A separate software module for expenditure authorisation was also developed and taken into use.

A dedicated TABUCS server was installed at MoHP and information shared on the ministry's website and Facebook page. TA also supported efforts to include a budget line for TABUCS hardware in the 2014/15 Annual Work Plan and Budget (AWPB). The TABUCS help desk established in the last quarter is now fully and operational under the leadership of PPICD's IT Officer, Rajan Adhikari.

In the coming quarter, staff recently transferred to MoHP will be trained in TABUCS with others receiving refresher training. A technical note on linking TABUCS with other MISs will be prepared and updates made to the server and software.

The principal risks associated with TABUCS are limited user access to the website, the potential for server failure, the transfer of trained personnel and questions around some staff's willingness to enter data accurately.

NHSP-3 follow-on: anticipated activities include:

- Linking TABUCS with other MIS including HMIS, the Human Resource Information System (HuRIS), Health Infrastructure Information System (HIIS) and Logistics Management Information System (LMIS)
- Ensuring consistency between TABUCS and the Nepal Public Sector Accounting System (NPSAS) reporting system, and
- Upgrading TABUCS to include an inventory control and procurement system.

1.2.2. Capacity of Ministry of Health and Population (MoHP) cost centres to deal with audit queries and provide financial reports built

In 2013/14, TA supported MoHP to develop and roll out Internal Control and Audit Clearance Guidelines to all 278 cost centres in the country and prepare an Audit Query Report for the PFM committee. As of 16th July 2014, 39% of all outstanding audit queries had been cleared as a result of implementing the guidelines.

Planned TA activities for the coming quarter include supporting the regional level training of cost centre staff, running an audit query workshop (both activities deferred from the last quarter) and supporting efforts to clear individual audit queries. The main risks associated with this work are failures of staff to comply with the guidelines and the limited availability of funds to train staff.

NHSP-3 follow on: Recommended activities include strengthening the institutional set up to support implementation of the internal financial control and audit clearance guidelines and the development of an internal control system. This may include establishing dedicated audit clearance units in MoHP and DoHS. Provision should also be made to review and update both guidelines in the light of experience in 2014/15.

1.2.3. Support wider public financial management (PFM) programmes by providing inputs on issues including fiduciary risk review (and supporting Financial Management Improvement Plan (FMIP) governance structures)

During 2014/15 MoHP's PFM Committee, supported by NHSSP TA, updated its Financial Management Improvement Plan (FMIP) and Procurement Improvement Plan (PIP). In the reporting period, TA supported the implementation of these plans and preparation of the second FMR for FY 2013/14 which was submitted on 10th September 2014.

Two meetings of the PFM Committee and Working Committee were held (in July and September) in the quarter during which the significant progress made in financial management, budgeting and audit clearance was reported.

Further progress in the reporting period included the completion of work to rationalise MoHP's Financial Monitoring Report (FMR) from 33 reporting templates to 6.

Also in the quarter, a monitoring report on eleven performance based grant agreements (PBGAs) with autonomous and semi-autonomous hospitals was completed following the incorporation of comments received from DfID. Further, the PFM Committee formed a working committee to oversee a study on financial management systems in autonomous, semi-autonomous hospitals and sub-national hospitals.

NHSP-3 follow on: Recommended activities to be taken forward under NHSP-3 include establishing a PFM committee in DoHS and developing a comprehensive PFM framework incorporating Governance and Accountability Action Plan (GAAP), FMIP and Procurement Improvement Plan (PIP) indicators.

Indicator 1.3: Availability of Standards and Criteria for Expansion of Health Infrastructure

1.3.1 Support rationalisation and coordination of procurement planning for infrastructure (including maintenance)

TA inputs were provided to Management Division to prepare the infrastructure procurement plan for 2014/15 which subsequently received a conditional letter of no objection from the World Bank. This meets a key requirement of the Joint Financing Agreement (JFA) between MoHP and EDPs. TA inputs in the next quarter will focus on building DUDBC capacity to prepare the annual infrastructure procurement plan under Management Division.

Support was also provided in the quarter to MD for site selection for new health facilities in accordance with criteria approved by ministerial level decision in 2014. This is the first year that a rational basis for prioritising infrastructure investments has been applied. As a result, sector goals linked to improving equity of access to health services are more likely to be met. The final listing of qualified projects was presented to the Health Minister, Secretary, Director General and MoHP directors in the reporting period. TA efforts in the next quarter will focus on supporting MD to prepare an evidence based AWPB and to defend it in the face of MoF review.

The principal risk associated with this activity is the non-compliance of district authorities with land selection guidelines as a result of pressure received from local communities and other government entities.

NHSP-3 follow on: Institutionalising the process of infrastructure planning in compliance with official selection criteria will be a key infrastructure objective. Further, concerted efforts are needed to bring all construction works funded from MoHP's budget under the aegis of Management Division,

Other Activities

TA support was also provided to MD for the preparation of ToR for an assessment and preparation of master plans for Mid-Western Regional and Seti and Bheri Zonal Hospitals and the completion of Surkhet Regional Hospital. These hospitals are major referral centres and in urgent need of upgrading to help alleviate overcrowding in surrounding facilities. Support was provided to MD for the design of a 70 bed maternity unit in Seti Zonal Hospital.

NHSP-3 follow on: Efforts will be needed to ensure the timely tendering, implementation and completion of the above projects.

