Nepal Health Sector Support Programme III

(NHSSP – III)

NHSSP Quarterly Report
April to June 2022

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Contents

EXECUTIVE SUMMARY

This report presents progress of the Nepal Health Sector Support Programme III (NHSSP III) **from 1 April to 30 June 2022**, the second quarter of the final year of the programme. This report reflects preparations for responsible exit and steps to sustain programme achievements, as set out in a separate Exit and Sustainability Plan.

We will conclude several areas of long-run support to FMoHP by the end of the programme contributing to institutionalisation of systems improvements. Support for strengthening local level health systems marks a beginning, not an end point, reflecting the relatively early stages of health sector and broader governmental devolution processes. Continuing local level support and support for federal reforms needed to make the devolved health system fully functional. This will need to be addressed in a future phase of FCDO programming.

The Covid-19 infection rate slowed during this quarter allowing intensive programme activity at all levels. 87% of the target population is now fully vaccinated and vaccination has started for children aged 5-11. Economic activity is increasing slowly, but the unfavourable global economic climate raises the risks of inflation and continued disruption to tourism, trade and remittances.

Local elections were held in May for nearly 35,000 positions. Newly elected officials received orientation to health and health programmes.

Technical Assistance

Four PDs were submitted in this quarter, three of which have now been approved by BEK and invoiced. Other achievements included:

Management and cross-team working: support beyond the PDs continued to all spheres of government. The whole team inputted into finalisation of annual work plans and budgets (AWPBs) for the coming financial year. The sub-national team (provincial teams and HSSOs), supported by the central thematic teams, played an important role in this process. Provincial teams and HSSOs also: supported drafting of key policy documents at provincial and local levels; contributed to (formal and informal) orientation of newly elected representatives; used data and analytic tools to identify service gaps; and provided hands-on coaching and support. Staff morale has remained high, and effective and efficient management continued with: low staff turnover; national and international TA provision within or near value for money benchmarks; and spend on administration and management lower than the programme benchmark. The Technical Assistance Response Fund was used by FMoHP to support strategy review and SWaP workshops. Additional programmatic risks related to exit are identified in the risk matrix and are being managed. We continue to monitor potential future risks closely, including resurgence of COVID-19, the impact of inflation, and political unrest. FCDO has indicated the possibility of a cut to the budget, but for this reporting period the programme budget remained unchanged.

Leadership & Governance: TA and financial support was provided to FMoHP to help prepare the Nepal Health Sector - Strategic Plan (NHS-SP), 2022-2030. The Procurement and Public Financial Management team supported key financial management committees and submitted the final Public Procurement Strategic Framework to the Secretary for endorsement. First drafts of provincial Financial Management Improvement Plans have been prepared for all three focal provinces. Implementation of the Consolidated Annual Procurement Plan is in progress. Key procurement system handbooks have been distributed to all procuring entities. Use of the regularly updated Technical Specifications Bank continues to grow. The team is promoting use of health sector budget analysis with briefings for newly elected officials and development of a budget analysis framework. The subnational team provided TA to all three focus provinces to draft policies and related documents.

Coverage & Quality: The basic health services (BHS) Orientation package facilitators guide was endorsed. The 73 districts with established comprehensive emergency obstetric and neonatal care sites all had at least one functional site. The team supported Nursing and Social Security Division to begin in-house coaching on general nursing skills in 3 hospitals. The Nursing and Midwifery Strategy 2030 was endorsed. We continued to provide TA to develop and support clinical mentors.

Data for Decision Making: TA and support was provided to FMoHP and DoHS units to: implement training of trainers on revised Health Management Information System tools and guidelines; roll out One-stop Crisis Management Centre, Geriatric, and Social Service Unit reporting; develop BHS monitoring indicators and a BHS dashboard; develop the NHS-SP results framework; carry out routine data quality assessment (RDQA) at in focal provinces; generate evidence on COVID-19; and manage data for the Maternal Mortality Study following Census 2021. The findings of a health systems analysis study led by NHSSP have been presented to the NHS-SP TWG.

Health Infrastructure: We continued to contribute to a strengthened policy environment including: a tool to monitor Primary Hospital Upgrading projects; land acquisition policy; repair and maintenance procedures; guidelines for National Health Infrastructure Development Standards implementation. Capacity enhancement was provided to federal government, DUDBC, focal provinces and LGs: on-site engineers covered a wide range of design, planning, technical activities, responding to the social context. Retrofitting progress continues: Western Regional Hospital Pokhara (WRH) (42% complete) and Bhaktapur Hospital (40% complete). Continued support to the FMoHP hospital upgrading programme included review of a further 78 primary hospital designs submitted by municipalities; 35 designs submitted were approved during the quarter. The Steering Committee chaired by MoHP Secretary recommended to extend FCDO support (FA and TA) to complete the works during 2023.

Gender Equality and Social Inclusion: Key policy related documents were approved including: Geriatric Health Service Protocol; a concept note to study the Status of disability inclusive health services (planning now started); and a training package on gender-based budgeting implementation and a “Leave No One Behind” budget marker. Capacity building to strengthen Gender Based Violence services continued with further Clinical Medico legal and psychosocial counselling training. Provincial staff were trained on OCMC, SSU and Geriatric Health Services recording and reporting.

Conclusions and strategic implications

As NHSSP III enters the final six months of the current contract, we will continue our response to demand for TA, especially sub nationally, and alongside plan for consolidation of activities and for exit. This will include identification of lessons for the health sector and assessment of key TA approaches such as the palika learning labs (LLs). Technical priorities in the coming quarter focus on:

- Support completion of the Nepal Health Sector Strategic Plan (NHS-SP), 2022-2030 in Nepali and English
- Finalise support to drafting of policy, acts, strategy and guidelines by subnational governments
- Finalise Provincial FMIP with three focal provinces
- Work with CSD to deliver a final Basic Health Services package
- Complete service delivery support:EOC referral and CEONC, post-natal care, clinical mentoring
- Complete data management support for BHS monitoring and HMIS indicators
- InstitutionaliseInstitutionaliseInstitutionaliseInstitutionalise mechanisms for complete, timely, quality hospital reporting, data analysis and use
- Conduct a study on disability inclusion on behalf of FMoHP, with specialists and research agency
- Maintain momentum on retrofitting work at both sites and finalise extension plan
- Collate achievements, sustainability approaches and lessons for the Annual Review and final report

1. INTRODUCTION

This report presents NHSSP III progress from 1 April to 30 June 2022

1.1. The Development Context

Local elections were held in May for approximately 35,000 positions. 39.1% women were elected to be Mayor/Chief or Deputy Mayor/Chief (a reduction from 48.8% in the first local elections of 2017).

Economic activity rose slowly following increased vaccination coverage and reduced COVID-19 infection rates, but tourism, remittances, and export of commodities have been particularly slow to recover. Disrupted trade flows and higher fuel and commodity prices are expected to drive inflation and put pressure on balance of payments and foreign exchange reserves. A five-day week was introduced in May to reduce fuel consumption, but this decision was reversed within a month.

The Prime Minister reshuffled the cabinet to include new ministers from one of the coalition parties. Mr Bhawani Khapung (former FMoHP state minister) was promoted to health minister; Mr Hira Chandra KC was appointed as state minister. The government announced a fiscal year 2022/23 budget of NPR 1.793 trillion. NPR 69.38 billion was allocated to health, a decrease from the previous two fiscal years (which had been significantly increased in response to COVID-19).

WHO Director General Dr Tedros Ghebreyesus visited Nepal for three days in April at the invitation of minister for health and population. His visit primarily focused on progress made in the COVID-19 response including vaccination; he also observed the early launch of a typhoid vaccination campaign.

1.2. Sector Response and Analysis

FMoHP finalised its annual work plan and budget (AWPB) for FY 2022/2023. Key areas include: expansion of basic health services; establishment of primary hospitals at local level; strengthening hospital services; increasing health insurance coverage; and COVID-19 vaccination. 87% of the target population has received complete COVID-19 vaccination. The first phase of COVID-19 vaccination for children aged 5-11 started in 27 districts in June.

Various policies, acts, plans and guidelines were developed at the provincial and local levels. An orientation programme on health and health services was conducted for newly elected representatives in learning lab sites. FMoHP endorsed the orientation package and facilitators guide for basic health services (BHS). The BHS standard treatment protocol (STP) was updated. The Nursing and Midwifery Strategy 2030 was endorsed.

1.3. Changes to the Technical Assistance team

Programme management went smoothly. COVID-19 had minimal impact on operations and field level activities. Three subnational level staff resigned; recruitment is under way to replace them. Five international experts were contracted to provide Short Term Technical Assistance (STTA). ***See Annex 2 for details.***

1.4. Payment Deliverables

Four PDs were submitted in this quarter, three of which were approved by BEK and invoiced. ***See Annex 3 for details of PDs submitted and approved***

1.5. Logical Framework

The Logframe updated to end of June is included in Annex 5. Data for some of the indicators will be available later; an updated version of the LF will be included in a subsequent report and for the Annual Review 2022. ***See Annex 5 for Logical Framework table.***

1.6. Value for Money

The average unit cost for STTA for was £511 for international Technical Assistance (TA) and £153 for national TA (against programme benchmarks of £550 and £140). National STTA in-person support included: budget analysis; capacity enhancement workshops; development of orientation packages; and drafting revised policies. International STTA support was provided for: health system assessment; review of health sector strategy; a disability study; and LL reports.

Spend on administration and management was 10% in this quarter (significantly lower than the programme benchmark). As the project nears conclusion, the percentage of spend on administration and management has reduced while programme costs increase.

The number of capacity enhancement activities has increased at all levels. Twenty-five sessions of capacity enhancement trainings/workshops were conducted for 1189 national and local level participants. The average cost per participant per day £18.46 for national and £34.61 for local level staff (reflecting increased travel and subsistence costs). ***See Annex 4 VfM report***

1.7. Technical Assistance Response Fund

The TARF is supporting Federal MoHP/ PPMD/Nepal Health Research Council (NHRC) strategy review and FMoHP SWAp workshops. These activities will be completed by the end of July 2022.

1.8. Risk Management

No additional risks were identified in this quarter. NHSSP is monitoring potential future risks including

- Resurgence of COVID-19. We continue to follow all precautions in the office and at meetings.
- An increase in fuel prices resulting from the worldwide economic crisis leading to demonstrations and obstacles to travel.
- Political issues in the coalition government.: elections in November could cause unrest.

See Annex 6 for additional risks in the agreed format.

1.9. Safeguarding

No issues were reported. NHSSP translated the Safeguarding policy into Nepali and circulated it to all staff and partners. The HR Manager and SMT closely monitor adherence to the policy.

2. LEADERSHIP AND GOVERNANCE

Summary

FMoHP continues to make good progress on NHS-SP, 2022-2030 drafting. The latest draft has been shared with development partners and senior health officials. A results framework with indicators is being reviewed for finalisation. Work has started on costing the plan. Financial support has been provided from the TARF; NHSSP and other EDPs are providing TA.

The PPFM team continued to support key financial management committees (PFM, Audit and Internal Control, Audit Support Committees) and the TABUCS Implementation Unit (TIU). The team supported FMoHP to respond to the 58th OAG (Office of the Auditor General) audit annual report. The PPSF Review Committee has submitted a final version of the strategy to the Secretary for endorsement. The first drafts of provincial FMIPs have been prepared for all three focal provinces.

DoHS CAPP implementation progresses well: e-GP bidding now covers 99.55% of contract value. Lumbini Province PIP has been shared with stakeholders. Sudurpaschim Province has agreed to develop a PIP. Handbooks covering pre-shipment and post-delivery inspection, and facilitation of procurement processes, were distributed to all procuring entities (PEs). These aim to enhance PE capacity to ensure effectiveness and accountability in procurement and use of public funds. Use of a regularly updated TSB continues to grow.

A half-day orientation for newly elected Mayors, Deputy Mayors, Chairpersons, Vice Chairpersons and Health Coordinators was held in June. This focused on the importance of investing in health, and the role of Palikas in reducing out-of-pocket expenditure on health. Attendees were briefed on Health Sector Budget Analysis (BA) findings. A BA framework was finalised in June following wide consultation. This will facilitate independent BA exercises at all government levels.

The subnational team provided TA to all three focus provinces to draft policies, acts, guidelines, and tools, and in capacity enhancement; to draft “Annual Policy and Program for FY 2022/23” and to review the previous year AWPB and draft AWPBs for the next FY 2022/23.

For updated Activities – please see Annex 1.

Health Policy and Planning

RESULT AREA I2E.1: FEDERAL GOVERNMENT SUPPORTED ON NEW HEALTH SECTOR STRATEGY DEVELOPMENT, CONDUCT OF NATIONAL ANNUAL REVIEW, AND OTHER KEY POLICIES

Nepal Health Sector-Strategic Plan (NHS-SP): FMoHP continues to lead drafting, in consultation with EDPs and federal and subnational officials. Strategy development has been supported by the TARF, with support from NHSSP and other development partners.

An initial draft is based on inputs from: a "Writing Workshop" in May; a workshop to review and draw lessons from implementation of the current strategy; an NHSSP presentation to a TWG meeting of preliminary health systems assessment findings; and drafts of NHRC policy briefs. Health systems experts, the TWG and Steering Committee have further revised the draft. A most recent draft was shared with senior FMoHP and Departmental officials and EDPs for comment. Draft results framework and indicators are under review. Costing and translation has started. The document will be circulated to other government ministries and the Parliamentarian Social Sector Committee before submission to Cabinet for endorsement. ***See Annex 1A for details of the NHS-SP process timeline***.

Planning for the 2022/23 fiscal year: the national budget has increased by 8.9% over the previous year. FMoHP budget and provincial and local level conditional grants have decreased by 18.8% mainly due to reduced COVID-19 vaccine allocation. ***See Annex 1B for budget scenario summary***

Officials of the FMoHP, Departments, and Centres were briefed on the Medium-term Expenditure Framework and support was continued for the development of the AWPB for the next fiscal year.

RESULT AREA I2E.7: DEVELOPMENT OF REGULATORY FRAMEWORK FOR EFFECTIVE MANAGEMENT OF HEALTH SECTOR

FMoHP has started to set standards for health services pricing aiming to regulate public and private sector service fees. An NHSSP advisor has been engaged to support the standard setting consultation process. Details of subnational level support is provided in **RESULT AREA I2E.4 (1.2.7).**

Procurement and Public Financial Management

RESULT AREA I4E.1: EFFECTIVENESS AND ACCOUNTABILITY OF FINANCIAL MANAGEMENT SYSTEM AND FUND TRANSFER MECHANISM STRENGTHENED AT ALL LEVELS

Internal Control System Guidelines NHSSP provided support to develop Internal Control System Guidelines for the DoHS. The first draft was submitted to the DoHS and is now under review.

Financial Monitoring Report (FMR): The Annual Financial Statements for FY 2020/21 were submitted to the OAG for certification. FY 2021/22 FMR-2 was submitted to BEK for reimbursement.

Update PFM Training Manual: A final draft of the manual, in line with the new Financial Procedure and Fiscal Accountability Act and Regulations, was submitted to FMoHP for review and endorsement.

Support PFM & Audit Committees of FMoHP: The PPFM team continued to support the PFM, Audit and Internal Control and Audit Support Committees and the TIU to improve the PFM system. A joint meeting was held in June with the OAG team and the Health Secretary to discuss the preliminary FY 2020/21audit. The team also supported FMoHP to respond to the 58th OAG audit annual report.

Provincial Financial Management Improvement Plan (FMIP): Sudurpashchim Province MoSD was given technical support to conduct a FMIP drafting consultative workshop in April .

RESULT AREA: I4E.2 TABUCS IS OPERATIONAL IN ALL MOHP SPENDING UNITS AND PROVINCIAL LEVEL

TABUCS Utilisation TABUCS is still used to record audit queries, audit settled records, deposit accounts, foreign Currency accounts, the CAPP, and hospitals' income and expenditure. Data

entered in the Computerised Government Accounting System is uploaded in TABUCS. The PPFM team will continue to support FMoHP to use TABUCS until CGAS captures all the features of TABUCS. STTA was provided to: update the hospital income/expenditure accounting system to be compatible with changes in the Chart of Accounts; and update FY 2012/13 to 2019/20 audit queries in TABUCS.

RESULT AREA I4E.3: CONDUCT ANNUAL BUDGET ANALYSIS OF HEALTH SECTOR, NHSS INDICATORS, AND PRODUCE BRIEF POLICY NOTE

Budget Analysis (BA): After successful BA training completion, NHSSP focus palikas asked us to brief newly elected local level representatives on health sector funding. The team also noted that this will be the first time these officials will prepare budgets, and that briefings should include information from their own palikas. A half-day orientation covered: the importance of funding health; how palikas can help to reduce health OOPE by investing in preventive and promotive programmes; sharing of federal and local level BA findings; and comparison with other countries. It was attended by newly elected Mayors, Deputy Mayors, Chairpersons and Vice Chairpersons, and their Health Coordinators. The orientation was completed before the palikas finalised their AWPBs.

A two-day workshop to discuss the BA framework with selected province and palika representatives was held in May. The Health Sector BA framework for all spheres of government was discussed with FMoHP and EDPs in June. Suggestions, including engaging civil society in BA were incorporated in the final version which will facilitate independent BA exercises. The framework was submitted as a PD in June. Palika-specific health sector BAs will be prepared for all NHSSP focus Palikas next quarter.

RESULT AREA I4E.4: PRACTICE OF DEVELOPING COHERENT PROCUREMENT POLICY, STRATEGIC FRAMEWORK AND PLANNING INSTITUTIONALISED AT FEDERAL GOVERNMENT

Consolidated Annual Procurement Plan (CAPP): DoHS has adopted standard practices for CAPP preparation, implementation, monitoring, and use of e-GP. CAPP implementation has improved compared with the previous year. FMoHP funds for the Health Management Program, Family Welfare, and COVID-19 Management Program increased significantly in the previous quarter and the total expenditure on procurement almost doubled. Bidding started for 68 out of 70 items; contracts were signed for 42 of these, covering 47.5% of the total contract value - a large amount of procurement is now underway for completion by the end of the FY. e-GP was used for 99.55% of the contract amount. ***See Annex 1C for comparison of CAPP execution in FY 2020/21 and 2021/22.***

Public Procurement Strategic Framework (PPSF): The revised PPSF was finalised after a national consensus workshop in Kathmandu and was submitted to the FMoHP Secretary for endorsement.

Provincial Procurement Improvement Plan (PIP): a draft Lumbini Province PIP was shared with government stakeholders and will be finalised at a workshop in July. Sudurpashchim Province held a workshop to develop its PIP and discuss procurement issues and challenges at sub-national levels.

Technical Specifications Bank (TSB): is being used by PEs at all levels. The number of registered users of the TSB increased to 1,668 by the end of this quarter. There have been a total of 37,623 specification downloads between October 2017 and end June 2022. Provinces and Hospitals were supported to develop new technical specifications.

Standard Operating Procedures (SOP): SOPs for Pre-shipment Inspection (PSI), Post-delivery Inspection (PDI) and sampling techniques were developed as a facilitation handbook, endorsed by the DG, DoHS, to be distributed to all PEs to assure the quality of procured medicines and medical goods. We gave technical support to Management Division to produce a second edition of the procurement handbook" (first prepared by LMD with the support of NHSSP in 2018).

Capacity Enhancement in Procurement: was provided to DoHS and PEs (including Teku, Surkhet, Parbat, Civil and Narayani Hospitals, and the National Public Health Laboratory) through facilitation, Procurement Clinics, and phone and email support to bid evaluation and dispute resolution.

Support to Provinces and Local Level Governments: PPFM Officers and HSSOs provided hands-on coaching and support to provinces and Palikas. Provincial Hospitals and LGs were given distance coaching for bid management using e-GP and bid evaluations.

Subnational Programme Implementation

RESULT AREA I2E.4 (1.2.7): ENHANCEMENT OF PROVINCIAL CAPACITY BY USING THE FRAMEWORK OF ORGANISATIONAL CAPACITY ASSESSMENT TOOL AT PROVINCIAL LEVEL

Support in drafting policy and regulatory functions: The subnational team supported drafting of policies, acts, guidelines and tools. The provincial team supported drafting of annual policy and programmes across all focused provinces; these are key documents to guide preparation of AWPBs aligned with sub-national government priorities. Across the provinces, the team also provided support in reviewing the last year's AWPBs and drafting AWPBs for the next FY 2022/23.

Madhesh Province: technical support to draft Health Service Regulations for implementation of the recently endorsed Health Service Act. NHSSP, as a member of the technical working committee, supported organisation of consultative meetings and incorporation of outputs in the drafting.
Lumbini Province: support to drafting Provincial Health Sector Partnership guidelines. These have been endorsed by the provincial Cabinet and published in gazette for implementation.
Sudurpashchim Province: drafting of the Provincial Reproductive Health Strategy commenced with formation of a technical working committee by the Ministry of Social Development (MoSD).
Support in drafting provincial Annual Workplan and Budget: the provincial team supported provincial governments to prepare AWPBs, based on: annual policy and programme priorities; review of implementation of the previous year's AWPB; and identification of priorities based on the gaps and evidence. Lumbini Province was supported to prepare a MTEF as a part of AWPB formulation.

Support in drafting of Nepal Health Sector-Strategic Plan (NHS-SP): The Provincial L&G team, supported by the central team, facilitated provincial level consultations with subnational stakeholders to contribute to NHS-SP development. Outputs were shared with the strategic plan drafting team.

Capacity Enhancement of subnational government through trainings: LG officials were given BA-related skills including budget coding and audit arrears tracking reported in OAG reports.

RESULT AREA I2E.5 (1.2.8): ENHANCEMENT OF LOCAL GOVERNMENT'S CAPACITY USING THE FRAMEWORK ORGANISATIONAL CAPACITY ASSESSMENT TOOL

Orientation to newly elected local government leadership: newly elected representatives (Mayor/ Chair and Deputy Mayor/Vice-chair of NHSSP supported LGs in target provinces) were briefed on evidence-based policy/programme formulation as a basis for health sector prioritisation in the AWPB.

Support in Local Level Government's Annual Workplan and Budget preparation: the subnational team supported drafting of annual policy, programmes, and AWPBs in focal LGs for FY 2022/23. HSSOs: prepared factsheets; used tools (e.g. HMIS, MSS, RDQA, and LISA) to identify gaps; facilitated meetings; and helped AWPB drafting. In Panini Rural Municipality, the team supported development of a 5-year health sector plan. At the time of reporting AWPBs have been endorsed in 20 LGs and are awaiting finalisation in the remainder.

Support in drafting policy and regulatory functions: NHSSP supported health policy drafting in four RMs (Bhume, Putha Uttarganga, Pheta, and Parsa); facilitated consultations with palika stakeholders to inform policy drafting; helped draft Health Act in Ghorahi Submetropolitan City; and briefed officials in target provinces on the planning process, need of business plan, and result-based planning.

PRIORITIES FOR THE NEXT QUARTER

Health Policy and Planning

Support to:

- completion of the Nepal Health Sector Strategic Plan (NHS-SP) in Nepali and English;
- produce a programmatic guidance reference document aligning with the NHS-SP;
- conduct of a Joint Consultative Meeting between FMoHP and EDPs;
- FMoHP/PPMD (Policy, Planning and Management Division) to prepare quality implementation guidelines for timely AWPB production;
- FMoHP/DoHS to prepare guidelines on conditional grant related activities for implementation at province and local levels;
- provincial health ministries (MoSD/MoHP&FW) and focal palikas to independently prepare annual action and procurement plans;
- planning of National Joint Annual Review.

