Progress Report on
Governance and Accountability Action Plan (GAAP)
2011/12

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Government of Nepal (GoN)
Ministry of Health and Population (MoHP)
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EXECUTIVE SUMMARY

Health Governance and Accountability is a priority of the Ministry of Health and Population (MoHP), and the Governance and Accountability Action Plan (GAAP) of the Nepal Health Sector Programme (NHSP)-2 (2010-2015) is the major document guiding implementation. It foresees client centred and accountable health services, focusing primarily on the poor and excluded. This report summarises the progress made in the context of GAAP for fiscal year 2011/12.

The MoHP has made good progress in implementing the GAAP, despite various challenges owing to the cross cutting nature of governance and accountability.

The report highlights progress on specified activities in the GAAP framework. These include: sector governance and the enabling environment, stakeholders, the implementation and institutional capacity, financial management, procurement, environment, and social equity access and inclusion.

The major challenge is that since governance and accountability is a function of all governmental systems and processes, efforts made only by the MoHP might not ensure the services. Therefore, collaboration and co-operation are important.

As governance remains a top priority of the GoN, the MoHP will continue to address issues related with governance and accountability. A revised version of the GAAP indicators will be finalised in consultation with EDPs. Initiatives to improve financial management and procurement will be further strengthened, and effective implementation of the HRH strategy will be undertaken.

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1 INTRODUCTION

1.1 Background

Health Governance and Accountability is a priority of the Ministry of Health and Population (MoHP). The Governance and Accountability Action Plan (GAAP) enshrined in the Nepal Health Sector Programme (NHSP)-2 (2010-2015) is the major document guiding implementation. It foresees client centred and accountable health services, focusing primarily on the poor and excluded. The MoHP is firmly committed to the action plan as specified in NHSP-2. However, due to its cross cutting nature, there are concerns about the content of the GAAP, and difficulties in monitoring its implementation, progress and impact. Taking these realities into consideration, a joint government and External Development Partner (EDP) task force was formed to review and revise the GAAP to enable more effective implementation and monitoring as recommended by the workshop held on October 2011. On the basis of the suggestions made by the task force, the ministry has prepared an action plan for monitoring the GAAP that makes indicators and targets more verifiable and measurable, and assigns the responsibility of reporting and the frequency of reporting. This will be finalised after discussion with the EDPs.

The recently concluded Service Tracking Survey (STS 2012) and the Household Survey (2012) have given due importance to governance and accountability. The STS 2012 describes the information in the field of social audits, the citizens' charter, transparency, health facility operation and management committees, gender equality and social inclusion, the handling of grievances and the complaints management process etc. Similarly, the Household survey also includes information on transparency and social audits.

This report summarises the progress made in the context of GAAP for fiscal year 2011/12 (see Annex 1).

1.2 Objective

The objective of this report is to share the progress made against the GAAP in fiscal year 2011/12 in terms of health governance and accountability. It also includes the current status of some activities which are contextually relevant.

2 PROGRESS MADE

The MoHP has made good progress in implementing the GAAP, despite various challenges owing to the cross cutting nature of governance and accountability. Major highlights of progress made on specified activities in the GAAP framework are mentioned below:

2.1 Sector Governance/Enabling Environment

The Financial Management Improvement Plan has been approved. It is intended to strengthen the current good practices of financial planning, accounting procedures, the internal control system, financial reporting, monitoring, auditing, and transparency measures.

The e-AWPB has been upgraded to a web based planning tool, which provides budget allocations against the NHSP-2 results framework.

The MoHP and its units are continuing the process of public disclosure by placing information on websites and other media sources. Efforts are underway to further improve the disclosure system in all units under the ministry.

Furthermore, the Cabinet Secretariat has launched several initiatives to improve good governance within the GoN.

2.2 Stakeholders

In 2011/12, as previously, the Office of the Auditor General (OAG) has continued the performance audit of selected activities of the MoHP. As indicated in the GAAP indicators, consultation with the OAG is in progress to further strengthen the system.

2.3 Implementation capacity/ Institutional Capacity

In order to implement NHSP-2 effectively, proper attention has been given to capacity development of staff and institutions in the AWPB. As a result a number of training programmes have been provided to different levels of staff. The Karnali Academy of Health Sciences has been established with a mandate to produce HRH from remote areas.