1.3.2. Improve monitoring of health infrastructure projects by strengthening the Health Infrastructure Information System (HIIS)

As noted, the HIIS was used to prioritise locations for of new health buildings and track the condition and maintenance requirements of existing facilities. During the reporting period, technical staff from 16 districts in Eastern Region were trained in its use and verified the GIS coordinates of each facility in their districts. In addition, TA helped support interactions between district level DUDBC and DoHS officials facilitated by central level staff from both departments. Upcoming TA tasks include coordinating with MD, DUDBC and their district level offices to conduct HIIS training in the remaining districts, update data and make other modification as required to the database.

The main risks associated with this activity are shortages of the financial and human resources needed to fully institutionalise the HIIS (estimated to take 2-3 years) and the possibility of a break down in the relationship between the two departments involved in planning and implementation.

TA Output 2:
Information and Monitoring System Strengthened

NHSP-2 Output: Improved monitoring and evaluation (M&E) and Health Management Information System (HMIS) (6)
Improved Service Delivery (4)

Indicator 2.1: Monitoring and evaluation (M&E) framework for strategic plan developed and evaluation tools institutionalised in MoHP

2.1.1 Support the integration of the Ministry of Health and Population (MoHP) and the Department of Health Services (DoHS) Management Information Systems (MISs) by developing a unified coding system

The development of a uniform coding system is important because it will enable the greater integration of data sets and improved analysis of public health status and service use. For example the logistics data from LMIS and human resource data from HuRIS may be joined and integrated in the DHIS-2 'data warehouse'. In the reporting period, TA continued to support MoHP to develop a schema for unified codes for both state and non-state health institutions. This scheme will soon be shared with all stakeholders and rolled out for use by interested concerned agencies.

As planned, NHSSP's Health Policy and Planning, Infrastructure and M&E advisers also supported MoHP in developing a registry for health institutions with unique identification of each institution. This will enable the greater integration of data sets and improved analysis of health sector information.

2.1.2 Support the roll out of the revised Health Management Information System (HMIS) to ensure quality data and promote better use of data (including disaggregated data)

NHSSP with WHO and H4L continued to support MD to develop Nepal DHIS-2 with technical advice from the University of Oslo. The process of developing the software, installing it on the server, improving the operating environment as a whole and building local capacity to maintain the system is now underway.

Following extensive training inputs, it is planned that districts will begin entering HMIS data into the Nepal DHIS-2 from October 2014 and that all users will be able to access the system's full features by December 2014.

In response to a request from MD, five HMIS coordinators have been recruited until July 2015 to support selected districts and health facilities, particularly public hospitals, in using the revised HMIS with a focus on improving the quality and use of data. Further, DfID provided funding for the printing of additional HMIS tools which will be supplied to districts in November.

NHSSP TA continued to support MD to develop and distribute a compendium of HMIS indicators to districts. This will help managers and health workers develop a common understanding of the definitions, their rationale and appropriate use within the districts and thereby ensure consistency.

Advisers also worked with WHO, Nick Simons Institute (NSI) and H4L in supporting MD to strengthen its medical records system in public hospitals. A scoping visit was made to Lumbini Zonal Hospital where a situation analysis and planning exercise was carried out with hospital staff with a view to improving the system. NHSSP advisers are now working with the medical superintendent and medical recorder and other agencies at the hospital to implement the plan.

2.1.3 Support the generation of primary information for NHSP-2

The revised HMIS will be used to help monitor NHSP-2 outputs and outcomes and provide the evidence needed to set indicator baselines and provide other information for NHSP-3.

In the reporting period, TA coordinated with EDPs (notably WHO, UNFPA, UNICEF and H4L) to help MoHP prepare the first zero draft of the NHSP-3 document, and draft monitoring and evaluation strategy and results framework. Initial baseline values and targets for most key indicators were set out together with disaggregation levels and measurement/data sources. All three documents are interwoven and will be developed and refined as greater consultation occurs with all stakeholders in the months ahead.

2.1.4 Improve the availability and use of evidence/data for planning and policy design by strengthening information sources – see 2.1.5

2.1.5 Support the generation and analysis of primary information for NHSP-2 and to inform NHSP-3

The **Service Tracking Survey (STS), 2013** report was finalized and circulated to stakeholders at central and district levels during regional reviews held in the quarter.

MoHP, EDPs (USAID, WHO, UNFPA and ICF International) and NHSSP TA worked in consultation with respective programme divisions and centres to develop tools for the first **Nepal Health Facility Survey (NHFS)** in 2015. The consultancy New Era was appointed by NHSSP for data collection after advertising for requests for proposals and an evaluation of received tenders by experts from MoHP, USAID's IP and NHSSP. Survey tools will be finalised by mid-November 2014 and pre-tested in February 2015. Enumerators will be trained in March 2015 and data collection carried out between April and July 2015 with the preliminary report to be submitted in December 2015 and finalised in February 2016.

NHSSP TA worked closely with DfID to support the NRTC of MoHP in planning the **Nepal Burden of Diseases (BoD)** study with further technical assistance provided by the Institute for Health Metrics and Evaluation (IHME) of the University of Washington who will send out an expert team in late October 2014 to carry out a scoping exercise and develop a detailed study plan.

Advisers also worked with DfID on the further analysis of the National Demographic Health Surveys (NDHS's 2001, 2006, 2011) to assess trends and gaps in health status, practices and service utilisation

related to reproductive, maternal, newborn, fertility and mortality indicators. Once the analysis is complete, a report will be prepared.

Additional inputs in the quarter saw NHSSP's Research and M&E advisors and others support FHD in planning, designing and implementing the monitoring and evaluation plan for the 'Remote Areas MNH Access Pilot Project'. NHSSP's Research Advisor along with government and EDP colleagues participated in a workshop on 'Impact Evaluation of Public Health Nurse (PHN) Programs' organised by the Public Health Foundation of India with support from USAID.

