



USAID's Strengthening Systems for Better Health Activity

**Year Two Workplan
July 16, 2018 - July 15, 2019**

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USAID's Strengthening Systems for Better Health Activity is funded under Cooperative Agreement Number: 72036718CA00001. The purpose of the Activity is to assist the Government of Nepal to improve health outcomes, particularly amongst marginalized and disadvantaged groups, through enhancing access to and quality of maternal, child, and reproductive health services, with specific focus on newborn care. The Activity is implemented by Abt Associates, in partnership with Save the Children, Management Support Services and the Karnali Academy of Health Sciences.

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Acronyms

AOR	Agreement Officer's Representative
APHIN	Association of Private Health Institutions of Nepal
AWPB	Annual Work Planning and Budgeting
CEmONC	Comprehensive Emergency Obstetric and Newborn Care
CHU	Community Health Unit
COP	Chief of Party
CRS	Contraceptive Retail Sales
DCC	District Coordination Committee
DCOP	Deputy Chief of Party
DDA	Department of Drug Administration
DFID	U.K. Department for International Development
DoHS	Department of Health Services
EDP	External Development Partners
FACT	Fertility Awareness for Community Transformation
FP	Family Planning
GESI	Gender Equality and Social Inclusion
GIS	Geographic Information System
GIZ	Gesellschaft für Internationale Zusammenarbeit
GoN	Government of Nepal
H4L	Health for Life
HDC	Hospital Development Committee
HEOC	Health Emergency Operational Centers
HFOMC	Health Facility Operation and Management Committees
HMIS	Health Management Information Systems
HSS	Health Systems Strengthening
KAHS	Karnali Academy of Health Sciences
LARC	Long Acting Reversible Contraceptives
MASS	Management Support Services

MEL	Monitoring, Evaluation and Learning
MNCH/FP	Maternal Newborn and Child Health/ Family Planning
MoFAGA	Ministry of Federal Affairs and General Administration
MoHP	Ministry of Health and Population
MoSD	Ministry of Social Development
NCDA	Nepal Chemists and Druggists Association
NHEICC	National Education Information Communication Center
NHSSP	Nepal Health Sector Support Program
PFMSP	Public Financial Management and Strengthening Project
PHC-ORC	Primary Health Care Outreach Clinics
PI	Performance Improvement
PSM	Procurement and Supply Management
QI	Quality Improvement
SBA	Skilled Birth Attendant
SIFPO	Support for International Family Planning Organizations
TOR	Terms of Reference
UN	United Nations
UNICEF	United Nations Children’s Fund
USAID	United States Agency for International Development
VSC	Voluntary Surgical Contraception

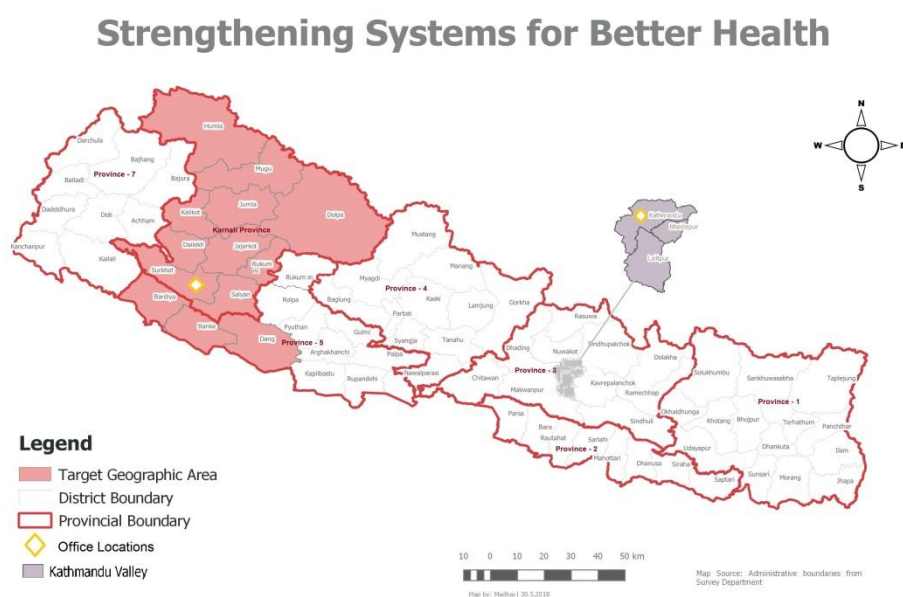
Introduction

The United States Agency for International Development (USAID) awarded the five-year, \$24 million USAID's Strengthening Systems for Better Health Activity to Abt Associates (Abt) in January 2018. To implement the cooperative agreement, Abt is partnering with Save the Children, the Karnali Academy of Health Sciences (KAHS), and Management Support Services (MASS).

The Activity is designed to improve health outcomes, particularly for the most marginalized and disadvantaged groups, by improving access to and quality of maternal, child, and reproductive health services, with specific focus on newborn care. The focus is also on strengthening data driven planning and governance of a decentralized health system, which in turn will increase utilization of equitable, accountable, and quality health services. This will be achieved through three outcomes, namely: 1) improved access to and utilization of equitable healthcare services; 2) improved quality of health services in facilities and communities; and 3) improved health systems governance, including within the context of federalism.

The Activity's geographic focus, as outlined in Figure 1, covers a total of 105 municipalities (i.e., 79 municipalities in Karnali Province and 26 municipalities in Province 5 from three districts: Banke, Bardiya, and Dang) from the most disadvantaged part of the country. This focus is based on USAID's geographical selection criteria, and was validated during the joint application development process, allowing USAID to continue to build on current and past investments concentrated in these two provinces, while covering a sizable population with health systems strengthening interventions. The Activity has established a field office in Surkhet, Karnali Province that will support activities in both provinces.

Figure 1: USAID's Strengthening Systems for Better Health Geographic Focus
Karnali Province and Province 5: Banke, Bardiya, and Dang



The Year 1 Workplan for USAID’s Strengthening Systems for Better Health Activity covered the six-month period from January 8 to July 15, 2018. Per the Cooperative Agreement, Year 2 (the first full year of implementation) begins in mid-July 2018, in order to synchronize the project planning and implementation year with the Government of Nepal’s fiscal year. The Activity team has used the initial six-month period to recruit and hire senior technical and management staff, establish offices in Kathmandu and Surkhet, orient key government counterparts at national, provincial and municipal levels to the Activity, begin to build productive working relationships with these individuals and institutions, and develop collaborative relationships with other USAID implementing partners and external development partners (EDPs). The team has also developed an initial version of the Activity’s Monitoring, Evaluation and Learning Plan, initiated on-the-ground assessments and analysis of secondary data to establish the Activity baseline, and deployed a team of experienced consultants to provide direct technical support to target municipalities in planning and budgeting for health programs and service delivery for the coming fiscal year.

This Year 2 Workplan covers the period July 16, 2018 to July 15, 2019 and builds on the foundational activities undertaken during Year 1. We expect USAID’s Strengthening Systems for Better Health Activity to be fully staffed and operational, up to municipality level, by the second quarter of this workplan year.

In the following sections, we outline our proposed Year 2 activities under each of USAID’s Strengthening Systems for Better Health Activity’s three outcomes, followed by a brief discussion of our approaches and proposed interventions under our four cross-cutting elements (private sector engagement, gender equality and social inclusion (GESI), data-driven and evidence-based programming, and collaboration and synergy). Finally, we outline the activities we will undertake to finalize and implement our MEL Plan during Year 2, followed by the Activity’s management and operations activities.

Please refer to Attachment 1 for the Short-Term Technical Assistance (STTA) Plan, Attachment 2 for the Year 2 Workplan Matrix of activities, and Attachment 3 for the Activity’s Organizational Chart. Attachment 4 contains a summary of proposed interventions for each tier of the health system, including potential packages of interventions for Core, Core+ and Core++ municipalities.

1.0 Outcome 1: Improved Access to and Utilization of Equitable Health Services

In Year 2, USAID’s Strengthening Systems for Better Health Activity team will be working at federal, provincial, municipality, health facility, and community level to improve access to and utilization of equitable health services focusing on maternal, newborn, child health and family planning (MNCH/FP). The team will analyze data from different sources, hold interactions with stakeholders at national, provincial, municipal, and community levels, and prepare a customized plan to support the government at all levels to improve access to and utilization of services, with focus on marginalized and underserved populations. At national level, we will collaborate and engage with the Ministry of Federal Affairs and General Administration, Ministry of Health and Population, different development partners including USAID’s implementing partners, U.K. Department for International Development (DFID) and their implementing partners, the World Health Organization (WHO), the United Nations Children’s Fund (UNICEF), and *Gesellschaft für Internationale Zusammenarbeit* (GIZ). At provincial level, we will collaborate and engage with the Ministry of Social Development

(MoSD), provincial/ regional health related offices. Similarly, we will collaborate with and engage District Coordination Committees (DCCs) at district level (to the extent that they are still in place and functioning), and municipalities including the assigned locally elected representatives, civil servants, and health coordinators. We will work closely with the health facility staff, health facility operation and management committee (HFOMC) members, female community health volunteers (FCHVs) and local leaders at health facility and community level.

In Year 2 of the Activity, the team will focus on a number of activities to support the MoSD for Karnali Province and Province 5 to prepare and establish policies, acts, guidelines, and systems as needed, and in close consultation and engagement with other stakeholders. Our team will analyze and validate information through consultations to identify existing barriers, potential solutions, and opportunities to collaborate with other stakeholders. At the end of Year 2, we would expect an increase in the proportion of health facilities in the Activity areas delivering basic health care services and measurable improvement of service delivery uptake especially by poor and marginalized populations.

Sub-Result 1.1: Improved Routine Availability of Effective, Quality MNCH/FP Services at the Health Facility/Community Levels, with Special Focus on Newborns

1.1.1 Support the Health Department of the MoSD to prepare a Provincial Health Profile based on data from different sources (e.g., Health Facility Readiness Survey, Health Management Information Systems (HMIS), and Logistics Management Information Systems (LMIS)). As the overall political systems, units, and health care delivery systems have changed in the context of federalism, the Activity team will analyze and present information available from different sources in a way that meets the needs of the newly established MoSD and their Health Department to plan, prioritize, and manage programs and services in their provinces to benefit their populations. Building on work carried out by USAID's Health for Life (H4L) project as part of their endline assessment, the Activity team will support the MoSD in Karnali Province to complete the Health Facility Readiness Survey in 3 of their 10 districts and to use the data from the survey and other sources such as Nepal Health Facility Survey, HMIS, LMIS, and similar sources to prepare Provincial Health Profiles for both Karnali Province and Province 5. The profile will provide useful data regarding the current situation of MNCH/FP service availability to policy makers and program managers. In this profile we expect to give particular attention to characterizing the current situation, need, and opportunities for newborn health in the province. By the end of the first quarter of Year 2, Provincial Health Profiles will be finalized and made available to government counterparts for use in developing programs and policies, targeting of activities, and monitoring the situation over the coming years. These profiles will help to inform the targeting of the Activity's systems strengthening and capacity building interventions as well.

1.1.2 Develop and finalize a customized technical assistance plan to improve service availability and utilization in Karnali Province and Province 5 in coordination with MoSD and other development partners in the Activity operational areas. Based on information available in the Provincial Health Profile and in consultation with provincial, municipal, facility, and local level stakeholders, the Activity team will prepare a customized technical assistance plan to improve service availability. This will include identification of underserved areas, appraisal of health facilities' performance in terms of service availability and delivery, along with other relevant topics. The customized plan will help to determine which geographic areas and facilities the Activity will cover with Core, Core+ and Core++

activities. (Please see Attachment 4.) This plan will outline cost-efficient systems and approaches to tailored support to municipalities and facilities and to enhance overall program performance and achievement of desired results.

1.1.3 Support the Health Department of MoSD in Karnali Province to develop necessary policies focusing on reaching the unreached, referral mechanisms, public-private partnerships, integrated service delivery approach, human resource deployment and management, and extension of services targeting underserved areas and populations. As the Government of Nepal (GoN) is devolving decision making in the health system to lower levels, the Provincial MoSD and its associated Health Department need to develop various policies, acts, and systems. The MoSD in Karnali Province has made some progress to draft a health policy, but further work is needed preparing necessary health acts, rules, and regulations. As requested by the MoSD, the Activity team will support consultative processes to prepare, review, and implement policies related to reaching unreached or underserved segments of the population, strengthening referral mechanisms, promoting public-private partnerships, and expanding service reach through integrated service delivery approaches. The Activity team will engage private sector representatives in meetings and dialogue to promote their commitment, ownership, and contribution. The team will also support the MoSD to develop necessary policies and guidelines to strengthen performance in human resources for health, with a focus on recruitment, deployment, retention, and effective mobilization, to include the private health sector as appropriate. As per the need and based on availability of resources, the team will also support local bodies to extend service delivery points targeting underserved areas and marginalized populations. By the end of Year 2, the MoSD in Karnali Province will have a variety of new policies and guidelines developed and rolled out with a focus on reaching the unreached through mobilization of both public and private sector health service providers and health volunteers.

1.1.4 Support the Health Department of MoSD in Karnali Province to establish regular ‘continued professional education’ system for health care providers and managers and to build their capacity through training, onsite coaching and mentoring, supervision, and follow-up. Despite past capacity building efforts, there is currently no functioning system to record training received by health care providers and track where they are deployed. Building on foundational work conducted by the National Health Training Center, the Activity team, led by the Information Systems and Health Systems Strengthening (HSS) Specialists, will work with staff from the Health Department of the Karnali Province MoSD to design and test a database and system to document capacity building and training provided to service providers and managers. This system will help ensure more consistent availability of health workers with the needed skills. Further, such a data base could potentially link with other data bases used for career development systems (e.g., for maintaining professional licenses).

The team will also engage academic institutions and training centers to participate in the process. This activity will enable the MoSD to better ensure a needs-based and equitable approach to capacity building for both public and private sector service providers and managers. Based on progress during Year 2, further technical support will be provided to the MoSD of Karnali Province in subsequent years to establish and strengthen a system of regular in-service training and professional development for health care service providers in the province.

1.1.5 Facilitate the review and development of a detailed human resource mobilization and capacity building plan focusing on availability of services, readiness, and service provider skills to deliver routine and quality MNCH/FP services at health facility and

community level. This effort will focus on skilled birth attendant (SBA) training, Facility-based Integrated Management of Childhood Illness (FB-IMNCI); Level II Sick Newborn Care (SNC) services, long acting reversible contraceptives (LARC) training, staff retention, motivation and performance-based management system, mobile/visiting health workers for needy areas, and updating job description of staff). One important barrier to ensuring availability of essential MNCH/FP services is limited skills among service providers and managers to deliver those services. Training and other capacity building approaches have varied in their effectiveness to these enhance skills. The Activity team will support the MoSD in Karnali Province and Province 5 to develop realistic, needs-based, human resource mobilization, and capacity building plans focusing on service readiness and providers skills to deliver MNCH/FP services at health facility and community levels. This will include (but will not be limited to) SBA training, essential newborn care and care of the sick newborn, and the provision of LARCs. The Activity capacity building efforts will also be focused on leadership and management (please refer to Outcome 3). The Activity team and provincial MoSD counterparts will review, assess, and identify a number of initiatives piloted in other parts of the country (e.g., visiting providers, performance-based management) to determine if they may be appropriate in the Activity operational areas. The team will also assist the MoSDs to carry out a comprehensive review of job descriptions to clarify roles and responsibilities.