To address current demands, the upgrading of different health facilities in the country is ongoing. At the same time, 33 O&M studies are in different stages and include different levels of institutions.

The HRH strategy has been approved by the Cabinet. The ministry is committed to its successful implementation, which is likely to address major issues related to the health workforce. To strengthen the management of human resources, a set of procedures have been developed and implemented including on transfers, appointments on temporary and contract basis, and on nominations for studies and study leave. The Health Service Act is in the process of amendment. Different positions of health workers have been filled on a temporary or contract basis.

Considerable progress has been made in improving systems for infrastructure planning and management, and this has supported an improved quality of health care services. The implementation of standard integrated designs has already resulted in significant cost savings and improved service provision, and these benefits are expected further to increase in future.

On strengthening quality assurance and M&E, an M&E framework has been developed and indicators and tools have been revised for recording and reporting disaggregated data through the HMIS. The Service Tracking Survey (2012) and Household Survey (2012) have been conducted, in addition to other assessments and reviews.

2.4 Financial Management

In the process of establishing a computerised system for accounting and reporting, the MoHP has approved the TABUCS (Transactional Accounting and Budget Control System) implementation plan and 11 cost centres have been selected for piloting, which will be started soon. An Audit Irregularities Clearance committee, headed by the Secretary, MoHP has been formed. In FY 2010/11, the percentage of irregularities was reduced by 24.67% compared to the preceding FY.

A State Non State Partnership Policy for the health sector has been finalised and is in the process of approval.

The maintenance of medical equipment and instruments for the Mid and Far Western regions is continuing.

2.5 Procurement

A consolidated annual procurement plan for goods, services and construction was prepared and approved. Training in procurement was conducted at the central and district levels. Multi-year procurement is ongoing for specified items and is planned to expand to other items as well. The introduction of an electronic bidding system for the procurement of drugs, medical consumables and equipment is in progress.

2.6 Environment

To deal with Gender Based Violence (GBV), One stop Crisis Management Centres (OCMC) are providing services in eight different locations throughout the country. OCMC guidelines have been revised incorporating field level experiences.

Health Care Waste Management training and an Orientation on Injection Safety were provided to health staff from different districts.

2.7 Social Equity Access and Inclusion

A comprehensive social audit guideline was developed after a review of social audit practices and guidelines for both the health sector and non health sector. The guidelines were piloted in 18 districts after being provisionally approved. Social audits were conducted in 147 health facilities. Piloting of the community score card has been completed in four districts. Substantial progress has been made in the institutional structure and capacity building in GESI.

3 MAJOR CHALLENGES

The major challenges faced in implementing and reporting on the achievement of the GAAP in 2011/12 have been as follows:

- Governance and accountability is a function of all governmental systems and processes, and so efforts made by MoHP alone may not suffice the services
- It is difficult to quantify many GAAP activities.
- The prolonged political transition has affected progress some areas.

4 WAY FORWARD

Governance has remained a top priority of the GoN. Therefore, the ministry will concentrate its efforts to address issues related with governance and accountability.

- The revised version of the GAAP indicators is expected to enhance effective implementation and monitoring by introducing measurable and verifiable indicators. It will also help in harmonising a common understanding of GAAP indicators and their reporting mechanisms. Thus the MoHP will expedite the process of finalisation in consultation with EDPs.
- Different initiatives undertaken to improve financial management and procurement will be further strengthened.
- Effective implementation of the HRH strategy will be undertaken. Furthermore, different initiatives taken to address HRH related issues will be firmly implemented.

ANNEX 1: GOVERNANCE AND ACCOUNTABILITY ACTION PLAN (GAAP) PROGRESS UPDATE (2011/2012)

The seven objective areas of the GAAP are as follows:

1. Sector governance/ enabling environment
2. Stakeholders
3. Implementation capacity/institutional capacity
4. Financial management
5. Procurement
6. Environment
7. Social/equity access and inclusion.