Indicator 2.2: Quality of care (QoC) in maternal health services

2.2.1 Support the development of a system and tools for monitoring and managing the quality of maternal, neonatal and child health (MNCH) in health facilities

The Quality Assurance and Improvement Technical Working Group (QA & ITWG) met in the quarter to discuss the Hospital Quality Improvement Process (HQIP), develop a suitable monitoring mechanism and share information on progress and challenges faced. Indicators and reporting points at hospital and central levels were agreed and discussions taken forward on the use of hospital grants incorporated for the first time in Management Division's AWPB (2014/15). A decision was taken to prepare guidelines on their use.

In September, the QI committees in Taplejung and Hetauda district hospitals completed their second and third rounds of self-assessment respectively. Taplejung had implemented 8 of 16 tasks included in its action plan (primarily related to infection prevention, FP counselling, electricity, supplies/logistics, recording etc) and proceeded to identify 15 tasks to be completed in the next three months. Similarly, Hetauda Hospital had implemented 7 out of its 15 tasks and prepared a new action plan containing 16 tasks.

In the coming quarter, TA will support MD to conduct regular meetings of the QI TAC and QAI TWG, support Hetauda and Taplejung hospitals in follow up meetings and carry out third and fourth self-assessments respectively.

NHSP-3 follow on: The QI approach should be evaluated at an early stage with findings used to influence NHSP-3 2015/16 planning. QI indicators need to be incorporated in the NHSP-3 monitoring framework and plans made to scale up the approach to other hospitals across the country.

2.2.2 Support the implementation of strategies to address overcrowding in tertiary facilities

In September, FHD staff and NHSSP TA visited Narayani Sub-regional Hospital, Bheri Zonal Hospital and Seti Zonal Hospital to follow-up on the preparation of 2014/15 action plans and develop monitoring plans. The plans made included an implementation timeline, monitoring indicators and reporting templates. FHD has provisionally included NPR 20,014,000 (GBP 125,000) in its 2014/15 AWPB to fund improvements in these referral hospitals but this amount has yet to be approved by MoHP.

Also in the quarter, the DPHO Banke finalised activities and a budget for the strategic siting of five birthing centres in the district. This plan will be taken forward with FHD and NHSSP support in the medium term.

NHSP-3 follow on: An evaluation of the approach taken to support the three referral hospitals and impact of strategically located birthing centres is recommended to better influence NHSP-3 thinking and priorities.

2.2.3 Support effective implementation of comprehensive emergency obstetric and neonatal care (CEONC) funds

FHD supported by the TARF-funded CEONC mentor visited four district hospitals and two referral hospitals to review CEONC related needs identified by FHD and the DG. FHD subsequently issued a letter to each DHO/hospital instructing it to renew local service contracts for CEONC service providers. As a result, 8 hospitals complied, and by the end of the reporting period, a total of 54/75 districts now have functioning CEONC services.

Also in the quarter, FHD supported by TA, developed a monitoring framework to track CEONC fund utilisation on a tri-mesterly (every four months) basis. This was presented to the Safe Motherhood and Neonatal Steering Committee (SMNSC) and will accompany the CEONC Operational Guidelines to be sent by DoHS to district health offices.

In the next quarter, TA will continue to support the strengthening and expansion of CEONC services. Here it should be noted that FHD has committed to expand CEONC service provision in two additional district hospitals.

NHSP-3 follow on: Support for the provision of HR to enable service strengthening and expansion to new sites. The strengthening of hospital development committees to ensure sustainability of service provision should also be a core activity.

2.2.4. Support review, planning and budgeting of Family Health Division/Child Health Division (FHD/CHD) and others

As planned, NHSSP TA helped FHD finalise its AWPB and business plan and supported MD to prepare guidelines for the allocation of this year's hospital budgets.

In an important new initiative, NHSSP supported FHD to implement a three day workshop on its interim family planning support plans to July 2015. This identified priority needs, including additional HR requirements, and secured agreement from several EDPs (notably USAID, DfID, and UNFPA) to provide support to FHD and LMD including for the preparation of four draft concept papers to guide future interventions. These were shared with concerned partners and the external FP monitoring agency (HERD/HLSP) for comments.

Agreement was also reached during August for NHSSP to hire critical human resources to support FHD and the position of Family Planning Adviser was advertised and filled following a joint selection process involving the FHD Director and focal FP Officer and NHSSP. Agreement was also subsequently reached to pilot the proposed interventions in five districts, with NHSSP supporting three districts and USAID and its implementing partners, two districts. Initial consultative visits were made by representatives from FHD, DfID, USAID, HERD and NHSSP to Chautara/Sindhupalchowk (an FP/EPI pilot district), and

Manthali/Ramechhap (a visiting provider pilot district). NHSSP is working with the new FP Adviser and FHD and partners to hire district coordinators and plan support in the three districts.

Also in the quarter, TA helped FHD celebrate National Family Planning Day through the provision of financial support for promotional activities in six districts.

Planned activities for the coming quarter include supporting NHTC to recruit a TARF-funded consultant to improve the quality of SBA training in line with the SBA policy and training strategy and NHSP-2 results framework.