1.1.6 Develop and strengthen referral mechanisms between service delivery sites (health facility – primary hospital – secondary hospital/academic hospitals) including coordinated ambulance mobilization system and the establishment and operationalization of critical referral funds. Lack of effective provisions for urgent referral between health facilities at different levels of health care delivery is a barrier to accessing health care services. The Activity team will work with officials at all levels and engage client groups to support establishment and ensure functionality of referral mechanisms, to include both public and private facilities. This may include establishing coordinated ambulance mobilization plans, pre-information and readiness protocols in receiving facilities, operationalizing referral transport funds, and mobilizing communication mechanisms between different levels of the health care system including communities. In subsequent years, the Activity will explore ways to strengthen pre-referral patient stabilization and medical support during transfer, particularly for newborns and explore the use of communication technology in support of referral systems.

1.1.7 Sensitize policy makers, programmers, and service providers on GESI and its importance for equitable service delivery and utilization. Policy makers and planners from the provincial and municipality levels are in need of sensitization on the importance of equitable service delivery and utilization, and can be well served by exposure to good examples of initiatives in other parts of the country. The Activity team will work with policy makers and managers to sensitize them on GESI using GoN-developed resources. This activity will support the development of a common understanding of the issues, challenges, and opportunities to improve health equity, including providing an enabling environment for women health workers. As described under activity 1.1.3, the team will assist provincial and municipal level counterparts to develop, adapt or refine guiding policies for health, and this work will include assurance that GESI considerations are mainstreamed in these guiding documents and, eventually, in policy implementation.

1.1.8 Coordinate with development partners (e.g., **USAID's projects**, United Nations (UN) agencies, bilateral donors, etc.), to harmonize efforts to improve demand generation for MNCH/FP services including community sensitization on healthy timing and spacing,

newborn care seeking, and institutional delivery. There are significant socio-cultural barriers that undermine utilization of needed health services and uptake of healthy practices in selected Activity operational areas. The Activity team will work with the provincial and municipal authorities to gather information to better understand the situation, identify areas with a high magnitude of such problems, and develop strategies to improve service demand. They will review and use some of the activities and tools supported by previous USAID-funded projects such as Suaahara II, Fertility Awareness for Community Transformation (FACT), Support for International Family Planning Organizations (SIFPO), HC3 and Breakthrough Action as appropriate to improve demand and utilization of services. Targeted efforts may include (but will not be limited to) improving newborn care-seeking both for healthy and sick newborns, increasing the proportion of births at health institutions, and promoting healthy birth timing and spacing. The team will coordinate with other USAID-funded projects, UN agencies, and other donor projects to ensure harmonized efforts. As the team targets these activities to areas with lower service utilization, we expect to see improved utilization of services by marginalized populations.

1.1.9 Work closely with USAID's Procurement and Supply Chain Management (PSM) Project to strengthen procurement and supply chain management systems at province, municipal, and health facility levels. Consistent availability of essential medicines and supplies is a critical requirement for functional health services. In light of changing roles in the new federal context, there are a number of entities at different levels that will be involved in purchasing and supply management of medicines and other health commodities. The Activity team, led by the HSS Specialist, will work with the national level Logistics Management Division (or its equivalent), the provincial MoSD, and municipalities to establish (or strengthen) systems to manage procurement and supply of essential commodities and medicines at each level of service delivery, in collaboration with USAID's Global Health Supply Chain – Procurement and Supply Management (GHSC-PSM). In Year 2, the team will work closely with the USAID's GHSC-PSM team to strengthen the logistics system (to include procurement, storage, supply, inventory management and reporting) at province, municipality, and health facility levels.

1.1.10 Work closely with Regional/Provincial Health Training Centers to strengthen existing training sites for SBAs, FB-IMCI, Level II SNCU, LARC, voluntary surgical contraception (VSC) and other MNCH/FP trainings, and effectively utilize these sites for upcoming trainings. The GoN and other development partners have implemented and supported various training and capacity building initiatives, but such efforts are not always well coordinated. The Activity team, led by the MNCH/FP Specialist, will work with the Health Department of the Karnali Province MoSD and Regional/Provincial Health Training Center to establish, re-vitalize, and ensure functionality of training sites for SBAs, LARCs, VSC, and other MNCH/FP-related training. This work will be coordinated with the National Health Training Center, and will be aimed at making the best use of trainers and facilities in those training sites for effective and sustainable training delivery. In collaboration with these institutions, we will also explore follow-up mechanisms with trainees to ensure that new skills are maintained (for example, through on-site or off-site mentoring, clinical drills on critical skills such as resuscitation for managing non-breathing newborns). By the end of Year 2, the provincial teams will be utilizing selected training sites more effectively for in-service training.

1.1.11 Support Health Departments of MoSD in Karnali Province and Province 5 to ensure functionality of Provincial Health Emergency Operational Centers (HEOCs), in coordination with WHO and other stakeholders. Karnali Province is particularly prone to

natural disasters including landslides, earthquakes, and disease outbreaks. Serious flooding, resulting in displacement of people and animals and disruption of agricultural and economic activities, as well as provision of essential health services, is common in Banke, Bardiya, and Dang districts. The Activity team will undertake systems strengthening and capacity building activities to ensure the Provincial HEOCs are functional. We will collaborate with WHO and other stakeholders with expertise in emergency response in these efforts. In case of any crisis with important potential health consequences, the team will coordinate with USAID and other donors to target activities to respond to those situations as appropriate.

1.1.12 Support the Health Department of the MoSD in Karnali Province and municipalities in Activity working areas to strategically locate new service delivery outlets and/or revitalize non-functioning outlets especially Community Health Units (CHUs) and Urban Health Center (UHC) based on geographic mapping, service utilization, and population distribution analysis and road linkages. The Activity team will work closely with the MoSD and municipalities to review current distribution of service delivery outlets (e.g., hospitals, Primary Health Care Centers, Health Posts (HPs), CHUs, UHCs, Expanded Program on Immunization (EPI) and Primary Health Care/Outreach Clinics). Based on population distribution, capacity and reach of existing health facilities, road networks and current use patterns, the Activity team will assist local governments to target new units to be established in strategic locations. This activity will draw on the information contained in the Provincial Health Profiles mentioned in activity 1.1.1 and help ensure that newly established units better serve marginalized populations and underserved areas.

1.1.13 Engage private sector (private hospitals, poly-clinics, teaching hospitals) to expand MNCH/FP service delivery outlets and to establish mechanisms to ensure improved service utilization by poor and marginalized populations. The Activity team, led by the Private Sector Specialist will engage the private sector to explore ways of improving MNCH/FP service access and utilization based on the scope and approaches as outlined in public-private partnership policy/guidelines and based on the Activity's private sector mapping results (please refer to activity 4.1.2). Mobilization of private sector facilities and drug outlets will be based on their scopes of practice and local availability of critical MNCH/FP services to ensure equitable coverage with these services throughout our target geographical area. The Activity team will explore possible arrangements for government reimbursement of private sector providers for delivery of selected MNCH/FP services. The team will consider experiences and lessons learned from the Aama Program, social health insurance and similar initiatives to inform this activity.

1.1.14 Establish systems to regularly monitor routine availability and quality of key health services by health service delivery outlets (both public and private – including birthing centers, health posts, Primary Health Care Centers (PHCCs), hospitals, clinics) focusing on MNCH/FP and adolescent /youth services and provide critical support to ensure availability of essential health services through these outlets. The Activity team will support the provincial MoSD to map the availability of public and private MNCH/FP services and to establish a system to regularly update this information. In areas and institutions where critical services are not (regularly) available, the Activity team will hold further discussions with local stakeholders to find appropriate solutions and to provide needed support in initiating or regularizing those services. The team will promote engagement and support of local stakeholders to initiate and sustain such services in the long run. This activity will help expand the number of functional service delivery outlets delivering needed MNCH/FP services.

Sub-Result 1.2: Increased Utilization of Services by Addressing Social, Cultural, and Financial Barriers

1.2.1 Finalize and disseminate barrier analysis of MNCH/FP service utilization in Karnali Province using data from different sources including gender analysis, social cultural analysis. USAID's Strengthening Systems for Better Health team will gather information from different sources to analyze barriers to utilization of MNCH/FP services in Karnali Province. The team will synthesize and present findings to provincial and local stakeholders using appropriate interactive dissemination approach. This activity will help enable stakeholders to better understand critical barriers, and to develop better informed and more strategic solutions to address identified barriers.

1.2.2 Support the Health Department of the MoSD in Karnali Province and Province 5 to prepare processes for the annual review of health systems focusing on use of MIS data, performance management, gender-friendly/user friendly services and approach to target activities to poor and marginalized communities and populations. In the context of changing administrative arrangements and reporting and review mechanisms, officials and staff of the Provincial MoSD need support to plan, execute, and take action based on the findings of the health system review meeting. Based on lessons learned from previous regional and national review meetings, the Activity team will support the Provincial MoSD to establish systems to carry out review and planning at municipality and provincial levels, and help feed relevant findings and recommendations from these reviews into national level review discussions, as appropriate. The team will also work closely with the HMIS section of the Management Division and LMIS section of Logistics Management Division (or its equivalents), **in close collaboration with the GHSC-PSM team**, to harmonize efforts in these provinces with the national level review process and with reviews in other provinces. This activity will help ensure appropriate and effective use of data from the current review as an important input to planning for the following year's activities (or necessary amendments) and to improve on data collection, compilation and analysis, and reporting mechanisms in upcoming years.

1.2.3 Support the Health Department of MoSD in Karnali Province to review existing health financing mechanisms and to develop a strategy to scale up and ensure functionality of those mechanisms (e.g., insurance, free newborn care, Aama Program) to address financial barriers). The GoN has initiated a number of financing policies and mechanisms to reduce cost barriers to service utilization. However, in light of changes in the planning and budgeting systems and new roles for provincial and municipal authorities, there is a need to review existing and new policies and mechanisms and to develop an appropriate strategy to determine suitable mechanisms, primarily at provincial level and in selected municipalities. The Activity team will link this activity with any federal government changes and plans to expand coverage, entitlement, and provision of financial risk protections and align it with the role the provincial government will be taking with regard to such mechanisms.

1.2.4 Support the Health Department of the MoSD, municipalities, and health facilities to establish and manage appropriate referral funds and mechanisms focusing on MNCH/FP services (linking with activity 1.1.6). Lack of adequate provisions to address emergency transport needs and unavailability or non-functioning funds to reduce transport-related costs to users is one important impediment for critical cases to reach higher level of care on a timely basis. Working with the MoSD, municipalities, and health facilities, and based on the experience of Social Service Units in selected hospitals, the Activity team will

assist these partners to establish effective mechanisms to create, manage, and regularize such financial arrangements. The Activity team will target this intervention to benefit very poor and marginalized families and critical, life-threatening situations.

1.2.5 Support the Health Department of the MoSD to prepare policies focusing on health promotion (including health promoting schools, health promoting workplace, and health promoting communities). The Activity team will work with the MoSD to prepare necessary policies and to promote approaches to collaborate with other sectors to improve healthy behaviors, healthy environments, and healthy communities. This activity will help to mitigate number of MNCH-related health problems (e.g., creating conditions more supportive of breastfeeding) and to create an enabling environment to work with other sectors.

1.2.6 Work closely with the National Health Education Information Communication Center (NHEICC) and health communication agencies to use existing documentary on MNCH/FP at community level based on the need and appropriateness. Encourage and support behavior change communication and promote use of IEC/BCC materials at health facility and community levels. In selected sites with low levels of MNCH/FP service utilization, the Activity team will seek to mobilize existing resources from other partners and NHEICC to support communication campaigns, as appropriate, including films, local dramas, and other methods and tools to promote healthy behaviors and improve service uptake. We will implement these activities in coordination with other development partners (e.g., Breakthrough Action) and in close engagement with local authorities. We will ensure that poor, marginalized, and underserved populations and areas are covered by such initiatives.

1.2.7 Promote use of technology (e.g., mobile apps, toll free numbers, push SMS, information hotline) to communicate MNCH/FP targeted information to focused groups (including adolescent and youths) with low knowledge and service utilization. The Activity team will explore the use of communication technology tools such as mobile apps, push messages, and information hotlines, as appropriate. Building on the foundation created by H4L, we will work in close coordination with other partners such as GIZ and the Nepal Health Sector Support Program (NHSSP), and explore opportunities for bringing in private tech and communication sector to help ensure the sustainability of such initiatives. During Year 2, we expect to map available tools and systems and to assess the feasibility for use in Karnali Province.

1.2.8 In targeted areas with low service utilization, promote replication of successful initiatives to address myths and misconceptions, encourage service uptake, and improve service seeking behaviors. The Activity will use a variety approaches to provide our counterparts with clarify myths and misconceptions related to use of health services, with an emphasis on family planning, addressing lack of understanding on importance of healthy practices, and to improve health service seeking behaviors. We will target high-need areas and focus particularly on newborn care and FP services. Before rollout, the Activity team will conduct an analysis of context factors and feasibility and appropriateness of possible approaches, including collaboration with other implementing partners with this specific expertise and mandate (e.g., JHU-CCP [Breakthrough Action] and Helen Keller International [Suaahara]). We will implement this activity on a customized, need-based basis.

1.2.9 Revitalize/organize group interactions and discussion sessions focusing on MNCH/FP services in close collaboration with municipalities and health facilities primarily in low performing areas. Examples include Health Mothers' Groups, other functional groups at community level, traditional healers, in-laws/decision-makers,

community awareness sessions, and interactions between satisfied clients and non-users, school health sessions, and HFOMCs. The Activity team will engage with these groups and use other mechanisms to engage with communities to better understand important socio-cultural, economic, and other barriers that members face in accessing and utilizing services. In the Activity's geographic area, young women often have very limited decision-making latitude; engaging in-laws and other community level leaders can be important to ensure that barriers to needed care-seeking are effectively addressed. Based on experience from other projects, the Activity team will support selected initiatives in needy areas to promote local interaction on health matters and to disseminate information and promote service utilization.

1.2.10 Support municipalities and health facilities, primarily in low performing areas to establish information boards (e.g., citizen charter, service availability boards) to increase awareness on availability of services and promotion of public accountability. Many people do not visit health facilities in Karnali Province as they lack information on the types of services available or they lack confidence in availability of service providers and/or commodities. Currently, public accountability mechanisms are weak, limiting people's ability to demand services and hold clinic staff accountable to deliver services as per the entitlement. Building on work on the social audit process and similar social accountability initiatives, the Activity will undertake work initiatives to enhance awareness of services and promote dialogue between service providers and their intended beneficiaries. This will help bridge the gap in expectations between these parties, bring about appropriate local actions, build trust of members of the local community with regard to their health facilities, and gain support for the health system from local communities and stakeholders (please refer to activity 3.1.13).

1.2.11 Support municipalities and health facilities primarily in low performing areas to analyze health data to identify un-reached/underserved populations, barriers, and to prepare micro-plans to improve their utilization and to link those micro-plans with annual planning, budgeting, and monitoring activities. The Activity will work with the MoSD and other interested partners, such as municipal authorities and HFOMCs, to develop an approach to comprehensive local, micro-planning building on experience with microplanning for immunization and FP. Using information from the Health Profiles referenced in activity 1.1.1, we will focus Activity efforts on identifying underserved or left-out communities and segments of the population, determining important drivers/barriers, and developing appropriate solutions to increase equitable utilization and coverage. The Activity team will use findings from such microplanning on an ongoing basis to improve program performance and for annual planning, budgeting, and monitoring activities. This process is expected to help managers and service providers to identify critical needs and better understand circumstances in low-performing areas and to target and tailor activities to effectively address identified problems in those areas.