Key Objectives	Key Activities	Key Indicators	Progress reported to date
1. SECTOR GOVERNANCE/ ENABLING ENVIRONMENT			
1.1 Move towards output-based budgeting by revising AWPB through MTEF	• Output-based budgeting to start from FY 2010/11 • Pool funding partners to provide indicative commitments by 31 January of each year	• Output based budget prepared from FY2010/11	• The FMIP (Financial Management Improvement Plan) has been developed and approved. It intends to strengthen the current good practices on financial planning, accounting procedures, internal control system, financial reporting, monitoring, auditing and transparency measures. • The e- AWPB has been upgraded to a web based planning tool and expanded to a district level planning tool. The revised version provides budget allocations which are in line with the NHSP-2 results framework. • A multi-year commitment has been made by pool partners in their respective agreements.
1.2 Implementation of transparency and disclosure measures	• Regular and timely public disclosure activities to be ensured through the MoHP and DoHS websites, with regular updates, radio/TV/ newspaper reports and HFMCs of programme budgets, contracts, procurement and activities	• There is sufficient local level flow of information on budgets available and used, and activities planned and undertaken	• The MoHP website discloses policies, procedural guidelines, research studies, business plans and other relevant materials. • The digital library has been updated with additional information. Visit : www.elibrary-mohp.gov.np

Key Objectives	Key Activities	Key Indicators	Progress reported to date

	• Report on disclosure procedures implemented in the annual progress report	• Coverage of public disclosure systems and instruments used
		• Website is active
			• The Annual Health Programme Report is published annually in the DoHS website.
			• MD has upgraded its Health Infrastructure Information System, which can provide all the information related to the procurement of works and both physical and financial progress in figures and in visual form. This is designed to be decentralised and completed regularly by the district technical people at DUDBC and DHO for reporting all kinds of construction, repair and maintenance budgets. This is planned to become web based by May 2013.
			• LMD through its website discloses the following information:
			  ○ Procurement related documents including tender notices, specification of drugs, medical consumables and equipment etc.,
			  ○ A name list of the firms /companies awarded contracts,
			  ○ Detailed information about the number of tender documents sold, submitted, evaluated and awarded.
			• A detailed name list of the women who received incentives against institutional delivery is being displayed publicly in most of the health facilities implementing the Aama Programme.
			• A name list of surgery cases for uterine prolapse is also displayed at the regional level.

2. STAKEHOLDERS			
2.1 Ensuring periodic Performance Audit	• Identification of key aspects to be covered in the performance audit of the NHSP-2 implementation plan by MoHP/DoHS, in close coordination with pool partners and OAG	• Identification of key issues in relation to the performance of districts and thematic areas against the programme's overall goals and objectives	• OAG has continued performance audits of selected activities of MoHP. In FY 2011/12, OAG identified five districts and Kanti Children's Hospital for performance audits. Consultation with OAG is in progress to further strengthen the system by identifying the key issues to be covered.

Key Objectives	Key Activities	Key Indicators	Progress reported to date
	• Timely discussions to be held in advance on how the performance audit can supplement the regular ongoing process • Public and social audits to feed into performance audits		
3. IMPLEMENTATION CAPACITY/INSTITUTIONAL CAPACITY			

3.1 Ensuring adequate capacity development of institutions and human resources to effectively implement the NHSP-2 implementation plan	• AWPBs to incorporate capacity development initiatives for different levels of staff
	• Adequate plans, budgets and activities to be provided for each year, in line with the needs of key institutions, bodies and staff at central, district and local levels
		• Coverage of key activities, in line with the sequence of NHSP-2 planned implementation, in key institutions of health and other multi-sectoral bodies foreseen for NHSP-2, e.g. nutrition and HIV/AIDS	• Karnali Academy of Health Sciences was established with a mandate to produce HRH from remote areas.
			• For HIV/AIDS, an annual training plan for HW and implementing partners was developed for until 2015.
			• 2240 new Urban FCHVs received basic training with a kit box (A total of 4721 FCHVs are working in the Urban Sector).
			• The NHTC capacity assessment was completed.
			• Reviewed 5 training curricula (SBA, upgrading AHW, FCHVs, BCC and HFOMC) from GESI perspective and process of GESI integration into these curricula is ongoing.
			• Eight doctors have been trained for DGO and six are undergoing training.
			• The number of Health workers trained in different training courses includes:
			  ○ SBA trained – 1029,
			  ○ ASBA - 30,
			  ○ USG - 23,
			  ○ AA - 12,
			  ○ BMET 18 and BMEAT - 32,
			  ○ COFP/RH counseling training - 70,
			  ○ IP training 270,