2.2.5. Support to disseminate study findings on integration of FP services in EPI clinics

Findings of the study were disseminated in the second quarter of 2014 and a 'Pulse' report summary was also prepared and posted on NHSSP social media outlets. Next steps for scaling up the integration will, to a large extent, be determined by the process outlined in 2.2.4 but are likely to include expanding integrated services in EPI clinics in hill and mountain districts in the medium term. As noted in June 2014, CHD has already agreed to scale-up the approach in remote districts with UNFPA and H4L expressing their willingness to provide technical and financial support.

This said, there is also a need to develop a strategy to reach post-partum women for integrated EPI/FP services in Terai districts and this is likely to be recommended as an early NHSP-3 activity.

2.2.6. Support to design and preparation of remote areas MNH pilot in Taplejung district

Following finalisation of the study design and tools, the tipanni for implementation of the remote areas MNH pilot (RAMP) in Taplejung district was approved by the DG.

ToR for the district level project management committee were also approved and two meetings held to a) approve funds requested by HFOMCs and b) procure equipment and supplies needed by selected health facilities. In-situ whole site coaching on infection prevention (IP) was provided for 55 health facility staff (29 male; 26 female) and a 3-day HFOMC training course run at one health facility to prepare an action plan.

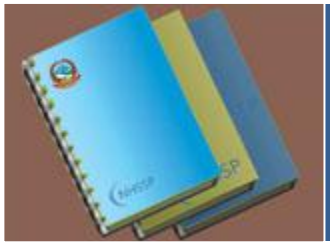
NHSSP TA worked with FHD, RHD, and DHO for the effective launch of EAP activities including supporting the local NGO 'Nepal Women's Entrepreneur Association' (NWEA) for implementation in 5 vdcs. The NWEA also organised a district level meeting of community mobilisers to review EAP progress and challenges. EAP implementation guidelines for community mobilisers were also revised following feedback from trainees.

Towards the end of the current quarter, advertisements for requests for proposals to conduct M&E of implemented activities were posted. In the next quarter, an independent M&E agency will be recruited and monitoring visits will be made to assess health facility activities, EAP implementation, vdc support to health facilities and skilled birth attendant (SBA) deployment.

2.2.7. Support for the design and preparation of new born care support through SCI (Save the Children International)

NHSSP TA continued to support SCI to implement the new born care programme in three districts including finalisation of rapid assessment tools and implementing the assessments themselves. SCI's

quarterly progress report is included as Annex 2. This activity is being carried out in collaboration with UNICEF, WHO and other partners under the Every Newborn Action Plan of Nepal (ENAP Nepal).



TA Output 3:
Institutional Reform Processes Supported

NHSP-2 Outputs: **Improved Sector Management (2)**
Improved Sustainable Health Financing (9)
Reduced cultural and economic barriers to accessing health care services (1)

Indicator 3.1: Draft NHSP-3 Document

3.1.1 Support to strategic planning for NHSP-3

All NHSP-3 preparation thematic groups submitted their reports and recommendations to the Programme Development Team (PDT) in September 2014 using the PDT's standard templates. The PDT subsequently prepared a zero draft document which describes the programme's strategic directions, expected outcomes and includes a draft results framework.

Early outlines of the document were shared with DfID to help inform its new Business Case and discussed during a combined meeting of the PDT and EDPs in August 2014, and during Western, Central and Eastern Regional Reviews in September 2014.

Individual NHSSP advisers have contributed strongly to the working groups and provided informed feedback on the draft document, but considerably more consultation is planned with stakeholders and NHSSP's advisers will be involved in supporting the reviews and their counterparts as the strategy evolves and takes clearer shape.

3.1.2 Support the development of the five-year (2015-2020) health sector strategic plan

Preparation of the NHSP-3 Implementation Plan (NHSP-3 IP) began in the reporting period with MoHP recruiting a TARF funded national expert to help facilitate the planning process. The appointment of a second national consultant is currently underway.

In the coming period, the PDT will discuss alignment of NHSP-3 strategies with the National Health Policy 2071 and review the structure of the NHSP-3 document (October 27-28). A first meeting of the NHSP-3 Steering Committee is expected in November with the international resource person visiting to help prepare the first working draft of the NHSP-3 document for formal submission to the Steering Committee. Development of the NHSP3-IPs alongside the development of the overarching strategy will proceed through consultations with individual divisions, departments and centres.

The major risk to this activity is that Nepal's new constitution or federal structure will create obstacles or policy ambiguities that limit MoHP's abilities to implement NHSP-3. Such politically triggered risks largely lie beyond the Ministry's control.

3.1.3 Strengthen State Non-state Partnership (SNP) functions within Policy, Planning and International Cooperation Division (PPICD)

Securing MoHP's endorsement for its draft SNP Policy is a key JAR 2014 action point. However, progress in this area remains slow. In the reporting period, Prof. Venkat Raman, NHSP-3 regional resource person for SNP, visited to assess SNP provisions in the zero draft document and provide guidance on ways to strengthen it. In the coming quarter, partners will continue to advocate for endorsement of the SNP Policy and enactment of Health Institutions Operations Act.

Most of risks associated with 3.1.2 apply and there remains a risk that SNP Policy may not be endorsed within the lifetime of NHSSP.

Additional Activity: Decentralised district health planning

In an important new initiative, MoHP allocated NPR 2.11 million of its 2014/15 budget to improve service delivery and quality at district hospitals with an additional NPR 3.60 million made available for repair and maintenance work. MD subsequently requested EDPs to support complementary orientation and planning activities in districts to ensure that MoHP funds are spent appropriately and, in this light, WHO and GIZ agreed to assist with the preparation of District Hospital Management Guidelines to include orientation and planning activities.