1.2.12 Engage local leaders, influential stakeholders, members of HFOMCs, and municipal-level management groups to enhance accountability mechanisms. Approaches may include social audit, public discussion and sharing sessions, and client feedback mechanisms. Engagement of local leaders and stakeholders is critical to obtain necessary buy-in and to better understand the needs and solutions appropriate to local communities. Working closely with the provincial MoSD and municipalities, the Activity team will promote use of local accountability mechanisms as appropriate, to enhance stakeholder engagement in overall health service delivery and utilization. The team will identify best practices in strengthening local accountability. We will collaborate closely with selected municipalities and health facilities to test these practices and promote wider use of successful accountability practices over the life of the Activity.

2.0 Outcome 2: Improved Quality of Health Services at the Facility and Community Levels

Achieving population health impact requires that the right things happen for the right people at the right time. Outcome 1 addresses barriers and facilitators for getting interventions to the right people. However, beyond overcoming barriers to access and utilization, the right things need to be happening at the right time; that means ensuring the quality of services provided. To this end, the Activity gives important attention both to creating a performance improvement (PI) culture (SR2.1) and to the content and process of care (SR2.2). An important further dimension of quality of care the Activity addresses is client's experience of care (SR2.3).

At the national level, the Activity works with the Ministry of Health and Population (MoHP) and partners to harmonize and streamline approaches and tools to support quality improvement work. At province, municipality, and health facility levels, we work with counterparts to apply these approaches and tools. Our technical specialists work with counterparts, especially at health facility (and community) level, on specific initiatives aimed to address important gaps in quality of care (for example, related to labor and delivery or care of the small or sick newborn).

For our quality improvement/ performance (QI/PI) work, at national level we work closely with line divisions responsible for this area (in particular, the new Quality Standards and Regulatory Division), along with other partners (e.g., GIZ, NHSSP, UNICEF). At sub-national level, we work with technical officers from the provincial MoSD and with managers and clinical staff at municipality and health facility levels.

In Year 2, we will focus efforts under Outcome 2 on further refining PI-related approaches and tools, as well as supporting QI/PI working groups at national, provincial, municipality, and health facility levels. Our team will conduct work on specific quality of care initiatives through on-site mentoring/ coaching.

As a very important focus for maternal-newborn-related quality of care, Activity technical staff will work with counterparts at health facility (as well as municipality and province) to support and encourage active documentation, tracking, and review of maternal and perinatal deaths (particularly those occurring in the health facility).

We are addressing gender equity and social inclusion (GESI) largely by integrating this focus across our work in QI/PI.

Sub-Result 2.1: Quality Approaches Further Developed, Strengthened, and Institutionalized

2.1.1 Support further refining and streamlining of QI/PI approaches, processes, and tools, harmonizing approaches used by different partners. The Activity's MNCH/FP Specialist and Senior Technical Advisor will continue to work with government counterparts at the national and provincial levels, along with other partners supporting the government in QI/ PI work (e.g., USAID, GIZ, NHSSP, UNICEF, and UNFPA), reviewing current materials and collectively making revisions. As appropriate, we will also ensure that WHO standards for maternal newborn health and care for small and sick newborns are considered during this process. We will give special attention to the process of collaboration, striving for a high

level of trust and a spirit of partnership. The goal of this activity is institutionalization of a streamlined and harmonized QI/PI system and approach. Activity leadership will ensure that the EDP Quality of Care Working group is functional and that information and ideas are shared between partners.

2.1.2 Support development of provincial QI/PI committee (or incorporate such functions into existing entity); clarify working modalities; provide coaching and mentoring. The effectiveness of government efforts to institutionalize robust PI processes and mechanisms depends in part on functional QI/PI working groups at multiple levels. Our Activity staff (including mentors from KAHS) will work with the designated technical officer at MoSD and other partners working on QI/PI in Karnali Province to establish a provincial-level QI/PI working group. The Activity team will work with members of the committee and counterparts at the provincial level to further develop sound processes of ongoing use of performance data, identify areas needing attention, problem-solving, and performance tracking. The team will use coaching and mentoring as the principal modality for this support. We expect to show evidence by the end of Year 2 of an effectively functioning provincial QI/PI committee.

2.1.3 Support formation of QI/PI committees at municipality level; provide coaching and mentoring on QI/PI functions, including use of data to track performance, identify issues requiring attention, and follow-up of action plans. As described above at the provincial level (2.1.2), the Activity's multi-disciplinary field level teams will also facilitate the development of effective QI/PI working groups at municipality level (or, where appropriate, extending the mandate of existing, related working groups). Support from Activity staff will primarily be in the form of coaching and mentoring. By the end of Year 2, in municipalities prioritized for support this year, we expect to see functional QI/PI mechanisms and processes in place, addressing important performance issues in the health facilities and programs under their charge.

2.1.4 Provide coaching and mentoring support to hospital managers and health facility in-charges and other staff on QI/PI functions and processes. Support use and increased uptake of QI approaches and tools to improve the efficiency and effectiveness of facility management and achieve better health outcomes. In both hospitals and peripheral level HPs and PHCCs, high quality services do not deliver themselves. High quality services depend on managers and other clinical staff paying attention to the actual content and process of care delivered, including by reviewing their own clinical records and data. Using the harmonized and streamlined approaches and materials referred to in activity 2.1.1, our multi-disciplinary teams will support counterparts at hospital and health facility level, mainly through coaching and mentoring, helping to build their capacity in performance management as applied to quality of care, including using their own data (including HMIS and LMIS data elements, but also other health facility registers and case records) to track performance, identifying and addressing important performance gaps (linking with HFOMC work). In the Activity's support for QI/PI work at health facility level, including its work strengthening functionality of HFOMCs, field staff will focus on analysis and use of data disaggregated by sex, ethnicity, geography, and poverty to the extent that information on these parameters is available. Over the course of Year 2, the Activity team will provide this support in hospitals across the field area, focusing on MNCH/FP services, and prioritized HPs and PHCCs. In each of the targeted health facilities, we expect this activity to result in concrete actions taken to address

identified quality of care problems, to ensure optimal hospital/health facility readiness and enabling environment to support service delivery.

2.1.5 Engage private sector providers (in hospitals, clinics, medicine shops) to improve case-documentation, and reporting into HMIS—where appropriate. In the first two quarters of Year 2, Activity field staff will engage with counterparts in private hospitals in the Activity's geographic target area as well as with representatives of Nepal Chemists and Druggists Association (NCDA) through facilitated meetings and site visits to determine current practices with regard to case-documentation and recording. This engagement is part of the Activity's mandate to better leverage public health benefits from private sector providers and to improve coordination with public sector services (which can be facilitated by case-documentation and reporting). The team will also explore further documentation and reporting that may be feasible and acceptable to private sector service providers, possibly to include standardized, auditable case documentation and/or reporting into HMIS. By the end of Year 2, the Activity will have completed an initial plan for introduction of new documentation and reporting practices, based on this initial assessment.

2.1.6 Establish criteria and procedures for discretionary QI funds for use at municipality and health facility levels. An important operating principle for our field staff will be that, when faced with a performance challenge, they will work together with government counterparts to determine how best to use government procedures and resources to address the identified need. This is a particular challenge during this period of transition to decentralized structures and processes. The Activity will also make available modest QI/PI funds to the municipality level, along with clear criteria and procedures for use, for selected instances where government procedures and resources are not immediately available to address an important constraint to performance. Over the first half of Year 2, we expect to work out operational details on criteria for supported expenditures, the decision-making process, required documentation, and financial and administrative arrangements. By the second half of the year, we expect to see such funds established and in use in a limited number of municipalities and health facilities.

Sub-Result 2.2: Quality Services Delivered by Facilities and Providers in the Public and Private Sectors

In addition to the Activity team's work supporting counterparts in their broader use of QI/PI approaches to problem solving and improving program performance, the team will focus important efforts on helping improve quality of care for specific aspects of MNCH/FP.

2.2.1 Work with technical working groups at national level supporting the Department of Health Services (DoHS) to update MNCH/FP clinical guidelines, standards, and tools, to include minimum standards for service readiness, content, and process of care for small and sick newborns. The Activity Senior Technical Advisor, MNCH/FP Specialist, and others will work closely with national-level counterparts at the Nepal MoHP and other partners as active contributing members on strategically selected national technical working groups. Examples include the Family Health Division's Safe Motherhood, FCHV, and FP Sub Committees, as well as the Child Health Division's Integrated Management of Neonatal and Childhood Illnesses Technical Working Group, and the QI Technical Working Group. Over the first quarter, in discussion with USAID, counterparts at MoHP, and other development partners we expect to identify priority maternal and neonatal clinical interventions for focused QI efforts. (This activity is carried over from 2.2.2. in Year 1 workplan). The Activity will also support efforts by the MoHP and MoSDs to update and finalize various QI

related tools and systems (such as the minimum service standards for health posts and hospitals and the standards for child health initiated by H4L and the associated mentoring guideline) and to roll them out in the Activity area.

The Activity will focus QI efforts on certain priority interventions with the potential for impacting morbidity and mortality at population levels. For example, although significant progress has been made in achieving good population coverage for chlorhexidine for newborn cord care, coverage remains low for home births, having disproportionate effects on newborns in the lowest wealth quintile. Similarly, the Activity team will focus particular efforts on improving newborn asphyxia case management. Selection of these critical interventions will be done in close collaboration with MoHP counterparts and other implementing partners in the sector.

2.2.2 Support referral hospital-based clinical managers, municipality managers, and health facility in-charges and others to define detailed case management and communications procedures. This will include linkages to transport providers to ensure continuity of care for cases requiring transfer to hospital level, and from hospital back to primary level for follow-up care. In addition to specific interventions delivered in a particular clinical setting, an important driver of outcomes is coordination across levels of care, particularly for potentially life-threatening cases first seen at the peripheral level but requiring definitive hospital-based care. As discussed under activity 1.1.6, the Activity's Senior Technical Advisor, MNCH/FP Specialist, field-based clinical staff, and others will work with counterparts at province, municipality, and health facility levels to help develop more functional referral processes and better continuity of care for such complicated cases—both to facilitate getting to higher-level care and to ensure better follow-up care, post discharge. This will entail the following:

- Conduct iterative development and field-testing of case management protocols for clinical situations requiring transfer across levels of care, such as obstructed labor or conditions requiring NICU admission (primary to hospital, and hospital to primary); and
- Establish active oversight and coordination for case management across levels (including routine periodic review of referred cases, involving staff from both peripheral-level and referral health facilities; to improve coordination procedures). We will do this in close collaboration with counterparts in municipalities and health facilities in referral hospital catchment areas.

We expect to begin establishing such structures and processes over the first two quarters for one hospital and associated catchment area. Over the remainder of the year, we will work with counterparts to test and refine materials and procedures; documenting lessons learned, to be introduced in Year 3 and beyond in other parts of the Activity geographical area.

2.2.3 Ensure availability of national clinical standards documents and other normative national guidelines for content and process of care at health facility level, as appropriate. In addition to the Activity team's work in helping define clinical standards and best practices (particularly at national level), the team will help ensure availability of relevant guidelines and standards at the service delivery level. As with other aspects of the work, our usual modality will be to work with government counterparts at health facility and municipality level to make use of existing government mechanisms, (e.g., for dissemination of printed materials).

2.2.4 Conduct coaching, mentoring, and on-site training on best practices in clinical quality of care. As with our more generic QI/PI support (as described under SR 2.1), the

Activity team will use coaching, mentoring, and on-site training as the primary modality of support at health facility level for improving quality of care. Over the first two quarters of Year 2, the Activity national-level and field staff (under the leadership of the Senior Technical Advisor and MNCH/FP Specialist), in consultation with MoHP and provincial level health counterparts, we will select and refine priority quality of care initiatives, building on the H4L-supported work done by the Management Division of the MoHP. This could include, for example, serious efforts to discourage unsafe, non-medically-indicated use of oxytocin for labor induction/ augmentation and clinical drills on management of maternal and newborn emergencies. Note that quality initiatives could be focused at hospital, HP, PHCC, or community level.

Having identified a small number of quality of care issues (possibly limited to two initial issues), senior Activity technical staff together with counterparts from one or more hospitals in the Activity area, will develop an initial design for a targeted quality improvement initiative. The provincial team MNCH/FP lead and technical staff will begin working in up to four health facilities in the Activity area to further test and refine an approach to addressing the identified quality of care problem. Based on learnings from this experience, Activity field staff—through coaching and mentoring visits—will support and facilitate introduction in further facilities, progressively scaling up across the Activity area. By the end of Year 2, we expect to be well into expansion mode for one or more of the prioritized quality initiatives.

2.2.5 Support development of routine health facility level tracking and review of within-hospital maternal and perinatal deaths, to identify remediable contributors and to track changes in mortality rates over time. This will include reporting to provincial level, and a similar process of review and action plan development. With the Activity’s focus on actual quality of care, the team will give particular attention to specific health outcomes, notably within-hospital maternal and perinatal mortality. The Activity will provide support at province, municipality, and health facility level to encourage routine tracking of such deaths and periodic review of cases to identify important remedial effort to reduce likelihood of such outcomes in the future. Over the first half of Year 2, Activity clinical staff will initiate work in at least four of the larger volume hospitals in the Activity area. They will begin by assessing current practices for documentation and review of maternal and perinatal deaths. If one or more are found to have a well-established practice of documentation and meaningful review of data and case-record detail—as a means of improving quality of care—Activity staff will work with counterparts from that facility to develop them as model site(s). We will then work with other health facilities supporting and encouraging routine recording/ documentation, and a meaningful process of periodic review, drawing on lessons learned from the model site(s). By the fourth quarter, we plan to assess functionality of mortality documentation, tracking and review in supported health facilities, and will initiate documentation of key lessons learned.

2.2.6 Determine effective recognition of exemplary QI efforts, and support introduction across the province. Health worker and health manager motivation is clearly an important driver of performance, and has an important bearing on quality of care. The Activity team will explore approaches to recognition or acknowledgement of exemplary performance that may be effective in improving motivation. Over the first two quarters, senior technical staff from the Kathmandu and Surkhet offices will work with Karnali Province MoSD health officials and other partners to articulate effective practices for recognizing and celebrating excellence in quality of care. This could include both formal recognition (e.g., certificates presented in public ceremonies) and use as a criterion for promotion decisions. Beginning in the second half of Year 2, we will work with provincial and municipal counterparts to

identify such cases of excellence and recommend them for formal recognition. Note that for this activity, we will investigate what linkages may be appropriate with existing performance assessment practices used in connection with the MoHP's annual review processes.

Sub-Result 2.3: Improved Patient Experience of Care

2.3.1 Collaborate with national and provincial level counterparts and other implementing partners to operationalize "patient/client experience of care" with a focus on women and marginalized populations. This will include basic physical needs (e.g., clean toilets, washing facilities, warmth, meals for patients and companions) and psychosocial needs (e.g., privacy, respectful care by health workers) and arrangements favoring social support (e.g., labor companion for childbirth). In line with WHO's renewed emphasis on the patient's experience of care in maternal newborn health services, the Activity will initiate work to better operationalize the "patients' experience of care" with counterparts from national and provincial governments, and other involved partners. The Activity team will focus on psychosocial needs, basic physical needs, and arrangements favoring social support. In the context of the Activity's work on quality of care and contributions national level QI discussions, senior technical staff will review current policies and standards to determine how adequate these aspects of care are reflected, and will work with government counterparts and partners to support necessary revisions.

2.3.2 Support development of maternity waiting home services, where appropriate. Ensuring adequate care for women with complicated or high-risk pregnancies is a particular challenge for those living in more remote areas in Karnali Province. The Activity will work with the provincial MoSD and more affected municipalities (notably those with more difficult access to comprehensive emergency obstetric and newborn care (CEmONC)-capable hospitals) to explore feasible arrangements for maternity waiting home services for such situations.