Procurement and Public Financial Management

- Finalise Provincial FMIP with three focal provinces.
- Finalise Internal Control System Guidelines for DoHS.
- Ensure FY 2020/21 Annual Financial Statement for certified by FCGO and submitted to OAG
- Submit FY 2021/22 FMR 2 to BEK for reimbursement and deposit in Nepal Rastra Bank.
- Support Endorsement of PPSF and PIP for three focal provinces.
- Facilitate use of SOPs for PSI and PDI of pharmaceutical products.
- Update the TSB with approved new technical specifications.

Subnational Programme Implementation

- Complete support to subnational government drafting of policy, acts, strategy and guidelines.
- Support subnational governments to draft guidelines for AWPB implementation.
- Collation of lessons learnt and execution of exit plans from subnational TA,

3. COVERAGE AND QUALITY

Summary

The BHS Orientation package facilitators guide was endorsed. The BHS STP was finalised and is now owned by Curative Service Division (CSD). All 73 districts with established CEONC sites had at least one functional site. The team supported Nursing and Social Security Division (NSSD) to begin in-house coaching on general nursing skills in 3 hospitals. The Nursing and Midwifery Strategy 2030 was endorsed. We continued to provide TA to develop and support clinical mentors.

RESULT AREA I3.1 THE DOHS INCREASES COVERAGE OF UNDER-SERVED POPULATIONS

Basic Health Services (BHS): We provided TA to update the BHS STP based on provincial level feedback. The BHS STP is now fully owned by CSD; future revisions will be in line with BHS Standard Operating Procedures (SOP).

FMoHP approved a Facilitator's Guide for orientation on BHS STP in April. We are ensuring that CSD has a pool of experts to provide orientations through a cascade (provincial level facilitators from all provinces orientated district level facilitators who in turn orientated health workers, elected representatives, and health section chiefs at 151 palikas). We supported development of district facilitators across 21 districts (12 Lumbini and 9 Sudurpaschim); Madhesh province has an orientation scheduled for July. District facilitators will deliver orientation sessions at the palika level over FY 2022/23. CSD will sustain this after October 2022, through the pool of facilitators we have developed. CSD will develop a mobile application to help users access the BHS STP modules and adhere to the protocols. We are engaged with CSD to provide TA for the development of the app.

Functionality of CEONC sites:

We continued to provide TA to Family Welfare Division (FWD) to monitor CEONC service functionality. Human resource shortages remain the main cause for non-functionality in 3 of 4 non-functional sites as they lacked a full team (skilled operator, theatre Nurse and anaesthesia assistant). All 73 districts with established CEONC sites had at least one functional site **(For details please see Annex Table 1).** Technical support visits were conducted to five district hospitals[1]. MoHP has prioritised establishment of at least one CEONC site in all districts and has allocated budget to set up sites in the remaining 4 districts.[2] We provided TA to assess Manang and Rasuwa Hospitals.[3] FWD will continue off-site monitoring of functionality until the hospital management roles of provincial governments is clarified.

Monitoring Caesarean Sections (Robson's classification): We provided TA to FWD to orientate hospital staff on Robson classification guidelines and reporting mechanisms in Province1, Madhesh, Bagmati and Lumbini Provinces, facilitated by NESOG and reaching 72 doctors and nursing staff from the maternity departments of 28 Hospitals. We are also supporting development of a web- and mobile-based application and online dashboard for data visualisation to ensure that data gathering and monitoring is institutionalised within the government system, and is used for rapid analysis and response. This will be completed in the next quarter.

Mobile Health (mHealth) pilot: NSSD has not provided any more resources to implement this project, which is considered complete.

Postnatal Care (PNC): We continued support to FWD to enhance capacity of key staff (managers, .focal persons, service providers) to plan, monitor, and facilitate PNC home visit micro-planning implementation guidelines. 22 participants from all wards of Mohanyal Rural Municipality attended an orientation. We also provided long-distance support, technical advice and clarification on the specific implementation and monitoring issues. 733 palikas in 75 districts have been oriented on PNC home visits, 636 of which are undertaking home visits (including 58 new palikas this quarter). These home visits are a palika responsibility: our TA support has ensured that palika budget allocations are made through the FWD programme grants, and that health section chiefs are orientated on implementation.

Family Planning: *Visiting Service Providers (VSP) and Roving Auxiliary Nurse Midwives (RANM):* we continued to provide desk-based monitoring support to VSP and RANM programme implementation. We visited Yasodhara and Palhinandan palikas in Lumbini Province to introduce the VSP programme. Neither palika had trained staff available. The Palhinandan health section will ask the palika social development committee to allocate funds to mobilise VSPs. These programmes are no longer funded through federal level conditional grants; annual programme implementation guidelines will in future recommend funding for palikas where there is a need for a VSP or RANM. FP services will be instead provided through each of the ward level facilities. We will ask HSSOs to orient relevant focal palikas on the approaches and support monitoring of programme implementation in palikas that have budgeted for this.
FP service provision is now part of the BHS package; support has focused on including protocols and operating procedures for family planning in the SOP. We will continue to monitor service uptake in the coming quarter, and advocate at palika level for additional resource allocations for FP.

[1] Bagouda Hospital, newly established Mirchiya hospital, Jaleshwor Hospital, Matri Shishu Maitri Hospital, Syanga Hospital

[2] Rasuwa, Mustang, Manang and East Rukum.

[3] Assessment of sites in East Rukum and Mustang had already been conducted.

RESULT AREA: I3.3 THE MOHP/THE DOHS HAVE EFFECTIVE STRATEGIES TO MANAGE THE HIGH DEMAND (FOR MNH SERVICES) AT REFERRAL CENTRES

On-site birthing units: No progress during this quarter. Individual hospitals should fund onsite birthing units through the AWPB but have found it difficult f to allocate resources for this activity within a tight budget ceiling and competing priorities.

Aama Programme Review: The C&Q and L&G teams are collaborating to increase understanding of how decentralised implementation is working in select facilities. Secondary analysis and additional data collection will also assess how different funding streams at facility level (e.g., from Aama, BHS and Social Health Insurance) can best be managed and how quality of care can be incentivised.

RESULT AREA: I3.4 CONTINUOUS QUALITY IMPROVEMENT INSTITUTIONALISED

Standards and protocols: the BHS STP Facilitator's guide was approved. No further TA support is needed. The onsite coaching and mentoring facilitation guide for MNH service providers was submitted by FWD to FMoHP for approval. We provided TA to finalise the Zero Home Delivery implementation guideline in Lumbini province and the Full Safe Motherhood implementation guideline in Madhesh Province, clearly linking these guidelines to delivery of SMNH Roadmap outcomes. These guidelines are owned by the respective provincial health directorates.

MSS: we continued support to CSD to implement and monitor MSS at Municipality and Health Post (HP) level, and to roll-out of HP-MSS in focal provinces. 13 Palikas in the three provinces conducted HP-MSS assessment in 41 facilities. Assessments in the focal palikas will be complete by end July.

Emergency Obstetric and Neonatal Care (BEONC) sites: we provided TA to FWD, Provincial Health Departments (especially province hospitals) and palikas to monitor and support clinical mentors, health coordinators, and finance officers to conduct QI and clinical mentoring. Eleven hospitals[4] reported on clinical mentoring and QIP as did 137 BC/BEONC sites of 183 from 119 palikas implementing mentoring. 178 clinical mentors facilitated 196 sites (13 CEONC and 183 BC/BEONC) to conduct QI and provided SBA clinical mentoring to 793 staff. QI and signal function scores of 11 hospitals shows a small improvement in QI scores and signal function readiness CEONC sites. **(*Annex C&Q Tables 2 and 3).*** Our team supported training of 31 clinical mentors in Province1, Madhesh and Gandaki Provinces ***(Annex C&Q Table 4).***

TA was also provided to the FWD to establish a quality monitoring dashboard compiling data from current online tools. We got FWD agreement to allocate resources to host this dashboard using server space, and to provide a FWD webpage link to the dashboard. This helps institutionalise the system allowing FWD to continue monitoring QI and mentoring processes, responding to any gaps.

Support to SBA and FP training site strengthening: Findings and learning from support provided to Lumbini and Janakpur Provincial Hospitals were presented to a meeting in June attended by FWD and NHTC directors and officials, PHTC-Gandaki Province directors and representatives of NSSD, CSD, partner organisations such as WHO and Save the Children, and other experts.

We provided TA to NHTC and FWD for group based Postpartum IUCD training of 13 doctors and nurses in Phaplu and Okhaldhunga Community Hospitals.

RESULT AREA: I3.5 SUPPORT FWD IN PLANNING, BUDGETING, AND MONITORING OF RMNCAH AND NUTRITION PROGRAMMES

SMNH Roadmap 2030 and Strategy for SHP/SBA 2020-25 and Annual planning: We continued support to FWD and Provincial government to provide SMNH Roadmap 2030 implementation orientation to three tiers of government health officials. All SMNH focal persons and Health Office

[4] Eleven hospitals/CEONC sites: Prithivi Chandra hospital, Terathum hospital, Darchula hospital, Rolpa hospital, Pyuthan Hospital, Lahan hospital, Lamjung community hospital, Tikapur hospital, Taplejung hospital, Bajhang Hospital, Solu hospital.

chiefs from 77 districts have been oriented by provinces. We provided TA to Madhesh Province in this quarter to orient district health managers and focal persons from 8 districts. Following the orientation, all the Health Office chiefs from across the 7 provinces have undertaken the palika orientation and a total of 576 palikas have received it. In this quarter alone, 226 palikas were orientated in Madhesh, Lumbini, and Sudurpaschim provinces. NHSSP has also provided off-site support to FWD to monitor the programme.

AWPB planning support: we supported FWD for FY 2022/23 AWPB planning to ensure inclusion of priority MNH and FP activities; and discussed budget allocations with CSD (for health worker BHS orientation) and NSSD (to scale-up in-house/onsite clinical coaching and hospital nurses mentoring programme). We also provided TA to FWD to draft the MNH and FP sections of the Annual Report.

Nursing and Midwifery Strategy and Action Plan 2020–30: we continued to support NSSD to implement a hospital nursing clinical coaching and mentoring programme in Bir hospital, Bharatpur hospital Chitwan, and Dadeldhura hospital. NSSD has now implemented clinical coaching and mentoring in all six hospitals[5] that received budgets this year. 77 general ward nurses received their first coaching and mentoring sessions. NSSD will continue orientation, monitoring and support. FMoHP has approved the Nursing and Midwifery Strategy 2020-30. We supported NSSD to format and print the strategy, and to hold a dissemination event for key FMoHP officials.

Referral system strengthening in selected palika clusters: we continued to support the health sections in a cluster of three palikas[6] in Argakhanchi district to continue the EOC inter-facility referral system. 59 referral cases have been reported from this cluster. We presented early lessons learnt from at the 16th National Conference of NESOG; and will support further knowledge sharing at a workshop for elected representatives and health section chiefs in Lumbini province.
COVID-19 Response: hospital MNH services/outcomes monitoring continued using ODK reporting.

Priorities for the next quarter
Consolidate support to BHS package:

- support CSD to familiarise and orient other EDPs and stakeholders all on the BHS package. prior to its roll-out across all provinces in the coming year.
- work with CSD to deliver a final document by October

Aama Review**:**

- further analysis and data collection to understand facility level implementation and management of different sources of funding (Aama, BHS, Social Health Insurance)

Institutionalisation and knowledge sharing (if FWD prioritises this for the coming quarter):

- hold a knowledge sharing/discussion session with federal and stakeholders to identify how CEONC functionality and monitoring can be strengthened in the federal context.

Complete and consolidate TA support to Robson monitoring:

- provide a final round of TA under FWD leadership to strengthen the use of the system and improve reporting levels and to build ownership in hospitals (to be completed by October).
- support FWD to develop ToR for and establish a Central Monitoring Committee to oversee the intervention and supporting evidence-based decision-making.

Complete and consolidate TA support to PNC home-visit:

- support FWD to oversee implementation and make monitoring visits
- assess progress made and challenges faced by palikas in implementation as a basis for further palika level guidance or strategies to strengthen PNC planning and service delivery.

Institutionalisation:

- support to monitoring clinical mentoring and HQIP at provincial hospitals and palikas linking the quality monitoring dashboard to the FWD website.

[5] Koshi hospital, Biratnagar from province 1, Narayani hospital, Birginj from Province 2, Bharatpur, Chitawan and Bir hospital from Bagmati province, Bheri hospital, Nepalgunj from Lumbini and Dadeldhura hospital from Sudurpaschim province.

[6] Sandhikharka NP, Panini and Malarani GP

Knowledge sharing:

- Hold a peer learning/knowledge sharing event on EOC referral strengthening for newly elected representatives and Health Section Chiefs in Lumbini province
- support to East Rukum based on experiences from Arghakhanchi through peer learning exchange across districts.

4. DATA FOR DECISION MAKING

Summary

Key achievements in this quarter include TA and support to: Integrated Health Information Management Section (IHIMS) to implement provincial and local level training of trainers (ToT) on revised HMIS tools and guidelines; Population Management Division (PMD) to roll out One-stop Crisis Management Centre (OCMC), Geriatric, and Social Service Unit (SSU) reporting; CSD to finalise BHS monitoring indicators and develop a BHS dashboard; FMoHP to develop the NHS-SP results framework, evidence synthesis, equity analysis, and draft the relevant sections; roll out a follow up round of RDQA at provincial hospitals and local health facilities in focal provinces; IHMIS section to generate evidence on COVID 19; FMoHP to manage data and verify findings for the Maternal Mortality Study following Census 2021.

For updated Activities – please see Annex 1

OUTPUT 2.1 STRENGTHENING OF ROUTINE MISS

We supported development of a compendium of revised HMIS indicators (now under review by IHIMS). We provided technical support to complete Training of Trainer (ToT) roll out on revised HMIS tools in all provinces and municipalities; facility and FCHV level trainings will be completed in July.

We supported review and finalisation of the FY 2021/22 Annual Report, now publicly available at http://dohs.gov.np/annual-report-fy-2077-78-2019-20/ and supported IHIMS to plan for the timely dissemination of the report (Fig. 1 Implementation plan for annual report dissemination).

The team assisted IHMIS and the Immunisation section to address concerns from an external audit, particularly on data quality and Government of Nepal management and data validation procedures.

We continued to support FMoHP with analysis of Severe Acute Respiratory Infection cases reported by the Early Warning and Reporting System[7] and are working with Epidemiology and Disease Control Division to improve timely reporting, expanded sentinel site coverage, data analysis and use for planning and response. (Fig 2 Weekly reported SARI cases)

NHSSP supported PMD to develop a digital platform to track OCMCs, SSUs, and Geriatric services and to operationalise the system by rolling out three batches of training for five provinces (Sudurpaschim, Lumbini, Province 1, Bagmati, and Karnali). A further batch of training covering the remaining two provinces is planned for July.

We are now supporting Quality Standard and Regulation Division (QSRD), FMoHP on digital health information technology and drafting of Digital Health Implementation Guidelines.

Our support to FWD to develop a dashboard to monitor QIP and onsite coaching is complete. The dashboard is finalised and ready for handover to FWD.

[7] see https://www.edcd.gov.np/resources/newsletter for EWARS weekly bulletins

OUTPUT 2.2 HEALTH FACILITY REGISTRY UPDATES

NHSSP is supporting verification and correction of data entered in the health facility registry (HFR) at all levels. The HFR now lists 9,944 HFs (7,686 government and 2,258 non-government).

OUTPUT 2.3 DIGITAL PLATFORM FOR RECORDING AND REPORTING OF THE MINIMUM SERVICE STANDARDS (MSS)

We did not provide any specific TA on MSS during this quarter. However, data from MSS are planned to be used for regular monitoring when proposing indicators for the NHS-SP.

OUTPUT 2.4 WEB BASED ROUTINE DATA QUALITY ASSESSMENT (RDQA) SYSTEM

The team supported RDQA follow-up in one provincial and three federal hospitals in Madesh and Lumbini provinces. Data management use for decision-making is a challenge in hospitals that have not met the benchmark. Gajendra Narayan Singh Hospital score is now lower than at initial assessment with lack of designated staff hampering plan implementation. Lumbini Provincial Hospital scores increased across the board, following creation of a data management committee, staff training, availability of recording materials, and display of bar charts. A follow-up round of local level facilities is planned for July. Data extraction and analysis is ongoing and will be completed in the next quarter.

Findings from the “Routine Data Quality Assessment in Selected Hospitals of Lumbini Province: System and Data Verification gaps and recommendation for improved data quality” were presented at 8th National Summit of Health and Population Scientists in Nepal. (see Fig 3 RDQA score of selected hospitals of Lumbini and Madesh Provinces).
PPMD asked us to develop scripts for instructional videos on RDQA installation and implementation (online and offline versions). The completed videos will be put on the FMoHP website.

OUTPUT 2.5 MONITORING OF BASIC HEALTH SERVICES

NHSSP is providing TA to CSD to develop indicators to track BHS packages. A TWG has agreed final indicators. A dashboard is being developed using survey and HMIS data; it will be linked to HMIS to allow regular update of program data. (Figure 4 Screenshot of BHS dashboard under development)

OUTPUT 2.6 STRENGTHENING THE MATERNAL AND PERINATAL DEATH SURVEILLANCE AND RESPONSE SYSTEM (MPDSR)

We and other EDPs supported PMD to verify of deaths reported, review verbal autopsy forms, assign cause of death and manage data. We will support data analysis and report writeup in the next quarter.

OUTPUT 2.7 EQUITY MONITORING

NHSSP analysed evidence on equity as part of NHS-SP development. The strategy will include equity analysis. (e.g. Fig 5: Disparity in key indicators by provinces and wealth quintiles)

SUPPORT IN RESPONSE TO COVID-19

We continue to support FMoHP to manage COVID-19 related information. The provincial team helped to orient local level focal persons on COVID-19 data management including vaccination uptake reporting. We worked with IHIMS to develop a COVID-19 dashboard to share daily analysis. A poster presentation “Effects of lockdown due to COVID-19 Pandemic on Family Planning Services in Nepal” has been accepted for the International Conference on Family Planning in Thailand.

PRIORITIES FOR THE NEXT QUARTER

- Conduct Pre-post analysis of RDQA scores; disseminate findings through research paper
- Conduct Public Health Analytics Training; support package finalisation if prioritised by IHIMS.
- Finalise the BHS monitoring dashboard and handover to CSD

- Finalise HMIS indicator book; hand over to IHMIS for printing and dissemination at wider level
- Support HFR update at federal and selected local levels; share learnings with PPMD
- Support IHIMS to identify and resolve HMIS data quality issues and institutionalise mechanisms to ensure coverage, timely and quality hospital reporting, data analysis and use
- Support PMD to roll out digital recording and reporting system for SSU, geriatric, and OCMC-related services and handover the system
- Finalise and handover the COVID-19 data management and analysis dashboard to IHIMS
- Finalise and handover the ODK monitoring dashboard to FWD
- Continue support to FMoHP to carry out Maternal Mortality Study following Census 2021.

5. HEALTH INFRASTRUCTURE

Summary

The team has continued to contribute to a strengthened policy environment including: a tool to monitor Primary Hospital Upgrading projects; land acquisition policy, repair and maintenance procedures, and guidelines for National Health Infrastructure Development Standards (NHIDS) implementation.

Capacity enhancement was provided to federal government, DUDBC, focal provinces and LGs, and on-site engineers covering a wide range of design, planning, technical activities, and the social context of infrastructure.

Retrofitting progress continues. Western Regional Hospital Pokhara (WRH): structural retrofitting decanting completed; structural retrofitting of Maternity and Medical Blocks 85% complete; Anti-Retroviral Therapy/Comprehensive Abortion Care (ART/CAC) block repair and maintenance 20% completed; Out-patient Department (OPD) block decanting to start soon. Bhaktapur Hospital: 65% Operating Theatre (OT) block construction completed; Mortuary Block structural work completed, backfilling work inside plinth area initiated; and Emergency Block completed and service decanting initiated.

Support to FMoHP upgrading programme continues: review of a further 78 primary hospital designs submitted by municipalities; 35 designs submitted were approved during the quarter.

For updated Activities – please see Annex 1.

RESULT AREA I6.15: POLICY ENVIRONMENT

The team developed a tool to monitor Primary Hospital Upgrading projects at the request of FMoHP. This was used by a team led by the Health Secretary with our support to review work in Lumbini and Gandaki provinces. It is now a mandatory document to be submitted by municipalities when requesting upgrading funds. It has been integrated in the Health Infrastructure Information System.

We have drafted HI land acquisition policy[8], HF repair and maintenance procedures, and guidelines to facilitate implementation of National Health Infrastructure Development Standards (NHIDS) by FMoHP; and shared these with provincial and LG representatives the three focal provinces at multi-hazard resilience HI planning and implementation workshops in April. We introduced a land selection prioritisation tool which is being modified to become an integral part of the land acquisition policy.

[8] At the request of FMoHP/PPMD; aligned with the Public Health Act 2075 B.S and Public Health Regulations 2077 B.S

RESULT AREA I2E.5 (1.2.8): ENHANCEMENT OF LOCAL GOVERNMENT'S CAPACITY USING THE FRAMEWORK ORGANISATIONAL CAPACITY ASSESSMENT TOOL

RESULT AREA I6.2: CAPACITY ENHANCEMENT

A wide range of activities included:

- assistance to federal government to develop plans and policies for expansion of multi-hazard resilient health infrastructure, based on Leave No One behind (LNOB) and Gender Equality & Social Inclusion (GESI) principles;
- one-day orientation events on HI planning and development for focal provinces and LGs in response to the large and growing number of requests for capacity enhancement following review of planned health facility upgrading funded by the federal government;
- training on construction quality, schedule control, contract management and progress reporting for municipal engineers as part of the FMoHP field visit in May;
- ongoing onsite support and mentoring of Department of Urban Development & Building Construction (DUDBC) engineers and architects at hospital retrofitting sites;
- support to LG management and technical staff to review primary hospitals design under the Hospital Upgrading Programme[9] (an important part of HI planning and implementation capacity strengthening for municipalities);
- continued support to upgrading of Surkhet Provincial Hospital to 500 bed capacity, with finalisation of detailed design drawings, cost estimate and specifications;
- visual aids for presentations on HF planning and implementation issues and problems;
- Support to FMoHP to prepare design drawings and estimates for run-off water management in the FMoHP precinct (construction work using these inputs now complete);
- Start of support to DoHS, Teku and Pokhara Academy of Health Sciences (PAHS) to develop an electrical power distribution Master Plan;
- Copy editing of three technical training handbooks (Electrical Services, Sanitary Services, and Waste Management Area Design) for submission to Government for endorsement in next quarter.

RESULT AREA I6.3: RETROFITTING AND REHABILITATION

Senior FMHoP officials visited WRH/PAHS in May and June to observe retrofitting progress; the FCDO team also visited WRH/PAHS in June, and Bhaktapur in April to review progress.

The Steering Committee met on June 20. Discussion and agreements included:

- Review of progress at both sites focusing on delays and extension of the project;
- Review of the individual components and splitting of the fourth contract package as communicated to FMoHP earlier during the budget preparation process;
- No revisions to previously agreed and approved designs to avoid delays and additional costs;
- Steering Committee meetings will now be held bi-monthly;
- FMoHP will circulate the minutes once finalised.