MD took on responsibility for preparing fund allocation criteria as a basis for distributing funds to districts and NHSSP TA agreed to help MD select appropriate districts for support which are likely to include 5 existing and 3 new CEONC district hospitals.

Indicator 3.2: Refocused and sustainable Equity and Access Programme (EAP)

3.2.1 Technical strengthening, expansion and improved sustainability of the Equity and Access Programme (EAP)

2013-14 saw a significant shift to cross-sectoral collaboration for improved equitable access to public health services in Nepal with MoFALD agreeing to integrate health programmes and the opportunity for integration of EAP into the social mobilisation component of its Local Governance and Community Development Programme (LGCDP). In the reporting period, the Health Research and Social Development Forum (HERD) completed an integration feasibility study in Dhading (hill) and Rupandehi (Tarai) districts and submitted a draft report that has been shared with PHCRD and LGCDP. A dissemination workshop with LGCDP and PHRCD is scheduled for the coming quarter and a summary document will be prepared on the way forward so that agreement can be reached by all parties. Subject to approval, piloting modalities will be finalised ahead of piloting in an agreed number of VDCs in either one or two districts before the end of NHSP-2 with an eye on learning how this might move forward under NHSP-3.

The main risk potentially undermining this work is if LGCDP proves unwilling to implement the assessment's recommendations.

NHSP-3 Follow on: In the event that integration is endorsed, a pilot is proposed before the end of NHSP-2 to determine lessons and potential support needed under NHSP-3.

3.2.2 Social service units (SSUs) piloted across 8 zonal and referral hospitals and an institutional home for SSUs established

The strengthening of SSUs in hospitals to improve disadvantaged peoples' access to free and subsidised health care was significantly advanced in the year. TA helped to draft revised SSU guidelines based on recommendations from an SSU study (August 2013), review workshop (January 2014) and feedback provided in follow-up visits. NHSSP also provided technical backstopping support in Bharatpur, Seti, Bheri, Western Regional, Maternity and Bir Hospitals.

In the reporting period, the revised guidelines were submitted to the Health Secretary for approval and sent for translation into English. In the next quarter, PD will host an SSU annual review workshop using information collected during support visits to the five units described above.

The main risk that could undermine government support for SSUs is if they stimulate a demand for subsidised and free health services that government cannot meet. As previously reported, delayed budget release to SSUs has seriously affected their abilities to operate.

NHSP-3 follow on: SSUs potentially play an important role in improving access to health services among underserved populations and yet they remain a long way off from being institutionalised. Support for SSUs including strengthening support structures and scaling up in all referral hospitals by 2016/17 is proposed under NHSP-3.

3.2.3 Scale up of social audits based on lessons learned from piloting

Effective cross agency collaboration and the signing of a collaborative framework agreement to roll out social auditing at health facility level proved a landmark event in 2013/14. Updated Social Audit Guidelines were taken into use by MoHP, GiZ, UNFPA and H4L with additional resources for audits being provided by these agencies. In the last quarter, a process evaluation of SA in Jhapa and Ilam districts in 2014 was completed by HURDEC and submitted to PHCRD. A second phase will take place in 2015.

In the coming quarter, SA plans for 2014/15 will be finalised (no. districts and facilities) based on last year's performance and work plans drawn up for district focal persons and implementing NGOs. A dissemination workshop on the process evaluation described above will take place and a meeting with EDP partners will be arranged by PHCRD/NHSSP to review the status of SA in the past year.

The main risk associated with scaling up social auditing is that quality of the process may not be adequately safeguarded leading to poor process and ineffectual plans being drawn up.

NHSP-3 follow on: Recommendations from the process evaluation (2014–2015) will be carried forward under NHSP-3 with a particular emphasis placed on increasing support from districts for both the audit process and implementation of resulting action plans. The value of harmonising local government and health social audits will also be considered.

3.2.4 Pilot One-Stop-Crisis Management Centres (OCMCs) and develop a multi-sectorial response to gender based violence at the district level

Strong political support for OCMCs has helped galvanise MoHP's inputs in this area over the past year and created a strong cross-ministry response. In the year, 16 OCMCs received on-site training and support, an OCMC Monitoring and Reporting Manual was prepared, tested and submitted to the Office of the Prime Minister and Council of Ministers (OPMCM) for comment. An English version has also been prepared. Once comments are incorporated, the manual will be forwarded for approval to MoHP's Secretary.

In April 2014, the OCMC Coordination Committee of the Office of the Prime Minister approved the preparation of integrated OCMC operational guidelines. The Ministry of Women, Children and Social Welfare and the Ministry of Health and Population were assigned to lead this process and NHSSP TA has provided inputs to the guidelines which have now been submitted to PPMCM for comment.

Delegates from OPMCM, the Nepal Police, MoWSCSW, MoHP, DoHS and NHSSP travelled to Sri Lanka in August for a UNFPA supported GBV exposure visit. Several lessons on effective health system responses to GBV were learned which may help guide future OCMC work under NHSP-3.

Also in the reporting period, TA supported preparations for October's OCMC National Review Workshop in Chitawan. TA support was also provided for the UNFPA supported development of National GBV Clinical Protocols.

In an important new initiative, NHSSP TA helped facilitate the Asia Foundation's inputs for three GBV events for police officers. These focus on providing psycho-social support training and communications training for police officers. The first event is for officials working in 20 women and children prison cells in the Kathmandu valley and will take place in late 2014. This will be followed in 2015 by police officer training in (a) the 16 OCMC target districts and (b) regional training schools and the police academy.