Over the first half of Year 2, senior technical staff will approach counterparts at the provincial MoSD and hospitals recognized as reliably providing CEmONC services to discuss the feasibility of arrangements for room and board for at risk women who are close to term. Together, they will develop affordable, sustainable solutions that are acceptable from a socio-cultural perspective. Although a dedicated infrastructure (i.e., a designated building) may be part of the solution, other approaches, such as payment for room and board in a local home, may also work. Over the first two quarters of Year 2, Activity staff will have one-on-one discussions with key government counterparts and social sector leaders, and will convene a small workshop to discuss the issue and brainstorm possible solutions.

2.3.3 Develop and introduce mechanisms to identify problem areas experienced by patients and ensure appropriate follow-up action (client exit interviews, suggestion boxes, social audit, citizen charter, user representation/ role on HFOMCs). The Activity team will support municipalities and health facilities to develop effective mechanisms enabling service users to flag significant performance issues, possibly including client exit interviews, social audit, and other similar mechanisms (please refer to activity 1.1.12). During Year 2, multi-disciplinary field teams will determine what mechanisms of this kind are currently in use in the Activity area, how well they are performing, and which practices show sufficient promise of sustained effectiveness at scale to warrant further support. We will also seek out lessons from experience with such mechanisms from other partners and other parts of the country. By the end of Year 2, the Activity expects to have developed a plan for work in this area.

2.3.4 Support provincial MoSD and municipalities to adopt appropriate GESI policies and practices. Activity field staff will work with counterparts at provincial MoSD and municipalities to review their policies and practices relevant to GESI and make needed changes to ensure alignment with Nepal’s national-level Health Sector GESI Strategy.

2.3.5 Work with counterparts at health facility and municipality level to ensure GESI issues are included in the mandate of QI/PI working groups and HFOMCs. Activity field staff will work with counterparts at hospital and municipality level to help ensure that GESI issues are included in the mandate of relevant committees and working groups (HFOMCs, QI/PI committees or municipal-level multi-sectoral GESI-related committees) and are actively addressed. Activity support will consist of orientation, coaching, and mentoring to these committees and working groups. One issue we will seek to integrate into the agenda of these groups is arrangements to ensure availability of female staff for women-friendly health services (please refer to activity 1.1.5). During Year 2, Activity field staff will work with counterparts from provincial MoSD to develop an approach to ensuring that GESI is considered in QI/PI initiatives.

3.0 Outcome 3: Improved Health Systems Governance in the in the Context of Federalism

As noted under the introduction to Outcome 1 activities, the Activity team will be working at federal, provincial, municipality and health facility levels to improve access to and utilization of equitable health services. Activities under Outcome 3 will focus on building the systems and management-related functions and capacity to ensure availability of basic services, and promote good governance and accountability in relation to the health sector. We will focus interventions to strengthen systems functioning and capacity for management of health service delivery at provincial and municipal levels. Our engagement with the MoHP, Ministry of Federal Affairs and General Administration (MoFAGA), and relevant technical working groups at national level will inform our technical support for development of policies and health program interventions at provincial level and below. We will assist counterparts in the MoSD of Karnali Province and Province 5, provincial/regional health offices, and municipalities to access and utilize health-related information and real-time data on health systems performance to make effective use of limited health human and financial resources. As noted earlier in the narrative, the Strengthening Systems for Better Health team will ensure collaboration and leveraging of technical and financial resources with development partners working on health systems and governance issues, namely, the Suaahara II Project, the Public Financial Management and Strengthening Project (PFMSP), the PSM project, UNICEF, WHO, UNFPA, and GIZ.

As described under Outcome 1, during this first full year of implementation the team will support the MoSD of Karnali Province and Province 5 to prepare and establish policies, acts, guidelines, and systems as needed and in close consultation and engagement with other stakeholders. By the end of Year 2, we will have contributed to further clarification of roles and responsibilities and strengthened management capacity among health managers and staff in the MoSD in both provinces, in municipalities across our geographic area of focus, and within new health coordination structures at district and/or division level as they evolve.

Sub-Result 3.1: Improved Governance and Accountability at Subnational Levels

3.1.1 Provide ongoing technical and managerial support to health teams in the MoSD of Karnali Province and Province 5 to assist with development of systems, procedures, and capacity for oversight of health issues in the respective provinces. The MoSD of both Karnali Province and Province 5 have expressed the need for technical support in setting up systems, procedures, and practices for fulfilling their responsibilities in relation to the health sector. While municipal councils will be ultimately responsible for delivery of basic healthcare services, the MoSD Health Departments at provincial level will play an important role in management and oversight of secondary hospital services and monitoring and ensuring the functionality of health systems. Provinces will also play an important role in the coordination of health services and provider capacity across the provinces, supply logistics for certain essential commodities and equipment, and management of health-related responses to emergencies and outbreaks. MoSD Health Departments will also play an important role in linking with the federal level MoHP for necessary technical support and guidance and allocation of funds. Under the leadership of the Provincial Team Lead, the Activity will provide ongoing assistance to the MoSD in both Karnali Province and Province 5 as they adapt national level systems to provincial needs, or develop new systems and procedures to meet the priorities for health systems and management oversight in the provinces.

We will explore the possibility of embedding the Surkhet-based Health Systems Strengthening (HSS) Specialist to the Health Department in Karnali Province's Social Development Ministry, to facilitate provision of hands-on assistance, mentoring, and capacity building for systems development and functioning. We are also proposing to add the position of an embedded HSS Specialist/Officer in Province 5, in direct response to a request from the Health Department in-charge in the MoSD in Butwal. Whether fully embedded or working from the Activity office, these staff members will be directly responsible for helping the provincial health staff identify needs for systems support – human resources management, health information, essential medicines supply and logistics, and planning, budgeting and budget execution – and to coordinate the technical support required to put these systems in place and ensure that they are functioning effectively.

3.1.2 Provide technical support to the Health Department of the Karnali Province MoSD for formulation and finalization of policies, legislation and regulations to guide health service delivery and access in the province (please refer to activity 1.1.3). As noted above, the Karnali Province MoSD has drafted a health policy for the province, and plans to develop an associated Act to provide a legislative basis for implementing the policy. The Strengthening Systems for Better Health team will provide requested assistance in review and finalization of the health policy, and will also ensure that the MoSD has the technical support required to draft legislation to accompany the new policy. Our focus in providing this assistance will be to help ensure that new policies and guidelines created for the province reflect actual local needs, priorities and conditions, as well as national level priorities already articulated in existing policies.

3.1.3 Facilitate wide public dissemination of newly formulated policies, plans, regulations and laws in Karnali Province, encouraging use of appropriate communication channels and media. With leadership from the Health Systems and Governance Specialist, Activity provincial and municipal teams will work with counterparts to facilitate wide dissemination of new policies, legislation, and information about health plans and programs

amongst the population. We will encourage the use of multiple communication channels – radio, internet, public meetings, posting of highlights in health facilities and public buildings, and the like – to inform the public of health policies and initiatives. Our focus will be to establish a foundation for transparency, productive exchange between responsible public officials and their constituents, and consideration of public feedback into planning and allocation of resources in the health sector.

3.1.4 Assess capacity amongst elected officials at provincial and municipal levels for oversight of health service delivery, allocation of resources in health and management of responses to health emergencies and outbreaks; plan and deliver training, mentoring and technical support accordingly to address gaps in capacity. The Strengthening Systems for Better Health team has actively assisted the DoHS in its efforts to roll out the health orientation package to municipalities in Karnali Province and Province 5. While the Activity is not in a position to support full orientation sessions, our short-term planning and budgeting consultants have promoted the guidelines for local planning and budgeting exercises this year, building on the work done by H4L to strengthen capacity amongst newly elected local officials for planning, budgeting, and resource allocation for health. Using the experience of these staff members, the Activity team will develop a brief profile describing the knowledge and skills required by elected officials to practice good stewardship for health resources and ensure optimal governance and leadership for the sector. This profile will be developed in collaboration with the administrative and technical staff responsible for management of health service delivery and health responses in emergencies. (Please refer to activity 1.1.11 for a description of our work to strengthen provincial level HEOCs. This will inform capacity building for emergency response at municipality level). Activity technical leads and multi-disciplinary teams will use this profile to facilitate participatory skills and capacity assessments with municipal councils and, as appropriate, at provincial level. We will then work with these counterparts to develop and implement plans to address gaps in capacity for stewardship of health resources and oversight of health programs and service delivery.

3.1.5 Assess capacity amongst managers and health staff at provincial and municipal levels for planning, management, and monitoring of health service delivery, appropriate deployment of resources in health, and response to health emergencies and outbreaks; plan and deliver training, mentoring and technical support accordingly to address gaps in capacity. This activity will focus specifically on skill building for MoSD Health Department leaders and staff, municipal level health coordinators, and health officials and managers who are assigned to evolving district or divisional level MoHP structures. Similar to the previous activity, our team will consult with counterparts at national, provincial, and municipal levels to articulate the skill sets required for these individuals and institutions to fulfill their responsibilities for planning, managing, monitoring, and reporting on delivery of high-quality, equitable health services. Provincial and municipal level Activity team members will then facilitate participatory capacity assessment exercises and develop concrete, multi-year capacity strengthening plans to address gaps in skill and practices. The team will initiate mentoring, training, and technical support activities accordingly, during the second half of Year 2, to address the most critical needs for skill development identified during the assessments.

3.1.6 Provide support, as appropriate, to the Social Development Committee of the Provincial Assembly, through packaging and presentation of health information and evidence in support of policy dialogue and decision making. Last year's election of provincial assemblies has created the opportunity for more local level engagement in and accountability for allocation and use of health resources. It will be important for the

Provincial MoSD to cultivate political support for health service delivery and rational allocation of health resources amongst provincial parliamentarians. USAID's Strengthening Systems for Better Health Provincial Team Lead will take responsibility for helping the MoSD articulate resource needs and report on health issues and progress in a manner that is understandable to assembly members and that responds directly to their interests and priorities. We will ensure that counterparts can make good use of Activity outputs such as the Provincial and Municipal Health Profiles, dashboard presentation of routine health information, reporting on budget execution, and accurate, timely reporting on outbreaks or other health-related emergencies in this regard.

3.1.7 *Compile relevant, successful examples of good governance practices from other sectors and tiers of government for adoption by provincial and municipal leaders as appropriate for the health sector.* The Activity's Health Systems and Governance Specialist will compile examples of tools and practices that are currently in use at national level and in other sectors to foster sound stewardship of health resources. Such practices include mobilization of HFOMCs, establishment of Community Awareness Centers and Ward Citizen Forums and Local Governance and Community Development Program initiatives that could be adapted for use by health officials at sub-national levels. As agreed with local counterparts, the Activity team will make the required modifications to tools and processes for adoption by provincial and municipal level health units.

3.1.8 *Based on prior experience and approaches used by Hospital Development Committees (HDCs), HFOMCs, and District and Village Development Committees, support development and functioning of robust feedback and response mechanisms for communities to engage with the health system; emphasis will be placed on providing meaningful voice to the concerns and issues faced by marginalized and disadvantaged groups in relation to health (please refer to activity 1.2.12).* Locally elected officials at provincial and municipal levels will play an important role in responding to citizen feedback on health service delivery. In recognition of this, the Activity team will review experiences and approaches used to date in working with HFOMCs and HDCs and encourage re-formation or continuation of such platforms to foster positive engagement between communities and local representatives. The multi-disciplinary teams will help to ensure a robust voice for marginalized and disadvantaged groups by engaging target groups to identify their needs through social audits and other mechanisms, using feedback forums to advocate with elected officials for better access to health services as appropriate. The Activity will provide support for results-based, inter-sectoral discussions at HFOMC, HDC and district/municipality coordination committee levels, incorporating evidence from routine data analysis of indicators disaggregated across key equity factors (i.e., geography, gender, caste, ethnicity, religion, wealth, where appropriate and possible).

3.1.9 *As permanent structures are established in the health system, provide technical support, as required, for clarification and revision of job descriptions of health functionaries in the context of the new structures, helping to ensure optimal allocation of human resources to meet management and service delivery needs (please refer to activity 1.1.4).* Currently, there is still uncertainty with regard to the future of MoHP management and coordination structures at subnational levels. While it is almost certain that the District Public Health Offices (DPHOs) will be dissolved at the start of the new fiscal year in mid-July, the MoHP has proposed to consolidate some of the critical functions of the 75 DPHOs into 35 Divisional Health Offices that would comprise logical clusters of the current district territories. These offices would continue to coordinate the functioning of such important systems as health information and reporting and supply and logistics of selected the essential

medicines. The Divisional Health Offices' proposed role in management of human and financial resources in the health system is less clear. This proposal is currently under consideration by the Cabinet of Ministers. Whatever the final outcome, there is likely to be a need for clarification and revision of roles, responsibilities, and job descriptions amongst all responsible institutions and individuals in the health system, to include managers and functionaries in the health units attached to provincial and municipal governments, as well as within the new MoHP structures. There will also be a need to ensure adequate coverage of service delivery oversight and management needs in municipalities with under 25,000 population, which are not eligible to have a dedicated "health coordinator/officer" under currently proposed organizational structures. Our Health Systems and Governance Specialist, Provincial Team Lead and other specialist staff will take on the task of helping to analyze management and oversight needs at each tier of the system, and facilitate consultative processes to articulate accountability, roles, responsibilities, and allocation of tasks across institutions and individuals engaged in the health sector at sub-national levels.

3.1.10 Support establishment and functionality of municipal-level health management committees, to include representation of all HFOMCs in respective municipalities.

USAID's Strengthening Systems for Better Health multi-disciplinary teams will work to support establishment or revitalization, in accordance with local needs, of multi-sectoral Health Management Committees at municipal level. Using examples from successful Village Development Committees or District Development Committees in the recent past, our team will work with municipal stakeholders to develop prototype terms of reference (ToRs) and proposed membership for the Municipal Health Management Committees. We will work with these nascent committees to adopt systems and practices to conduct productive meetings, undertake planning and progress review, and ensure support for local health service delivery.

3.1.11 Support revitalization of HFOMCs (ToRs, membership [advocate for representation from FCHVs and representatives of marginalized communities], regular meetings, problem identification and resolution processes, resource generation and management, etc.).

Similarly, in municipalities where the Activity is implementing the Core+ package of interventions, our field level teams will provide hands-on support for revitalization of HFOMCs. Building on the experience of previous projects in this regard (e.g., H4L, the Nepal Family Health Program), our team will help to update the ToRs as required, develop and implement orientation and capacity strengthening packages for HFOMCs, and provide the committees with tools and processes to support productivity and functioning.

3.1.12 Provide technical and operational support for planning and conducting regular, substantive, well-documented meetings to review health systems performance (please refer to activity 1.2.2). As discussed under Outcome 1, officials and staff at both provincial and municipal levels will need to institute their own cycle of regular health system review meetings, to assess performance, plan, allocate resources and take actions based on the information provided during the reviews. Using lessons regarding the strengths and weaknesses of previous health review meetings, the Activity team will support the Provincial MoSD to establish systems to prepare for and conduct periodic performance review meetings at municipality and provincial levels. As also noted above, the team will work closely with the HMIS section of Management Division and LMIS section of Logistics Management Division (or its equivalents) to harmonize efforts in these provinces with the national level review process and with reviews in other provinces. Any TA related to procurement, dissemination and tracking of essential medicines will be undertaken in close collaboration with the GHSC-PSM team, both in Kathmandu and with their Field Support Officers at sub-national levels.