Bhaktapur progress and issues in main retrofitting works

It is estimated that the overall project is now 40% complete. A major ongoing issue has been failure of the contractor to mobilise sufficient workers. Monthly comparison of (skilled and unskilled) workers available against those needed have been placed on record with DUDBC. DUDBC has been supported to draft warning letters which were sent to the contractor.

- The operating theatre (OT) block is 65% complete: work on the structure is nearing completion, and electrical work has started. Construction was slowed by defects in fourth floor concrete work.

[9] By end June 432 submissions had been received with 147 approvals.78 submissions were received during the quarter, with 35 approved

The team advised DUDBC on steps to rectify the defects. The contractor is now progressing with the defect correction work as agreed.
- The emergency block is now completed following delays caused by late delivery of PVC flooring by the supplier and a government decision to restrict imports to preserve foreign currency.
- structural work on the mortuary block is completed – 40% completion overall.
- Structural work is completed on the maternity block. Decanting of maternity services is underway, following which preparation of the block for retrofitting will be started.
- The pharmacy has now been completely relocated to the newly retrofitted emergency block

WRH/PAHS Pokhara progress in main retrofitting works

It is estimated that the overall project is now 42% complete.

- The One-Stop Crisis Management Centre and Central Sterile Supplies Department Block (OCMC/CSSD) and kitchen block have been handed over to the hospital;
- maternity block structural retrofitting over 80%; remaining structural work will start after timber and core cutting tests analysis; M&E team QA showed concreting work met required specifications
- medical block structural retrofitting work is 80% complete. Progress on both blocks has been independently verified by the third party M & E team contracted by FCDO.
- OPD block retrofitting will start as soon as the contract extension process is completed.
- construction of alternative decanting space in the prefabricated OPD block and nearby open space was completed to accommodate service decanting from the existing OPD block.
- Installation of the oxygen plant is complete; testing and commissioning is underway.
- ART/CAC block repair and maintenance 25% completed.

Activities related to quality assurance, testing and compliance included:
- agreement of a joint working mechanism for QA of the contractor's works by DUDBC and the Federal Programme Implementation Unit (FPIU).
- Completion of testing of timber and roofing structures of the maternity and medical blocks and kitchen block floor slab - analysis of the test results is underway.
- Joint FPIU/NHSSP QA of shotcrete - a report and recommendations have been submitted to FPIU.
- The HI team provided a "pull-out" (concrete strength) test methodology to the contractor and FPIU; we work with FPIU to do regular pull-out testing in the maternity and medical blocks.
- ART/CAC block assessment before initiation of repair and maintenance work, following which necessary additional interventions have been recommended to FPIU for implementation.

PRIORITIES FOR THE NEXT QUARTER

Policy Environment
- Revise HI land acquisition and relocation guidelines, drawing on provincial orientation findings; present the revised guidelines to FMoHP for adoption
- Get endorsement of HI repair and maintenance guidelines by provincial and federal governments
- Publish and disseminate Learning Lab HI assessment reports
- Support DUDBC and FMoHP to finalise extension plan of retrofitting work at both sites

Capacity Enhancement Activity
- Continue training on health and safety and retrofitting techniques at both hospital sites
- Provide first-aid training to construction workers at both hospital sites
- Activity sequencing and functional retrofitting orientation for WRH OPD and Bhaktapur Maternity Block
- Continue capacity enhancement support to DUDBC offices at both hospital sites

Bhaktapur Main Retrofitting Works
- Follow-up on budget allocation for the Fourth Contract package projects; initiate tender process once the budget is secured
- Completion of decanting of Maternity Block in line with agreed decanting strategy

- Completion of 50% of structural work of Maternity Block
- Completion of 90% of all the works in OT Block
- Completion of all works for the Mortuary Block

WRH/PAHS Pokhara Main Retrofitting Works`

- Follow up on budget allocation for the Fourth Contract package projects; initiate tender process once budget is secured
- Technical and management support to DUDBC to decant OPD block to OCMC/CSSD, Kitchen Block and prefabricated spaces
- Initiate retrofitting of OPD block
- Complete 100% Maternity Block and Medical Block retrofitting
- Coordinate with hospital management to decant more blocks to facilitate retrofitting.

6. GENDER EQUALITY AND SOCIAL INCLUSION (GESI)

Summary

Key policy related documents were approved including: Geriatric Health Service Protocol; a concept note to study the Status of disability inclusive health services (planning now started); and a training package on GRB implementation and LNOB budget marker (1st batch of training completed in June).

Capacity building to strengthen GBV services at provincial and local levels continued, including: training in Clinical Medico legal skills; psychosocial counselling; orientation for SSU focal persons; training on online HMIS recording and reporting for OCMC, SSU and Geriatric Health Services; and in-person and remote mentoring, monitoring and coaching training.

For updated Activities – See Annex 1.

RESULT AREA: I7.1 DISTRICTS AND DIVISIONS HAVE THE SKILLS AND SYSTEMS IN PLACE FOR EVIDENCE-BASED BOTTOM-UP PLANNING AND BUDGETING

Gender Responsive Budgeting (GRB) and Leaving No One Behind (LNOB) Budget Marker: FMoHP approved the GRB and LNOB Budget Marker training package. This was used by NHTC to train 16 staff from five provincial health ministries[10] and will be rolled out to all provinces. We briefed staff on GRB and LNOB concepts, and operationalisation as part of the AWPB planning process.

RESULT AREA: I7.2 MOHP HAS CLEAR POLICIES AND STRATEGIES FOR PROMOTING EQUITABLE ACCESS TO HEALTH SERVICES

GESI strategy and inclusion in AWPB: the newly formed Madhesh Provincial Steering and Coordination Committees met for the first time in June and endorsed inclusion of key GESI activities in the provincial AWPB in line with the their recently approved Health Sector GESI Strategy.

Lumbini Provincial ministries have included GESI related activities in their AWPBs to strengthen GBV services and ensure disability inclusion.

We facilitated orientation on GESI policy and interventions with multi-sector stakeholders in Madhesh province (MoSD, NGOs, Nepal police and hospital management); dissemination of Madhesh Provincial Health Sector GESI Strategy is planned for next quarter with our support.

Geriatric health: FMoHP has approved the Geriatric OPD Operational Guidelines and Health Service Protocol. NSSD will train Medical Officers, Paramedics and Staff Nurses to implement these.

[10] Province No 1, Madhesh Province, Bagmati Province, Gandaki Province and Lumbini Province.

NHS-SP: we proposed that the draft strategy should include: more analysis of who is excluded; strategies to close the UHC gap; analysis of gender inequality in the health workforce and leadership; and barriers to access gender responsive services. We noted that the strategy should also: include full discussion of UHC; strengthen linkages to gender equality and social inclusion in the local context; and fully address patient and community needs.

Social accountability: NHSSP, as a TWG Member for the development of Training Curricula on Social Auditing, supported CSD and the NHTC to roll-out the Health Sector Social Accountability Federal Directives 2020[11]. Training on social auditing (including provincial level ToT and local level training) is included in 2022/23 AWPBs.

Status of disability inclusive health: The Health Secretary, FMoHP approved a concept note to review disability inclusive health service provision. National/International disability experts have been contracted. A research agency will be contracted soon. Field level consultations to assess service provision in Primary Health Care and Hospital Facilities have been completed in Lumbini.

Systems strengthening related to OCMCs, SSUs, geriatric and disability services:
We provided technical and financial support to:

- FMoHP for clinical medico-legal training for 22 medical officers from hospitals in Madhesh and Bagmati provinces; federal and provincial level trainings have now run for 3 years – our support for this priority FMoHP activity has been pivotal;
- Bagmati Province to deliver sessions on GESI Concepts and Health Sector Mainstreaming to 62 LG health staff as part of PHTC-organised induction training;
- Madhesh and Lumbini Provinces to orient 58 SSU staff in 58 units, demonstrably improving health service access by the poor and disadvantaged[12].

RESULT AREA: I7.3 THE DOHS INCREASES COVERAGE OF UNDER-SERVED POPULATIONS

Strengthening and scaling up of OCMCs and GBV services: support to improve service provision included: technical support to roll out GBV clinical protocol in hospitals; mentoring/coaching to OCMC staff; regular OCMC follow-up meetings including with hospital teams, case management committee members, and local government. Reported case numbers are monitored regularly.

Capacity enhancement and advocacy for GBV services:

- We supported planning and rollout of ToT on Health Response to GBV conducted by NHTC and PMD. One doctor and one staff nurse participated from each of six OCMC based hospitals, following which they delivered a 4 day training to 37 paramedics and staff nurses.
- NHSSP supported FMoHP to develop software and an Application Programming Interface to mainstream reporting and recording of OCMC, SSU and Geriatric Health Services data in HMIS/DHIS2. We supported FMoHP (PMD and IHIMS) to provide two days training on the system to OCMC and SSU focal persons from all hospitals in 5 provinces. Training in the remaining two provinces will be completed in the next quarter.
- We ran a half-day workshop for hospital management and division chiefs, and stakeholders (including District Attorney, District Police Chief, Chief of Women Police Cell, Safe Home and Rehabilitation Centres, LG representatives) in Narayani Hospital for OCMC strengthening and collaboration with local government and stakeholders.
- We supported PMD GESI Section to broadcast GBV and OCMC services advocacy messages by 202 community radio stations throughout this quarter.

[11] NHSSP had previously provided financial and technical support for the development of these directives.

[12] FMoHP has now set up SSUs in all hospitals in the country, and expanded their scope to facilitate access to all social health security programs available from various funding sources in each hospital.

- 50 OCMC focal persons completed six months training and were certified by PMD as psychosocial counsellors with our support. The counselling training is now included in the NHTC AWPB; the UNFPA Centre for Mental Health and Counselling, Nepal, has integrated the training in their workplan.
- We provided mentoring and coaching to OCMCs in 9 hospitals[13] covering: referral to higher level hospitals; case management; safe home services; and coordination with local levels and OCMC focal persons.

Strengthening and scaling up SSUs and geriatric services: NHSSP provided coaching, mentoring and follow-up support on the revised SSU and Geriatric Operational Guidelines, to staff in 6 SSUs[14].

PRIORITIES FOR THE NEXT QUARTER

Deepening the evidence on disability inclusion

- Deliver a completed Assessment of Disability Inclusive Health Services in four Primary Health Centres and Health Posts, and eight Hospitals to MoHPFW, Lumbini Province; agree next steps.
- Conduct a multi province study on progress of implementation of the Disability Inclusive Health Service Guidelines.

Institutionalisation of OCMCs and SSUs as flagships of gender responsive and inclusive health care

- Support PMD to roll out on-line OCMC, SSU and Geriatric health services recording and reporting tools linked to HMIS/DHIS2 in Madhesh and Gandaki Provinces.
- Arrange translation and dissemination of OCMC and SSU Operational Guidelines and the GBV Clinical Protocol to support gender responsive and inclusive quality of care.
- Continue mentoring, monitoring and multisectoral coordination visits to OCMCs, SSUs and geriatric services to embed capacity including for on-line reporting, and further build ownership of hospital, multisectoral service agencies and local authorities.
- Support strengthening/formation of GBV survivors' networks in Madhesh and Lumbini Province, creating sustainable platforms to promote survivor centred services, and build advocacy and accountability for government actions on GBV prevention and service responsiveness.

Development, dissemination of policy/strategies and knowledge products for GESI

- Support FMoHP to disseminate the GESI Strategy following Cabinet approval[15].
- Finalise GESI policy for Butwal Sub-Metropolis[16].
- Printing Geriatric Health Service Strategy and Protocol for government distribution
- Printing GRB and LNONB Budget Marker training curricula for step down training.
- Support MoSD of Madhesh Province to disseminate the Madhesh Province GESI Strategy.
- Prepare and disseminate GESI knowledge and learning products to support Government sustain achievements made and scale up good practices.

[13] Koshi, Inaruwa, Narayani, Kalaiya, Janakpur, Siraha, Sukraraj and Lumbini hospitals, National Trauma Centre
[14]Koshi, Narayani, Kalaiya, Bharatpur and Lumbini hospitals and National Trauma Center
[15] Cabinet meeting forwarded the GESI Strategy to Social Committee, Office of the Prime Minister & Council of Ministers for review. The OPMCM will ask MoHP to present the GESI Strategy to a Social Committee meeting
[16] The PLGSP of Madhesh Province will develop GESI policy for each LG. PLGSP of Lumbini Province plans to develop a GESI policy in selected LGs.

7. CONCLUSIONS AND STRATEGIC IMPLICATIONS

Priorities for the next quarter highlight concluding activities. At subnational levels, our support for local level health system strengthening marks a beginning, not an end point, reflecting the early stages of the health sector and broader governmental devolution processes. However, there are a number of areas of long-running support which NHSSP has provided to the FMoHP which we plan to conclude by end of programme, with systems improvements institutionalised. Major federal level reforms needed to make the devolved health system fully functional (covering eg the conditional grants system, and coordination mechanisms between and across different spheres of government) will need to be addressed in a future phase of support.

The Covid-19 infection rate slowed during this quarter allowing intensive programme activity at all levels. 87% of the target population is now fully vaccinated and vaccination has started for children aged 5-11. Economic activity is increasing slowly, but the unfavourable global economic climate raises the risks of inflation and continued disruption to tourism, trade and remittances.

The reduction in COVID-19 cases enabled a high degree of catch-up over the following 6 weeks. Analysis of COVID-19 and vaccination coverage data, including by palika in the three focal provinces, helped the governments to identify and manage gaps. In Sudurpaschim HSSOs re-analysed vaccination data by gender, and reported similar coverage rates for women and men.

The team conducted a study in two provinces to develop a 'real world' understanding of how the assigned health systems functions and responsibilities of the provinces and palikas work in practice. Initial findings were shared in May; the final report will be shared in July. Timely NHS-SP completion (planned for July 2022) will be important to achieve Nepal health sector SDG goals and will provide a framework to align UK aid to the sector. NHSSP is providing direct TA and support through the TARF to develop the strategy on time. We note that this will be the first sector strategy developed after federalism; and are collaborating with other EDPs to support consultations with subnational governments in order to develop a strategic plan reflective of a devolved health sector.

As NHSSP enters the final nine-months of this contract, we are planning consolidation and exit, including sharing of and deliberation on lessons for the health sector, including from key TA approaches such as the palika LLs. At the same time, we will continue to respond to the high demand for TA, especially sub nationally.

Priorities in the coming quarter include the following:

- Support completion of the Nepal Health Sector Strategic Plan (NHS-SP) in Nepali and English
- Finalise support to drafting of policy, acts, strategy and guidelines by subnational governments
- Collate lessons learnt, and implement exit plans, from subnational TA provision
- Work with CSD to deliver a final Basic Health Services package by October
- Complete support to service delivery including: Aama programme institutionalisation and knowledge sharing, CEONC, evidence-based decision-making, post-natal care, clinical mentoring and EOC referral strengthening
- Complete data management support for BHS monitoring and HMIS indicators
- Institutionalise mechanisms for complete, timely, quality hospital reporting, data analysis and use
- Hand over complete digital recording/reporting system for SSU, geriatric, and OCMC services
- Finalise health infrastructure guidelines for land acquisition, and facility repair and maintenance
- Maintain momentum on retrofitting work at both sites and finalise extension plan
- Deepen the evidence on disability inclusion through a new study
- Institutionalise OCMCs and SSUs as flagships of gender responsive and inclusive health care
- Finalise and disseminateGESI strategies developed by the spheres of government and produce knowledge products for GESI
- Collate achievements, sustainability approaches and lessons for the Annual Review and final report

- Implement exit plans, focussed on subnational exit over the next quarter

ABBREVIATIONS

ANC	Antenatal Care
API	Application Programming Interface
AWPB	Annual Work Plan and Budget
BA	Budget Analysis
BEK	British Embassy, Kathmandu
BEONC	Basic Emergency Obstetric and Neonatal Care
BHS	Basic Health Services
BoD	Burden of Disease
CAPP	Consolidated Annual Procurement Plan
CEONC	Comprehensive Emergency Obstetric and Neonatal Care
CGAS	Computer-Based Government Accounting System
CSD	Curative Services Division
DG	Director-General
DHIS2	District Health Information Software 2
DoHS	Department of Health Services
DUDBC	Department of Urban Development and Building Construction
EDP	External Development Partner
e-GP	electronic Government Procurement
EOC	Emergency Obstetric Care
EWARS	Early Warning, Alert and Response System
FCGO	Financial Comptroller General Office
FCHV	Female Community Health Volunteer
(F)MoHP	(Federal) Ministry of Health and Population
FMIP	Financial Management Improvement Plan
FMR	Financial Monitoring Report
FP	Family Planning
FPIU	Federal Programme Implementation Unit
FWD	Family Welfare Division
FY	Fiscal Year
GBP	British Pounds
GBV	Gender-based Violence
GESI	Gender Equality and Social Inclusion
GoN	Government of Nepal
GRB	Gender-responsive Budgeting
HF	Health Facility
HFR	Health Facility Registry
HI	Health Infrastructure
HMIS	Health Management Information System
HP	Health Post
HQIP	Hospital Quality Improvement Process
HSSO	Health Systems Strengthening Officer
ICU	Intensive Care Unit
IHMIS	Integrated Health Information Management Section
IMU	Information Management Unit
IT	Information Technology

JAR	Joint Annual Review
JCM	Joint Consultative Meeting
LG	Local Government (Municipalities and Palikas)
LL	Learning Lab
LMD	Logistics Management Division
LNOB	Leave No One Behind
mHealth	Mobile Health
MMR	Maternal Mortality Ratio
MNH	Maternal and Neonatal Health
MoHPFW	Ministry of Health, Population and Family Welfare (Lumbini Province)
MoSD	Ministry of Social Development
MPDSR	Maternal and Perinatal Death Surveillance and Response
MSS	Minimum Service Standards
NHFS	National Health Financing Strategy
NHIDS	Nepal Health Infrastructure Development Standards
NHRC	Nepal Health Research Council
NHSP3	Nepal Health Sector Programme 3
NHSS	Nepal Health Sector Strategy (2015-2020)
NHS-SP	Nepal Health Sector-Strategic Plan
NHSSP III	Nepal Health Sector Support Programme III
NHTC	National Health Training Centre
NPR	Nepalese Rupees
NSSD	Nursing and Social Security Division
OAG	Office of the Auditor General
OCMC	One-stop Crisis Management Centre
ODK	Open Data Kit
OPD	Out-patient Department
OT	Operating Theatre
PD	Payment Deliverable
PDI	Post-delivery Inspection
PE(s)	Procuring Entity(ies)
PFM	Public Financial Management
PFMSF	Public Financial Management Strategic Framework
PHR	Public Health Regulation
PHTC	Provincial Health Training Centre
PIP	Procurement Improvement Plan
PIU	Project Implementation Unit
PMD	Population Management Division (FMoHP)
PNC	Postnatal Care
PPFM	Procurement and Public Financial Management
PPMD	Policy, Planning and Monitoring Division
PPSF	Public Procurement Strategic Framework
PSI	Pre-shipment Inspection
QI	Quality Improvement
QIP	Quality Improvement Processes
RANM	Roving Auxiliary Nurse Midwife

RDQA	Routine Data Quality Assessment
RF	Results Framework
RH	Reproductive Health
RM(s)	Rural Municipality(ies)
RMNCAH	Reproductive, Maternal, Newborn, Child and Adolescent Health
SBA	Skilled Birth Attendant
SDG	Sustainable Development Goal
SHP	Skilled Health Personnel
SMNH	Safe Motherhood and Neonatal Health
SNG	Sub-national Government
SOP	Standard Operating Procedure
SSU	Social Service Unit
STP	Standard Treatment Protocol
STTA	Short-term Technical Assistance
TA	Technical Assistance
TABUCS	Transaction Accounting and Budget Control System
TARF	Technical Assistance Response Fund
TIU	TABUCS Implementation Unit
TL	Team Leader
ToR	Terms of Reference
ToT	Training of Trainers
TSB	Technical Specification Bank
TWG	Technical Working Group
VfM	Value for Money
VSP	Visiting Service Provider

WRH/PAHS Western Regional Hospital/Pokhara Academy of Health Sciences

ANNEX 1 WORKSTREAM ACTIVITIES AND TABLES

LEADERSHIP AND GOVERNANCE

a. Health Policy and Planning

Activity		Status	Achievements in this quarter	Planned activities for next quarter
I2E.1	**Result Area: 1.2.1: Federal government supported on new health sector strategy development, conduct of national annual review, and other key policies**			
1.2.1.1	Provide strategic support on development of next sector strategy	**Ongoing**	• Consultations with INGOs (09th May 2022) • NHSS Progress Review Workshop (24th May 2022) • NHS-SP writing workshop: development of the first draft (26th -27th May 2022) • Review and refinement of the NHS-SP draft (02nd –0 6th June 2022) • Third steering committee meeting (14th June 2022) • Consultation with Trade Unions and professional bodies and mass media representatives (28th June 2022) • Feedback from expert review (24th June 2022) • In-house review and consultation among senior officials of the MoHP and Departments (27th June 2022) • Consultation with Trade Unions; and professional bodies and mass media representatives (28th June 2022) • Consultation with I/NGOs, Private sector, Consumers Forum; and province and local levels, Hospitals/Academia, Councils and other entities under MoHP (29th June 2022)	• Continue support for finalisation of NHS-SP including results framework, costing and translation into Nepali • Support in producing a reference document for programmatic guidance based on the thematic notes prepared aligning with the contents of the NHS-SP
1.2.1.2	FMoHP organises National Joint Annual Review (NJAR) and JCM	**Ongoing**	• Joint Consultative Meeting was organised on 11th May 2022 focusing on the budgetary preparation process including budgeting scenario	Support in the implementation of the agreed priority action points

				Support for JCM meeting
1.2.1.3	Support on other key policy and strategic framework of the sector	**Ongoing**	• No specific activity planned	Need based support
1.2.1.4	Support in annual planning and its implementation	**Ongoing**	• Support in the planning process for the development of AWPB	Support in preparing the guidelines for health sector conditional grants
I2E.7	**Result Area: 3.1.1: Development of the regulatory framework for effective management of health sector**			
1.3.1.1	Support in finalisation and operationalisation of PHS Regulations	**Ongoing**	Consultation for preparing standards for the pricing of health services aiming to regulate services fees	Need based support for operationalisation of PHS regulations
1.3.1.2	Support in legal framework in other priority areas	**Ongoing**	No major activities planned	Need-based support

b. Procurement and Public Financial Management (PPFM)

Activity		**Status**	**Achievements this quarter**	**Planned activities for next quarter**
I4E.1	**Effectiveness and accountability of financial management systems and fund transfer mechanisms strengthened at all levels**			
1.1.1	Public Financial Management Strategic Framework (Financial Monitoring Report) Prepared (Federal)	Completed	No activity scheduled	No activity scheduled.
1.1.1.5	Support monitoring of the PFMSF activities in collaboration with the PFM and Audit committees (COVID-19 update)	Ongoing	The PPFM team continued to support the PFM, Audit and Internal Control, and Audit Support Committees, to improve PFM at FMoHP: Audit Supportive Committee meeting held on April 28, 2022, Audit queries settlement workshop held at DoHS, on 24-25 May 2022. The team supported FMoHP to prepare responses on 58th OAG audit annual report.	Continued Support