Key Objectives	Key Activities	Key Indicators	Progress reported to date
			○ FP (NSV, ML, IUCD, Implant) - 313 ○ OTTM - 36, ○ Medico legal training – 12 • Additional financial resources have been allocated to 24 selected hospitals in order to make CEONC services functional (including local contracts for HR). • 3500 new Rural FCHVs received basic training with FCHV kits in 2011/2012 • 8000 healthy mother's groups were reactivated on health issues. • Follow-up workshops on PHC/ORC micro-planning were conducted in 1305 VDCs. • 130 additional birthing centres were established throughout the country. • Postnatal family planning counseling training was provided to VHWs and MCHWs in 12 districts. • A successful pilot of the rural ultrasound programme was conducted in two districts. • A total of 128 urban health clinics are functioning. • Construction of the BMET training centre at the Teku complex is ongoing with NSI support. Established and functionalised 22 Community Health Units (1 in each of 22 districts) in remote rural places. • Implemented Model Healthy Villages in 20 different VDCs (1 in each of 20 districts). • Conducted 3 days of training on Financial Management for 111 Account officers from different districts. • Conducted HURIC system operation training to 108 staff

Key Objectives	Key Activities	Key Indicators	Progress reported to date
			members from different districts.

3.2 Ensuring adequate number and diversity of health workforce as per norms set by MoHP	• AWPB preparation and approvals to be carried out
	• AWPB to incorporate an institutional development programme
	• Phase 1 of health facility block grants is to be implemented in underserved districts
	• Implementation of remote area allowance (pending Cabinet approval)
	• Organisation and management survey to be carried out
	• Deployment and retention plan to be implemented
	• Strategies for recruitment of local staff and increasing diversity in the health workforce to be implemented
		• Information on short supply/surplus of health workforce by health facilities and/or district health offices; and on underserved communities
		• Diversity of staff increased
			• The HRH strategy has been finalised and approved by the Council of the Ministers (Cabinet).
			• A compilation of the HRH profile from the public and private sectors is ongoing.
			• Operation and Maintenance (O&M) surveys are being carried out in different units across the country. 33 O&M surveys are in different stages, and include different levels of institutions from the SHP level to central level units.
			• 478 Sub health posts were upgraded to Health Posts.
			• Seven health institutions (other than SHPs) were upgraded in 068/69 (011/12).
			• The following procedures on HRH have been developed and implemented in 2012(2069):
			  ○ Procedures on transfer,
			  ○ Procedures of appointment on temporary and contract basis,
			  ○ Procedures on nominations for studies/ and on study leave.
			• In order to provide 24-hour quality institutional delivery services, 900 additional ANMs and 50 Staff nurses were appointed on a contract basis.
			• MDGP and/or Obs/gyne posts were created in 28 CEONC districts.
			• Posts were created for anesthesia assistants in 28 CEONC districts.
			• 1000 vaccinators have been contracted locally.

Key Objectives	Key Activities	Key Indicators	Progress reported to date
			• A MNCH clinical update was provided to nursing staff in 75 districts.
3.3 Redeployment of health workforce	• Identification of number of health workers to be redeployed within VDC/municipality and district • Transfer of health workers from health facilities with surplus health workers to facilities with short supply	• Percent of health facilities with a surplus vs. percentage with a deficit	• Some vacant posts of the health work force have been filled on a temporary / contract basis. • Guidelines have been prepared and are in the implementation phase for the deployment of 5th and 7th level personnel in appropriate positions
3.4 Improving quality of health services	• System for review of quality health services to be established by 31 January 2011 • Physical infrastructure (HP/SHP) to be expanded and improved and district • hospitals strengthened	• Annual review of quality of drugs, equipment and facilities and social audits are conducted • Number of facilities meeting adequate standards	• Construction of 10 district medical stores, 10 public health offices, 10 PHCCs, 80 Health Posts with Birthing Centres, 10 staff quarters, 15 doctor's quarters and 10 BEONC buildings were initiated in the fiscal year 2011/12. The tendering process has been completed for all and the constructions have been initiated for all. All these constructions are according to the standards designed by Management Division /DoHS. • MoHP has assigned a total of 1145 different construction projects to DUDBC since 2005/06. Of these: ○ 536 projects have been completed and handed-over to local health facility management committees, ○ 66 projects have been completed recently and are waiting for hand-over, ○ 165 projects will be completed this FY, and ○ 378 projects are on-going. • Management Division is revising the existing standard designs and guidelines based on feedback from the last two • years of implementation of standard designs. The new ones will be more detailed and more user friendly, addressing existing sanitation and waste management problems. The standard designs which have been initiated for the last two years have