3.1.13 Facilitate revitalization of citizen charters at province, municipality, and facility levels and ensure support to publish and post in facilities accordingly (please refer to activity 1.2.10). As noted under Outcome 1, an important link in governance and accountability in the health system is empowerment of consumers of health services with information on their rights, privileges, and duties in relation to basic, essential health services through a well-functioning health system. A key input in this regard in Nepal has been the citizen charters, the intention of which is to provide this information freely and visibly, to be posted in every office providing services to the public. Our provincial and municipal level staff will work with the MoSD and municipality counterparts, HFOMCs, and community representatives to do the following: (a) review and reproduce these charters as required for prominent posting in health facilities and other strategic locations; (b) facilitate public education sessions to ensure that the citizenry is aware of the contents of the charters (with a focus on marginalized or disadvantaged groups who face barriers to accessing health services); and (c) develop mechanisms for community representatives to provide feedback to HFOMCs or their elected representatives on the extent to which health facilities and providers are delivering on the commitments enshrined in the citizen charters.

3.1.14 Facilitate packaging and visualization of facility and municipal level health data (dashboards, infographics) and assist municipal and provincial health departments to ensure that the data is widely available to the public through appropriate communication channels. The Activity's Monitoring Evaluation and Learning (MEL) team will work closely with provincial and municipal level staff and counterparts to identify key performance indicators of special interest to the public – most likely a combination of health system functioning and utilization of critical services, such as ante-natal care, safe delivery, post-partum care, family planning and immunization. Our team will assist local counterparts to package this information in a user-friendly, easily understandable way and make it widely available to the public through print media, mobile technology, through the radio and otherwise. This is intended to have the dual effect of allowing citizens to participate in monitoring the performance of their local health facilities and service providers, and also to highlight good or poor health seeking behaviors. This has the potential to promote action on the part of local leaders to encourage better utilization of health services by community members and to spur health managers and service providers to address systems and facility-related barriers to service uptake.

Sub-Result 3.2: Annual Planning and Budgeting Systems Established and/or Strengthened at the Provincial and Municipal Levels

3.2.1 Provide ongoing technical support for execution of plans and budgets for fiscal year 2018/19 (current), with a focus on ensuring that resources are allocated and used in support of health service delivery and support, and that resources are being used to reach marginalized and disadvantaged groups and communities in accordance with plans. This activity relates closely to activities 1.1.2, 3.1.4 and 3.1.5 above. During May, June and early July of Year 1, our Planning and Budgeting consultants have assisted municipalities to develop health plans and budgets, aiming to make the most rational use of health resources available at the local level. During Year 2, ongoing technical support and capacity strengthening interventions at municipal level will be focused on helping the municipal councils and assigned health staff develop the systems and capacity required to implement their plans smoothly, making the best possible use of available human and financial resources, and evidence generated to the health information system, to reach even the most marginalized communities and individuals with basic health services. In the selected municipalities where Core+ package will be implemented, our multi-disciplinary teams will

spent considerable time assessing capacity needs and then providing ongoing coaching and mentoring in support of budget execution, generation and use of data to manage performance, targeting interventions towards poorly performing wards or facilities, and management of planned projects to improve availability or quality of health services.

The Activity team will provide support to the MoSDs and municipalities to prepare annual workplans and budgets for FY 2019/20 (as per 3.2.2) and to ensure that those plans reflect local health priorities including funds for quality improvements and disaster mitigation and response.

3.2.2 Provide technical and operational support, as required, for counterparts to follow the seven-step planning and budgeting process for fiscal year 2019/20, and produce plans and budgets that include optimal resources for health service delivery and programs.

USAID's Strengthening Systems for Better Health multi-disciplinary field-level teams will provide hands-on support for the budgeting and planning cycle during the final quarter of the coming fiscal year. This support will be focused on municipalities with continuing capacity gaps in this regard, using the lessons learned during this year's planning and budgeting process, performance data gathered throughout the year, information in the updated Municipal Health Profiles described under the previous activity, the realities of budget execution, and new emerging priorities during FY 2018/19. The planning and budgeting sessions for FY 2019/20 will also be strengthened by the process followed for the routine performance review meetings (please refer to activity 3.1.12), and we will make use of "model" plans and budgets for this year to promote best practices for producing realistic, rational plans and budgets for the coming year. We will work closely with provincial and municipal counterparts to promote development of plans and budgets that make the best possible use of available resources in the sector, and are well-balanced between routine delivery of basic essential services, ensuring the quality of clinical care (requiring skilled human resources, supplies and equipment and adequate infrastructure) and ensuring coverage and reach to the most disadvantaged groups and communities.

3.2.3 Through regular interaction with health coordinators, health committees, municipal councils and HFOMCs, facilitate generation and use of local financial and technical resources and in-kind contributions in support of delivery of basic health services. This intervention is focused on generation of additional resources for health service delivery, beyond what appears in the provincial or municipal Red Books, through local fundraising. Our team will encourage political leaders and HFOMCs to address gaps such as the need for small infrastructural improvements to a health post, safer housing for posted health workers, support for routine meetings of community health groups, or fuel for emergency transport, through solicitation of local donations or in-kind contributions.

3.2.4 Provide technical and operational assistance for development of partnerships between the public and private sectors, to support expansion of available resources in the health sector. (Please refer to activity 1.1.13) As discussed under Outcome 1 and below under the cross-cutting activities, the Activity team will engage private sector actors in Karnali Province and Province 5 to explore ways of improving MNCH/FP service access and utilization based on the findings of the Activity-supported assessments and resulting strategy. These will be informed by the approaches outlined in public-private partnership policies and guidelines adopted by the provinces and municipalities. Promotion of critical MNCH/FP services through private sector facilities will be based on their expertise and scope of practice, geographic accessibility, and potential to increase available options for the client population. The Activity team will explore possible reimbursement mechanisms between the

public and private sectors, in collaboration with provincial and municipal counterparts, considering experience and lessons learned from both Nepal (e.g., the Aama Program and social health insurance) and internationally to inform these discussions. By the end of Year 2, we expect to have a minimum of two public-private partnership arrangements defined, along with the tools, guidelines and agreement mechanisms required for the partnerships to function.

3.2.5 *Provide support for updating, packaging and publishing Municipal Health Profiles, in preparation for FY 2019/20 planning and budgeting.* Building on the experience of Health for Life in developing the Municipal Health Situational Assessment Reports, along with the planning and budgeting support provided by the Activity this year, our HSS Specialists and MEL team will work to simplify both the content and presentation of the Municipal Health Profiles, mirroring the Provincial Health Profiles (please refer to Activity 1.1.1) we will help produce early in the year. Our multi-disciplinary teams will facilitate consultative processes at municipal level to support both updating of this year's information with data from the first two quarters of FY 2018/19 and development of the capacity for keeping the profiles continuously updated going forward. As with the Provincial Health Profiles, we will introduce the use of both mapping software and digital displays (dashboards and/or infographics) to make the information visually palatable and interesting, and to facilitate easier dissemination and understanding of the data amongst the public. The final update of these profiles will feed into the planning and budgeting process of Nepal FY 2019/20 in May and June of 2019.

3.2.6 *Ensure that facility-level HMIS and eLMIS recording and reporting systems are functioning well, and municipalities are able to access and interpret accurate, real-time data in support of evidence-based planning and resource allocation.* Availability, analysis and use of accurate, real-time health information are essential to inform sound planning and use of resources in the sector, as well as day-to-day delivery of quality health services. As discussed under many of the activities above, and the cross-cutting section below on the use of data in support of evidence based programming, generation and informed use of data from the health information system is critical to all planning, decision-making, performance management and resource allocation in the health sector. With overall guidance from the Activity's MEL team, our Information Systems Officers will provide support at municipal and facility levels for generation and use of accurate HMIS and LMIS data. As the new federal structures are defined, and responsibility for compilation of health facility, entry into DHIS2, analysis of the data, production of aggregated reports, and dissemination and use of the analyzed data at various levels is assigned, our team will mobilize to assist at each level where capacity building is required. In municipalities with Core+ packages, we will promote accurate recording and reporting at community and facility levels, along with analysis and use of the data for planning and management by municipal level counterparts.

Sub-Result 3.3: Strengthen Management and Performance Improvement Processes

3.3.1 *In collaboration with counterparts, develop and publish integrated annual calendars of operations for provinces and municipalities.* Our Health Systems and Governance Specialist will work with the MoHP and MoFAGA at national level to gather information on key planning, management, monitoring, and reporting tasks throughout the fiscal year. This information will be collated in a calendar of operations to help provincial and municipal leaders and managers prepare themselves for key events and deliverables, in accordance with the overall government calendar. Activity senior management will ensure

that critical health management tasks are highlighted in the calendar, as well as useful information about such routine health interventions as immunization schedules, ante-natal care, birth planning and safe delivery, post-natal care, breastfeeding, child spacing and FP, weaning, nutritious foods and micronutrients, and the like.

3.3.2 Support relevant counterparts at provincial and municipal levels to develop and implement human resources planning and management policies for the health sector, to include processes for management of individual performance (please refer to activity 1.1.5). As noted under Outcome 1, a key systems barrier to ensuring availability of essential MNCH/FP services is limitation of skilled service providers at facility and community levels. Therefore, the Activity team will support the MoSD in Karnali and Province 5 to develop a realistic, prioritized, needs-based human resource mobilization and capacity building plan focusing on service readiness and provider skills to deliver MNCH/FP services. These plans will include both short-term measures, such as local contracting to fill critical gaps, as well as longer term planning for filling of permanent posts. Where providers who are already posted require refresher training or skills building on critical maternal and newborn interventions, the Activity will work with the Regional/Provincial Health Training Center (or its equivalent) to plan for and deliver training, as resources allow, and complement this training with follow-on mentoring from Activity staff and specialists from the Karnali Academy of Health Sciences. As noted under activity 3.1.9, the team will also carry out a comprehensive review of job descriptions to clarify roles and responsibilities. At the same time, we will explore the possibility of developing individual performance measurement and management practices to help managers hold service providers accountable for delivering on their job responsibilities and support reward and recognition of good performance.

3.3.3 Undertake desk review of standards and procedures for management of key systems functions – HR management, planning and resource allocation, essential medicines logistics and supply, health data generation and use, quality improvement, etc. In accordance with the new provincial health policies, work with provincial governments to establish management standards and performance measurements for key provincial functions outlined in the policies (Karnali Province and Province 5). This is the first step in application of the PI and management strengthening strategy that USAID's Strengthening Systems for Better Health team plans to introduce first at province level and in the next year, in selected municipalities. This process is designed to empower local actors to: (a) identify, lead, and own solutions; (b) use data to drive management decisions and improve program performance; and (c) address the root causes of underperformance.

USAID's Strengthening Systems for Better Health Activity will utilize STTA from Abt's home office to provide technical guidance and mentoring for initiation of the PI and management strengthening strategy in Nepal. Senior Capacity Building Advisor, Bonnie Kligerman, who has considerable experience in designing and implementing this approach, will travel to Nepal for this purpose.

Our team will undertake a desk review of management systems and processes that are currently in place to facilitate management and delivery of quality health services. Examples of these systems include the annual planning and budgeting (AWPB) process, periodic performance review meetings, financial management, human resource planning and management, QI approaches, essential commodities logistics and supply, and compilation and analysis of routine health information through the HMIS. In addition to guidelines for systems and published by the MoHP and MoFAGA, we will include an inventory of tools and

guidelines developed by the implementing partners supporting the various systems (e.g., drug logistics and supply, AWPB, financial management and accounting).

In collaboration with a core group of MoSD and Health Department counterparts, we will select priority management systems on which to focus. Then, using the existing standards and guidelines for each system, we will collaboratively develop performance standards that apply specifically to provincial level responsibilities in relation to each system. These standards will be used to create a performance-based self-assessment tool, which enables managers and responsible actors to systematically assess, in a series of consultative sessions, whether the following is in place:

- Availability of policies and guidelines for effective execution and operationalization of the system;
- Personnel knowledge and skills to manage and use the system;
- Implementation structures for efficient utilization of the system; and
- Processes, tools, guidelines, and aids for personnel to use the system.

3.3.4 Provide technical and logistical support for initial management self-assessment exercise at provincial level, to measure performance against agreed on standards, identify capacity strengthening needs, and develop tailored capacity strengthening plan. The Activity team will support facilitation of a structured discussion with the concerned group of provincial level staff and officials from the MoSD and its Health Department and relevant MoHP-associated offices at provincial level to determine the province's level of performance related to the standards included in the performance-based self-assessment tool, and to help the group uncover the root causes of any under-performance identified. This discussion will include senior and officer-level personnel from different functional, program, and support positions in order to understand different perspectives and angles on how the province as a whole is performing and why.

The team will use the results of the performance-based self-assessment to prioritize low performing functional areas and develop unit-specific action plans to address these performance gaps. Activity staff will work closely with provincial counterparts to develop these plans. We anticipate that action plans will include multi-method approaches to capacity strengthening integrating a variety of solutions based on need and applicability. Plans may include on-the-job training, short targeted workshops, coaching, cascading, peer-to-peer learning, instructor-led training, and learning clusters. Interventions to strengthen capacity will be carefully selected and designed to address identified gaps and challenges.

By the end of Year 2, we expect that these action plans will be in place and agreed on, and our team will have begun targeted capacity strengthening activities to address gaps identified in individual or institutional capacity for optimal functioning of the selected management systems.

4.0 Cross-Cutting Elements

4.1 Private Sector Engagement

As noted in USAID's Strengthening Systems for Better Health program description, the Activity team views the private sector as a critical actor in Nepal's health system, with the potential to influence the quality and reach of key MNCH/FP services. The GoN has

expressed its support and commitment for the private sector in various policies including the Nepal Health Sector Strategy (2015-2020) and the 2017 Partnership Policy for the Health Sector. These policies aim to provide opportunities for greater private sector interface and a platform for communication and consultation, to build trust, mutual respect, shared goals, and promote public private partnerships.

During Year 2, the Activity team will take a consultative approach to the collection, analysis, and dissemination of data on the private sector to encourage local health coordinators and municipal council members to view private providers as part of the overall health system, and as potential partners in meeting the health needs of women, infants, and families. We will build on the initial information, analysis, and recommendations contained in USAID Nepal's Health Private Sector Landscape Assessment (2017), national policy documents, and other research on the role of private sector in health service delivery to undertake two assessments to explore opportunities for engaging private providers in the provision of critical MNCH/FP services in Karnali Province. These assessments will enable us to better understand: a) the scope and reach of the private health sector in Karnali Province; b) the policy and regulatory environment for private providers; and c) opportunities and barriers for full engagement of private providers in delivery of key maternal and newborn services. USAID's Strengthening Systems for Better Health team will use the results of the mapping and regulatory assessments to inform the Activity's overall strategy for engaging with the private sector.

By the end of Year 2, we will have contributed to a deeper understanding of the legal and regulatory environment for the private health sector in Karnali Province, developed a broad list of private sector partners and their capacity, and supported the MoSD to create a private sector strategy outlining interventions to enhance both availability and quality of key MNCH/FP services.

4.1.1 Conduct legal and regulatory environmental assessment of the private health sector. (This activity is carried over from Year 1 workplan). In the first quarter of Year 2, the Private Sector Specialist will conduct a desk review of existing laws, regulations, and policies, and consult with key stakeholders at national and provincial level including the Department of Drug Administration (DDA), the NCDA, the Association of Pharmaceutical Producers of Nepal (APPON), and the Association of Private Health Institutions of Nepal (APHIN) to assess the legal and regulatory assessment. The review of the policy and legislative environment for the private health sector will articulate the following:

- Scopes of practice and facility types in the private health sector;
- Regulation of quality in-service provision;
- Requirements for continuing medical education;
- Regulations for drug registration, quality assurance requirements for drug imports, and post marketing surveillance;
- Scopes of practice and requirements of pharmaceutical distributors, wholesalers, and retailers;
- Systems of supervision of private sector supply chain actors including inspection and sanctioning of unauthorized drug shops;
- Procedures for investigating provider malpractice or operations of unregistered or unqualified providers;
- Data reporting requirements of all private sector health providers;
- Capacity of national and provincial authorities to reinforce existing regulations;

- Gaps between official policies and procedures and actual practices; and
- Roles of private provider associations in promotion or adherence to regulations, if any.

