



PULSE

UPDATING YOU ON HEALTH DEVELOPMENTS

Quarterly Highlights: April to June 2014

The following activities were all led by the respective MoHP sections, divisions and centres with technical and financial support from NHSSP. 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 see the latest developments.

Highlights:

- ▲ The good progress on implementing MoHP's Financial Management Improvement Plan included 158 cost centres (57% of them) taking the Transaction Accounting and Budget Control System (TABUCS) into routine use.
- ▲ Family Health Division (FHD) initiatives to reduce overcrowding in maternity wards have resulted in significant improvements in 10 referral hospitals including additional health staff appointed and additional beds and equipment.
- ▲ The start of the piloting of the electronic Contract Management System (CMS) in three districts and two DoHS divisions will improve the tracking of deliveries of equipment and pharmaceuticals and inform demand forecasting for these commodities.

Strengthening Core Health System Functions (Output 1)



Health financing and financial management

- ▲ **Update on TABUCS** — The training of 331 finance and planning officers from 222 cost centres on the TABUCS and the establishment of a help desk in MoHP will improve budgetary control across MoHP.
- ▲ **Guidelines** — MoHP officially adopted its Internal Control Guidelines and Audit Clearance Guidelines and instructed all cost centres to follow them.
- ▲ **Financial reporting templates** — MoHP's Public Financial Management (PFM) Committee rationalised the number of financial monitoring report (FMR) templates that MoHP has to submit to the Pooled Fund partners — reducing the number from 33 to 6.

Health procurement and infrastructure development

- ▲ **Document quality assurance** — The introduction of the quality assurance of most of the Logistics Management Division's bidding documents (which specify bid requirements), evaluation reports on bids received, and draft contracts is steadily improving the quality of LMD's procurement process.
- ▲ **Standard specifications** — LMD's Technical Specifications Bank, which now has 1,050 specifications, continues to be well-used by bidders and others in the South Asia region.
- ▲ **Improved project completion** — The enforcement of punitive actions, including levying fines and withholding bank guarantees from delinquent contractors, appears to have contributed to improvements in health building construction completion rates.
- ▲ **Identification of projects** — GIS data on population catchments, transport links, and the condition of buildings in the Health Infrastructure Information System (HIIS) was used for the first time to prepare a prioritised list of new construction projects and facility upgrades (for 2014/15).
- ▲ **Guidelines for site selection** — The Management Division's 'Land Selection Guidelines for the Construction of Health Facilities' were officially endorsed and will now be applied.



Strengthening the Information and Monitoring System (Output 2)



Monitoring, evaluation and research

- ▲ **Uniform coding** — Stakeholder agreement on adopting the CBS's standard district and VDC codes was a major step forward for developing uniform data coding for Nepal's various health management information systems.
- ▲ **Rollout of revised HMIS** — 20,000 health staff and 50,000 female community health volunteers (FCHVs) have now been trained on the new Health Management Information System (HMIS). A hundred New Era-contracted personnel facilitated the quality assurance of the district level training. And additional funds from DFID allowed HMIS reporting forms to be printed and distributed ahead of time.
- ▲ **Facility surveys** — Stakeholder comments were incorporated in the 2013 Service Tracking Survey (STS), which will be disseminated soon. This will be the last STS as MoHP is now going to amalgamate and harmonise the four facility-based surveys under the Nepal Health Facility Survey (NHFS).

Essential health care services

- ▲ **Monitoring health care delivery** — FHD finalised a hospital quality improvement (QI) toolkit and held a workshop to establish the QI process in Taplejung District Hospital.
- ▲ **Reducing overcrowding** — Planning workshops on overcrowding in maternity wards were held in two hospitals and follow-up reviews in a further three hospitals. FHD has noted significant positive associated impacts.
- ▲ **Health services in remote areas** — Preparatory work continued for the remote areas maternal and newborn health

Supporting Institutional Reform (Output 3)



Policy and planning

- ▲ **Progress on NHSP-3** — The thematic groups for drafting NHSP-3 were populated with government officials and technical experts, and the Project Development Team (PDT) was fully staffed. Each thematic group began generating content with NHSP's advisers providing important inputs.

Gender equality and social inclusion

- ▲ **EAP-LGCDP integration** — The consultancy company HERD completed data collection for the study on health and governance social mobilisation schemes. This study is assessing the potential to integrate MoHP's Equity and Access Programme (EAP) within MoFALD's Local Governance and Community Development Programme (LGCDP).
- ▲ **SSU institutionalisation** — A review workshop on social service units (SSU), and the preparation of revised SSU guidelines and an M&E framework, helped to institutionalise SSUs in hospitals for assisting poor and disadvantaged people to access subsidised health care.
- ▲ **OCMCs** — The Population Division, supported by NHSP, provided follow-up support to the staff of 10 one-stop crisis management centres (OCMCs) including orientations on gender based violence (GBV) and managing OCMCs. An OCMC monitoring and reporting manual was prepared and tested at Hetauda Hospital.

Public financial management

- ▲ **Direct contracting** — For the first time the annual rapid assessment of the Aama Programme (for 2014/15) was contracted out directly by FHD.

Progress of the Technical Assistance Response Fund

About a third of the £500,000 available to the TARF has been spent or committed since its launch in December 2013. The main new TARF-funded activities from this quarter were as follows:

- ▲ The appointment of two consultants and a secretary for the NHSP-3 Project Development Team (PPICD).
- ▲ An organisation and management survey of MoHP ahead of the proposed recruitment of an additional 1,485 health care personnel (MoHP's Human Resources and Financial Resources Management Unit).
- ▲ Social auditing refresher training for health officials and implementing NGOs (PHCRD).
- ▲ The contracting of a senior GESI consultant to design the gender component of the master trainer of trainers' curriculum (NHTC).

NHSP is funded and managed by DFID to provide technical assistance to the Nepal Health Sector Programme (NHSP-2). Since January 2011, NHSP 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 M&E. It supports system strengthening, the development of policies and strategies, the carrying out of studies, reviews of areas of concern and the implementation of solutions.