1.1.1.6	Prepare FMIP for provincial government including COVID-19 update	Ongoing	An introductory workshop was conducted on 11th April to prepare provincial FMIP with MoSD team in Sudurpashchim province. Draft of FMIP for three provinces already prepared and shared with these three focal provinces.	Workshops will be conducted in Madhesh, Lumbini and Sudurpashchim provinces to finalize the FMIPs draft in July.
1.1.1.7	Prepare FMIP for local government	Ongoing	No activity has been scheduled.	No activity scheduled.
1.1.1.8	Progress update on federal PFMSF	Ongoing	No activity scheduled.	No activity scheduled
1.1.1.9	Regular progress update on provincial and local FMIP including COVID-19 (monitoring)	Ongoing	No activity scheduled.	No activity scheduled.
1.1.2	Improved internal control through internal and final audit clearance (PD, Audit Status Report)	Ongoing	No activity scheduled	This is a PD for the next quarter
1.1.3	Update internal control guidelines as per the updated Internal Control System Directives, 2019 and new Financial Procedural and Fiscal Accountability Act, 2019	Ongoing	Internal Control System Guideline for DoHS is in drafting process (First draft was already shared with DoHS for their inputs).	Internal Control System Guideline for DoHS will be finalised.
1.1.4	Update PFM training manual in line with the new FPA & FPR	Ongoing	The final draft of PFM training manual prepared in line with the new FPFAA & FPFAR and presented to FMoHP. It is still under review at FMoHP level.	The PFM training manual will be endorsed by FMoHP.
1.1.4.6	Build the capacity of FMoHP and DoHS level officers in core PFM function	Ongoing	No activity scheduled.	PPFM team will provide technical support if workshop/ training conducted by FMoHP.
I4E.2	**TABUCS is operational in all FMoHP spending units and provincial level**			
2.1.1	TABUCS is operational in all FMoHP spending units and provincial level	On track	Ongoing support: GoN's health entities are using CGAS for budget and expenditure, because FCGO has made it mandatory from FY 2020/21. The expenditure data of 2nd trimester captured in CGAS has been uploaded in TABUCS.	Support will be continued

2.1.1.1	Revise TABUCS to report progress against NHSS indicators and DLIs/ Update User Manual, report including provincial level	Ongoing	No activity scheduled	No activities scheduled
2.1.1.2	Develop COVID-19 module in TABUCS	On track	No Activity scheduled	No activities scheduled
2.1.1.3	Support SuTRA in updating chart of activities	On track	No Activity scheduled	No activities scheduled
2.1.1.4	Support in continuous system upgrade and maintenance of TABUCS software/hardware/ connectivity/web page at federal and provincial level	Ongoing support	Hired consultant for STTA to update hospital income and expenditure as per new chart of accounts and upload audit queries of FY 2012/13 to 2019/20.	Ongoing support will be continued.
2.1.1.5	TABUCS training to concerned FMoHP and provincial officials	Ongoing support	No training conducted, but oriented the concerned staff whenever it was needed.	Ongoing support will be continued.
2.1.1.6	Support FMoHP to prepare Financial Monitoring Report (FMR)	Ongoing support	FMR-2 for FY 2021/22 was submitted to UKaid/BEK and reimbursed amount was deposited in Nepal Rastra Bank.	3rd FMR of FY 2021/22 will be prepared
2.1.1.7	Support TIU meeting and monitor implementation of meeting minutes	Ongoing support	The TIU meeting was held on June 28, 2022.	The next meeting is scheduled in September 2022
2.1.1.8	Support FMoHP to produce annual audited financial statement	On track	Supported to produce annual audited financial statement for FY 2020/21 and after certification from FCGO, it was submitted to Office of the Auditor General for certification.	Annual Financial Statement for FY 2020/21 will be submitted to EDPs after certification from Office of the Auditor General.
2.1.1.9	Support FMoHP to capture NPSAS report	On track	Support is provided to verify NPSAS report of FY 2020/21.	Ongoing support will be continued.
2.1.2	Improve budget absorption capacity of FMoHP, MoSD and their spending units	On track	Ongoing support	Ongoing support
2.1.3	Policy discussion on Provincial FMR	Ongoing	Policy dialogue started with provinces. It will be finalized after the completion of annual financial statement.	Policy dialogue will be continued and shared with provincial level.
2.1.4	Annual Planning and Budgeting support to federal and provincial level	Ongoing	Support was provided to FMoHP and provincial level in May-April	Ongoing support.
I4E.3	**Conduct Annual Budget Analysis of Health Sector, NHSS indicator and produce brief policy note**			

3.1.1	Conduct Annual Budget Analysis of Health Sector, NHSS indicator and produce brief policy note	Achieved	Report and technical note on Analysis on the Allocation and Utilisation of Health Sector Budget for COVID-19 Response and Management completed. Health Sector Budget Analysis: Five Years after Federalism and Provincial BA submitted.	Final Health Sector Budget analysis report and the report on subnational analysis completed and submitted. Palika specific BA report will be completed in next quarter.
3.1.2	Budget Analysis Framework for Provinces (PD, Budget Analysis)	Achieved	BA framework for all governments prepared.	PD submitted to FCDO in June.
3.1.3	Support FMoHP in designing, updating, and rolling out PBGA in Hospitals	Ongoing	No activity scheduled	A SoW for STTA is prepared who will monitor the progress of PBGA
3.1.4	Conduct Benefit Incidence Analysis (BIA) of the Health Sector	Not scheduled	No activity scheduled	BIA will not be conducted
3.1.5	Support FMoHP's spending unit in preparing Business Plan	Ongoing	Discuss the BP implementation with Kapilvastu hospital	The PBGA consultant will support in implementing BP in Kapilvastu hospital
3.1.6	Aama Programme Rapid Assessment	Achieved	No Activity scheduled	Note: Small study will be conducted in Lumbini Province (including one provincial hospital, three district hospitals and few selected LL facilities) to understand the practice of Aama at these facilities.
Activity		**Status**	**Achievements this quarter**	**Planned activities for next quarter**
I4E.4	**PRACTICE OF DEVELOPING COHERENT PROCUREMENT POLICY, STRATEGIC FRAMEWORK AND PLANNING INSTITUTIONALISED AT FEDERAL GOVERNMENT**			
4.1.1	**Practice of developing coherent procurement policy, strategic framework and planning institutionalised at FG**			
4.1.1.1	Mapping of eAWPB for Procurement items	Not Scheduled	No Activity scheduled	It will be initiated for F/Y 2022/23
4.1.1.2	eCAPP Development at federal level	Not Scheduled	No Activity scheduled	Will be prepared for F/Y 2022/23

4.1.1.3	Consolidation of APPs in eCAPP System	Not Scheduled	No Activity scheduled	Will be prepared for F/Y 2022/23
4.1.1.4	Support CAPP monitoring committee and regular meetings	On track	Monthly monitoring report prepared	Ongoing support will be continued.
4.1.1.5	CAPP/e-CAPP produced with agreed timeframe including COVID	Completed	Supported in CAPP execution	Will be prepared for F/Y 2022/23
4.1.1.6	e-CAPP implementation with Contract Management module	On track	eCAPP implementation in progress	New e-CAPP for F/Y 2022/23 will be prepared
4.1.1.7	Piloting of eCAPP in Provinces	Ongoing	Provincial Team supported in CAPP implementation	provincial CAPP will be prepared in three provinces
4.1.2	**Endorsement of Health Sector Public Procurement Strategic Framework by FMoHP**			
4.1.2.1	Draft PPSF	On track	Revised PPSF finalised and presented to FMoHP for endorsement	PPSF will be endorsement and sent to Provinces
4.1.2.2	Review draft of PPSF	Completed	PPSF finalised	PPSF will be implemented
4.1.2.3	Workshop at province and National level	On track	Draft PIP of Lumbini Province prepared and interaction workshop organised at Sudurpashchim Province National level workshop organized at Kathmandu for consensus on PPSF	Provincial PIP shared with stakeholders for review
4.1.2.4	Finalisation of PPSF	Completed	PPSF finalised and presented at FMoHP	PPSF will endorsed
4.1.2.5	Support monitoring of the PPSF activities in collaboration with the PFM and Audit committees	Delayed	PPSF submitted for endorsement	PPSF will be endorsed and implemented
4.1.2.6	Progress update on PPSF	On track	PIP developed in line with new PPSF	PPSF will be endorsed
4.1.2.7	Update current PIP for provincial and local government	On track	Provincial PIP prepared as update of current PIP	Provincial PIP will be finalised
4.1.2.8	Monitor PIP at provincial and local government	Delayed	Provincial PIP is in drafting phase	Provincial PIP will be finalised and implemented
4.1.3	**Standardisation of Procurement Process**			

4.1.3.1	Preparation of SOP for Post Delivery Inspection (PDI) and Quality Assurance Plan (QAP)	Completed	SOP printed	SOP will be distributed to all levels and also made available at website
4.1.3.2	Prepare Pre-shipment inspection guidelines (PSI) and QA	Completed	SOP with guideline printed	Printed guideline will be distributed to all levels and made available at website
4.1.3.3	Continuous monitoring of use of SOPs and standard procurement process in MD and provinces	Ongoing	The SOPs are being used by all	Continuous support in use
4.1.3.4	Support Training on SOP and QA at Province and Palika LM personnel	Ongoing	SOP is being used	Necessary support will be provided to use the SOP at Provinces and Palikas
4.1.3.5	Continuous Implementation of Procurement Clinic at MD and MoSD	Ongoing	Eight Procurement Clinics conducted	Continuous support will be provided
4.1.4	**Systematic use of Technical Specification Bank for procurement of drugs and equipment**			
4.1.4.1	Updating and upgrading TSB including COVID	Completed	TSB in use	TSB will be updated with more specifications
4.1.4.2	Regular Updating of Specification bank with coding drug and equipment	Ongoing	Updating and new specifications of some equipment prepared	Regular updating and uploading the changed and approved specifications in the TSB
4.1.4.3	Integration of the system with TABUCS for monitoring purposes	Not Scheduled	Integration is available	TSB will be updated
4.1.4.4	Monitoring use of Technical Specification bank	Ongoing	Till the end of this quarter 1,668 users registered in the TSB. 37,623 downloads and 31,683 searches for different specifications have been recorded by the end of June 30, 2022	Continue support
4.1.4.5	Support Training on use of Technical Specifications and evaluation in procurement process	Ongoing	Clinical support provided to PEs	Necessary support will be continued to all PEs of all levels

4.1.4.6	Update the market analysis report	Suspended	No Activity scheduled	
4.1.5	**Extended use of PPMO e-GP in procurement functions**			
4.1.5.1	Support PPMO on changes needed to e-GP for health sector procurement	Ongoing	Continuous in touch with PPMO	Continuous support
4.1.5.2	Support in the process of using e-GP in selected provinces and local governments	Ongoing	Distance support provided on using e-GP at Province and Local Levels	Trainings and supports will be continued
4.1.5.3	Support in biannual Suppliers' Conference at provincial and local level	Postponed	No Activity scheduled	Suppliers' conference will be organised as needed
I4E.5				
5.1.1	**Capacity Building/Enhancement:**			
5.1.1.1	Capacity development in resource forecasting and evidence base planning using the Chart of Activities	Completed	Activities conducted in Madhesh, Lumbini and Sudur Paschim Province	
5.1.1.2	Capacity enhancement in preparing Annual Procurement Plan for institutional head and account chief	Completed	3 batches orientation completed	
5.1.1.3	Financial Management training/Orientation	Not Scheduled		3 batches will be conducted in 3 focal provinces
5.1.1.4	Support to Sector wise budget and expenditure collection and prepare budget analysis	Completed	Budget analysis framework had been oriented at NHSSP focused local level of Madhesh, Lumbini and Sudur Paschim Province	
5.1.1.5	Logistics/Procurement management Training (including e-GP) to key stakeholders at Federal, Province and LG (Hospitals, LG's store focal person, and others)	Completed	Last and 2nd batch eGP Training in focused local level of Madhesh Province is completed.	e-GP training will be conducted for government staff at NHSSP focal local levels
5.1.1.6	Training on PLMBIS and CGAS to all the spending units including hospitals using CoA in SuTRA at LG level	Not scheduled	Not scheduled	Will be conducted in Q3 of 2022

5.1.1.7	Training on Public Procurement; quantification and forecasting and inventory management to Hospitals and PHLMC officials (Local level)	Not scheduled	Not scheduled	Postponed until April (Q3 of 2022), time of planning of next fiscal year.

c. Sub-national Programme Implementation

Activity		Status	Achievements in this quarter	Planned activities for next quarter
I2E.2	**Result Area (1.2.2): Stock taking of the health sector related policy, regulations, plan and guidelines in two provinces**			
1.2.2.1	Stocktaking of health sector related policy, acts and guidelines in two priority provinces	**Completed**	Policies and regulatory documents relevant to health sector mapped out in two priority provinces	
I2E.4	**Result Area: 1.2.7: Enhancement of provincial capacity by using the framework of organisational capacity assessment tool at provincial level**			
1.2.7.1	Supported on formulation of Annual Policy and Programme followed by AWPB drafting process	**Completed**	The subnational team supported in drafting annual policy and program of respective priority provinces and supported in AWPB drafting process aligned with the policy and program.	Support on development of Program Implementation Guidelines

Activity		Status	Achievements in this quarter	Planned activities for next quarter
1.2.7.2	Support on drafting provincial Policy, Acts, Guidelines and Tools	**Completed** **Ongoing**	Provincial Health Partnership guidelines in Lumbini Province endorsed. The support to draft provincial health sector strategic implementation plan in Lumbini province; and refining the provincial health policy and Health Service Regulation of Madhesh Province and drafting of health acts and policies across priority LGs	Continue to support for its due implementation at respective level Continue to support to finalise the drafts of health policies and regulatory documents.
1.2.7.3	Capacity enhancement of provincial Stakeholder through trainings	**Completed**	Training for e-GP has been completed to support on procurement process at all priority provinces.	Follow up and track the procurement process
I2E.5	**Result Area: 1.2.8: Enhancement of Local Government's capacity using the framework organisational capacity assessment tool**			
1.2.8.1	Supported on formulation of Annual Policy and Programme followed by AWPB drafting process	**Completed**	The subnational team supported in drafting annual policy and program of respective priority LGs and supported in AWPB drafting process aligned with the policy and program.	Support on development of Program Implementation Guidelines
	Support on drafting of policies, acts, guidelines at the respective LGs	**Ongoing**	The L and G team supported on finalising the drafts of Health policy and acts in some of the LGs and continued to support for drafting as per the evolved priorities.	Continue to support in drafting process
I2E.7	**Result Area 3.1.1: Development of the regulatory framework for effective management of health sector (e.g., Regulation of Public Health Act or Regulation regarding health institutions establishment and upgrading)**			
3.1.1.1	Support in preparation of policies, Act/Regulations at LGs	**Ongoing**	Support was provided for drafting of Health Acts of Aalital RM, Mohanyal RM, Yasodhara RM which was endorsed by respective municipal assembly. Other LGs have been prioritising the development of the policies and regulatory documents and support has been ongoing.	Support to finalise the policies and regulatory documents at respective LGs.

Annex 1A: NHS-SP Drafting Process: Key Timelines

- First steering committee Meeting (24th Sep 2021)
- Consultation with Departments/ Divisions/ Centers/ EDPs and AINs (5th Jan 2022)
- First writing workshop: drafting of preliminary results framework (RF) (6th -7th Jan 2022)
- Consultation with development partners on preliminary RF (24th Feb 2022)
- Consultation with Trade Unions (27th Feb 2022)
- Second steering committee meeting (25th March 2022)
- Consultation on population and migration management (27th March 2022)
- Subnational Consultation
    - Virtual consultation with provinces (14th March 2022)
    - On site at 7 provinces and local levels (03rd – 13th April 2022)
- Consultations with INGOs (09th May 2022)
- NHSS Progress Review Workshop (24th May 2022)
- NHS-SP writing workshop: development of the first draft (26th -27th May 2022)
- Review and refinement of the NHS-SP draft (02nd –0 6th June 2022)
- Third steering committee meeting (14th June 2022)
- Consultation with Trade Unions and professional bodies and mass media representatives (28th June 2022)
- Feedback from expert review (24th June 2022)
- In-house review and consultation among senior officials of the MoHP and Departments (27th June 2022)
- Consultation with Trade Unions; and professional bodies and mass media representatives (28th June 2022)
- Consultation with I/NGOs, Private sector, Consumers Forum; and province and local levels, Hospitals/Academia, Councils and other entities under MoHP (29th June 2022)

Other associated works

- TWG meeting – Every Monday
- SPDT discussion regularly conducted
- Costing work initiated after the first draft produced
- Public feedback – 591 feedbacks till 21st June 2022

Annex 1B: Health Sector Budget Scenario for FY 2022/23

Budget scenario for the health sector including conditional grants *(Amount in billion NPR)*			
Description	**2021/22**	**2022/23**	**% Change**
National budget	1,647.6	1,793.8	8.9
Health sector budget	151.8	123.3	-18.8
Ministry of Health and Population	133.0	103.1	-22.5
Federal level (MoHP)	101.0	69.4	**-31.3**
Provincial level (Conditional grant)	6.3	6.3	-1.1
Local level (Conditional grant)	25.7	27.4	6.8

COVERAGE AND QUALITY

Table 1: Status of CEONC functionality over the quarter April – June 2022

	Provinces[17]							**Total**	**%**	**% previous quarter**
	P1	**P2**	**P3**	**P4**	**P5**	**P6**	**P7**			
Established sites	20	10	20	13	15	12	11	**102**		
Number of functioning CEONC sites										
Chaitra	20	10	18	12	15	12	11	98[18]	96%	96%
Baisakh	20	10	18	12	15	12	11	98[19]	96%	95%
Jestha	20	10	18	12	15	12	11	98[20]	96%	97%
Number of districts with CEONC services										
Districts	14	8	12	9	11	10	9	**73**		
Number of districts with functioning CEONC sites										
Poush	14	8	12	9	11	10	9	73	100%	97%
Magh	14	8	12	9	11	10	9	73	100%	99%
Falgun	14	8	12	9	11	10	9	73	100%	99%

Table 2: HQIP self-assessment scoring: 8 quality domains readiness in 11 hospitals

QUALITY DOMAINS	Green		Yellow		Red	
	Last assessment	Current assessment	Last assessment	Current assessment	Last assessment	Current assessment
CEONC sites that were assessed (average scores of 8 domains[21])	55	58	32	30	1	0

[17] Provinces' name (Province 3 – Bagmati, Province 4 – Gandaki, Province 5 – Lumbini, Province 6 – Karnali, Province 7 – Sudurpashchim)

[18] Jiri Hospital, Bagouda Hospital, Bandipur Hospital and Gokuleshwor Hospital- Non-functional sites.

[19] Jiri Hospital, Bagouda Hospital, Bandipur Hospital and Gokuleshwor Hospital- Non-functional sites.

[20] Jiri Hospital, Bagouda Hospital, Bandipur Hospital and Gokuleshwor Hospital- Non-functional sites

[21] Management, Infrastructure, Patient Dignity, Staffing, Supplies and Equipment, Drugs, Clinical Practice, Infection Prevention

Table 3: HQIP self-assessment scoring: Signal function readiness in 11 hospitals

SIGNAL FUNCTIONS[22]	Green		Red	
	Last assessment	Current assessment	Last assessment	Current assessment
CEONC sites that were assessed (average scores of 9 signal functions)	90	88	9	11

Table 4:

SN	Province	No. of Clinical mentors developed	Date of program
1	Province One	11	24-30 April 2022
2	Madhesh Province	10	6-12 April 2022
3	Gandaki Province	10	20-26 May 2022
4	Karnali Province	12	22-28 June 2022
	Total	**43**	

Activity		Status	Achievements this quarter April to June 2022	Planned activities for next quarter July to September 2022
i3.1.1	Support to develop orientation package for Health providers on Standard Treatment Protocols developed and implemented.	Completed	NHSSP continued support CSD for BHS STP implementation through orienting and developing province and district level facilitators since BHS STP approved by MoHP in Sept. 2021. Till date, district level facilitators have been developed from 48 districts from province 1, Bagmati, Lumbini and Sudurpaschim province. District facilitators have provided orientation to 151 palikas. NHSSP has been continue supporting to focus provinces to orient and develop facilitators. In this	On-site support to Madhesh province to orient/develop district level facilitators. Support to Lumbini, Madhesh and Sudurpaschim province for orienting Palika representatives as per their need and request. Off-site desk monitoring for BHS STP orientation in focus provinces.