4.1.2 Conduct private health sector mapping assessment in Karnali Province. Using data collection tools similar to those employed for the Service Provision Assessment studies – GPS location, number of staff and their qualifications, equipment, infrastructure and client capacity – the Activity will undertake a mapping exercise to identify the location and capacity of private sector providers. We plan to capture the location and capacity of the following types of entities through this assessment:

- Private hospitals, clinics, and medical schools;
- Private drug shops and pharmacies (sources: Contraceptive Retail Sales (CRS) Nepal database and DDA registration);
- CRS supported Sangini providers (sources: CRS database and DDA registration);
- Pharmaceutical wholesalers and distributors; and
- Traditional medicine (ayurvedic, Tibetan, homeopathic) providers.

This activity is carried over from the Year 1 Workplan. We do not intend for this exercise to be an exhaustive census; rather, it is intended to provide a broad picture of the range of private providers and outlets across the geographic area of focus, to assist the Activity team and local counterparts to assess opportunities for engaging these entities to enhance both availability and quality of key MNCH/FP services.

4.1.3 Facilitate consultative meetings with concerned government and private sector stakeholders to disseminate the findings of the two Activity-led assessments. Once the Activity team finalizes the assessments, the Private Sector Specialist and Activity team will hold consultative meetings at national and provincial level with stakeholders from MoHP and the MoSD and private sector representatives from for example Federation of Nepalese Chambers of Commerce and Industry, Confederation of Nepalese Industries, APPON, and NCDA to obtain input for the development of the Activity’s private sector engagement strategy.

4.1.4 Using outputs from the assessments and consultative meetings, finalize a private sector engagement strategy for the remaining life of the Activity. Using information and data collected during the assessments and through the consultative meetings, the team will develop and submit to USAID a private sector engagement strategy detailing activities and initial interventions specifically focused on Karnali Province (carried over from Year 1 workplan). We anticipate that the private sector strategy will include the following:

- Potential opportunities for support of public private partnerships to expand availability and quality of key MNCH/FP services;
- Possible arrangements for co-financing health service delivery;
- Expansion of financing initiatives such as the Aama Program and social health insurance into the private sector;
- Mechanisms for referral of clients between public and private facilities; and
- Analysis of capacity gaps, skill development needs, and proposed interventions to address these needs

4.1.5 Support the Health Department of the MoSD to develop a public-private partnership policy and strategy for Karnali Province. As described under activity 1.1.3, the

Activity team will support the MoSD Health Department to adapt a range of key national level health policies for implementation at provincial level. To the extent possible, the Activity's Private Sector Specialist will work the appropriate authorities (presumably, in the Policy, Planning and Monitoring Division) in the MoHP to support finalization and endorsement of the 2017 Partnership Policy for the Health Sector. During Quarters 3 and 4, the Private Sector Specialist, working with provincial Activity team members, will support the consultative review of policies related to engagement of the private sector in delivery of critical public health services. The detailed outputs of the Activity-supported private sector assessments will also inform this review and adaptation of these policies for implementation in the province. The Private Sector Specialist will then support finalization of an implementation strategy to guide public-private partnerships in health. The strategy will outline priority activities, clear roles and responsibilities for the provincial government and private sector actors, and feasible timelines for development of partnerships.

4.2 Gender Equality and Social Inclusion

USAID's Strengthening Systems for Better Health Activity team views the inclusion of GESI strategies and interventions as foundational to the achievement of all three Activity outcomes. The team recognizes that geographical barriers and deeply rooted socio-cultural norms and practices often prevent vulnerable and marginalized populations in the Activity geographic target area from effectively accessing and utilizing health services. The 2016 Nepal Demographic and Health Survey listed the impact of some of these barriers as follows:

- Among the provinces, use of antenatal services from skilled providers was lowest in Karnali Province (73%);
- Disparities according to socioeconomic characteristics persist and women in the highest wealth quintile (96%) and the highest education category (95%) are more likely to receive antenatal services from a skilled provider than their counterparts in the lowest groups (74% and 73%, respectively);
- Births to women in the highest wealth quintile were more likely (90%) to occur at a health facility than births to women in the lowest quintile (34%);
- Nepal's transition to federalism poses an additional challenge in that the roles and responsibilities of local government and existing line agencies are not clear; and
- Limited capacity of health service providers to ensure privacy, confidentiality, and respect to clients irrespective of their socio-demographic status impacts the use of health services by marginalized and vulnerable populations.

Despite these challenges, the current climate offers many opportunities to strengthen the foundation of GESI in Karnali Province and the Activity's three contiguous districts in Province 5. Nepal's transition to federalism offers the Activity team an opportunity to work with new leaders at provincial and municipal levels to clarify roles and responsibilities for the management and delivery of health services. Further, the GoN in general and the MoSD in Karnali Province are committed to safe motherhood, newborn and child survival, and reproductive health. Finally, the Activity team can closely collaborate with other USAID projects such as the Suaahara II project (working in eight of USAID's Strengthening Systems for Better Health Activity districts) and leverage the work of other stakeholders at the local level to address social and cultural barriers, develop appropriate demand generation activities, and support training in provider's attitudes and approaches to care.

For the Year 2 workplan, we have strategically integrated proposed GESI activities under each outcome. Activities address inequality and consider GESI from activity design to implementation by addressing both increases in demand amongst marginalized populations and enhancement of service quality to address the needs of these populations. We will address factors such as socio-cultural practices, beliefs, gender norms and values, economic and social status, ethnicity and caste-based discrimination and geographical differentiates to ensure improved access and utilization of health services. The Activity will collaborate closely with municipalities and health facilities to overcome geographical barriers through strengthening outreach programs.

Activity 4.2.1: Sensitize all Activity staff and partners on all aspects of GESI and how they are linked with national priorities. Once USAID's Strengthening Systems for Better Health Activity is fully staffed, we will coordinate with local GESI experts, as well as USAID Nepal's Gender Advisor, to implement training in GESI for all staff as part of their orientation to Activity practices and norms. This training will also address integration of GESI approaches into Activity strategies and interventions.

The following GESI-focused activities are integrated into the Activity's three main outcomes above. Please refer to the text under the outcomes for activity descriptions:

- ***Activity 1.1.7:*** Sensitize policy makers, programmers, and service providers on GESI and its importance for equitable service delivery and utilization:
- ***Activity 1.1.3:*** Support the Health Department of MoSD in Karnali Province to develop necessary policies focusing on reaching the unreached, referral mechanisms, public-private partnerships, integrated service delivery approach, human resource deployment and management, and extension of services targeting underserved areas and populations.
- ***Activity 1.2.1:*** Finalize and disseminate barrier analysis of MNCH/FP service utilization in Karnali Province using data from different sources including gender analysis, social cultural analysis.
- ***Activity 1.2.9:*** Revitalize/organize group interactions and discussion sessions focusing on MNCH/FP services in close collaboration with municipalities and health facilities primarily in low performing areas. Examples include Health Mothers' Groups, traditional healers, in-laws/decision-makers, community awareness sessions, and interactions between satisfied clients and non-users, school health sessions, and HFOMCs.
- ***Activity 2.3.1:*** Collaborate with national and provincial level counterparts and other implementing partners to operationalize "patient experience of care" with a focus on women and marginalized populations. This will include basic physical needs (e.g., clean toilets, washing facilities, warmth, meals) and psychosocial needs (e.g., privacy, respectful care by health workers) and arrangements favoring social support (e.g., labor companion for childbirth)
- ***Activity 3.1.11:*** Support revitalization of HFOMCs (ToRs, membership [advocate for representation from FCHVs], regular meetings, problem identification and resolution processes, resource generation and management, etc.).

4.3 Data-driven and Evidence-based Programming

Data-driven and evidence-informed decisions are vital for the successful management and delivery of quality health services. Focused attention to data and evidence helps policy

makers and program implementers identify program priorities, allocate limited resources wisely, and ensure accountability. USAID's Strengthening Systems for Better Health Activity will leverage the GoN's commitment "to improve availability and use of evidence in decision-making at all levels" as articulated in the Nepal Health Sector Strategy (2015-2020).

As decision making devolves to lower levels, there is a growing realization of the lack of appropriate data at sub-national level to inform province and municipal policy and programs. Provincial and local government representatives realize the need for robust systems to coordinate, collect, compile, analyze, and communicate data for their needs. In Year 2, USAID's Strengthening Systems for Better Health Activity will contribute to the achievement of increased data-driven decision making by supporting health sector stakeholders in the Activity's geographic target area to adopt a culture of data use in planning, management, and monitoring of health service delivery, and make use of evidence-informed quality improvement approaches. This support will ensure the allocation of resources for health at provincial and local levels is guided by strategic analysis of high-quality data on performance, health status and outcomes, coverage, facility readiness, and quality of care.

The Activity team, particularly the Information Systems Specialist and multi-disciplinary teams will direct all efforts at institutionalizing the use of evidence. With strategic technical direction from the MEL Director, the information officers will work in close coordination with the Provincial MoSD and health staff at provincial and municipal levels to strengthen the capacity of managers and health staff to use data to effectively target and address health system bottlenecks or barriers and to address equity concerns. Our technical support will lead to the generation of high-quality data from health facilities and improved completeness, accuracy and timeliness in reporting, analysis, and use of data. We will use periodic review meetings at provincial and municipal levels to present and discuss results, identify gaps, and develop plans for improvement.

As described in activity 1.1.1, in consultation with stakeholders, the Activity team will develop provincial and municipal profiles using data from various sources such as routine health and logistics information system, surveys, assessment and other secondary sources. The Activity team will also promote a data driven QI/PI approach at municipal and provincial levels (please refer to activity 2.1.2). The Activity MEL Team and Information Systems Specialist will routinely track the results of QI efforts implemented at health facilities and present findings to the QI-related reviews at municipality and provincial level. This support will help develop evidence-based action plans to incorporate into municipal health plans making the most efficient use of limited resources to address gaps.

Internally, the Activity team will practice using data for evidence-based design, planning, and implementation of activities. This will include using existing results, program experience, and proven best practices. We will also use evidence in the articulation of the theory of change and logic model, and will continually test our assumptions over the life of the Activity. The team will analyze and interpret equity-sensitive indicators and disaggregated and geo-coded data to ensure appropriate targeting and reach and to ensure equitable results particularly for marginalized and disadvantaged populations (please refer to activity 1.1.7 and 2.1.3). Our MEL and management approaches enable adaptive management, with provision for substantive pause and reflect to review and refine our assumptions and strategies. We will use innovative rapid-cycle learning to generate timely evidence around implementation approaches, and identify opportunities to take successful approaches to scale (please refer to Activity 5.4).

The Activity team has integrated the cross-cutting element of Data Driven and Evidence-based Programming into Outcomes 1-3 above. Below, we highlight additional cross-cutting activities the team will carry out during Year 2.

Activity 4.3.1: Facilitate supply and support proper use of facility-based recording and reporting tools. Update facility-level information of HMIS tools, inform and encourage municipality and/or health program coordination bodies to ensure timely supply. Provide orientation and coaching for new and untrained staff to use HMIS tools. With leadership from the Information Systems Specialist, our field level teams will work with municipal health offices to strengthen the HMIS at facility and municipality level. In facilities with IT capacity and connectivity, support initiation of direct entry of monthly HMIS reports into the DHIS2 platform, increasing and strengthening private sector reporting, routinely reviewing HMIS reports, and providing timely feedback. For facilities still using paper-based forms, we will build the capacity of municipal level health staff for data entry into DHIS2. In introducing direct electronic reporting from facility level, we will draw on the experience and capacity building approaches developed by GIZ and other partners for this purpose.

Activity 4.3.2: Provide technical support for the use of LMIS reporting system in the changing context. Encourage routine inspection of logistic and commodities and update in digital systems. Working closely with the PSM project, the Information Systems Specialist will promote the expanded use of eLMIS. Through regular technical assistance at the local level, the Activity team will encourage elected leaders and municipal officials to use HMIS and LMIS data during ward-level and municipal planning processes.

4.4 Collaboration and Synergy

One of the key principles of USAID's Strengthening Systems for Better Health Activity is to promote a spirit of collaboration and synergy between the Activity, the GoN, and other national and international development partners to harmonize efforts to improve MNCH/FP outcomes and maximize impact. The Activity's overall approach to implementation entails working with and through existing health systems, while providing technical support to improve the functioning of these systems and the strengthen the capacity of responsible individuals and institutions. We will work in close consultation with our GoN counterparts at national, provincial, municipal, and facility levels to ensure that our technical support is addressing the critical priorities that we identify together, and to empower local stakeholders to identify, lead, and own solutions.

As part of our capacity strengthening efforts, we will help new provincial and municipal councils to coordinate the inputs of implementing partners as they plan and manage delivery of quality health services. The Activity team will also support counterparts to use annual planning and budgeting cycles and quarterly performance review meetings to ensure that partner resources are allocated appropriately, duplication is minimized, and that local partner representatives are addressing GoN priorities.

USAID's Strengthening Systems for Better Health team recognizes that achieving improved health outcomes, especially within the dynamic context of federalism, will only be possible in close collaboration with stakeholders at all levels of the system. This collaboration will economize resources, enhance opportunities for problem solving, enable the sharing of best practices, and foster transparency, synergy, and complementarity of approaches. Building on activities begun in Year 1, we will continue to enhance coordination at the national level through regular engagement with other major development and implementing partners, and through participation in strategic technical working groups and other Ministry-led partner

forums. Through existing MoHP initiatives, we will coordinate with other USAID implementing partners as well as UNICEF, UNFPA, and WHO on development and refinement of technical guidelines and protocols for MNCH/FP interventions, and collaborate at subnational level to support implementation of these guidelines. We will work with NHSSP, GIZ, and USAID's implementing partners to build on and roll out selected national-level policies and systems interventions at subnational level.

To enhance synergy with other projects in Karnali Province, we will work closely with partners including UNICEF, Save the Children, GIZ, and USAID's Suaahara II, SIFPO/FPAN and SIFPO/MSI, and Breakthrough Action projects. The team will share plans and approaches, leverage resources, coordinate on implementation approaches in areas of geographic overlap, minimize duplication, and ensure synergy in relations to technical and clinical interventions.

As highlighted above, we pay close attention to collaboration with counterparts and partners throughout all of our activities under Outcome 1, 2, and 3. Below, we list examples of activities that will enhance collaboration and synergy during Year 2.

4.4.1 Support the MoSD to establish a functioning stakeholder collaboration mechanism such as a “provincial health coordination team.” Provide facilitation and secretariat support for coordination meetings, to include all health EDPs, implementing partners, and large non-governmental organizations working in Karnali Province. As discussed above, the Provincial Team Lead and technical staff at province level will support the MoSD's Health Department to establish a functioning partner coordination mechanism to foster cooperation, information sharing, leveraging of human and technical resources across partners, and addressing gaps in technical support where they exist. Activity support could include playing a facilitation and secretariat role, developing relevant agendas, and helping the Health Department collate and present information on health service delivery and challenges in the province. Our team will take a capacity building approach to this activity with the intention of fully handing over leadership and facilitation of the coordination mechanism to provincial counterparts in future years.