Key Objectives	Key Activities	Key Indicators	Progress reported to date
			proven to be more efficient in terms of service provision and more cost effective. • Management Division has also analysed the cost of repair and maintenance for the health infrastructure in Nepal, including the types of repair and maintenance required using updated and upgraded HIIS. MD is planning to initiate repair and maintenance work using HIIS for monitoring the progress and will release the budget accordingly. The repair and maintenance is based on the actual status. • Appreciative inquiry planning and review workshops for CEONC strengthening were completed in three hospitals last year.
3.5 Strengthening quality assurance and M&E	• Disaggregated data collection system to be scaled up through HMIS • Other sectors to be linked with HMIS e.g. vital registration • Quarterly publication of health statistics and analysis • New guidelines and protocols for PHC system to be updated and prepared • Annual facility surveys to be carried out	• Disaggregated data and analysis is available. • HMIS report is published quarterly. • Facility survey is conducted annually.	• An M & E Framework has been developed. • Indicators and tools have been revised for recording and reporting disaggregated data through HMIS. This will include information from the public sector, the private sector and NGOs. Country wide scale up is planned. • MoHP is already engaged with the Ministry of Federal • Affairs and Local Development to improve birth and death registration completeness and coverage. MoHP plans to utilise FCHVs to provide information on births and deaths. • GIS has been completed in 57 districts and funds are being sought to complete the remaining districts. • The Service Tracking Survey (2012) was conducted. • The House-Hold survey (2012) was conducted. • Maternal and perinatal death reviews are ongoing in 21 different referral hospitals. • Rapid assessment on coverage and financial management of the Aama programme is ongoing in eight districts. • Data quality self-assessments were conducted for the national

Key Objectives	Key Activities	Key Indicators	Progress reported to date
			immunisation programme in 15 districts.
4. FINANCIAL MANAGEMENT			
4.1 Adequate and timely financial management at central, district and health facility level	• Trimesterly FM reports covering all programme activities and all districts to be prepared and submitted on time • Computerised system for accounting and reporting to be established at MoHP and DHOs with networking facilities between them	• Trimesterly reports of adequate quality and coverage submitted for smooth disbursement of funds to the programme • Explore use of an integrated computerised system to link physical and financial progress	• The second trimester report of the last FY was timely submitted. The third trimester report preparation is at the final stage, and verification with FCGO for non cash expenditure is underway. • A survey has been completed for TABUCS piloting in eleven cost centres of six districts (Mustang, Kaski, Tanahu, Kathmandu. Morang and Banke). Training is planned in the near future. • A PFM committee has been formed under the leadership of PPICD with members from among the development partners.
4.2 Timely fund release to health facilities	• Adequate and timely support to be provided to districts for submission of AWPB • Clear system to be in place for norms and procedures for appraisal of plans and approval of budgets • Deadlines to be fixed for key budget decisions e.g. list of health facilities selected for new activities and block grants by the DoHS and DHO to be included in AWPB • Fund-flow tracking system software developed to be implemented	• Number of districts undertaking stakeholder consultations for plan preparation and budget approvals • Share of annual budget released in the first trimester by DoHS • Share of health facilities receiving grants within one month after the beginning of the FY • Implementation of fund flow tracking system • At least 85% absorption rate of committed funds for the health sector	• Planning guidelines focusing on the local level are being developed. • 16% of the budget was released in first trimester in FY068/69 (011/12). • The absorption rate for FY 2011/12 was 80.1% compared to 76.3%for the preceding year.