Preliminary meetings were held in the quarter with MoWCSW to discuss the preparation of Integrated National GBV Guidelines. The roles of MoWCSW and MoHP, establishment of an oversight committee and ToR for consultants will be worked out and potential EDP support identified in the coming quarter.

NHSP-3 follow on: TA has inputted into several NHSP-3 thematic working groups in order to integrate GESI across key thematic areas including GBV, nutrition, reproductive health, health promotion etc. Implementation of proposed activities under NHSP-3 will help advance the GESI agenda including strengthening its institutional basis.

Indicator 3.3: Aama delivery unit costs identified

3.3.1 Review the Aama Programme

Rapid monitoring of the Aama programme has proved instrumental in addressing implementation and management challenges since the scheme's launch in 2005 under the DfID funded, Options implemented, Support to the Safe Motherhood Programme (SSMP). Such assessments have provided important insights into strengthening policy and implementation guidelines.

In the reporting period, TA supported an eighth Aama rapid assessment carried out by the Nepal Environment Protection Agency (NEPA), under contract to FHD, in selected public and private

institutions in districts having high levels of irregular claims (e.g. charging for free services; ghost claims; excessive CS rates). Implementation of the assessment was supported by local Aama focal persons, public health inspectors/nurses from FHD and the Aama unit cost study coordinator. Field work has now been completed and qualitative data entry work is on-going. NHSSP TA provided field level support in Jumla district.

In the coming quarter, the monitoring report will be shared with FHD and key findings forwarded to the director general. An in-house meeting will also be held to update the list of private facilities currently implementing Aama and findings from the rapid assessment of private facilities reported in the last quarter will be combined with this report and presented to FHD.

NHSP-3 follow on: Key activities identified for implementation under NHSP-3 include harmonising the Aama programme within a broader framework of social health protection, and further developing modalities for involving private sector institutions in Aama implementation through SNP arrangements.

3.3.2 Conduct Unit Cost Analysis of Aama

In the reporting period, three consultants (Dr. Bal Krishna Subedi, Mr. Baburam Humagain and Mr. Naveen Adhikari) were appointed by an FHD committee led by Dr. Shilu Aryal. A workshop was held on 29th August to review the study questionnaire and to validate existing treatment protocols, drug regimes and human resource deployment for various delivery conditions. The questionnaires were subsequently approved by FHD.

22 field assistants were recruited to collect field data and trained on the use of study questionnaires (a) general and (b) condition specific between 5th and 9th September. Pre-testing of the questionnaires was carried out at the same time. Field work in 10 of the study districts began on 10th September and took 16 days. Field supervision by FHD took place in nine districts, with Jarjarkot omitted.

In the coming quarter, the quality of data will be assessed, cleaned as necessary, and entered. A draft report will be prepared and presented at a national workshop, following which a policy note for the revision of the Aama programme guidelines will be prepared.

The main risk facing this initiative is that FHD may lack the resolve to revise the Aama programme guidelines based on the findings of the costing study.

NHSP-3 follow on: Under the next five year programme, FHD is advised to develop a plan of action and build its capacity to integrate Aama into the national social health protection framework.

3.3.3 Develop Aama Family Health Division (FHD) plan of action and/or review Aama guidelines

Findings from the Aama rapid monitoring and unit cost analysis are intended to inform a specific plan of action to improve the programme implementation and update the guidelines. As noted, these reviews are in process and recommendations from them will be reflected in the revised guidelines which will be backed by a discrete budget line in the 2015/16 AWPB.

Priority activities for the coming quarter include preparing a draft plan of action based on review findings, discussions with stakeholders on the expansion of Aama in private facilities and an assessment of budgetary implications.

NHSP-3 follow on: As noted, the continued development of the Aama programme in line with social protection and national social health insurance policies is likely to feature prominently under NHSP-3.

4. Payment Deliverables

8 payment deliverables were submitted in the reporting quarter:

Area	No.	Deliverable
Proc.	5.1	CAPP signed off by the LMD director
Mng't	M4	Quarterly report (April – June 2014)
PFM	11.2	MoHP Audit Status Report
CB-IMNCI	2	Develop Methods and Tools for Rapid District Assessment
RAMP	RA1	Detailed work planning completed
TABUCS	T3	TABUCS operational in majority of cost centres
Proc.	4.3	Four month pilot phase completed with adjustments (if necessary) made to IT linkage tools
HMIS	HMIS 9	Quality assurance training completed in 100% of public health facilities

Annex 1: Publications Produced

The following publications were prepared in the reporting period:

Core Health Systems	PD 5.1: Consolidated Annual Procurement Plan 2014-15
	PD 11.2: Audit Status Report
	TABUCS Training Report
	Status of Expenditure Entry in TABUCS
Information and Monitoring System Strengthened	PD 2.2: CB-NCP Training to Health Workers at Facility
	STS 2013 (Final)
	Post Natal Care Pulse Report
	Remote Area Study Pulse Report
Institutional Reform Processes	Zero Draft NHSP-3 Document with Draft Monitoring Framework
	OCMC Monitoring and Reporting Manual
Management	NHSSP phase 2 flier
	PD M4: Quarterly report
	Q2 Pulse Report

Annex 2: Technical Assistance for Strengthening Nepal's Newborn Care Programme

Quarterly Report for the period July – September 2014

Save the Children

Technical Assistance for the Strengthening the Newborn Care Program in Nepal

Save the Children International/SNL-DfID Program in Nepal

Quarterly Report: July to September 2014

Overview of Key Activities

1. Project Progress Review Activities

1.1 Meeting with the Child Health Division on the IMNCI Package Development

On 22nd August, a meeting was held to discuss the development of the Integrated Management of Neonatal and Childhood Illness (IMNCI) package at HF and FCHV level with the Child Health Division. The meeting was attended by 29 participants from donor and implementation partners, along with higher level MoHP officials. Please see the list of participants below:

S.N	Name	Post	Organisation
1	Dr. S.R Upreti	DG	DoHS
2	Dr. P. B Chand	Director	PPICD, MoHP
3	Dr. S.R Upreti	Director	CHD
4	Dr. R. Kharel	Director	LMD
5	Mr. M. Shrestha	Director	NHTC
6	Dr. H. Raaijmakers	Chief	Health Section, UNICEF
7	Mr. B. Pradhan	HIV specialist	UNICEF
8	Dr. R. Bhadra	Team leader	H4L
9	Dr. A. Pun	MNH specialist	UNICEF
10	Mr. S. Bhatta	Program director	OHW
11	Ms. L. Khanal	Manager	CNCP
12	Ms. B. K Pun	Program manager	Suaahara
13	Ms. N.M Limbu	Team leader	USAID

14	Mr. A. Shrestha	Consultant	SC/SNL
15	Mr. R. Basnet	M & E coordinator	Plan Nepal
16	Mr. Resham Khatri	Coordinator	SC/SNL
17	Ms. C. Singh	PO	UNICEF
18	Ms. D. Basnet	PHN	FHD
19	Dr. D.R Aryal	Chief consultant	PMWH
20	Dr. J.R Dhakwa	Immediate president	NEPAS
21	Mr. D.C Poudel	Manager F0 &QC	SC/SNL
22	Mr. R. C Paudel		
23	Ms. S. Tuladhar	Prog. specialist	USAID
24	Mr. B. Ban	National prog. manager	SC/SNL
25	Dr. N. Nakarmi	Sr. PO	JSI
26	Mr. S. Nepal	DA	CHD
27	Mr. S.D Joshi	PHO	CHD
28	Ms. S Sunar	PO	SC/SNL
29	Mr. R. Bhandari	Director	IRHDTC

During the meeting, a number of key decisions were taken by the CHD on the development of the IMNCI package which impact the approach and delivery of the current Newborn Care project. Below is an overview of the key decisions reached by the CHD:

a. The IMNCI package should be implemented in line with the district context specific plans and should focus on strengthening the knowledge and the capacity of health workers.
b. Amoxicillin tab will be used to treat pneumonia for children at health facilities.
c. FCHVs will have a limited role in the diagnosis and treatment of pneumonia among children under 5. Their role will be more focused on raising awareness among communities about pneumonia and providing counseling support. As such, FCHVs will not be provided with thermometers, weighing scales, suction bags and masks.
d. Post-natal home visits are not mandatory for FCHVs. Instead, GoN will ensure provisions for post-natal home visits by trained service providers such as community ANMs.
e. In close coordination with the CHD and the National Health Training Center (NHTC), IMNCI training will be conducted at both health facility and community levels, with the NHTC gradually taking the lead for this training.
f. The government will take on a significant role in monitoring the programme.

1.2 Joint Progress Review Meeting

On 26 August 2014, a joint progress review meeting was held, which included participants from Save the Children Nepal, DfID and Options/NHSSP. The purpose of this meeting was to review project progress and discuss relevant issues such as the status of the IMNCI package

development in light of the recent decisions from the CHD, the development of context specific district plans and the procurement of health facility supply equipment.

The discussion also focused on the timeframe of the project in light of concerns over whether activities could be completed by June 2015. It was clear that project completion is significantly dependent on government collaboration and therefore it is vital to avoid any further delays or disruption on the part of the government, if the project objectives and goals are to be met. It was also suggested that in order to minimise delays, Save the Children should play a more active role in established a working group for the development of the IMNCI package, to include members of CHD, FHD, WHO, UNICEF, SCI, JSI, H4L and IRHDTC.

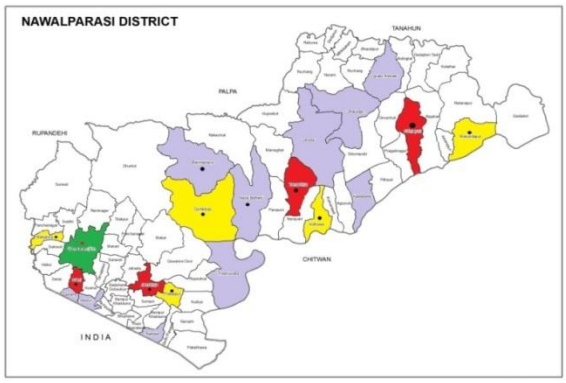
Following the recent joint review meeting and in line with the timeframe of IMNCI package development, the monitoring indicators and payment milestones were revised in consultation with DfID, and NHSSP/Options.

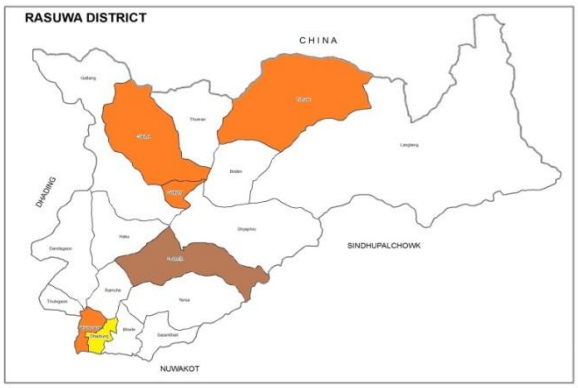
2. District Situation Assessment and Planning

The principal focus during the reporting period was the completion of rapid assessments in two of the three targeted districts (Nawalparasi and Rasuwa) and the development of the associated district plans.