[22] BEONC: parenteral antibiotic, parenteral uterotonic, parenteral anticonvulsant, manual removal of retained placenta, Removal of retained product, assisted vaginal delivery, new-born resuscitation; Additional two for CEONC: blood transfusion and perform surgery (CS)

		Ongoing Completed	QTR, district level facilitators were developed from 21 districts (12 Lumbini and 9 Sudurpaschim) and they have provided orientation on BHS STP to 82 Palikas (53 Lumbini, 29 Sudurpaschim). Madhesh province is planning to organize for orienting district level facilitators at province level within June (province plan?) Supported CSD for AWPB planning for BHS STP orientation programme: CSD had allocated budget in each district for providing Health Workers' orientation on BHS STP for FY 2022/23.	Support CSD for writing AWPB province and local level implementation guideline for FY 2079/80. *Consolidation* Provide TA to CSD in development of the mobile app for BHS STP. Provide TA to CSD to organise an orientation on BHS to the EDPs. This will support the transition of capacities to support CSD on BHS to other stakeholders and also to align the thought processes around BHS amongst EDPs.
	Support expansion, continuity, and the functionality of CEONC sites	Ongoing	102 CEONC sites monitored and supported as necessary. TA supports CEONC sites in trouble shooting and informs FWD/DoHS/MoHP on issues to be addressed. Conducted visits to Matri sishi Maitri Hospital, Bagouda Hospital, Manang Hospital and Rasuwa Hospital in the past quarter. The visits to Manang and Rauswa Hospital were focussed on assessment of the sites for establishing CEONC sites to support the ambitions of MoHP to establish at least one public CEONC site in each of the 77 districts.	Continue monitoring of CEONC sites, especially in recruitment of providers using CEONC fund, monitoring HR availability and functional status, reporting to appropriate level as necessary for action. *Consolidation* Conduct a knowledge café on a way forward for CEONC monitoring and functionality with a special focus on possibility of decentralization of the role to the provinces., based on FWD interest.
I3.1.6	Support the FHD and DHO to scale up VSPs, RANMs, and integration of FP in Expanded Programme on Immunization (EPI) clinics	VSP and RANM programme budget allocated in 35 & 59 palikas respectively	Desk monitored (A) NHSSP focus palikas: 5 palikas that overlaps with NHSSP focus palikas for VSP (2) and RANM (5) programme (2 palikas have both VSP and RANM programme). Status: Till date 2 of 2 VSP NHSSP focus palikas and 3 of 5 RANM NHSSP focus palikas have implemented programmes. No progress of further	Continue off-site information collection on and monitoring of VSP, RAMN programme implementation by Palikas at least at NHSSP's focal palikas. *Consolidation* FP support mainly through BHS, and where specific programmes are

		in AWPB 2078/79. FP/EPI programme will be implemented by palikas of 14 districts under AWPB 2078/79	implementation progress reported in this quarter for RANM programme. (B) Non-NHSSP focus palikas: 7 VSP palikas of Madhesh Pradesh (2) and Lumbini Pradesh (5) only 3 palikas have implemented VSP programme (2 in Siraha district, Madhesh Pradesh and 1 in Gulmi district Lumbini Pradesh). Of the 6 RANM palikas of Lumbini Pradesh only 3 palikas (1 in East Rukum district, 1 in Arghakhanchi, and 1 in Kapilvastu) have implemented RANM Programme. No information of further implementation progress could be reported in this quarter for VSP and RANM programme. (C) Implemention: NHSSP TA made VSP mobilization introductory visit to 2 focus palikas of Lumbini Province namely Yasodhara (Kapilvastu) and Palhinandan (Nawalparasi West) conducted on 30th and 31st May 2022 respectively. Yasodhara could not initiate VSP mobilization with its own resources due to inadequate availability of trained human resources to mobilize within the palika. Palhinandan palika—the health section has said they will consult with the palika social development committee and decide on mobilizing VSPs. Delayed: NHSSP (C&Q) TA's visit to Dhangadhimai palika of Siraha Madhesh Province for VSP mobilization (introduction) delayed (planned in May 2022).	planned, support will be through HSSO at palika level
i3.2.3	Introduce Robson's classification in public and selected private hospitals with caesarean sections and develop system for monitoring and response (federal and province)	In progress	NHSSP provided technical assistance to FWD to conduct 3 orientation events of Robson classification guideline to 72 hospital staffs of Province1, Madhesh, Bagmati and Lumbini Provinces from 10th to 12th April. The event focused on introducing the concept and the method of Robson's classification.	Support FWD in monitoring of implementation of Robson Classification in hospitals. *Consolidation* Provide TA to FWD in conduction of a refresher session to the hospitals where Robson classification system has been implemented, with a specific focus on

			An ODK mobile application for Robson monitoring has been developed and dashboard for data visualization is developed.	reporting in the ODK system. Establish the Central monitoring committee.
I3.3.1.3	Support planning and budget allocation based on needs and evidence (AWPB - federal and provincial)	completed with ongoing	Continued support to programme division at federal and provincial for AWPB planning FY 2022/23: Supported FWD for budget plan for continuity of QI related activities, PNC and EOC referral etc, CSD for BHS implementation and HP MSS, NSSD for hospital in-house clinical coaching and pentoring continuation in 3 hospitals and scale up into other federal hospitals. Province C&Q team has been providing Support Province gov. for AWPB planning for FY 2022/23.	Support FWD, CSD and NSSD for AWPB 2022/23 implementation guideline writing.
i3.3.1.5	Support drafting and finalisation of AWPB implementation guidelines and workshops (federal and provincial)		NHSSP continue support to FWD for SBA clinical coaching and mentoring programme. Continued updated clinical coaching and mentoring guideline and tools as per need. We had supported to translate the guideline in Nepali as per feedback from MoHP/DoHS. This QTR, we reviewed it and submitted to MNH section for proceeding approval process	Support FWD for SBA clinical coaching/mentoring implementation guideline approval process.
I3.3.2	Planning support for SMNH roadmap including hospital quality improvement plan and support to implementation (focused provinces) (with all streams)	Completed	NHSSP continued support to FWD for orienting provincial and local level government officials for its implementation. In this QTR, support provided to Madhesh province to orient all the health chiefs and programme focal persons (>20 participants) from all 8 districts. We also supported offsite/desk monitoring for implementation. Till date, all the HOs across 7 provinces completed orientation, total 576 palikas received orientation among which, 226 palikas from Sudurpaschim, Lumbini and Madhesh provinces.	Off-site/desk monitoring for implementation. FU provinces whether their action plan prioritised and included in their AWPB for FY 2022/23.
I3.3.4	Referral system strengthened in selected clusters of Palikas and lessons learned shared for scale up	Completed and ongoing	NHSSP continued support to selected cluster (Palikas) and province (CEONC hospital) for strengthening EOC inter-facility referral system in Arghakhachi. In this QTR, NHSSP provided off-site support to selected cluster (Palkis) and province (CEONC hospital) for inter-facility referral system implementation. Till date, 59 referral cases were reported from the beginning of the FY	Follow up visit for contextual supportive monitoring at least 2 BCs/Palika. *Consolidation* Support to FWD and Province Health Directorate for EOC inter-facility

			2021/22 (from Shrawan). NHSSP has also shared EOC referral system strengthening early lesson learned to government and partners in 16th NESOG conference. Implementation guideline development for EOC inter-facility referral in other than 3 focused palikas has not completed due other priorities of HO and palikas.	meeting (Knowledge-cafe in Lumbini province)
i3.6	Support the implementation and refinement of the Aama programme		not planned	
I3.8	Nursing and Midwifery Strategy and Action Plans 2020-30 (draft)		In the reporting QTR, strategy has been approved by MoHP. NHSSP supported NSSD in formatting and printing. Dissemination session organized by NSSD with NHSSP support on 30th June, was attended by key officials of MoHP.	Involvement and support in discussion and prioritization the activities as required by NSSD.
3.9.2	Strengthening EHCS service delivery and improving access		not planned	
3.9.3	Nursing capacity development through mentors (including IPC focused) (NEW):	Completed	NHSSP continued support to NSSD for Hospital Nursing in-house clinical mentoring and coaching programme. In this quarter, NHSSP continued support to NSSD for implementing inhouse hospital nursing clinical coaching and mentoring programme. Till date, NSSD has implemented clinical coaching and mentoring at all six hospitals where budget was allocated. In this quarter, NHSSP provided TA support to NSSD for implementing coaching and mentoring at Bir hospital, Bharatpur hospital Chitawan, and Dadeldhura hospital. total 60 hospital nurses were received clinical coaching .	Further orientations, monitoring and support to the processes will be continued by NSSD.

i3.4.1	Evidence-based clinical standards, protocols, and job aids revised at federal level and rolled out to focal service sites	In progress	Basic Health Services Standard Treatment Protocol Facilitator's guide approved. Onsite coaching and mentoring guidelines for MNH service providers submitted by FWD to FMoHP for approval.	Continue support to FWD for the endorsement of the Onsite coaching and mentoring guidelines for MNH service providers
i3.4.2	Support roll-out of MSS (HP level) and monitoring of implementation and response	In progress	NHSSP TA continued support to CSD for implementation and monitoring of MSS at Municipality and Health Post (HP) level of focused palikas. NHSSP continued support in roll-out of HP-MSS at the Palika level in focused provinces. In this quarter, total of 13 Palikas conducted HP-MSS assessment in 41 health facilities of focused palikas in Madhesh, Lumbini and Sudurpaschhim Provinces. In Madhesh Province, NHSSP provided TA to conduct MSS assessment in 16 Health facilities of 5 Palikas. Similarly, in Lumbini and Sudurpaschhim Province, 6 Palikas conducted MSS assessment in 21 Health facilities and 2 Palikas conducted assessment in 4 Health facilities respectively.	Continue desk monitoring of MSS implementation at NHSSP focused provinces through C&Q PC.
i3.4.4	Support for planning and implementation of clinical mentoring	Ongoing	NHSSP TA continued support to FWD, PHD (especially province hospitals) and palikas to monitor, facilitate and encourage clinical mentors, health coordinators, and accountants/finance officers to conduct QI and clinical mentoring at hospitals and BC/BEONC. In this quarter, 11 hospitals implemented clinical mentoring and QIP and all of them reported QIP. Likewise, 183 BC/BEONC from 119 palikas implemented mentoring and 137 of them reported QIP in this quarter. In the reporting period, 178 clinical mentors facilitated 196 sites (13 CEONC and 183 BC/BEONC) to conduct QI along with SBA clinical mentoring to total of 793 mentees. QI and signal functions scores of 11 hospitals compared with last assessment shows slight improvement in QI scores at hospitals as well as signal function readiness at CEONC sites.	Continue facilitation for implementation and desk monitoring to hospitals for QI implementation status along with clinical mentoring. Support to FWD/NHTC/ PHTC for development of clinical mentors training sites in province. Provide TA to FWD in setting up the Quality Management Information System dashboard. This dashboard will support in easy visualization of the data being generated from the Onsite clinical coaching and mentoring and provides an additional layer of data for service readiness and the knowledge and skills of the service providers and is expected to facilitate evidence based decision making process at FWD.

			The NHSSP team provided TA to develop total of 31 clinical mentors in Province1, Madhesh and Gandaki Provinces.	
I3.4.6	Support the NHTC (FHD and CHD) to expand and strengthen training sites focusing on SBAs, FP, and newborn treatment	ongoing	Completed: PD 41: FP/SBA services and training QI assessment in 6 federal and provincial hospitals of Madhesh Pradesh and Lumbini Pradesh completed. Final report approved by BEK. Technical Brief/Note both in English and Nepali version is in the process of printing. Dissemination of the PD 41 briefs was held in Kathmandu on 15th June 2022. A total of 43 participants registered that included directors of FWD and NHTC. Completed: PPFP/PPIUCD service and training site assessment visit to Phaplu district hospital Solu and Okhaldhunga Community Hospital. A total of 13 participants (4 nurses and 1 doctor in Phaplu Hospital and 6 Nurses and 2 Doctors in Okhaldhunga Community Hospital) benefitted from the exercise. However, both these sites aren't feasible for establishing a PPIUCD training site as both sites are low volume sites and also aren't a SBA training site (NHTC requirement for PPIUCD training).	NHSSP TA will (in coordination with NHTC, FWD, PHTC, MoSD-province) make follow up and coordination visits to selected hospitals.
I3.5.1	Evaluation and scaling up mHealth for FCHV (if successful)	Delayed	NHSSP continuous coordinated with NSSD and BBC Media action for FCHV mHealth dissemination, but it could not be completed as NSSD could not confirm a date with DG in this QTR.	NHSSP will support dissemination programme if programme division want and request support.
I3.5.3	Implementation of PNC guideline (PNC 24 hours and PNC home visit)	Completed	NHSSP continued support to FWD and provinces from off-site. Desk facilitation on the specific issues and problem especially on guideline for implementation and monitoring. On-site support has been providing for enhancing the capacity of health managers, focal persons, and service providers. In this QTR, NHSSP provided TA to Sudurpaschim province to enhance apacity of the Palika manager and health workers (22 Participants) in Mohanyal Rural Municipality (NHSSP focus palika).	NHSSP will support to FWD for annual implementation guideline writing and PNC home visit small scale study-lesson learn

			Till date, 733 Palikas across 75 districts have now been orientated on PNC home visit implementation among which 636 Palikas have started implementation.	
i3.6	Support the implementation and refinement of the Aama programme		not planned	

DATA FOR DECISION MAKING

Activity number	Activities	Status	Achievement of this quarter	Plan for next quarter
Indicator 2.1	Strengthening of routine MISs			
2.1.1	Development of roadmap for strengthening of routine MISs with better linkages to each other	Completed	The final draft is submitted to IHIMS to proceed for endorsement.	Support to prepare implementation plan after endorsement of the roadmap
2.1.2	Supporting the implementation of MISs strengthening based on roadmap recommendations at Provincial level (2 & 5)	Ongoing	Supporting activities planned in roadmap	Sharing with PHD official after the endorsement of IHIMS roadmap at province level and initiate discussion for preparing province level action plan
Indicator 2.2	Health facility registry updates			
2.2.1	Support the functioning of updated health facility registry as an interoperable Master Registry for all info systems	Ongoing	Supported PPMD to review the data entered in HF registry	Support to build HF registry as Master registry for interoperability
2.2.2	Support provincial capacity enhancement to update and use the health facility registry	Ongoing	Supported at local level to review and update health facility registry	Support to complete listing of health facilities and the information to promote its use and establish HFR as master registry for interoperability at local and provincial level.

Activity number	Activities	Status	Achievement of this quarter	Plan for next quarter
Indicator 2.3	Digital platform for recording and reporting of the minimum service standards (MSS)			
2.3.1	Supporting the roll-out of digital platform for MSS reporting at Tertiary and Secondary Hospitals in Focal provinces	Ongoing		• Support to generate data on selected components from MSS
2.3.2	Support implementation of digital platform at Palika level - in LL sites	Ongoing	Supporting in implementation of HMIS, eLMIS and IMU	Continue the support as per local need
Indicator 2.4	Web based Routine Data Quality Assessment (RDQA) system			
2.4.1	Supporting the updates to RDQA for federal level hospitals	Ongoing	Supporting to develop tutorial video for offline version installation and use	Finalise and upload the video in MoHP website Seek NHRC approval for pre post analysis and prepare scientific paper for dissemination
2.4.2	Roll-out of RDQA at tertiary and secondary hospitals- Province 2 & Lumbini province	Ongoing	Conducted follow up round RDQA in the hospitals.	Finalise the report and disseminate the findings
2.4.3	RDQA implementation and improvements to data quality at local level facilities (LL sites)	Ongoing	Follow up round of RDQA being conducted	Complete the follow up round of RDQA and disseminate the finding
Indicator - 2.5	Monitoring of Basic Health Services			
2.5.1	Develop mechanism to monitor availability and utilisation of BHS	Ongoing	Finalised indicators for BHS monitoring and developing the web- based dashboard	Finalise the web-based dashboard and orient focal province and selected LL sites on BHS monitoring
2.5.3	Generate and feed evidence to support planning at provincial and local level	Ongoing	Supported in preparing evidence for new Nepal Health sector strategy Prepared and disseminated in the form on manuscript and abstracts	Continue the support to generate evidence and data use at all levels.
Indicator 2.6	Strengthening the maternal and perinatal death surveillance and response system (MPDSR)			

Activity number	Activities	Status	Achievement of this quarter	Plan for next quarter
2.6.1	Review of MPDSR system and analysis of available data	ongoing	Supporting MoHP to undertake Maternal Mortality (MM) Study following census.	
2.6.4	MPDSR data analysis to better inform the response at Provincial and Palika level	ongoing		
Indicator 2.7	Equity monitoring			
2.7.1	Digital dashboards for monitoring equity (using MISs and survey data), quality of care, NHSS RF and SDG progress updated at the MoHP website	Ongoing	Compiling data to update digital dashboard for monitoring equity	Update digital dashboard for monitoring equity using Nepal health facility survey data and BHS monitoring indicators
2.7.2	Customised digital dashboards for monitoring equity at provincial level developed	Not started	Not started	
2.7.3	Data analysis and use of equity data to inform planning and decision-making at all level	Completed		

Figure 1. Implementation plan for annual report dissemination

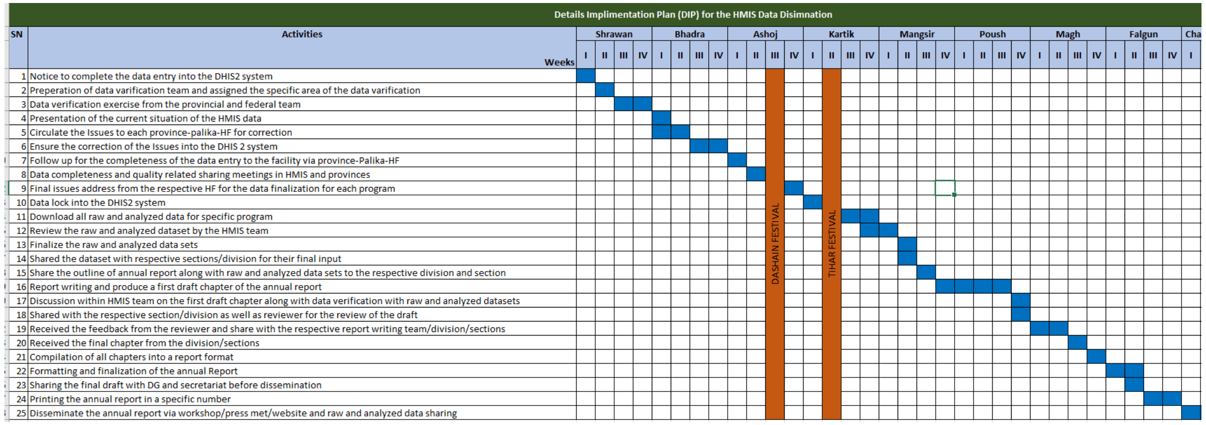


Figure 2 Weekly reported SARI cases

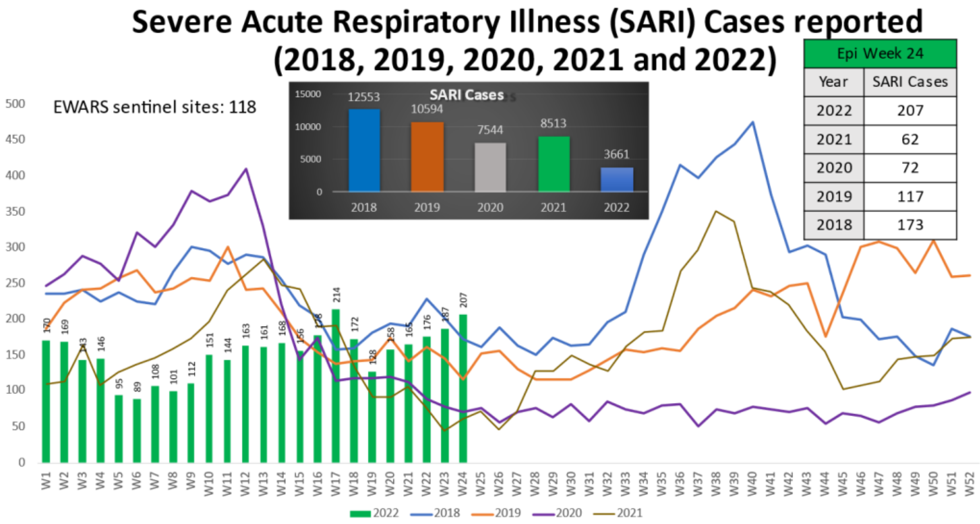


Figure 3 RDQA score of selected hospitals of Lumbini Province

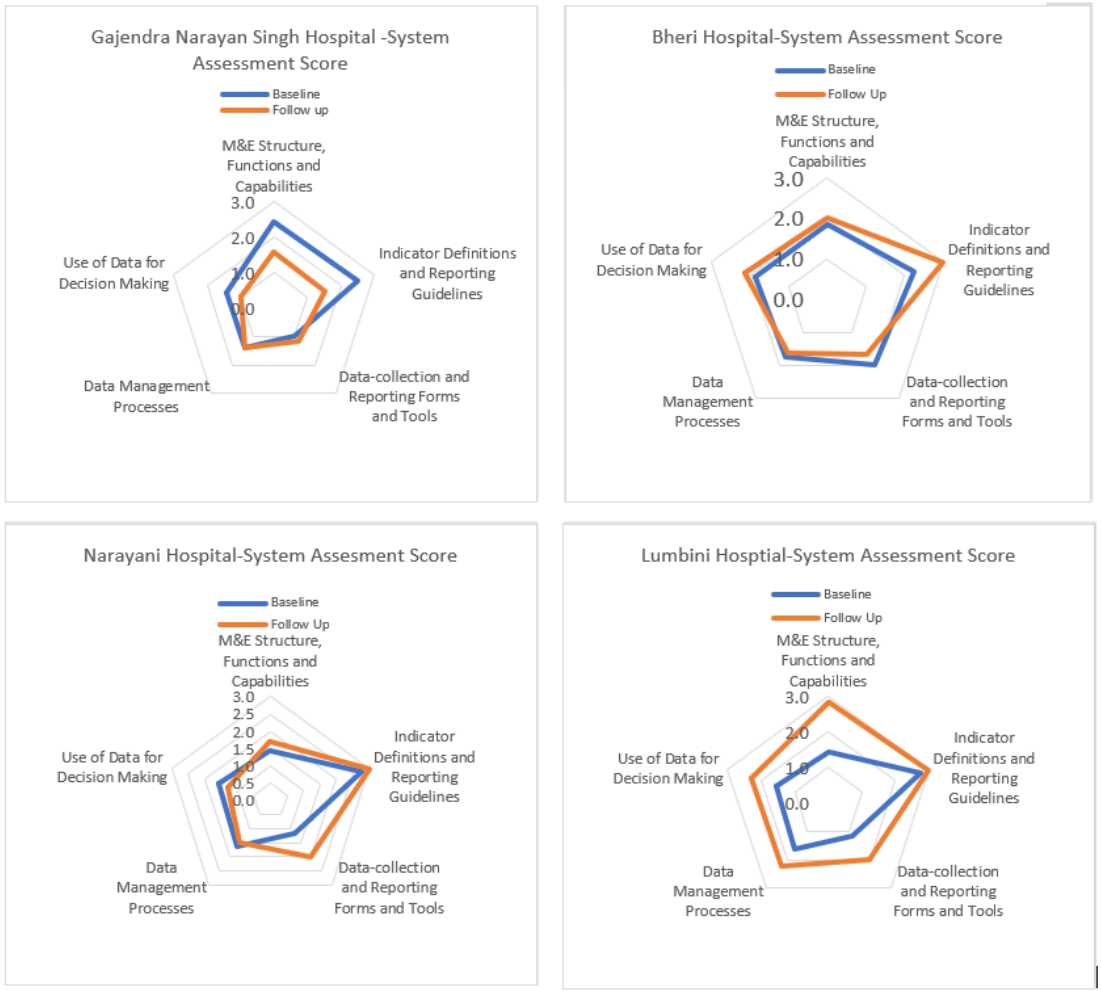


Figure 4 Screenshot of BHS dashboard under development

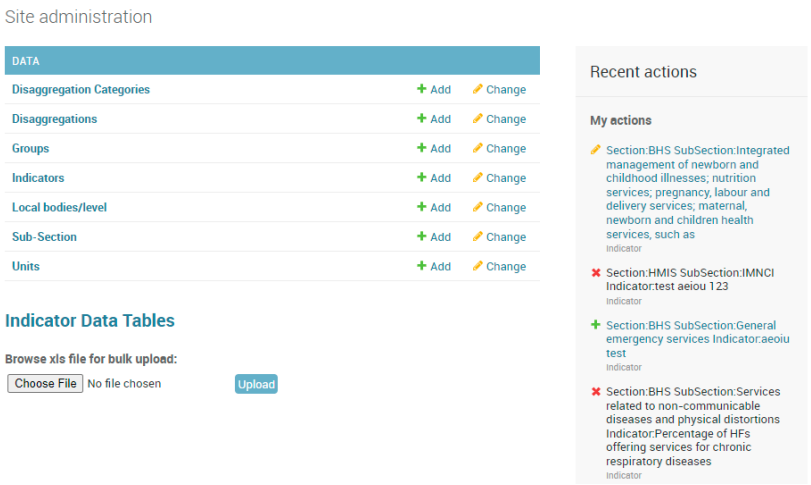
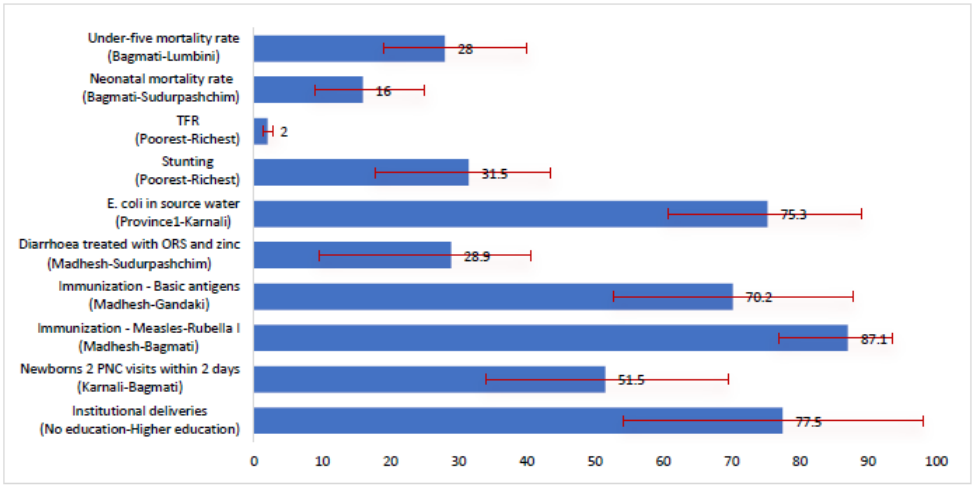


Figure 5 Disparity in key indicators by provinces and wealth quintiles



HEALTH INFRASTRUCTURE

Activities		Status	Achievements this quarter	Planned for next quarter
	Result Area I7.1: Policy Environment			
I7.1.1	Produce post-2015 Earthquake Performance Appraisal Report (PD 13)	**Continuing**	None.	Continued support as required.
I7.1.2	Upgrade the HIIS to integrate functionality recommendations	**Ongoing**	• Database design finalisation, Interface design ongoing regarding HIIS development	Finalisation of system development including integration of project monitoring module. Regular updating of database for government information sources and valid secondary sources. User trainings for assigned government counterparts and hosting.
I7.1.11	Assessment of Learning Lab (LL) centres	**Ongoing**	The reports have been finalised. Update of the data and maps as per primary hospital upgrading plans from MOHP and Local Governments	The reports will be published.
I7.1.4	Revision of the Nepal National Building Code (NNBC) concerning retrofitting, electrical standards, HVAC, and sanitary design	**Ongoing**	Final version ready for sharing.	Presentation of the handbooks to the Management Division / DoHS and MoHP for endorsement for publishing.
I7.1.5	Nepal earthquake retrofitting and rehabilitation standards produced and adopted (PD 21)	**Completed on time**	Comments still awaited from National Research Centre for Building Technology on the final draft submitted.	Updating of the report and its content based on feedback and recommendations.
I7.1.6	Development of the 'Climate Change and Health' strategy and guidelines (PD 22)	**Continuous**	Multi-hazard health infrastructure planning and development orientation completed for representatives and officials from focal provinces	Site selection prioritisations tool to be finalised and disseminated
I7.1.7	Support development of the Infrastructure Capital Investment Policy, including facility prioritisation and selection (PD 46)	**Completed**	Review of 78 designs from different municipalities completed during the quarter.	35 municipalities have received approval, and remainder on follow up process.