4.4.2 Develop and support process for joint monitoring visits by MoHP, MoFAGA, provincial MoSD and Health Department officials and technical staff members. During Year 2, the Activity provincial team will plan and coordinate a minimum of two joint monitoring visits to district and municipal level health facilities. Ideally, these visits will involve a mix of technical and administrative officers from the MoSD and its Health Department. These visits will enable the senior officials to monitor the process of service delivery and provide mentoring and oversight as appropriate. They will also help to generate a deeper understanding of the issues, challenges, and systems bottlenecks faced by frontline service providers in their efforts to deliver quality MNCH/FP services. Activity staff will plan these visits in collaboration with the MoSD and will provide support for travel logistics, liaison with visit sites, and recording and reporting.

4.4.3 Serve as the “point of contact” between the Minister of Social Development of Karnali Province and all USAID health partners implementing activities in the province. At the request of the MoSD of Karnali Province and USAID's Health Office, our Provincial Team Lead, Hom Nath Subedi, will serve as a point of contact for communication between the MoSD and USAID's health implementing partners in the province.

5.0 Monitoring, Evaluation and Learning

USAID's Strengthening Systems for Better Health Activity approach to MEL is designed to be cost-effective, accurate, reliable, and timely. In Year 2, the MEL team will establish the systems for project performance management that includes finalizing indicators, developing tools, orientation and coaching, initiating routine performance monitoring, implementing data quality assessments, carrying out assessment, evaluation and ensuring reporting. These efforts will both measure the effects of the Activity's work and generate evidence within priority technical areas. In this work plan period, the MEL team will work closely with the Activity Senior Management Team and program staff to ensure that the MEL Plan is used to guide implementation and to inform evidence-based modifications to approaches. The MEL team will also work closely with provincial government counterpart and stakeholders to identify learning agenda to use rapid-cycle learning approaches. The team will also promote collaborating, learning and adapting (CLA) framework within the project cycle. The project MEL activity will proactively promote use of technologies such as databases and GIS for data management, visualization and enhanced communications for the project activities.

In Year 2, we propose implementing the MEL activities and strategies listed below.

5.1 Complete health profile after conducting field assessment, analyzing data from various secondary sources such as Health Facility and Municipality HMIS data from FY2017-18, H4L Health Facility Readiness Endline Survey (as described in activity 1.1.1), NDHS 2016 and NHFS 2015. As we receive more data and information from various sources especially after completing the assessments and completion of HMIS fiscal year reporting, the MEL team will continue working on secondary data analysis to update and complete profiles for target geographical areas. This information will also be useful for providing support to the MoSD Health Department to prepare and update Provincial Profiles.

5.2 Oversee completion of Health Facility Readiness Assessment (in Humla, Mugu and Dolpa districts). Data collection for the Health Facility Assessment in Humla, Mugu, and Dolpa was initiated in June 2018 after receiving Ethical Review Board approval from Nepal Health Research Council, Institutional Review Board, and Abt Associate's internal procedure. The MEL team will submit the final report of the assessment in August 2018. The MEL team will continue to oversee the data collection process, analysis, and report writing. The team will then merge data sets with the assessment carried out by H4L Project and analyze it for Activity use.

5.3 Update MEL Plan when there are new baselines available for remaining indicators as well as when there are any new indicators that may be emerging per future needs. Once the aforementioned data become available from various sources, the MEL team will update the MEL Plan with new and updated baselines.

5.4 Actively engage with partners and stakeholders at national, provincial, and municipal level to develop learning agenda for the Activity. The MEL team will work closely with Senior Management Team and Program Staff, provincial government, stakeholders and USAID's MEL activity to develop and finalize a learning agenda. The agenda will be shared in USAID's annual learning summit. For selected learning agenda priorities, we will aim to use rapid-cycle learning approaches to enable timely evidence generation to inform programming decisions.

5.5 Development and roll out data collection tools and standard operation procedures across the Activity to collect data needed for the MEL Plan. During first half of the year, the

MEL team will be engaged in developing data collection tools for tracking all level of activities implemented across the project. In Year 2, the MEL team will develop a package of standard operation procedures and job aids.

5.6 Conduct requirement analysis, design, test and roll-out of Activity-specific instance of DHIS2 for routine data management. USAID's Strengthening Systems for Better Health Activity has already initiated exploring the potential preparation of a ToR for developing DHIS2 as a routine data management platform for the Activity. In Year 2 period, MEL team will hire expert consultant to conduct requirement analysis, design, and test and roll-out the instance.

5.7 Conduct MEL training with core Activity staff to orient team on importance of results-based programming, performance monitoring, and adaptive management. After development of project performance management and monitoring systems, the MEL team will draw on technical support from USAID's MEL Activity, as appropriate, to provide necessary training and orientation to Activity program staff on the overall MEL plan including guiding principles, indicators, and the use of tools and approaches. The training will also involve orientation on guidance on government's HMIS, eLMIS, latest updates in relation to indicators, tools and database.

5.8 Conduct quarterly and semi-annual review of progress with team, in groups and through on-site field monitoring. As part of strengthening monitoring performance and promotion of data use for program decision making, the MEL team will provide support in conducting quarterly and semi-annual reviews of Activity interventions with the team at national, provincial, and municipal level. The frequency and level of support will be determined in collaboration the Activity team at national and provincial office.

5.9 Conduct internal data quality assessments of Activity internal data on semi-annual basis. In coordination with provincial and municipality multidimensional team, the Activity team will develop mechanisms and tools for routine implementation of data quality assessments for all PMP and PPR reports indicators. The MEL team will provide necessary orientation to staff and ensure that data are properly verified and documented before reporting to the next level.

5.10 Ensure preparation and collection of routine reports for timely reporting to USAID on quarterly, semi-annually, and annually. Share updates with USAID, provincial, and national government stakeholders and others on regular basis. The MEL team will actively engage in timely collection of routine data, ensuring quality and availability for relevant Activity staff to write periodic reporting in a timely manner. The team will also share updates with USAID, Activity counterparts, and other stakeholders as appropriate, ensure that data is uploaded into USAID's Data Information Solution (DIS) and TrainNet platforms, and comply with USAID's PPR reporting requirements in October of each year.

5.11 Promote use of evidence and communicate best practices through participation in national level M&E technical working groups. USAID's Strengthening Systems for Better Health Activity will support health sector M&E functions through direct HMIS support, as well as through robust participation by the M&E team in the sector's M&E Technical Working Group and other subgroups. The Activity team will also collaborate with other USAID implementing partners to identify opportunities for coordination, collaboration, and complementary MEL approaches. Opportunities will be utilized to promote use of evidences and communicate best practices documented from implementation of project activities at various levels.

6.0 Management and Operations

6.1 Complete Establishment of Project Offices

6.1.1 Complete set-up of all Activity operations in Surkhet, to include banking, establishment of relationships with local counterparts and vendors and adaptation, as required, of refine financial management, human resource management and project operational systems. USAID's Strengthening Systems for Better Health Finance and Administration team has identified suitable, cost-efficient office space in Surkhet, to house the provincial team and support operations throughout the Activity's area of geographic focus. By the start of Year 2, the Provincial Team Lead and several key support staff will have been posted to the Surkhet office. During the first quarter of the year, the Team Lead will coordinate activities necessary for supporting full operations in the province and in our target municipalities, including banking, routine procurements, communications, maintenance of Activity vehicles and the like. Building on the initial orientation provided to provincial and district-level officials, the team will also undertake systematic engagement with key counterparts and stakeholders, to ensure development and maintenance of good working relationships with the MoSD of both Province 5 and Karnali Province, relevant technical staff, MoHP and MoFAGA staff and structures in the provinces, and other key administrative officials, such as the Chief District Officer and the head of the District Coordination Committee. Finally, our Finance and Administration team will ensure that safety, security, and emergency response measures are in place, and that all Activity staff are provided with the training and resources required to undertake these measures when necessary (please refer to activity 6.4.1).

6.1.2 Identify and equip touchdown office space in all working districts, ideally co-locating with the local health units, municipalities or other counterparts. USAID's Strengthening Systems for Better Health program description calls for our district/municipality level multidisciplinary teams to be housed within counterpart offices, to the greatest extent possible. While these staff members will be very mobile in nature – spending at least 70 percent of their time providing on-site technical support at municipalities and facilities across their assigned geographic areas – each team will have a “home base.” The Activity will negotiate with Municipal Councils, former District Public Health Offices or Divisional Health Offices, or other relevant local structures to allocate a room to serve as office space in these “home base” locations for our multi-disciplinary teams. We will equip these spaces with basic office furniture and equipment (shared scanner/printer), facilitate internet connectivity, and undertake any minor repairs (painting, electric wiring and the like) required to make the offices functional.

6.1.3 Complete all major procurements: vehicles, motorcycles, IT and office equipment and furniture for Kathmandu/Surkhet/Municipality offices. On signature of USAID's Strengthening Systems for Better Health Activity Implementation Letter in June 2018, the Activity Finance Team initiated steps to complete procurement and import of the remaining computer equipment and four-wheel drive vehicles and motorbikes budgeted for under the Cooperative Agreement. We anticipate that all of these items will arrive in country and be cleared from customs within the first quarter of Year 2.

6.2 Complete Recruitment and Hiring of Activity Staff

6.2.1 *Identify qualified candidate for remaining key position and seek USAID approval.*

Abt and Save the Children continue to try to identify a qualified Nepali professional to fill the remaining key position of Senior Technical Advisor. We anticipate being able to put a qualified candidate forward to USAID's approval by mid-July (the beginning of this workplan period). In the event that we are not able to identify a suitably qualified individual at a reasonable rate of compensation, we will request USAID to discuss either changing the qualifications for the key position or removing the "key personnel" designation from the position, so that we can recruit from within a wider pool of local MNCH/FP professionals.

6.2.2 *Complete recruitment and hiring of full provincial and municipal level technical and administrative support teams.* By the beginning of the Year 2, we expect to have identified all technical and administrative staff for the Surkhet-based provincial team (the interviews for these positions are currently taking place). During the first quarter of Year 2, the Activity team – to include MASS and the KAHS – will undertake integrated recruitment to fill the 30 positions on the Activity's multi-disciplinary, field-based technical assistance teams. We anticipate having these team members on board and fully oriented to the Activity, along their respective roles and responsibilities, by the end of the first quarter. Full posting of these teams to their respective districts and municipalities will be completed during the second quarter of Year 2. We have included a full organizational chart for the Activity in Attachment 3.

6.3 Develop and Submit All Contractual Deliverables, including Year 3 Workplan

6.3.1 *Disseminate tailored versions of the Year 2 workplan to key GoN counterparts at all levels; obtain feedback and endorsement.* The Activity Workplan for Year 2 has been developed in a very consultative manner, and we have attempted to address the priorities and preferences of a wide range of counterparts and stakeholders while planning our activities. In order to continue the consultations and foster understanding and endorsement of the plan, Activity staff at national, provincial, and field levels will hold briefing meetings with key counterparts to share summaries of the workplan for the year. We will tailor these summaries to highlight the activities of most interest to specific counterparts. For example, when orienting the Family Health, Child Health and Curative Services Divisions, we would focus on activities designed to directly improve the quality of clinical services and expand availability of critical MNCH/FP services. When disseminating the workplan at provincial level, we will highlight the activities designed to strengthen the ability of the MoSD Health Departments to plan, manage, and oversee health service delivery and management of emergency response from provincial headquarters level. Many municipalities have requested that our team members articulate the level of technical support and resources the Activity expects to provide over the coming year to help the specific municipal council meet the health-related needs of their constituents. Hence, after preliminary agreement from USAID on the parameters and focus of the Year 2 workplan, the team will systematically share the plan with counterparts in this manner, in order to promote mutual understanding and collaboration going forward.

6.3.2 *Hold consultations with USAID, GoN counterparts at all levels and other implementing partners and external development partners to review Year 2 activities and results and obtain input for establishing Year 3 priorities.* USAID's Strengthening Systems for Better Health Activity MEL plan is designed to capture performance data on an ongoing

basis, to allow Activity managers to track progress against plans and understand what is working and where plans may need to be shifted to achieve intended results. This performance data will feed into the planning process for Year 3, during the third and fourth quarters of this workplan year. In addition, Activity leadership at national and provincial levels will plan and conduct a series of feedback sessions with government counterparts and other stakeholders and partners. During these sessions, we will share Activity performance data and obtain input on the extent to which our interventions are helping the MoHP, provincial level MoSD and Health Department counterparts, and municipal leaders manage their priorities and address the health needs of their constituent populations. The output from these discussions will feed directly into our planning for the following year.

6.3.3 Conduct consultative workplanning sessions and draft and submit Year 3 Workplan to USAID for approval. Building on the format established for obtaining stakeholder input into plans and priorities for the Year 2 workplan, and using the outputs from the consultations described in the previous activity, the Activity team will host a similar planning workshop during Quarter 4 of this workplan year. The output from this final planning meeting will directly inform USAID’s Strengthening Systems for Better Health Activity workplan for Year 3, which we will prepare and submit for USAID approval during the final month of Year 2.

The following activities appear in the activity matrix, and represent the routine deliverables that the Activity team will prepare and submit to USAID over the course of Year 2:

- **Activity 6.3.4:** Prepare and submit Annual Report for Year 1
- **Activity 6.3.5:** Prepare and submit Year 2/Quarter 1 Progress Report
- **Activity 6.3.6:** Prepare and submit Year 2 Semi-Annual Progress Report
- **Activity 6.3.7:** Prepare and submit Annual Inventory Progress Report
- **Activity 6.3.8:** Prepare and submit Year 2/Quarter 3 Progress Report
- **Activity 6.3.9:** Submit Annual Tax Report to USAID

6.4 Staff Orientation and Training

6.4.1 Conduct in-depth orientation sessions on program and operations (including USAID rule and compliance requirements and safety and security) for all full-time and Activity staff and senior managers/contributing staff from consortium partners. During the final quarter of Year 1, USAID’s Strengthening Systems for Better Health Senior Management Team will conduct a three-day orientation session for Kathmandu and Surkhet-based technical and administrative staff, to ensure that all team members have full understanding of the Activity priorities, goals, outcomes and implementation approaches, along with their assigned roles and responsibilities. The sessions will also cover Activity operations systems, along with rules, regulations, and procedures we will follow to ensure compliance with USAID and organizational policies for reporting, financial and human resources management and stewardship for Activity financial resources and physical assets. We will hold a similar staff orientation event during the latter part of Quarter 1 of Year 2, to cover remaining provincial staff and our field-based multi-disciplinary team members, once they are fully on board.

6.4.2 Conduct all-staff team building and wellness event. The Activity’s Senior Management Team proposes to hold a staff wellness and team-building event during Quarter 2. This meeting will most likely be held in conjunction with the second staff orientation session described under the previous activity, and will include all program and administrative staff.

Attachment 1: Short-Term Technical Assistance Plan

The following short-term technical assistance – both travel and labor – are included in the approved budget for the Year 2 period of performance (July 16, 2018 – July 15, 2019).