In close coordination with CHD, FHD and the concerned District Health Offices (DHO), district situation assessments were carried out on the following dates:

- Nawalparasi from July 29 to August 7 2014
- Rasuwa from 14-19 September 2014.





Based on the experience of the district assessment in the first district of Nuwakot, the assessment tools were further revised prior to implementation in Nawalparasi and Rasuwa. Assessments were carried out in 19 health facilities (25%) in Nawalparasi and six health facilities (including one district hospital) in Rasuwa.

In each district, a short orientation was given to the DHO, supervisors and stakeholders including a briefing on project objectives, the working modality and strategy of implementation of the IMNCI programme, and role of the DHO in implementing IMNCI and strengthening Behavioral Communication Change (BCC), birthing centres, BEOC and CEOC sites. It was also emphasised that DHO should lead on implementation of IMNCI given that it is a priority government programme with Save the Children providing supportive TA.

The next steps of each assessment were to identify targeted health facilities, form assessment teams - which included DHO officials - and to prepare field visit schedules.

The primary tools for data collection were questionnaires designed to seek information and data from different sources with the following tools being utilised in each assessment:

- DPHO/DHO level tools
- Health facility level tools
- BEONC, CEONC and birthing centre tools
- FCHV level tools

After the assessment, district level dissemination meetings were held and the main findings discussed with DHO representatives and supervisors and other stakeholders. Discussions focused on: the gaps and bottlenecks that needed to be addressed in order to improve service performance; the knowledge and skills of HWs and FCHVs, and facility commodities and supplies. Based on the findings, district context specific plans for both Rasuwa and Nawalparasi were developed focusing on the implementation of IMNCI and the strengthening of birthing centres and BEONC and CEONC facilities.

3. Preparation of TOR for the IMNCI Training Consultant

Implementation of the IMNCI training package at health facility and community level is one of the most significant tasks of the project. In order to provide quality IMNCI training at both community and health facility levels, it is necessary to recruit experienced NGO/consulting firms. A ToR for the consultant was prepared and appointment process initiated, while training materials (including participants' handbook, facilitator's guide, treatment protocols, counseling cards and flip charts) were finalised and sent for printing. The selection process will be completed prior to the Master Training of Trainers (MTOT) course. Following the award of the training contract, Save the Children central and district team members will closely monitor the training at both levels. In addition, the approval note (TIPANI) to conduct the MTOT has been prepared and submitted to the CHD director for approval. The MTOT will take place once CHD's approval has been obtained.

4. Ongoing TA support in the Nuwakot and Nawalparasi districts

Nuwakot

Save the Children provided support to district supervisors in order to conduct the annual district review meeting for the Nepalese fiscal year 2070/71. The meeting was held between 1-7th September, 2014. Health facility in-charges from all 62 health facilities in the district participated in the meeting and presented their performance program issues while highlighting key challenges faced.

a. Prior to the meeting the HMIS data from the health facilities were jointly analysed by the district statistical focal person and Save the Children's district based staff. Feedback was also provided on those MNCH activities requiring strengthening.
b. Save the Children staff also provided technical support to district statistical assistants and other district supervisors for the preparation of the district annual report.
c. Save the Children supplied 7,500 Chlorhexidine (Navi Malam) to the DHO Nuwakot, which were procured using SNL funds. The CHX tube will be supplied to HF and FCHVs during IMNCI training.
d. Support was also provided for the pretesting of recorded voice messages for the management of premature and low birth weight babies using foot length measurement cards in Chaughada Village Development Committee (VDC) of Nuwakot, and Laharepouwa VDC of Rasuwa.

Nawalparasi

a. Monitoring took place in two HFs and included observing recording and reporting activities, assessing MNH commodities and treatment protocols, meeting with FCHVs and providing on site coaching on MNCH activities.

b. Support was also provided for the district level annual review meeting which took place in August 2014. DHO supervisors were assisted in the preparation of presentations based on targets and achievements of MNCH activities.

c. The attention of district stakeholders to major MNCH gaps was brought during the district review meeting which was facilitated to help meet these gaps. Based on HMIS data, health facility MNCH related performance was assessed. Discussions on improving the recording, reporting, case management of under 5s and neonatal cases took place together exploring ways to improve the coverage and quality of ANC, delivery and PNC services.

d. SCI/SNL staff provided support for a Reproductive Health Coordination Committee (RHCC) meeting and family planning day celebrations in the district. During the family planning day celebrations, the DHO displayed FP contraceptives and different IEC/BCC materials in the district headquarters to help raise levels of public awareness. SCI/SNL district based project staff also participated in the exhibition.

5. Support for integration of CB-IMCI and NCP package

As noted, SCI/SNL provided technical support to finalise the IMNCI package. A two day workshop was held in Dhulikhel for this purpose on 4 -5 September 2014. The workshop was attended by various stakeholders including representatives from CHD and FHD. The IMNCI package has now been submitted to MoHP by CHD for approval following which it can be rolled out.

6. Hired project staff for Rasuwa:

The recruitment of project staff in Rasuwa was completed during the reporting period. They began work on 1st September and were oriented on project objectives and working strategies. They also took part in the district situation assessment and IMNCI planning workshop between 14-19 September 2014.

Challenges

The key challenge experienced during the reporting period was the delayed endorsement of the IMNCI package by government. As a result, delivery of the MTOT is delayed and this may have implications for the overall district implementation plan.