I7.1.8	Revise existing HI Design Standards and Upgrading Guidelines to ensure equity by bringing them in line with Leave No One Behind (LNOB) good practice and orient infrastructure stakeholders on these	**Ongoing**	Updated and submitted to MoHP for endorsement	Follow up
I7.1.9	Support Policy for Infrastructure Development, Repair and Maintenance production and adoption	**Ongoing**	Orientation programme to provincial/municipal level representatives and officials will be conducted during the quarter.	Orientation programme to provincial/municipal level representatives and officials will be conducted during the quarter.
I7.1.10	Development of recommendations on health facility waste management improvement, focusing on legal and coordination aspects	**Ongoing**	Finalised	Publication of the handbook.
	Result Area I7.2: Capacity Enhancement			
I7.2.1	Ongoing capacity development support to MoHP / DUDBC, including capacity assessment, as well as the formation of a Capacity Enhancement Committee	**Ongoing**	Organisation of different events for on-site capacity improvement of DUDBC staff members on site management issues and quality assurance mechanism at the retrofitting sites. Continued capacity enhancement of municipality engineers / architects and concerned private sector consultants on health infrastructure planning and design.	The onsite capacity improvements events to continue regularly and as required. Follow up and monitoring support.
I7.2.2	Training Needs Analysis for MoHP, DUDBC and Construction Contractors and Professionals	**Completed**	An ongoing process to address the new needs of training.	Continuation of assessment at retrofitting sites and provinces and accordingly plan activities.
	Training programme implementation	**Ongoing**	Orientation to technical people from DUDBC and contractor on quality compliance and testing of materials and works organised as required	The onsite training and orientation will continue as required.

	Result Area I7.3: Retrofitting and Rehabilitation			
I7.3.1	Strengthening Seismic, Rehabilitation and Retrofitting Standards and orientation on the standards, including a report with recommendations (PD 16)	**Completed**	Completed.	Continued orientation on Strengthening Seismic, Rehabilitation and Retrofitting Standards at the provincial and local level.
I7.3.5	Design of retrofit works (structural / non-structural) with DUDBC (PD 29)	**Completed**	Completed.	Orientation to all stakeholders as appropriate on retrofitting works will be continued.
	Engagement of MoHP / DUDBC in design and tendering	**Continuous**	Continued support to DUDBC in construction management as per the bidding documents at both the sites. Retrofitting of Medical and Maternity block progressing in Pokhara. Decanting of OPD block planned and agreed with all the stakeholders in Pokhara Decanting of Maternity block planned and agreed with all the stakeholders in Bhaktapur	Waste management area, store area and other projects identified under the fourth package will be tendered as budget is made available Initiation of retrofitting of OPD block in Pokhara Initiation of retrofitting of Maternity block at Bhaktapur.
I7.3.7	Preparation of final drawings	**Completed**	All updated drawings provided to FPIU DUDBC.	Preparation of additional details and working drawings as required will continue.
I7.3.8	Production of BoQs	**Completed**	The BoQs updated as required at the site as per the site conditions.	Revisions will continue depending on the site condition and availability of specified products in the market.

I7.3.9	Tender process and contractor mobilisation (PD 40)	**Completed**	Supporting contract management, monitoring and supervision of the work in progress.	Continued technical and management support for the retrofitting work.
I7.3.10	Priority Hospitals Work Implementation and Supervision, completion of the first phase (PD 55)	**Completed**	Both the hospital now have provided part of the decanting space to be us as originally planned. Retrofitting of Emergency Block at Bhaktapur.	Continued technical and management support for retrofitting of both the Priority Hospitals.

GENDER EQUALITY AND SOCIAL INCLUSION

Activity	**Status**	**Achievements this quarter**	**Planned activities for next quarter**

I2.2	Result Area: Districts and divisions have the skills and systems in place for evidence-based bottom-up planning and budgeting			
I2.2.1	Develop GRB and LNOB Budget Marker Guidelines at national level	Completed	• The training package on GRB and LNOB Budget Marker approved from MoHP. Completed GRB and LNOB Budget Marker training to 16 participants from Provinces based on approved GRB and LNOB budget marker package.	• Printing of the GRB and LNOB budget marker training package.
I2.4	Result Area: MoHP has clear policies and strategies for promoting equitable access to health services			
I2.4.1	Revise Health Sector GESI Strategy Developed Madesh Province Health Sector GESI Strategy.	Ongoing	• Resubmitted FMOHP's GESI Strategy to the Cabinet for approval. • Completed • Formation of Madesh Provincial GESI Steering Committee and Coordination Committee as provisioned by the strategy and orientation provided on the GESI Strategy.	• Formation of Steering Committee and orientation to FMoHP and DoHS officials on the Strategy once approved from the Cabinet. • Printing and dissemination of the FMoHP's GESI strategy. • Dissemination of the GESI strategy of Madhesh Province. • Finalise GESI policy of Butwal Sub-Metropolis.
I2.4.2	Revise and strengthen GESI institutional structures, including revision of guidelines	Not scheduled	No specific activities have taken place because of the delay in approval of the Health Sector GESI Strategy.	-
I2.4.3	Develop National Mental Health Strategy and Action Plan	Completed	-	-
I2.4.4	Standardise Psychosocial Counselling Curricula	Completed	• Completed six-month long training of OCMC focal persons across the country in psychosocial counselling. A total of 50 OCMC focal persons were certified as trained counsellors.	• Organizing psychosocial counselling training to OCMC staff. • Respond to EDP interest in the training
I2.4.5	Development of National Health Sector Social Accountability Directives	Completed	• Drafted Training Curricula on Social Auditing to roll-out Health Sector Social Accountability Federal Directives 2020.	• Approval of the social auditing training curricula.
I2.4.6	Develop guidelines for disability-inclusive health services	Completed	-	-
I2.4.7	Revise SSU, OCMC and Geriatric Service Guidelines	Completed	• Approved Geriatric Health Service Protocol. • Completed interaction program to focal persons from all hospitals of Madhesh province on GESI policy instruments and GESI targeted interventions.	• Printing of Geriatric Health Service Strategy and Protocol.
I2.4.8	National and provincial-level	Completed	-	-

ANNUAL REVIEW ACTIONS

will	Actions to meet the recommendations taken until end June 2022	Planned July-Sept	Results/ Means of Verification	Progress (Completed/ On progress) till June 2022
1) **FCDO and TA partners to continue to take a leadership role in the monitoring of the secondary health** impacts of COVID-19, develop mitigating strategies and where appropriate support action through TA and FA support**.** *Ongoing.*	TA has provided leadership through analysis of data and deliberation on the findings, with MoHP: The response to the first two waves is documented in the AR 2021 and in the Health Sector Response to Covid-19 Pandemic, documented on behalf of MoHP by NHSSP (May 2022), Chapter 13, Maintaining essential health services and systems. Findings from a 2020 study by NHSSP, to understand Access to essential health services and care of people living with severe disabilities during Covid-19 lockdowns, has been widely disseminated to raise awareness on effects on people with disabilities and mitigating strategies. A secondary data analysis was caried out for MoHP by NHSSP on the impact of COVID-19 pandemic on selected health services in January 2021.The key findings include: there were interruptions to public health care service availability and utilisation in Nepal immediately after the introduction of lockdown in the first wave. The health care system has shown signs of resilience as some of the indicators have returned to pre-COVID-19 levels (eg. 2022 immunisation data shows the fall in coverage in 2020 returned to pre Covid levels in 2021).	NHSSP team at DoHS will continue to analyse and report on HIMS data. Subnational team will continue observe and report any local issues about service availability, especially related to health staff shortages given the increase in infection rates in July.	HMIS ODK data until June Immunization country profiles - UNICEF DATA Reports	Ongoing

	However, preliminary estimates of maternal deaths, based on HMIS data, suggest that the COVID-19 pandemic may have affected progress. The findings also suggested that the magnitude of impact varied by province and type of health facility and further research is needed to fully understand the reasons and the extent of disruptions to public health care delivery and which population groups have been affected the most. As well as analysis of data to inform action, NHSSP continues to provide TA to the Ministry of Health and Population to minimise the epidemic impact through continued service delivery and uptake. TA provided to the Family Welfare Division DoHS has included: • Monitoring of the availability and use of CEONC services: maternal and perinatal deaths are recorded at selected sites and at community level. Data showed a large increase maternal deaths as a result of post-partum haemorrhage PPH; health workers were given a refresher update on PPH management • Interim guidance on RMNCAH in the context of the pandemic: NHSSP supported FWD to develop, rollout and evaluate use of this guidance. We have supported reorientation on the guidance for 705 health managers in 8 districts. • Ongoing support: NHSSP continues to provide TA to strengthen access and quality of RMNCAH services, including Minimum Service Standards, coaching			

	and mentoring, quality improvement and service readiness assessment. NHSSP monitoring reports on Covid-19 effects during Feb -June 2022 in focal provinces and palikas suggests that essential services have not been interrupted from March 2022.			
2) **FCDO and NHSSP** to actively **engage with FMoHP and contribute to the development of the new health sector strategic plan** considering the new reform agenda, COVID-19, evidence on the burden of disease and Sustainable Development Goals. Given the critical importance of emerging issues such as the effects of climate change on health, non-communicable diseases, and mental health, use of robust evidence from Nepal to chart out the new strategy will be crucial. *July 2022.*	FMoHP established a Steering Committee and Technical Working Group for the development of new Health Sector Strategic Plan (NHS-SP). NHSSP staff are active members and contributors to both these groups. Steering and TWG and brought in additional TA from the TARF as requested by FMoHP. Consultations, including at subnational level completed (NHSSP supported technical facilitation and logistics). Synthesis of the evidence and the strategic plan writing process is in progress. Several activities for development of the strategy have been financed by the TARF/UKaid. Findings from a study on health systems analysis by NHSSP have has contributed evidence and shared with the TWG for NHS-SP. The latest draft of the Strategic Plan, including results framework, has been to development partners by FMoHP. NHSSP SMT provided extensive feedback direct to TWG and via BEK. Costing for the Plan has been initiated.	Support to TWG to revise based on wide feedback and produce final versions for FMoHP in Nepali and English. Facilitation of subnational workshop to understand support modalities for strategy implementation	Review of sector progress Records of province consultations Draft plans and feedback The final Strategic Plan Workshop note	All consultations held. Near final versions in Nepali and English

3) **FCDO and NHSSP** to establish strong communication with the FMoHP and the Provincial MoSD and Provincial MoHP in focal provinces, for high level policy dialogues with regard to reforms, COVID-19 response, and the deepening of the decentralisation processes. *Ongoing*.	NHSSP has engaged on an ongoing basis with FMoHP and Provincial governments on policy and programme issues, as part of various working groups. The team has actively contributed to the discussions on the National Health Financing Strategy; has been an active participant of the RH and GBV clusters on COVID-19 response; led on the MNH review with FWD to contribute evidence to the upcoming NHS-SP; has been key player in the discussions as part of the steering committee and the Technical Working Group for the NHS-SP. The team has systematically engaged at the provincial and LLs to undertake budget analysis and conduct discussions that enable governments to capture and understand the public resources allocated for health at each level. Orientation of newly elected (in May 2022) Mayors, Deputy Mayors, Chairpersons and Vice chairpersons, together with their health	Continue to provide orientation to health systems for newly elected representatives and civil servants directly by NHSSP and through working with NHTC to develop modules. Support FMoHP/DoHS in preparation of guidelines on conditional grant related activities for implementation at province and local levels. Support provincial ministries and focal palikas in preparation of their respective annual plan of actions. Continue to facilitate subnational governments to draft health policy, acts, strategy and guidelines.	Strategies, Plans and Framework documents	Ongoing

	coordinators was begun in June. An introduction to the budget analysis findings and the importance of investing in health was given by the NHSSP team. In Lumbini, NHSSP has supported consultations and work for the development of a COVID-19 Review and Response Plan. In both Lumbini and Madhesh provinces the NHSSP teams have held high-level strategic discussions and respective MoSDs to develop the Provincial Health Sector Strategy and Health Service Act; and in Lumbini province this support was also extended to the Health Partnership Guidelines and Provincial HRH Roadmap. The Health Systems Analysis study will be shared in the study provinces (Madesh and Lumbini). This study unpacks what has been working well and less well in the devolved health sector.			
4) **NHSSP** to proactively **engage at provincial and local government level to particularly strengthen service access amongst marginalised groups** (such as adolescents, ethnic groups, remote areas, elderly, etc.); and enable	Engagement with Provinces (MoSD/PHD): • Approved GESI Strategy of Madhesh Province • Development of GRB and LNOB Budget Marker training curricula • Planned study on disability inclusion • OCMC, SSU and Geriatric scaled up to (88, 58 and 49 sites respectively) • GRB and LNOB Budget Marker training curricula, Medico-legal trainings completed in Sudurpaschim, Lumbini, Madhesh Province and Province No 1; Psychosocial Counselling Trainings	Deepen the evidence on disability inclusion through a study on progress. Actions to further institutionalise OCMCs and SSUs Support MoHP for the dissemination of the FMoHP's GESI Strategy and Madhesh Province for its strategy. Finalise of GESI policy of Butwal Sub-Metropolis.		Ongoing

coherence of policies and services across spheres. Collaboration, coordination, and information feedback loops across the governance spheres will need to be strengthened. *Ongoing*.	provided to 49 staff nurses from OCMC based hospitals. Local Level • GESI policy of Butwal Sub-Metropolis and select NHSSP's LLs, • Social Accountability and social audit guidelines for local level completed in Sudurpaschim, Lumbini, Madhesh Province and Province No 1 • Psychosocial Counselling Trainings provided to 49 staff nurses from OCMC based hospitals.	Budget Marker training curricula.		
5) FCDO and NHSSP continue to support the roll-out and provision of quality basic health services at the palika level, and in particular build capacities of duty bearers and service providers at the sub-national level (especially palikas) to adequately plan, budget, implement and monitor the services. This will be a crucial for strengthening primary health care services.	NHSSP supports Curative Service Division (CSD) for development of Standard Operating Procedures, Standard Treatment Protocol and Monitoring dashboard for Basic Health services (BHS). More than 180 federal and provincial level master facilitators have been developed for the BHS orientation. The developed facilitators are providing orientation for the district level facilitators where NHSSP has been involved in providing TA as per need and availability with a special focus on the NHSSP three focus provinces. NHSSP is supporting the AWPB for next year which will focus on rollout to the health facility level. The BHS STP has been endorsed and disseminated. 182 resource people have been developed at all 7 provinces to cascade the roll out of BHS.	Support CSD to engage with other EDPs and stakeholders, to familiarise and orient all on the BHS package. Work with CSD to update the BHS SOP in response to the queries raised at province-level orientations.		Ongoing

	Subnational TA work regularly with health section staff/duty bearers to build capacities.			
6) **FCDO and NHSSP** to work with key stakeholders to define the next steps on reforming the Aama programme based on recommendations from the Aama Review 2019, to make it more equity focused, and **NHSSP** to work the provincial and local governments to improve the quality of services at the facility level, strengthen the overall ownership and accountability of the programme.	Gap analysis from prior rapid assessments, Aama review, latest guidelines and subnational TA	Based on gap analysis develop tools for a small study in Lumbini Province to understand the practice of Aama at these facilities and decentralised implementation. This would also consider how the revenues to health facilities from different streams of funding will be streamlined and managed at facility level eg from Aama, BHS and SHI and how quality of care can be incentivised.	Sharing meeting conducted Aama Programme Study Report Consultation Report	Completed To be scheduled (July 2022)
7) **NHSSP** to continue supporting service quality improvements through the range of TA interventions, and in particular to support the use of MSS at the sub-national level for planning and budgeting facility-level improvements. It	NHSSP continues to provide TA in strengthening the onsite coaching/ mentoring program for MNH service providers through support in strengthening the training sites for the development of coach/mentors. And development of a monitoring system for the onsite coaching/ mentoring programme. Also engaging with FWD and National Health Training Centre for strengthening the quality of in-service trainings for MNH and FP services.		Various documents including training site reports	Ongoing

	will also be important to consider how the various interventions align with and contribute to the country's upcoming Quality Improvement Strategy.	Engaging with CSD on strengthening the implementation of MSS, mainly at the subnational level with TA being provided at all 39 focus palikas for implementation of the MSS. . TA is also being planned for revision of the MSS as per the revised types of health facilities as per the Public Health Regulations. Also providing TA in development of the quality-of-care framework and in alignment of the supported initiatives to the framework.			
8)	**FCDO, NHSSP and other development partners** to continue monitoring the COVID-19 situation and strengthen efforts to mitigate the secondary impacts.	Regular analysis at federal and subnational levels including vaccination coverage at Palika level in NHSSP focal provinces. TA supported the MoHP in review of health sector response to COVID-19 pandemic and the lessons learned. UNICEF has done two rounds of assessment in 2020 and 2021, they are not doing further now (we are not aware that USAID and WHO are monitoring now).	Nepal Country Report from UNICEF global data reviewed (July 2022) supports other evidence of a fall in immunisation during 2020 but return to near previous coverage in 2021.	Data	Ongoing
9)	Given ongoing budget constraints, **NHSSP continue to focus on the health infrastructure retrofitting sites, with policy and capacity building work paused.**	Essential CB work for retrofitting conducted regularly on site.		HI reports	Ongoing

10) **NHSSP continue to support DUDBC and hospital management in accelerating progress at the retrofitting sites including complying the quality standards**, in partnership with FCDO, including regular communications. Ensure a clear audit trail is maintained of decisions taken and any variations to the original scope of work.	NHSSP continues to support DUDBC and Hospital management in scheduling and progress monitoring, including HR deployment and capacity at sites. Alternative decanting strategies agreed with the hospital to progress works. Designs modified as per the structural analysis report. Compliance verified with the specifications and standards through standard testing procedures. Documentation of all the analysis reports, instruction, measurement of work progress at site every day, maintain material inventory. Approval of variations through standard process as per the PPMO rules and regulations. Conduct regular meeting; provide reports and updates to all concerned stakeholders. Immediate reporting/communicating to concerned stakeholders as appropriate on any issues at the site or issues related to programme management and suggest effective ways to resolve those issues. Management meetings held at the Pokhara site to resolve issues affecting progress. Steering Committee meeting held chaired by MoHP Secretary. Recommendation to extend FCDO support (FA and TA) to complete the works during 2023.	Continue close monitoring and support to minimise delays and meet quality standards. **Pokhara Main Retrofitting Works** • Technical and management support to DUDBC to decant OPD block to OCMC/CSSD, Kitchen Block and spaces constructed using prefabricated materials • Initiate retrofitting of OPD block • Complete 100% maternity block and medical block retrofitting • Coordinate with hospital management to decant more blocks to facilitate retrofitting **Bhaktapur Main Retrofitting Works** • Completion of decanting of maternity block in line with agreed decanting strategy • Completion of 50% of structural work of maternity block • Completion of 90% of all the works in OT block • Completion of all works for the mortuary block • Follow-up on the budget allocation for the fourth contract package projects;	Multiple including: Signed updated decanting schedule, Instruction, measurement and test site books/reports, Variation approval documents, M&V report by independent third party, Retrofitting monthly progress reports highlighting acceleration efforts.	Ongoing

		initiate tender process once the budget is secured		
11) NHSSP to assess the value for money of TA in using Local Government Institutional Capacity Self-Assessment (LISA) tool including translating health related legislations and policies into actions at local level. *August 2022*.	LISA tools are being used at local levels. NHSSP is providing support through Health System Strengthening Officer (HSSOs) to achieve some Health-related LISA indicators: AWPB, Health Act, Health Policy, Annual Procurement Plan, Utilization of Federal Health Budget and Grants.	• Continue support to LLs in translating LISA related action plans into improved governance within health sector, and their integration into the overall health sector planning processes. • As a part of the lessons learnt from LLs, understand and document the specific actions taken as a follow-on of the LISA assessments, and the health governance outcomes (including aspects of VfM) within each LL.	Health Acts, Health Policy, AWPB, Procurement Plan, Budget Analysis (BA) Report. All focal Palikas have AWBPs. Lessons from Learning Labs including on LISA will be captured during 2022.	In progress

12) NHSSP to work closely with the Health Divisions and the Health Offices at the sub-national level, to strengthen local government capacities to follow the rules and regulations in financial and procurement systems to ensure effectiveness and accountability of public fund. The implementation of the PFMSF and PPSF at the sub-national levels will be priority. Early approval of the PPSF will be of primary importance to streamline the procurement in the decentralised context. *Ongoing*	Financial Management Improvement Plan (FMIP) and Procurement Improvement Plan (PIP) for provincial levels have developed under the umbrella of Public Financial Management Strategic Framework (PFMSF) and Public Procurement Strategic Framework (PPSF) for focal provinces. In June, the revised PPSF was finalised after a national consensus workshop including stakeholders from Federal, Provinces and Local Levels. The final document has submitted to the Secretary of FMoHP for endorsement. Internal Control System Guideline (ICSG) for FMoHP already endorsed and rolled out and for DoHS is being drafted.	Finalise the Provincial Procurement Improvement Plans (PPIPs) with Lumbini Province and Madhesh Provinces. Develop a PIP with Sudurpaschim Province.	Approved PFMSF (Federal) and PPSF (Federal), FMIP and PIP (Provincial Level)	PFMSF for federal level has been endorsed by FMoHP. PPSF for federal level is being finalised. FMIP and PIP for focal provinces are being drafted
13) PPFM and NHSSP to continue emphasising at the federal level for the need for responsiveness and flexibility which is critical for the sub-national level to progress and	Five-year Budget Analysis (BA) has been completed. BA for 38 focal local governments (LGs) is near finalisation. BA confirms that Subnational Governments (SNGs) have started to allocate their own resources to the health sector, beyond the conditional grant. The BA will be instrumental to develop a conditional grant transition plan	Support familiarisation and use of the Budget Analysis FW in all 3 provinces.	Five year BA of health sector report Five Year BA completed. BA for 20 Palikas near completion. BA report of 3 LGs (). Budget Analysis Framework for	Five Year BA completed. BA for 38 Palikas (Work in progress). BA Framework (Work in progress)

continue advocating for improvements to the conditional grant mechanisms. *Ongoing*	In June the Health Sector Budget Analysis Framework for all spheres of government was finalised in consultation with FMoHP, Provincial Health Ministries (MoHP&FW/MoSD) and select palikas. The framework will facilitate all levels of government to perform independently.		Province and Local Levels	
14) NHSSP together with WHO and other EDPs, support post-vaccine monitoring, and continue periodic tracking of uptake of non-COVID-19 health services to ensure continuity of essential health services. *Ongoing*	TA is engaged with DoHS in monitoring of COVID-19 vaccination and uptake of non-COVID health services using HMIS data. Subnational analysis of vaccine coverage to palika level (in focal provinces) undertaken by NHSSP in April to June 2022.	Daily COVID updates paused in June and resumed in July as a rise in infection rates.	Daily Covid updates HMIS data analysis and Subnational vaccination C19 vaccination coverage reports	Ongoing
15) NHSSP to continue the knowledge cafés focused on continuity of both COVID-19 and non-COVID-19 health services, at federal and/or sub-national level as per FMoHP needs for evidence-informed decision-	TA is engaged with FMoHP for continuation of knowledge Café (KC). For sustainability of the KC, FMoHP has now assigned NHRC as an institutional home. TA is engaged with FMoHP and NHRC for knowledge consolidation, review and sharing around each of the five strategic objectives of the NHS-SP. NHSSP has supported the evidence review meetings held within the small technical working groups as well as the wider review meeting that included government stakeholders from all Divisions,	Lessons learnt from Learning Labs and the Health Systems Analysis will be shared at federal and provincial levels which will include evidence on health services (C-19 and non C-19).	Health Systems Analysis report and dissemination events	In progress

making processes. *Ongoing*.	Health Development Partners and other key health experts. NHSSP has held other evidence sharing and discussion events with DoHS, EDPs and other non-government agencies. These have included the sessions on lessons from the Interfacility Referral System for Emergency Obstetric Services and C-section monitoring using Robson criteria. NHSSP has also conducted workshops on the Robson criteria and discussed evidence on C-section monitoring at the NESOG conference.			

