



PULSE

UPDATING YOU ON HEALTH DEVELOPMENTS

Quarterly Highlights: October to December 2014

This brief presents the achievements of MoHP's technical assistance support team in the third quarter of 2014 against the three output areas of Phase 2 of the Nepal Health Sector Support Programme (NHSSP). Each of the activities described was led by the respective MoHP section, division and centre and supported by NHSSP technical assistance and funding. Visit www.nhssp.org.np for the full quarterly report and other publications, and follow us on Facebook ([Nepal Health Sector Support Programme](#)) and Twitter ([@NHSSP](#)) to keep up with latest developments.

Highlights:

- ▲ The first draft NHSP-3 (Nepal Health Sector Programme-3) strategy document was prepared together with draft monitoring frameworks for the strategy and draft implementation plan.
- ▲ A Logistics Management Division (LMD) workshop was held on procurement reform in the health sector. This recommended repositioning a more autonomous LMD within MoHP and the recruitment of professional procurement staff.
- ▲ The roll out of MoHP's Transaction Accounting and Budget Control System (TABUCS) progressed well with 98% of this year's financial data now entered and a monitoring framework developed.

Strengthening Core Health System Functions (Output 1)



Health financing and financial management

- ▲ MoHP submitted its 3rd Financial Monitoring Report (FMR) for 2013/14 and its 1st FMR for 2014/15.
- ▲ The roll out of MoHP's Transaction Accounting and Budget Control System (TABUCS) progressed well with 98% of this year's financial data now entered and a monitoring framework developed.
- ▲ The preliminary findings of the 'Aama' unit cost study were shared with Family Health Division (FHD) and a management note prepared to help translate its recommendations into effective policy recommendations.

Health procurement and infrastructure development

- ▲ A workshop on 'Procurement Reform in the Health Sector' was organised by DoHS/LMD. This recommended the repositioning of a more autonomous LMD within MoHP and the recruitment of professional procurement staff.
- ▲ LMD received the no objection letter required from the World Bank for its revised consolidated annual procurement plan for 2014/15. Its technical specification bank reached 1169 entries.
- ▲ A roll out plan for the electronic Contract Management Information System (CMS) was prepared for central/regional warehouses and divisions.
- ▲ Health infrastructure planning advanced with the development of a GIS referenced 'layer' to accurately locate health facilities, and potentially identify underserved areas, within Management Division's Health Infrastructure Information System (HIIS).



Strengthening the Information and Monitoring System (Output 2)



Monitoring, evaluation and research

- ▲ The IT environment for the upgraded health management information system (HMIS) was assessed and VDC specific layers and a Nepalese calendar added within its District Health Information System-2 (DHIS-2) operating platform.
- ▲ Customised tools for the Nepal Health Facility Survey (NHFS), to be implemented from 2015 onwards, were developed. An NHFS workshop was held and approaches to Computer Assisted Personal Interviewing (CAPI) and Computer Assisted Field Editing (CAFE) were developed.
- ▲ A scoping exercise for the proposed Burden of Disease study was carried out.

Essential health care services

- ▲ The piloting of MoHP's hospital quality improvement process (HQIP) continued with QI committees in Taplejung and Hetauda conducting further planning-review exercises to good effect.
- ▲ Action plans to address overcrowding, with appropriate monitoring frameworks, were prepared for three referral hospitals. Further, the district health officer (DHO) in Banke district agreed to implement FHD's proposed strategic birthing centre approach.
- ▲ Activities to improve maternal and neonatal health programming in underserved remote areas continued in Taplejung at both hospital and community levels. A first batch of skilled birth attendants (SBAs) learned life-saving skills while equity and access activities were reviewed and gaps in social mobiliser skills identified.
- ▲ Three family planning (FP) coordinators were deployed to FP pilot districts and 27 master trainers trained up to help roll out Save the Children International's revised community based integrated management of newborn and child illness (CB-IMNCI) programme across the country.

Supporting Institutional Reform (Output 3)



Policy and planning

- ▲ The first draft NHSP-3 strategy document was reviewed during a first Steering Committee meeting. Draft monitoring frameworks for the draft strategy and draft implementation plan were also prepared.

Gender equality and social inclusion

- ▲ Early indications were received from MoFALD that it is willing, in principle, to integrate health social mobilisation into its Local Governance and Community Development Programme (LGCDP). An action plan for further operational research in two VDCs of one district was prepared.
- ▲ A social service unit (SSU) annual review workshop was held which highlighted local cross-ministry collaboration in treating victims of gender based violence and addressing underlying causes. Recommendations were also made for scaling up OCMCs (one stop crisis management centres) across the country.
- ▲ Psycho-social counselling training was provided for 20 health staff and officials from safe homes from three districts with support from the Asia Foundation.

Progress of the Technical Assistance Response Fund

Under the second phase of NHSSP a technical assistance resource fund was created to fund additional activities proposed by MoHP and external development partners. In this quarter funds were spent on the costs of:

1. a bio-medical engineer, mechanical engineer and procurement specialist for four months from October 2014 at the request of LMD.
2. a procurement reform consultant at the request of LMD.
3. extending two further procurement specialists until July 2015 at the request of LMD.
4. an SBA trainer for 9 months at the request of the Nepal Health Training Centre (NHTC).
5. extending FHD's comprehensive emergency obstetric and neonatal care (CEONC) mentor until July 2015 at their request.
6. extending three NHSP-3 design consultants until March 2015 at the request of PPICD.
7. support to MoHP/DoHS for public financial management capacity building including clearing audit queries.
8. support for remedial design work for Surkhet, Seti and Bheri hospitals at the request of Management Division.

The Nepal Health Sector Support Programme (NHSSP) is funded and managed by DFID to provide technical assistance to the Nepal Health Sector Programme (NHSP-2). Since it began in January 2011, NHSSP has facilitated a wide variety of activities in support of NHSP-2, covering health policy and planning, human resource management, gender equality and social inclusion (GESI), health financing, public financial management, procurement and infrastructure, essential health care services (EHCS) and monitoring and evaluation. NHSSP supports system strengthening, the development of policies and strategies, the carrying out of studies, reviews on areas of concern, and the taking forward of solutions.