Key Objectives	Key Activities	Key Indicators	Progress reported to date
4.3 Improve the quality of asset management	• Inventory of all assets to be updated regularly by taking physical counts and reconciling results with records • Inventory software to be improved for non-consumable fixed assets and LMIS to be strengthened • Policy to be formulated for discarding of obsolete equipment • Physical Assets Management Unit (building and equipment) to be created within management division in DoHS, with adequate staffing • Public-Private Partnerships to be introduced in contracting out district level monitoring of the quality of procured drugs and medical equipment. • District level capacity to be enhanced to comply with quality assurance of health care services • Adequate funds to be provided in AWPB for maintenance	• Updated asset inventory report submitted on an annual basis during the JAR • Staff positions created or reallocated and filled • Verification of amount line budget item in AWPB	• The Inventory Management System for Non-consumable goods was updated. • The Service contract for support and management of web-based LMIS and monitoring budget was approved. • Bio medical engineers have been hired on contract in the Central and Western regions. • The PAM unit of Management Division is also working on Inventory Management and Repair/maintenance of physical and equipment and instruments. • Maintenance of medical equipment and instruments for the Mid and Far western regions continued. • The inventory of cold chain equipment was updated and the development of a replacement plan is in process.
4.4 Update Financial Regulations for Hospitals and for Management Committees	• Update financial regulations for hospitals • Update financial regulations for management committees	• Acceptable Financial Regulations prepared for Hospitals and Management Committees	• Discussion is undergoing to develop Financial Regulations for hospitals and management committees. These will be finalised by the end of FY 012/13.

Key Objectives	Key Activities	Key Indicators	Progress reported to date
4.5 Operating procedure made transparent for non-state partners/NGOs	• Prepare Acts/ Regulations for non-state partners/ NGOs	• A separate working modality developed for Non-state Partners/NGOs involved in the health sector.	• A State Non State Partnership Policy for the health sector in Nepal has been finalised. It is in the process of approval.
4.6 Adequate funds ensured for operation and maintenance of medical equipment and hospital buildings	• At least 2% of the budget for Operation and Maintenance (O&M) to be included in the AWPB for medical equipment and hospital buildings • O&M expenditures to be monitored	• At least 2% of budget is ensured for O&M in the budget.	• Management Division allocated NPR 1,025 Million ($ 1.37 million) for construction and NPR 4.4 Million ($ .6 Million) for maintenance of the infrastructure, and KFW provided NPR 22.2 Million ($ .3 Million) for maintenance of medical equipment for the Mid and Far west regions with technical support.
4.7 Prompt action on audit irregularities	• Audit irregularities clearance committee to be formed • Irregularities to be reduced to less than 20% every year.	• Audit irregularities reduced to less than 20% • Action Plan developed and implemented to rectify the weaknesses observed by the audits.	• An Audit irregularities clearance committee has been formed and is headed by the Secretary, MoHP. • In FY 2010/11 the irregularities figure was 5.8% of the total audited figures, against 7.7% in FY 2009/10. That is a reduction of 24.67%
5. PROCUREMENT			
5.1 Procurement at central and district level	• Prepare consolidated annual procurement plans • Provide training for strengthening procurement capacity at central and district levels • Engage procurement support for NHSP2 implementation • Revise procurement policy and guidelines for MoHP • Revise logistics management policy and	• Standards and procedures in place for procurement best practices • Districts reporting difficulties in procurement • Monitoring reports on procurement • Training conducted on procurement at least once a year for all DHOs and cost	• A consolidated annual procurement plan was prepared (for goods, services and construction) and approved. • Training in procurement was conducted at the centre and district level. Procurement training for the district level has been conducted in 61 districts to date. • Goods acceptance procedures and templates have been drafted and taken into use.

Key Objectives	Key Activities	Key Indicators	Progress reported to date
	guidelines • Ensure a sound Quality Assurance (QA) system, including pre and post shipment, is in place at central and district levels to monitor the quality of procured drugs • Enhance local capacity at district level to comply with QA	centres • QA is applied as a standard operating procedure at the centre as well as district level	
5.2 Timely availability of drugs, equipment and supplies	• Multi-year framework to be adopted for contracting supply of essential drugs, commodities and equipment by 31 August 2010 • Consolidated (including goods, works, and services for the entire ministry regardless of financing source) annual procurement plan to be made available on the website to all interested parties at cost price six months before the beginning of the fiscal year • Drug Act to be amended and Nepal Drug Research Lab given independent status • E-procurement to be introduced	• Percentage of health facilities with tracer drug stock out	• Multi-year procurement practice is ongoing for FP commodities, vaccines and Essential Drugs. It is planned to expand to other commodities as well. • A plan has been approved for piloting a service contract model with a private organisation for distribution and transportation of health commodities from District to Health Facilities in two districts. It is planned to include adequate budget for a service contract for distribution in more districts in the coming year. • The process has been initiated for amendment of the Drug Act. • E-procurement has been introduced for Print materials for NCB only. • The introduction of an electronic bidding system for procurement of drugs, medical consumables and equipment is in progress.
6. ENVIRONMENT			
6.1 Ensuring continued access to EHCS for all people in the face of emergencies, crisis	• Develop guidelines for immediate response and possible activities to deal with women and children and the poor affected by conflict • Provide annual contingency plans and budgets for districts incorporating	• Emergency contingency plan and initiatives to deal with women and children in conflict situations	• One-stop Crisis Management Centres (OCMC) are providing services (to deal with GBV) in seven different districts and the Maternity Hospital. • OCMC Guidelines were revised in 2012, making provision for OCMC in the Maternity Hospital and incorporating field level