ANNEX 2 INTERNATIONAL STTA INPUTS THIS QUARTER

S.N.	Name	Date	Purpose
1.	Anthony Bondurant	April – June 2022	Special Advisor – Technical support
2.	Deborah Thomas	April – June 2022	Disability study, PD ToR disability study, Review of strategic plan
3.	Steve Topham	April – June 2022	LL reports, HI planning tool, Field visit and workshop support
4.	Sara Blanchet	April – June 2022	Health systems assessment
5.	Sarah Style	April – June 2022	HSS study process mapping

ANNEX 3 PAYMENT DELIVERABLES IN THIS QUARTER

Area	Milestone No.	Description of Milestones	BEK approval date
C&Q	R41	Support to improve quality of SBA and FP training in Province 2 and 5 clinical training sites (both provincial and federal sites)	25-May-22
Management	R52	Quarterly report 19 Jan - March	25-May-22
HI	R47	Orientation to the focal provinces and municipalities on Multi hazard perspective and the process of selection of land, existing provisions for land acquisition, planning, implementation for development of health infrastructure and its impact on health service delivery	29-Jun-22
L&G	R51	Public Procurement Strategic Framework for Medicines and Medical Goods (2022/23 – 2026/27)	Submitted on 28 June but not approved

ANNEX 4 VALUE FOR MONEY (APRIL – JUNE 2022)

Value for Money (VfM) for UK government programmes is about maximising the impact of each pound spent to improve poor people's lives. The UK government's VfM framework is guided by four principles summarised below:

- Economy: Buying inputs of the required quality at the lowest cost. This requires careful selection while balancing cost and quality;
- Efficiency: Producing outputs of the required quality at the lowest cost;
- Effectiveness: How well outputs produce outcomes; and
- Equity: Development needs to be fair.

Detailed below are the indicators that NHSSP has committed to reporting on a quarterly basis.

VfM results: Economy

Indicator 1: Average unit cost of Short-Term Technical Assistance daily fees, disaggregated by national and international

The average unit cost for STTA for this quarter was £ 511 for international Technical Assistance (TA) and £ 153 for national TA. The average unit costs of both International STTA are National STTA are below the programme benchmark of £661 and £224 respectively. International STTA provided support on health systems assessment, review and finalisation of disability study ToR, learning lab reports, and review of health sector strategic plan. Likewise, National STTA provided mostly in-person support to the programme team at federal and provincial level. The support was mainly on capacity enhancement of eGP, orientation packages for local representatives, budget analysis workshops, revision of GBV protocol and, medicolegal training, and communication materials for procurement.

International STTA	Actuals to date (March 2017 – June 2022)	Average unit cost to date (March 2017 – June 2022)	Current quarter (April – June 2022)	Average unit cost (April – June 2022)
Days	1,951	£ 549	62	£ 511
Income (GBP)	£ 1,070,024		£ 31,641	
National STTA	Actuals to date (March 2017 – June 2022)	Average unit cost to date (March 2017 – June 2022)	Current quarter (April – June 2022)	Average unit cost (April – June 2022)
Days	5,226	£ 178	362	£ 153
Income (GBP)	£932,776		£ 55,315	
Target: Programme benchmark for International STTA cost is £611, and for National STT cost is £224				

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

The use of national (85%) STTA was higher than the international (15 %) STTA in this quarter. The national STTA provided in person support to the programme in various areas such as budget analysis, capacity enhancement workshops, developing orientation packages and revision of policies. International STTA provided support on health system assessment, review of health sector strategy, disability study and learning lab reports.

STTA type	Actuals to date (March 2017 – June 2022)		Current quarter (April – June 2022)	
	Days	%	Days	%
International TA	1,951	27	62	15
National TA	5,226	73	362	85
TOTAL	7,177	100	424	100
Target: Upward trend of% of National TA from 54% (baseline at inception) over lifetime of the project				

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

The spend on administration and management was at 10 % in this quarter. The major cost driver was the office running costs. As the project is towards the end, the percentage of spend on administration and management has gone low while programme cost has increased. This compares well with the programme benchmark. The actuals to date figures are also within acceptable benchmark range.

Category of administration/ management expense:	Actuals to date (March 2017 – June 2022)		Current quarter (April – June 2022)	
	GBP	%	GBP	%
`Office running costs (rent, suppliers, media, etc.)	221,555	7%	14,718	6%
Equipment	124,966	4%	119	0%
Vehicle purchase	52,875	2%		0%
Bank and legal charges	5,894	0%	230	0%
Office set-up and maintenance	76,499	2%	3,120	1%
Office support staff	252,181	8%		0%
Vehicle running costs and insurance	56,336	2%	4,673	2%
Audit and other professional charges	72,164	2%	1,262	1%
Sub-total administration/ management	**862,470**	**27%**	**24,121**	**10%**
Sub-total programme expenses	2,310,722	73%	213,665	90%
Total	**3,173,192**	**100%**	**237,786**	**100%**
Target: Administration and management cost remains within an average range of 25–30%				

VfM results: Efficiency

Indicator 5: Unit cost (per participant, per day) of capacity enhancement training/workshops (disaggregated by level, e.g., national, and local)

During this quarter there were increased number of capacity enhancement activities both at National and Local level. Twenty-five sessions of capacity enhancement trainings/workshops were conducted to 1189 participants at both national and local level. The average costs per participant per day incurred for the workshop was £ 18.46 and £ 34.61 for National and Local level respectively. Some of the capacity enhancement programmes conducted at National level were LMBIS orientation, Robson classification workshop and PPSF finalisation and validation workshop. Likewise, at the local level, medico legal

training, BHS STP orientation, budget and planning workshop, SSU training and capacity building of eGP were conducted.

Level of Training*	Cost per partici-pant per day bench-mark. (GBP)	Actuals to date (January 2018 – June 2022). *			Current Quarter (April – June 2022)		
		No. of capacity enhance-ment trainings conducted	No. of partic-ipants	Average cost per partici-pant per day (GBP)	No. of capacity enhance-ment trainings conducted	No. of partici-pants	Average cost per partici-pant per day (GBP)
National	£62	51	1, 985	£ 23.68	4	223	£ 18.46
Local	£39	72	7,766	£ 21.64	21	966	£ 34.61
* The level has been reduced to two: National and Local; the district has been embedded into local . The benchmark was set at the initiation of NHSSP (reference for cost taken from NHSP 2 and TRP programmes) . * The data for this indicator was collected from January 2018 onwards							

VfM results: Effectiveness

Indicator 8: Government approval rate of TA deliverables as% of milestones submitted and reviewed by BEK to date

So far, the programme has submitted 131 PDs to BEK among them 130 PDs have been approved.

	Payment Deliverables (March 2017 – June 2022)
Total payment deliverables throughout NHSSP – III including extension	146
PDs submitted to date	131
PDs approved to date	130
Ratio%	99 %

ANNEX 5 LOGFRAME UPDATE

This logical framework presents progress to June 2022. New data is shown in red font. Sources of data for the indicators include programme documents, routine information systems (HMIS, LMBIS/TABUCS/SUTRA), FMoHP records, national level surveys/assessments, and global studies/projections (e.g., Global Burden of Disease).

Impact Indicator 1		Baseline (2016)	Milestone 1 (July 2020)	Milestone 2 (July 2021)	Milestone 3 (July 2022)	Target (Dec 2022)	Remarks
Under 5 mortality rate per 1000 live births	Planned	33.5	26.4	25.0	No milestone set	23.8	The baseline for this indicator has been established using Nepal BoD (NBoD) data that comes from the Global BoD (GBD) Study at the IHME. The milestones here have been adopted from IHME SDG tool that gives projection for SDG Indicators. The baseline figure for 2016 is from the data released in November 2018, and as the source provides the result for a year earlier, this figure is also for 2017.
	Achieved						
		Source					
		IHME GBD Study	IHME GBD Study	IHME GBD Study		IHME GBD Study	
Impact Indicator 2		Baseline (2016)	Milestone 1 (July 2020)	Milestone 2 (July 2021)	Milestone 3 (July 2022)	Target (Dec 2022)	The data for MMR will not be available from NDHS till 2026. Therefore, Nepal BoD (NBoD) data that comes from the
Maternal Mortality Ratio per 100,000 live births	Planned	225	203	201	No milestone set	199	
	Achieved						
		Source					

		IHME GBD Study	IHME GBD Study	IHME GBD Study		IHME GBD Study	Global BoD Study at the IHME will be used to track the results. The milestones here have been adopted from IHME SDG. The baseline figure for 2018/19 is from the data released in November 2018, and as the source provides the result for a year earlier, this figure is also for 2017.
Impact Indicator 3		Baseline (2016)	Milestone 1 (July 2020)	Milestone 2 (July 2021)	Milestone 3 (July 2022)	Target (Dec 2022)	Target has been set assuming 0.5% decrease in DALYs from the previous year values(2017). With regards to Dec 2022 target, considering the current cycle of BoD results availability, there will be no new results available between July to Dec 2022, hence the same value for July 2022 has been used for Dec 2022 target. The baseline figure for 2016 is from the data released in
DALYs for both sexes, all ages	Planned	9,228,540	8,925,392	8,880,765	No milestone set	8,836,361	
	Achieved						
		Source					
		IHME GBD Study					

							November 2018, and as the source provides the result for a year earlier, this figure is also for 2017.
Outcome 1.1		Baseline (2015/16)	Milestone 1 (July 2020)	Milestone 2 (July 2021)	Milestone 3 (July 2022)	Target (Dec 2022)	Assumptions
Pregnant, postpartum women and children < 5 years receiving one or more nutrition related interventions during the past year (Data disaggregated by Province, Ecological zone, and where possible by socioeconomic status and ethnicity from other sources as available)						17,548,000	
1.1a. Number of pregnant women who received 180 days iron tablet supplementation during the past year*	Planned	289,625	301,326	307,353	313,500	No milestone set	Federal, provincial and local governments take ownership of the programme Government will continue its efforts to coordinate and collaborate with local tiers to strengthen the implementation of the NHSS and the NHSP3 programme
	Achieved		277,718	285,819	279,048		
	DFID Attribution						
1.1b. Number of postpartum women receiving Vitamin A supplementation	Planned	325,151	263,813	269,089	274,471	No milestone set	
	Achieved		221,188	262,373	254,102		
	DFID Attribution						
1.1c. Number of children aged 6-59 months who received Vitamin A supplementation	Planned	2,043,770	2,213,753	2,258,028	2,303,189	No milestone set	
	Achieved		2,248,640	2,355,739	2,364,688		

	DFID Attribution						Progress on strengthening the federalism system will enable continued progress on health sector reform There will be uninterrupted supply of commodities to health facilities in Nepal Staff redeployment will not interrupt the services
		Source					
		DoHS Annual report 2017/18* and DoHS Annual report 2015/16	HMIS/DoHS Annual Report				
Outcome 1.2 - Equity gap reduced for essential Safe motherhood, child and FP services (DLI12.2)		Baseline (2015/16)	Milestone 1 (July 2020)	Milestone 2 (July 2021)	Milestone 3 (July 2022)	Target (Dec 2022)	
1.2 Safe Motherhood: Difference between the average of the top 10 and bottom 10 districts) in percentage of women who delivered in a health institution (DLI 12.2)	Planned	70%	Average 5% reduction in equity gap each year	Average 5% reduction in equity gap each year	TBD	No milestone set	
	Achieved		4%	(Average -0.03% reduction) Average of top 10 districts in percentage of women who delivered in a health institution = 98.3 Average of bottom 10 districts in percentage of women who delivered in a health institution = 24.0 Difference between the average of top 10 and bottom 10 districts in percentage of women who delivered in a health institution=74.3	(Average -1.0% reduction) Average of top 10 districts in percentage of women who delivered in a health institution = 98.8 Average of bottom 10 districts in percentage of women who delivered in a health institution = 23.8 Difference between the average of top 10 and bottom 10 districts in percentage of	

				(Figure may change while HMIS data entry completed)	women who delivered in a health institution=75.0 (Figure may change while HMIS data entry completed)		
		Source					
		NHRC DLI verification					
Outcome 1.3		Baseline (2015/16)	Milestone 1 (July 2020)	Milestone 2 (July 2021)	Milestone 3 (July 2022)	Target (Dec 2022)	
Number of additional users of modern methods of contraception	Planned	493,000	790,530	883,825	992,886	No milestone set	
	Achieved/DFID attribution - include row		782,000	781,000	3,370,000 (Total users of modern methods of contraception, FP 2030 does not report 'additional users')		
	DFID Attribution						
		Source					
		FP 2020 Annual Progress report 2016/17	FP 2020 Annual progress report				
DFID (£)		Govt (£)	Other (£)	Total (£)		DFID SHARE (%)	
DFID (FTEs)							
Outcome 2.1		Baseline (2018/19)	Milestone 1 (July 2020)	Milestone 2 (July 2021)	Milestone 3 (July 2022)	Target (Dec 2022)	Assumptions

Local level composite index showing health service effectiveness at Learning lab (LL) municipalities	Planned	48.3	Composite index will be developed , field tested and agreed, baseline will be established and subsequent milestone will be developed	57.4	Existing LL: 60.3 New LL : 60.3	Existing LL: 61.7 New LL : 61.7	
	Achieved		Baseline for the composite index (CI) established which is 48.3. Milestones for existing LL sites for Y2 and Y3 determined.	62.2% [Baseline score from the 32 LL sites is 56.9%]	Existing LL:67.3 New LL : 68.9 [data to date]		Staff redeployment has no major effect on service provision Province and local government proactively reports regularly in financial reporting tools.
		Source					
		Learning lab composite index sheet.					
Outcome 2.2		Baseline	Milestone 1 (July 2020)	Milestone 2 (July 2021)	Milestone 3 (July 2022)	Target (Dec 2022)	
% FMoHP spending units whose entire expenditure (from all sources) captured by TABUCS/CGAS in focal provinces	Planned	New indicator, baseline to be established in first year, milestone to be revisited accordingly	The province level TA is yet to be agreed and started. Thus, this has been shifted to 2020/21	75	85	No milestone set	
	Achieved			100 [Total 29 spending unites in province 2, 41 in Lumbini and 32 in Sudurpaschim are established and all the sepnding units whose entire	100 [Total 36 spending units in province 2, 44 in Lumbini and 32 in Sudurpaschim are established and all the spending units whose entire expenditure		

				expenditure captures by TABUCS/CGAS]	captured by TABUCS/CGAS]		
		Source					
		TABUCS					
Outcome 2.3		Baseline (2015/16)	Milestone 1 (July 2020)	Milestone 2 (July 2021)	Milestone 3 (July 2022)	Target (Dec 2022)	
Budget absorption (% of allocated health budget expended) at							
Federal sphere	Planned	83.1	90% (recurrent budget) & Financial Management Improvement Strategic Framework (FMISF) developed	90% (recurrent budget) & FMISF endorsed	90% (recurrent budget)	No milestone set	
	Achieved		80%; FMISF developed	As of July 15, total spending is 66.8% (recurrent spending 72.4 % and capital spending 49.38%)	As of July 15, total spending is 68.49% (recurrent spending 67.97% and capital spending 70.35%)		
		Source					
		TABUCS + CGAS, FMR					
Provincial sphere in focal provinces		Baseline	Milestone 1 (July 2020)	Milestone 2 (July 2021)	Milestone 3 (July 2022)	Target (Dec 2022)	
	Planned	Currently, system is not in place to capture this information. Baseline will	No milestone set	85	90	No milestone set	

		be established after the system is fully in place, which we expect to be in FY 2020/21					
	Achieved		Not applicable	79.3	P-2=90%, P-5=72%, P-7=74% Overall=78%		
		Source					
		TABUCS/SuTRA/CGAS					
DFID (£)		Govt (£)	Other (£)	Total (£)		DFID SHARE (%)	
DFID (FTEs)							
Outcome indicator 3		Baseline	Milestone 1 (July 2020)	Milestone 2 (July 2021)	Milestone 3 (July 2022)	Target (Dec 2022)	Assumptions
Evidence-based budget allocations for Federal funding at provincial and local levels;	Planned	New indicator, baseline to be established	Commitment to issuance of guidelines for conditional grants (health) agreed in Annual Aide Memoire (EDPs/MoHP). Unit cost data of Covid-19 diagnosis and treatment developed and	Guidelines for conditional grants (Health) developed Unit cost data of Covid-19 diagnosis and treatment developed and used to support planning, budget allocations and reimbursement	Reduction in number of line items in conditional grants (health) after being implemented	No milestone set	Conditional grants guidelines developed and endorsed will help planning the grants based on evidence and be more flexible reducing the number of activities under the grants. Federal and

			used to support planning, budget allocations and reimbursement in public and private health facilities	in public and private health facilities			provincial/local governments are receptive towards the use of data and consider the use of evidence as a priority for planning
	Achieved		Aide Memoire 2019 (Point 2c) states: Guidelines for health related conditional grants go be given simultaneously with the budget. Unit cost of COVID-19 diagnosis and treatment has been developed and used to support planning, budget allocations and reimbursement .	Guidelines for the conditional grants for 2020/21 was developed and disseminated through MoHP website. - Development of the guidelines for the FY 2021/22 has been initiated by the respective divisions/centers - Unit costs for diagnosis of the COVID-19 and reimbursement for the health facilities were defined and is being practised by the MoHP. Major documents developed include: - Health Sector Emergency Response Plan-COVID-19 pandemic, 2020 - Rapid Action Plans:	TBC		

				I, II, III - - Interim guidance for health related rehabilitation and physiotherapy of person with COVID-19 These documents were disseminated through HEOC website.			
		Source					
		MoHP guideline on conditional grants & Suppliers report					
DFID (£)		Govt (£)	Other (£)	Total (£)		DFID SHARE (%)	
DFID (FTEs)							
Output Indicator 1.1		Baseline (2015/16)	Milestone 1 (July 2020)	Milestone 2 (July 2021)	Milestone 3 (July 2022)	Target (Dec 2022)	Assumptions
Number of public CEONC sites with functional caesarean section service (Disaggregated by province and ecological region)	Planned	75	80	86	88	No milestone set	National policies, strategies, guidelines and protocols are updated and disseminated at all levels Provincial and local government takes ownership and are
	Achieved		87	95	100 sites out of 102 public CEONC sites functional across all provinces		
	Source						
	HMIS/DoHS Annual Report						
Output Indicator 1.2		Baseline (2017/18)	Milestone 1 (July 2020)	Milestone 2 (July 2021)	Milestone 3 (July 2022)	Target (Dec 2022)	

Public facilities in priority provinces following with BHCS protocols and guidelines (according to established critical path)	Planned	BHCS package has been drafted, but yet to be approved	BHCS package developed and approved by MoHP	BHCS implementation guidelines developed, and monitoring framework shared with government	Study of public health facilities to assess extent of uptake of protocols and guidelines in selected LL sites completed	Action plan developed in response to assessment	committed to deliver quality health services Provincial and local government follows/adapt guidelines, protocols, to deliver quality health services Assumptions for output Indicator 1.4a: The current Aama programme implementation guideline continues as it is now. The milestone needs to be revisited if the guideline changes in future.
	Achieved		BHCS package developed and submitted to the Cabinet for approval.	BHCS guidelines and standard treatment protocol developed; concept note has for monitoring BHCS package developed and shared with MoHP	BHS STP and SOP orientations completed to support roll-out of BHS. Monitoring framework and dashboard work nearly completed Orientations initiated by CSD in May-June 2022, and too early to do a study on uptake.		
	Source						
		BHCS guidelines and protocols and monitoring system					
Output Indicator 1.3		Baseline (2017/18)	Milestone 1 (July 2020)	Milestone 2 (July 2021)	Milestone 3 (July 2022)	Target (Dec 2022)	
Number and percentage of OCMCs functional as per guideline (Disaggregated by Province and ecological regions)	Planned	20 (53%)	36 (67%) and review of OCMC utilisation and bottlenecks to use completed, Evidence of activities undertaken to strengthen response to GBV during the Covid-19 lockdown	45 (70%) Action plan in relation to review completed, agreed and evidence of implementation	53 (76%)	56 (80%)	

	Achieved		36 (67%) [36 of 54 OCMCs are functional] Review of OCMC utilization and bottlenecks to use completed. Interim guidelines on OCMC services during COVID-19 lockdown developed, intensive follow up and support provided through phone to strengthen response to GBV.	46 (71.88%) 46 OCMC are functional out of 64 sites. [Review of the scale up, functionality and utilization, including barriers to access, of OCMC has been completed in July 2020; OCMC operational guideline revised based on the review's recommendation]	TBC Data collection in progress		
	Source						
		OCMC reports					
Output Indicator 1.4		Baseline (Jan 2020)	Milestone 1 (July 2020)	Milestone 2 (July 2021)	Milestone 3 (July 2022)	Target (Dec 2022)	
Number of COVID-19 related hospitals and institutions supported through Financial Aid and technical assistance		0	TBA	TBA	no milestone	no milestone	
		Source					
		Supplier reports and FMRs					
Output Indicator 1.5		Baseline (2015/16)	Milestone 1 (July 2020)	Milestone 2 (July 2021)	Milestone 3 (July 2022)	Target (Dec 2022)	
						1,917,941	
% (and number) of eligible women who received Aama incentives on transportation (Disaggregated by province & Geography)	Planned	315,355	93 (302,360) & Aama review conducted and report finalised. Annual Aama Rapid assessment undertaken	94 (311,724) & Action plan / Roadmap based on Aama review developed and endorsed. Evidence of roadmap	95 (321,341) & Rapid assessment of implementation of Aama revisions, in focal provinces and Learning Lab sites	No milestone set	

				implementation documented			
	Achieved		279090 Annual Aama rapid assessment completed, report write up is in progress	95.8% (313097)	88% (299706) [88% of the eligible women received transport incentive. Data entered to-date and likely to increase.		
	Source						
		HMIS 2017/18	HMIS/DoHS Annual Report, Aama review report, Roadmap and Rapid assessment of AAMA				
Output Indicator 1.6		Baseline (2017/18)	Milestone 1 (July 2020)	Milestone 2 (July 2021)	Milestone 3 (July 2022)	Target (Dec 2022)	
Number of Rapid response team established to support government counterparts at provincial Level, district, and municipality levels in response to COVID-19	Planned	NA	No milestone planned	7 Provincal RRT team, 77 District RRT team and 753 RRT (WHO)		No milestone set	
	Achieved						
	Source						
	WHO summary report						
DFID (£)		Govt (£)	Other (£)	Total (£)		DFID SHARE (%)	
DFID (FTEs)							
Output Indicator 2.1		Baseline (2015/16)	Milestone 1 (July 2020)	Milestone 2 (July 2021)	Milestone 3 (July 2022)	Target (Dec 2022)	Assumptions

Two priority health facilities/hospitals retrofitted or rehabilitated with support from DFID's earmarked Financial Aid and technical assistance (DLI);	Planned	Retrofitting of two priority hospitals proposed using DFID FA	Decanting spaces completed at Pokhara Western Regional Hospital and Bhaktapur Hospital; and repurposed as Covid management centres	1. RCC works for foundation complete in Pokhara 2. Site setup, contractor's office, cordoning works for OT block completed in Bhaktapur	No milestone set	Retrofitting completed at Pokhara Western Regional Hospital and Bhaktapur Hospital	Developed plans are endorsed by government on time. Province are committed to support the development and endorse the developed plan on time Local government are supportive and receptive towards program
	Achieved		Decanting spaces completed and being used for management of the COVID-19 cases in both the hospitals.	Completed			
	Source						
	NHSSP Programme reports						
Output Indicator 2.2		Baseline (2017/18)	Milestone 1 (July 2020)	Milestone 2 (July 2021)	Milestone 3 (July 2022)	Target (Dec 2022)	
Number of new facilities designs that adhere to standard design guidelines/ NHIDS, in selected municipalities of focal provinces		New Indicator	No milestone set for this year	Upto 10 primary level health facilities adhering to standard design guidelines	No milestone set	Pending conformation from Palikas up to 15 health facilities At least 15 new facilities (Primary Level hospital 3, Ward level HFs 12 and Health Post 5)	
	Achieved		Not applicable	At least 100 primary level hospital construction implemented adhering to the standard design guidelines. The			

				government is not planning any ward level health facilities and and health posts at present.			
	Source						
	NHSSP Programme reports						
DFID (£)		Govt (£)	Other (£)	Total (£)		DFID SHARE (%)	
DFID (FTEs)							
Output Indicator 3.1		Baseline (2017/18)	Milestone 1 (July 2020)	Milestone 2 (July 2021)	Milestone 3 (July 2022)	Target (Dec 2022)	Assumptions
Critical pathway for development of coherent policies aligned to devolved functions at 3 spheres of government	Planned	Inventory for policies developed	Preliminiary analysis report analysing the health sector functions of all three level of government as per Functional Analysis and Assessment (FAA) Covid-19 relevant policies, plans and guidelines developed and disseminated.	Covid-19 relevant policies, plans and guidelines developed and disseminated (NHSSP) National SARS-CoV-2 RT-PCR Laboratory guideline and Standard Operating Procedures (SOPs) for laboratory network (WHO)	In-depth analysis of policy coherence across three level of government (focusing on focal provinces and LL sites) completed	Recommendations based on analysis advocated at all levels	

	Achieved		Report on "Preliminary analysis of the health sector functions of all three levels of government as per Functional Analysis and Assignments and relevant policies" has been developed. COVID-19 related policies, plans and guidelines are developed and disseminated through MoHP website.	Covid-19 relevant policies, protocols (3) plans (7), guidelines (28), reference materials (2), and standards (6) developed and disseminated	Health System Analysis study completed		
	Source						
	NHSSP Programme Reports and WHO Reports						
Output Indicator 3.2		Baseline	Milestone 1 (July 2020)	Milestone 2 (July 2021)	Milestone 3 (July 2022)	Target (Dec 2022)	The proposed plan to restrict CSO activities does not materialize The upcoming planning process provide space to CSO unlike budget processes before this
% increase in the number of SAHS supported CSOs that provided new data to the local planning and budget process generated through the expenditure tracking exercise (disaggregated by LLs and non-LL sites)	Planned	New proposed indicator, baseline not applicable	20	45	50	No milestone set	
	Achieved		43				
	Source						
	CSO reports, CSO survey reports						
DFID (£)		Govt (£)	Other (£)	Total (£)		DFID SHARE (%)	

DFID (FTEs)							
Output Indicator 4.1:		Baseline (2016/17)	Milestone 1 (July 2020)	Milestone 2 (July 2021)	Milestone 3 (July 2022)	Target (Dec 2022)	Assumptions
4.1 % FMoHP spending units using TABUCS (DLI 8)	Planned	MoHP has issued a circular mandating expenditure reporting through TABUCS by all spending units	90	95	95	No milestone set	Staff redeployment at FMoHP won't have an effect on the process, and spending units continues to use TABUCS or other FMIS. FMOHP committed towards transparency
	Achieved	Nepal Health Sector Strategy	90.0	97.96	99.77		
	Source						
	TABUCS						
Output Indicator 4.2		Baseline (2015/16)	Milestone 1 (July 2020)	Milestone 2 (July 2021)	Milestone 3 (July 2022)	Target (Dec 2022)	
Public Procurement Strategic Framework (PPSF) developed, endorsed and implemented	Planned	48% procurement against CAPP	PPSF developed; 65% procurement against CAPP; 90% of health commodities procured by MD based on TSB (DLI) TSB for Covid health commodities developed, disseminated.	PPSF endorsed, implemented & monitoring framework developed and 75% procurement against CAPP; 90% of health commodities procured by MD based on TSB (DLI) TSB used for 85% all FMOH covid-19 procurement	Public procurement strategic framework implementation monitored quadrimesterly and 85% procurement against CAPP	No milestone set	

	Achieved		PPSF developed in English and Nepali languages and is in process of endorsement by MoHP. 72% of Planned value are contracted. 100% of procurement of health commodities, as specified in the list of health commodities procured by MD is based on TSB. Technical Specifications of COVID-19 Health commodities are developed and in process of uploading on TSB after endorsement.	CAPP value contracted and 96% of CAPP value has been processed for procurement. 100% of procurement of health commodities, as specified in the list of health commodities procured by MD is based on TSB. TSB used for procurement of COVID-19 procurement.	Public procurement strategic framework (PPSF) of medical goods updated and final consensus made on the document from the meeting of stakeholders. The updated PPSF is submitted to the secretary for endorsement. 100% procurement of DoHS reflect in the CAPP. 99.63% of CAPP value has been processed for procurement till June 30, 2022		
	Source						
	Logistics Management Section, Management Division Record on Public Procurement Strategic Framework (PPSF) and NHRC DLI verification report						
Output Indicator 4.3		Baseline (2017/18)	Milestone 1 (July 2020)	Milestone 2 (July 2021)	Milestone 3 (July 2022)	Target (Dec 2022)	
% of audited spending units responding to the OAG's primary audit queries within 35 days (DLI 9)	Planned	56	65	70	75	No milestone set	
	Achieved		97	91.7	From FMoHP records, out of 42 entities only 4 have responded to the		

					OAG's primary audit queries within 35 days. In this year OAG has introduced a new software, National Audit Management System (NAMS), for audit report & response. Most of the account officers were not familiar with this system. It delayed response to the audit queries within the given time. FMoHP is collecting the data, it will be finalised by the end of August 2022 and target will likely be achieved.		
	Source						
		OAG audit queries and audited spending units response					
Output Indicator 5.1		Baseline (2017/18)	Milestone 1 (July 2020)	Milestone 2 (July 2021)	Milestone 3 (July 2022)	Target (Dec 2022)	Assumptions
Health facilities reporting disaggregated data using District Health Information System 2 (DHIS2) in a timely manner (Percentage) (DLI 10)	Planned	23	35 & Covid-19 health information management system established and functioning	45 (DLI) & ii) Established SMS based reporting and functional call centre to support EDCD (WHO) iii) Covid-19 health information management system functioning (NHSSP)	55	No milestone set	GoN committed to strengthen quality of data at all levels. Health Facilities and Palikas are trained on DHIS2 for timely reporting

	Achieved		44%; A web-based system has been established in DHIS2 platform for daily reporting of service delivery status during the pandemic from health facilities and COVID-19 management related information from local governments	65.63% (Covid-19 health information management system has developed within the IHIMS, and is functional)	68.2		Staff redeployment won't have major effects on HF and Palikas GoN prioritize generating of evidence and is supportive towards partners for generation of evidence
	Source						
		NHRC DLI verification report and suppliers report					
Output Indicator 5.2		Baseline	Milestone 1 (July 2020)	Milestone 2 (July 2021)	Milestone 3 (July 2022)	Target (Dec 2022)	
Percentage of municipalities engaged in the SAHS-supported dialogue forums that report using results of SAHS APEA, situational analysis, mapping and/or analytical materials to inform decision-making	Planned	Not available	20	30	75	No milestone set	
	Achieved		90				
	Source						
			Meeting minutes of events/SAHS progress report				
Output Indicator 5.3		Baseline	Milestone 1 (July 2020)	Milestone 2 (July 2021)	Milestone 3 (July 2022)	Target (Dec 2022)	

Evidence generated within NHSP3 & its use by government and its counterparts	Planned	New indicator, not applicable	Repository of NHSP3 KM products developed & assessment protocol for evidence use developed KM products: 10 KM events: 2	i) Assessment on evidence use conducted and report disseminated, ii) Assessment protocol updated and agreed with BEK and all suppliers iii) KM products: 10 iv) KM events: 3 v) two studies/assessments completed under WHO support to COVID response (Rapid IPC assessment of designated isolation center & SARS CoV 2 Sero Surveillance completed and disseminated)	KM Products: 10 KM events: 3 (MEOR milestone)	KM Products: 3 KM events: 1	
	Achieved		Repository of NHSP3 KM products developed and assessment protocol for evidence use developed KM events: 4 KM products: 34	KM products were already shared with MEOR to meet this milestone	KM Products: 5 (Equity paper 1, Policy briefs 4 (covid response, equity, GESI, Health System Analysis)		
	Source						
			Repository/Assessment report & copy of KM products				
DFID (£)		Govt (£)	Other (£)	Total (£)		DFID SHARE (%)	
				TBC			
DFID (FTEs)							

ANNEX 6 RISK MATRIX

General Health TA Risk Matrix

Risk No	Risk	Gross Risk		Risk Factor RAG rated	Current controls	Net Risk		Risk Factor RAG rated	Net Risk Acceptable?	Additional control	Assigned manager / timescale	Actions
		Likelihood	Impact			Likelihood	Impact					
	Strategy and Context											
R1	The federal election in Nepal is expected to be held in November 2022 this may impact close out of the programme as local representatives including the government employees will be involved in the election process.	Likely	Severe		NHSSP will complete the major activities including data gathering and knowledge sharing of both local and federal level before the election. Staff will be circulated operating guidelines to follow during the election period	Likely	Major		Yes	NHSSP will document the impacts and regularly share with BEK and Options.	Team Leader	Tolerate
R2	The worldwide economic crisis may lead to high inflation and	Likely	Severe		NHSSP will regularly update staff and	Likely Major			Yes	NHSSP will regularly follow the economic and security	Deputy Team Leader	Tolerate

	shortage of basic commodities including fuels this may lead to demonstrations.				stakeholders about the country situation. Staff will be encouraged to follow NHSSP travel plans to avoid demonstration s sites.					situation of the country. Any external risk will be communicated on regular basis with both BEK and Options.		
	Policy and Programme Delivery											
R3	NHSSP programme ends on December 2022. The disengagement of TA at both national and subnational government after December may give negative message to the government counterparts	Likely	Major		NHSSP will communicate to both federal and subnational government that UKaid support will continue in future so that there will be no risk of gap/disengage ment of support.					NHSSP will maintain close communication with government counterparts and continue regular at both FMoHP and priority provinces.	Deputy Team	Tolerate
R4	Government of Nepal may identify a different set of priorities or approaches at	Likely	Severe		Continue regular engagement with the FMoHP and	Likely	Major			NHSSP will maintain close communication with BEK/FCDO Advisors	Team Leader	Tolerate

	federal and sub-national levels, than those presented in the Extension proposal.				priority province and palika governments in planning processes and so flexibility in the TA where possible.					regarding government consultations, especially should they lead to unanticipated variances in approach.		
R5	Inadequate political will to drive key reform processes for example procurement reform at federal and sub-national levels.	Likely	Major		NHSSP advisors work closely with senior staff in FMoHP to advocate, build understanding and buy in to planned reform processes.	Likely	Moderate		Yes	NHSSP advisors will continue to work closely with senior staff at Federal and sub-national level. Pace of changes will be carefully planned. Regular meeting of CAPP monitoring committee.	Team Leader /Strategic Advisor	Treat
R6	Delays in the transfer of budget to local government bodies will impact the delivery of quality health service.	Highly Likely	Major		Capacity building of local government including orientation on programme implementation guides and	Highly Likely	Moderate		Yes	Regular engagement with the FMoHP and priority province and palika governments in planning processes.	Lead advisers, Provincial coordinators	Treat

					planning support in coordination with all supporting partners EDPs.					Subnational staff to provide hands-on support to local governments in prioritising activities		
R7	Competing priorities at the local level may result less attention to public health interventions	Highly Likely	Major		Support FMoHP in advocating for health and capacity building of local & provincial government.	Highly Likely	Moder ate		Yes	D4D team will support collection and analysis of public health data to be used for advocacy, and to inform planning and budgeting.	Coverage and Quality Technical Strategist	Treat
	Public Service Delivery and Operations											
R8	Reduced access to routine health care services for vulnerable populations, especially women, children, people living with disabilities and the elderly.	Highly Likely	Severe		NHSSP will advocate and work with MoHP for service continuity. Continue advocating for service sites to be made safe, using PPE and infection prevention, and for	Likely	Moder ate		Yes	NHSSP will advocate for rapid assessment of essential health services and for availability of ambulances and developing messages with concerned partners	SD/HPP team	Treat

					complication readiness as women/children will wait until they are seriously ill – messaging on danger signs							
R 9	The rising COVID 19 cases may divert MoHP personnel and resources towards preparedness and management of the infection, which might affect routine programming.	Likely	Severe		NHSSP will support MoHP in contingency planning in close consultation with BEK. NHSSP will work with MoHP and DoHS to monitor routine service provision.	Likely	Major		Yes	NHSSP will work closely with BEK and other partners to develop and implement hospital safety measures.	PPFM/ HPP team	Tolerate
R10	MoHP priorities/demands are changeable due to external and internal pressures which deflects TA from sector targets at federal and	Highly Likely	Moderate		The NHSSP team is and will continue to closely collaborate with key counterparts to ensure a shared understanding	Possible	Minor		Yes	NHSSP team will continue to work closely with FMoHP colleagues and actively engage priority province and palika governments and remain	Concerned Advisers	Treat

	subsequently, sub-national levels				of work plans. The NHSSP is being flexible and responsive to make certain that adapting plans will have limited impact on overall quality of delivery of the TA.					flexible and strategic.		
R11	Highly staff turnover in key government positions limits the effectiveness of capacity enhancement activities with FMoHP and the DoHS.	Likely	Moderate		NHSSP adopts capacity enhancement at institutional and system level besides individual capacity enhancement so that institutional memory remains in place.	Likely	Minor		Yes	NHSSP works with different cadre of Health Staff.	Concerned NHSSP Advisers	Tolerate
R12	Staff shortages at sub-national levels limits the effectiveness of capacity enhancement activities at priority	Highly Likely	Major		NHSSP will take flexible and adaptive approaches, including provision of direct support	Likely	Moderate		Yes	NHSSP team will work closely with FMoHP to monitor and support transition plan.	Team Leader/Strategic Adviser	Tolerate

	provinces and palikas.				at sub-national level							
R13	Lack of clarity and understanding at all three spheres of government on new mandated roles and responsibilities.	Highly Likely	Moderate		NHSSP will use the capacity enhancement tools and orientation programmes as an opportunity to review and discuss the revised mandates of each sphere of government.	Likely	Minor		Yes	NHSSP continuing to advocate and guide TA that is aligned to revised mandates.	Team Leader/Strategic Adviser	Treat
	Financial and Fiduciary											
R14	The TA programme has limited funds to support the strengthening of major systems components such as HR systems.	Likely	Moderate		Support policy and planning in the MOHP. Engage with other EDPs who are supporting related areas.	Possible	Minor		Yes	Continue to work with FMoHP and WHO and other partners who may have financial resources to support these.	Advisers	Treat

R15	Weak PFM system leads to fiduciary risk	Highly Likely	Severe		To work actively to support the FMoHP in strengthening various aspects of PFM via an updated FMIP, regular meeting of PFM committee, update the internal control guideline and add cash advance module in TABUCS to reduce fiduciary risk and the formulation of procurement improvement plan (PIP) and establishment of a CAPP monitoring committee.	Likely	Moder ate		Yes	Continue to monitor risks and mitigate through periodic update of FMIP, CAPP, and PIP, through the PFM and CAPP monitoring committee. Engaging FMoHP Secretary, FCGO and PPMO. Extend active engagement to priority provincial governments, to create an enabling environment for effective and appropriate FA spend.	L&G Team Lead/ Senior procurem ent adviser	Treat
R16	Increased pressure of corruption at	Likely	Major		NHSSP takes Zero-tolerance approach to	Likely	Moder ate		Yes	NHSSP staff will undergo training and support to	Team Leader/D eputy	Treat

	provincial and local levels				fraud and corruption.					resist pressure. Options' whistle-blower policy will be rolled out to the NHSSP team.	Team Leader	
	Safeguarding											
R17	Harm, abuse and exploitation of children and vulnerable adults (includes sexual harassment and exploitation).	Possible	Major		NHSSP takes a Zero-tolerance approach to the abuse and exploitation of children and vulnerable adults. NHSSP, led by Options has systems in place to document, monitor and report on the implementation of its safeguarding policy.	Possible	Moderate		Yes	NHSSP staff will undergo additional safeguarding training. Options' Child and Vulnerable Adult Safeguarding Policy will be rolled out to NHSSP staff. Updates to partner contracts will include compliance with BEK/FCDO's latest Supply Partner Code of Conduct.	Team Leader and Options' Safeguarding Lead (Director of Programmes)	Treat
	People											
R18	High staff turnover is likely as the programme ends in December 2022. This may	Possible	Major		NHSSP has maintained roster of experts who will be hired to	Possible	Moderate			NHSSP will take flexible and adaptive approaches, including	Team Leader	Treat

	impact the subnational most as the contract of HSSOs and Provincial Coordinators ends on October.				replace the place. NHSSP will contract STTA to fill the HR gaps.					provision of direct support at sub-national level if required from the federal level		
R19	Staff may be at risk of the rising COVID cases since the month of July 2022.	Possible	Moderate		NHSSP will maintain staff safety and wellbeing as per the Options duty of care protocol.	Possible	Moderate		Yes	NHSSP will continue to communicate the situation to all staff and make them aware that their safety comes first. Regular communication channels will be established with all staff.	TL	Tolerate
	Climate & environmental											
R20	Further earthquakes, aftershocks, landslides or flooding may disrupt delivery of healthcare services.	Likely	Major		Continue to monitor situation reports/GoN data; ensure programme plans are flexible, and re-plan rapidly following any further events. Comprehensiv	Likely	Moderate		Yes	NHSSP will support MOHP to update disaster preparedness plan; and will work with other EDPs to identify ways to build a more resilient health system.	Concerned NHSSP Advisors	Tolerate

					e security guidelines will be put in place for all staff.							
Health Infrastructure Risk Matrix (Specific risk- not included above)												
	Strategy and Context											
R1	Delay in progress of work as per the scheduled activities due to new wave of COVID 19 leading to restricted movement/transportation of construction material, human resource deployment etc.)	Highly Likely	Major		NHSSP is closely monitoring the progress at the site and coordinating with MoHP, DUDBC/ FPIUs and Hospital management to facilitate the contractor in execution of the work to the best possible extent despite the difficulties	Likely	Moderate		Yes	NHSSP in close coordination with DUDBC/ FPIUs will regularly update the documents with regard to work progress and mobilisation of resources to be used as verification tool for any claims related to the term extension as per the GCC 61 Force Majeure for the period affected due to lockdown	NHSSP HI team	Treat

R2	The delay in amendment of the budget required for the fourth package in the AWPB may impact on the construction of the slices under fourth package and handover of the retrofitted blocks.	High	High		NHSSP will work with DUDBC and MOHP and facilitated coordinated effort to support the budget amendment processes.	Medium	Medium		Yes	NHSSP is coordinating with DUDBC and respective PIUS to budget revision processes.	NHSSP HI & PPFM team	Treat
	Reputational											
R3	Overall delay in completion of the project on time	Highly Likely	Severe		NHSSP is monitoring the work activity schedule regularly and working in close coordination with the Hospital Management, DUDBC (FPIU), and the contractor.	Likely	Major		Yes	NHSSP is regularly supporting DUDBC and its respective FPIUs to update the activity schedule and execute the work as per the updated activity schedule.		Tolerate
	People											
R4	Site Engineers, construction workers and contractor's personnel during the works may get	Highly Likely	Major		NHSSP has been regularly monitoring the safety requirements at the site as	Likely	Moderate		Yes	NHSSP HI team, in coordination with the DUDBC FPIUs, is strictly monitoring the	NHSSP HI team	Treat

	infected with new wave of COVID-19				per the standard protocol agreed with DUDBC. Also, special arrangements have been agreed between the Hospital Management and DUDBC regarding the necessary medical procedures.					management of safety protocols at the site Orientation to the workers and contractor's personnel has been carried out at the site prior the work execution, and health and safety orientations are organised regularly.		