Key Objectives	Key Activities	Key Indicators	Progress reported to date
and conflict situation	Reproductive Health (RH) and Gender Based Violence (GBV) issues • Ensure all health facilities have and implement a waste management plan		experiences. • Social Service Unit (SSU) Operational Guidelines were revised after extensive consultations and approved. • SSUs will be established in eight hospitals (central, regional and zonal) in 2013 on a pilot basis and scaled up only after two years of piloting experience. • Orientation on Injection Safety was provided to 1040 staff of 52 district hospitals. • Health Care Waste Management training was provided to 1000 health staff of 50 districts. • Construction of 330 Placenta Pits was completed throughout 75 districts.
6.2 Promotion of clean/solar energy	• Kerosene to be replaced by solar energy	• Number of health facilities with cleaner and safer energy sources	• A master plan for the central and regional store was developed and initiatives taken for clean/ solar energy. • An additional 10 solar power backup systems for different health service delivery points are planned for this year.
7. SOCIAL/EQUITY ACCESS AND INCLUSION			
7.1 Advancing the social inclusion of all citizens and ensuring government is more accountable	• Social audit guidelines to be updated and distributed to all stakeholders • Training and budget to be provided for undertaking social audits according to the guidelines • Capacity building to be provided for local HFMCs on GESI application • Capacity building to be provided for GESI units at all levels • Community scorecard for social audit information to be disseminated and used	• Districts and health facilities undertaking social audits according to the guidelines and their link to the next year planning cycle • Share/number of health facilities completing social audit by trimester by district • Random sample review of social audit reports and field verification	**<u>Social Audit:</u>** • A thorough review was conducted of the social audit practices and guidelines in Nepal including health and non-health sectors. Based on the review, comprehensive social audit guidelines were developed. These were piloted in 18 districts after being provisionally approved. • Social Audits were conducted in a total of 147 HFs. • Social Audit Guidelines will be finalised by January 2013 incorporating feedback from districts where social audits were conducted. **<u>Community Scorecard:</u>**

Key Objectives	Key Activities	Key Indicators	Progress reported to date
	• GESI strategy to be translated into a set of activities with clear accountability for results.	• HMIS, independent surveys and social audits provide intermediate evidence of improved outcomes for women and excluded groups • 2011 and 2016 DHS registers improvements in health, nutrition and family planning outcomes for women and excluded groups	• Piloting of the community score card has been completed in four districts. **<u>GESI institutional structure and capacity building:</u>** • A GESI Steering Committee was formed in 2011 at MoHP with the Secretary as chair. A GESI Committee was also formed in 2011 at DoHS with the Director General as chair. Technical Working Groups at MoHP and DoHS were trained on GESI, and briefed on their roles. • GESI technical working groups have been formed in five RHDs and fifty one districts. • GESI training orientation was provided to all RHD officials, District Managers and focal persons of seventy-five districts at the Regional Level. • GESI orientation was provided to Technical Working Groups in five regions and fifty-one districts. • GESI focus training was conducted for district teams of seven different districts of Nepal.
7.2 Health Facility Management Committees (HFMC) are established and effective	• Formation of representative HFMCs in all health facilities to be facilitated, with orientation on their roles and responsibilities and citizens' rights to health services. • Annual progress reports to include information on the existence and functioning of the HFMCs. • Local health personnel to be recruited through HFMCs.	• Number/share of health facilities with duly formed HFMCs by district	• HFOMC training/orientation guidelines were revised to integrate GESI responsibilities as approved by the GESI Steering Committee. • Training was provided to eighty three HFOMCs.