TA Provider	Scope of Work	Timeframe	Deliverables
International STTA			
Dr. Neena Khadka, Newborn Health Advisor (Save the Children)	<ul style="list-style-type: none"> • Provide review and technical support for newborn care interventions, bringing lessons from international best practices • Assess the quality and availability of secondary level newborn care services and provide recommendations for Activity interventions • Ensure complementarity and leveraging between Activity and MCSP newborn care interventions 	Quarter 2	Comprehensive, multi-year design for Activity newborn health interventions
Bonnie Kligerman, Senior Capacity Building Advisor – or – Daniel Lee, Senior Associate (Abt)	Provide technical support for introduction and facilitation of Management Systems and Performance Improvement initiative (Activities 3.3.3 & 3.3.4)	Quarter 2 & Quarter 4	Management Systems and Performance Improvement approach customized for Nepal; introduced at provincial level and endorsed by provincial level MoSD and other key counterparts
Dr. Stephen Hodgins, Senior MCH Advisor (Save the Children)	<ul style="list-style-type: none"> • Support the design and implementation of consultative process to develop the Year 3 Workplan • Contribute technically to the development of the Year 3 Workplan, with a focus on MCH and QI interventions 	Quarter 4	Year 3 Workplan
TBD Consultant, Quality Improvement (regional; Save the Children)	Provide technical support for review and harmonization of various QI systems and approaches	Quarter 1	Report on analysis of QI approaches in Nepal's health systems and recommendations for synergy and harmonization of approaches
Kathryn Stillman, Monitoring, Evaluation & Learning Advisor (Abt)	<ul style="list-style-type: none"> • Support in-country MEL team to finalize learning agenda and design implementation research initiatives accordingly • Provide technical support for introduction and initiation of RCL process 	Quarter 2 & Quarter 4	<ul style="list-style-type: none"> • Agreed-on learning agenda for Activity and proposed design for initial OR activities • RCL process designed and initiated

TA Provider	Scope of Work	Timeframe	Deliverables
Deborah Ventimiglia, Technical Project Officer (Abt)	Support synthesis and finalization of Year 2 Workplan	Quarter 4	Year 3 Workplan
Nicole de Gier, Portfolio Manager (Abt)	<ul style="list-style-type: none"> • Provide contractual and management oversight for Activity • Provide support for design and implementation of Activity Semi-Annual review meeting and contribute to development and finalization of Semi-Annual Report 	Quarter 3	Year 2 Semi-Annual Progress Report
Rachael Holtzman, Award Manager (Save the Children)	Provide support to Save the Children Country Office in contractual and financial management of sub-award	Quarter 2	
Local STTA			
TBD consultant(s), Senior Health Policy and Legislative Expert (Abt)	<ul style="list-style-type: none"> • Provide ongoing technical support for review of national level policies for adaptation and roll-out of policies at provincial level (Activities 1.1.3 & 3.1.2) • Provide advice for and input to private health sector policy and legislative review (Activity 4.1.1) 	Ongoing	<ul style="list-style-type: none"> • Agreed-on process for review and adaptation of health key health policies at provincial level • Policy drafts and recommendations • Report on assessment of the policy and legislative environment for the private health sector
TBD consultant, Information Systems Expert (Abt)	Design and set up Activity M&E database on DHIS2 platform; perform necessary customization	Quarter 1	Activity M&E Database
TBD consultant, Data Visualization/GIS Mapping Expert(s) (Abt)	Design and produce data visualization platforms as required for presentation of M&E data, provincial and municipal health profiles and provincial and municipal HMIS data	Ongoing	GIS Maps, dashboards, infographics
TBD consultant, Senior Public Health Advisor	<ul style="list-style-type: none"> • Review all output from FCHV studies and resulting journal articles • Develop and finalize FCHV policy paper for review and consideration by MoHP and other stakeholders 	Quarter 1 & Quarter 2	Finalized FCHV Policy Paper, with recommendations for future support of the FCHV cadre in Nepal's health system

Attachment 2: Year 2 Workplan Matrix

Activity No.	Outcomes and Sub-Results	Tier	Year 2 – 7/16/18-7/15/19				Responsible Party	Key Stakeholders/ Collaborators	Budget	
	Detailed Activities		Q1	Q2	Q3	Q4				
1.0 Outcome 1: Improved Access to and Utilization of Equitable Health Services										
Sub-Result 1.1. Improved Routine Availability of Effective, Quality MNCH/FP Services at the Health Facility/Community Levels, with Special Focus on Newborns										\$264,969
1.1.1	Support the Health Department of the MoSD to prepare a provincial health profile based on data from different sources (e.g., Health Facility Readiness Survey, HMIS, and LMIS).	P, M, F	x				MEL Specialist, MEL Director	MoSD, GIZ, PSM		
1.1.2	Develop and finalize a customized technical assistance plan to improve service availability and utilization in Karnali Province and Province 5 in coordination with MoSD and other development partners in the Activity operational areas.	P	x				Provincial Team Lead	Other development partners		
1.1.3	Support the Health Department of MoSD in Karnali Province to develop necessary policies focusing on reaching the unreached, referral mechanisms, public-private partnerships, integrated service delivery approach, human resource deployment and management, and extension of services targeting underserved areas and populations.	P, M	x	x	x	x	HSS Specialist, Health Systems and Governance Specialist	Other development partners		
1.1.4	Support the Health Department of MoSD in Karnali Province to establish regular ‘continued professional education’ system for health care providers and managers and to build their capacity through trainings, onsite coaching and mentoring, supervision, and follow-up.	P			x		HSS Specialist	KAHS, Nepalgunj Medical College, Rapti Academy of Health Sciences, Nick Simons Institute		
1.1.5	Facilitate the review and development of a detailed human resource mobilization and capacity building plan focusing on availability of services, readiness, and service provider skills to deliver routine and quality MNCH/FP services at health facility and community level. This effort will focus on SBA training, FB-IMNCI, Level II Sick Newborn Care, LARC training, staff retention, motivation, and performance-based management system, mobile/visiting health workers for needy areas, and updating job description of staff.	P, M		x			MNCH FP Specialist, HSS Specialist	Regional/Provincial Health Training Center		
1.1.6	Develop and strengthen referral mechanisms between service delivery sites (health facility - primary hospital – secondary hospital/academic hospitals) including coordinated ambulance mobilization system and the establishment and operationalization of critical referral funds.	P, M, F			x	x	HSS Specialist	Surkhet Hospital, Nepalgunj Medical College, Rapti Academy of Health Sciences		
1.1.7	Sensitize policy makers, programmers, and service providers on GESI and its importance for equitable service delivery and utilization.	P, M, F	x		x		Health Equity Specialist	Other development partners		
1.1.8	Coordinate with development partners (e.g., USAID-funded projects, UN agencies, bilateral donors, etc.), to harmonize efforts to improve demand generation for MNCH/FP services including community sensitization on healthy timing and spacing, newborn care seeking, and institutional delivery.	P, M	x	x	x	x	Community Engagement Specialist	Suaahara II, SIFPO		

Activity No.	Outcomes and Sub-Results	Tier	Year 2 – 7/16/18-7/15/19				Responsible Party	Key Stakeholders/ Collaborators	Budget
	Detailed Activities		Q1	Q2	Q3	Q4			
1.1.9	Work closely with USAID's PSM Project to strengthen procurement and supply chain management systems at province, municipality, and health facility levels.	P, M, F		x	x	x	HSS Specialist	PSM	
1.1.10	Work closely with Regional/Provincial Health Training Centers to strengthen existing training sites for SBAs, FB-IMNCI, SNCU, LARC, VSC, and other MNCH/FP trainings, and effectively utilize these sites for upcoming trainings.	P	x				MNCH FP Specialist	Suaahara II, SIFPO	
1.1.11	Support Health Departments of MoSD in Karnali Province and Province 5 to ensure functionality of Provincial HEOC , in coordination with WHO and other stakeholders.	P		x			Provincial Team Lead	WHO	
1.1.12	Support the Health Departments of MoSD in Karnali Province and Municipalities in Activity working areas to strategically locate new service delivery outlets and/or revitalize non-functioning outlets especially CHUs, UHCs based on geographic mapping, service utilization, and population distribution analysis and road linkages.	P, M, F			x	x	HSS Specialist		
1.1.13	Engage private sector (private hospitals, poly-clinics, teaching hospitals) to expand MNCH/FP service delivery outlets and to establish mechanisms to ensure improved service utilization by poor and marginalized populations.	P, M, F			x	x	Private Sector Specialist	Private hospitals	
1.1.14	Establish systems to regularly monitor routine availability and quality of key health services by health service delivery outlets (both public and private – including birthing centers, health posts, PHCCs, hospitals, clinics) focusing on MNCH/FP and adolescent /youth services and provide critical support to ensure availability of essential health services through these outlets.	P, M, F		x	x		Private Sector Specialist, MNCH FP Specialist		
Sub-Result 1.2: Increased Utilization of Services by Addressing Social, Cultural, and Financial Barriers									\$208,064
1.2.1	Finalize and disseminate barrier analysis of MNCH/FP service utilization in Karnali Province using data from different sources including gender analysis, social cultural analysis.	P	x				Provincial Team Lead		
1.2.2	Support the Health Departments of the MoSD in Karnali Province and Province 5 to prepare processes for the annual review of health systems focusing on use of MIS data, performance management, gender-friendly/user-friendly services and approach to target activities to poor and marginalized communities and populations.	P, M, F	x				MEL Specialist, MEL Director		
1.2.3	Support the Health Department of MoSD in Karnali Province to review existing health financing mechanisms and to develop a strategy to scale up and ensure functionality of those mechanism (e.g., insurance, free newborn care, Aama Program) to address financial barriers.	P, M, F		x			HSS Specialist	NHSSP	
1.2.4	Support the Health Department of MoSD, municipalities, and health facilities to establish and manage appropriate referral funds and mechanisms focusing on MNCH/FP services (linking with activity 1.1.6).	P, M, L			x	x	MNCH FP Specialist	NHSSP, Nepalgunj Medical College, Mid-Western Regional Hospital, KAHS	
1.2.5	Support the Health Department of MoSD to prepare policies focusing on health promotion (including health promoting schools, health promoting workplace, health promoting communities).	P			x	x	HSS Specialist		

Activity No.	Outcomes and Sub-Results	Tier	Year 2 – 7/16/18-7/15/19				Responsible Party	Key Stakeholders/ Collaborators	Budget
	Detailed Activities		Q1	Q2	Q3	Q4			
1.2.6	Work closely with NHEICC and health communication agencies to use existing documentary on MNCH/FP at community level based on the need and appropriateness. Encourage and support behavior change communication and promote use of IEC/BCC materials at health facility and community levels.	P, M, F			x	x	Community Engagement Specialist	Suaahara II, Breakthrough Action	
1.2.7	Promote use of technology (e.g., mobile apps, toll free numbers, push SMS, information hotline) to communicate MNCH/FP targeted information to focused groups (including adolescent and youths) with low knowledge and service utilization.	P, M, F			x	x	Information System Specialist	Suaahara II, GIZ, Medic Mobile	
1.2.8	In targeted areas with low service utilization, promote replication of successful initiatives to address myths and misconceptions , encourage service uptake, and improve service seeking behaviors.	M, F			x	x	Community Engagement Specialist		
1.2.9	Revitalize/organize group interaction and discussion sessions focusing on MNCH/FP services in close collaboration with municipalities and health facilities primarily in low performing areas. Examples include Health Mothers' Groups, other functional groups at community level, traditional healers, in-laws/decision-makers, community awareness sessions, interaction between satisfied clients and non-users, school health sessions, and HFOMCs.	M, F			x	x	Community Engagement Specialist	Save the Children's reaching the unreached program	
1.2.10	Support municipalities and health facilities primarily in low performing areas to establish information boards (e.g., citizen charter, service availability boards) to increase awareness on availability of services and promotion of public accountability.	M, F			x	x	HSS Specialist	Breakthrough Action	
1.2.11	Support municipalities and health facilities primarily in low performing areas to analyze health data to identify un-reached/underserved populations , barriers, and to prepare micro-plans to improve their utilization and to link those micro-plans with annual planning, budgeting, and monitoring activities	M, F			x	x	MEL Specialist	UNICEF, GIZ	
1.2.12	Engage local leaders, influential stakeholders, members of HFOMCs, municipality-level management groups to enhance accountability mechanisms. Approaches may include social audit, public discussion and sharing sessions, and client feedback mechanisms.	M, F			x	x	Community Engagement Specialist	Suaahara II	
2.0 Outcome 2: Improved Quality of Health Services at the Facility and Community Levels									
Sub-Result 2.1: Quality Approaches Further Developed, Strengthened and Institutionalized									\$159,795
2.1.1	Support further refining and streamlining of QI/PI approaches, processes, and tools, harmonizing approaches used by different partners.	N, P	x	x	x	x	MNCH-FP Specialist, Sr. Technical Advisor	MoHP national - MD, other partners working in PI/QI	
2.1.2	Support development of provincial QI/PI committee (or incorporate such functions into existing entity); clarify working modalities; provide coaching and mentoring	P	x	x	x	x	Provincial MNCH/FP Specialist	Provincial MoSD	

Activity No.	Outcomes and Sub-Results	Tier	Year 2 – 7/16/18-7/15/19				Responsible Party	Key Stakeholders/ Collaborators	Budget
	Detailed Activities		Q1	Q2	Q3	Q4			
2.1.3	Support formation of QI/PI committees at municipality level; provide coaching and mentoring on QI/PI functions, including use of data to track performance, identify issues requiring attention, and follow-up of action plans.	M	x	x	x	x	MNCH/FP Specialist, MNCH/FP Officers	Provincial MoSD, municipalities	
2.1.4	Provide coaching and mentoring support to hospital managers and health facility in-charges and other staff on QI/PI functions and processes. Support use and increased uptake of QI approaches and tools to improve the efficiency and effectiveness of facility management and achieve better health outcomes.	F		x	x	x	Municipality-level MNCH/FP Officers	Municipalities, HF in-charges	
2.1.5	Engage private sector providers (in hospitals, clinics, medicine shops) to improve case-documentation, and reporting into HMIS- where appropriate.	M, F		x	x	x	Private Sector Specialist	Municipalities, private sector providers, NCDA	
2.1.6	Establish criteria and procedures for discretionary QI funds for use at municipality and health facility levels.	M, F		x	x	x	Senior Management Team	Municipalities, HF in-charges	
Sub-Result 2.2: Quality Services Delivered by Facilities and Providers in the Public and Private Sectors									\$37,285
2.2.1	Work with technical working groups at national level supporting the DoHS to update MNCH/FP clinical guidelines, standards, and tools to include minimum standards for service readiness, content, and process of care for small and sick newborns.	N, P	x	x	x	x	Sr Technical Advisor, MNCH Specialist	MoHP technical counterparts, technical officers in partner agencies	
2.2.2	Support referral hospital-based clinical managers, municipality managers, and health facility in-charges and others to define detailed case-management and communications procedures. This will include linkages to transport providers to ensure continuity of care for cases requiring transfer to hospital level and from hospital back to primary level for follow-up care.	P, M, F		x	x	x	MNCH/FP Specialists, National and Provincial	Senior managers in provincial MoSD, municipalities, HF in-charges	
2.2.3	Ensure availability of national clinical standards documents and other normative national guidelines for content and process of care, at health facility level, as appropriate.	F		x	x	x	MNCH/FP Officers	HF in-charges	
2.2.4	Conduct coaching, mentoring, and on-site training on best practices in clinical quality of care.	F		x	x	x	MNCH/FP Specialist, MNCH/FP Officers	HF in-charges	
2.2.5	Support development of routine health facility- level tracking and review of within-hospital maternal and perinatal deaths , to identify remediable contributors and to track changes in mortality rates over time. This will include reporting to provincial level and a similar process of review and action plan development.	P, F			x	x	MNCH/FP Specialists, National and Provincial	Maternity unit leads in hospitals, municipality-level health officers	
2.2.6	Determine effective recognition of exemplary QI efforts , and support introduction across the Province.	P, M, F				x	MNCH/FP Specialists, National and Provincial	Provincial and municipality health managers	

Activity No.	Outcomes and Sub-Results	Tier	Year 2 – 7/16/18-7/15/19				Responsible Party	Key Stakeholders/ Collaborators	Budget
	Detailed Activities		Q1	Q2	Q3	Q4			
Sub-Result 2.3: Improved Patient Experience of Care									\$156,135
2.3.1	Collaborate with national and provincial level counterparts and other implementing partners to operationalize "patient/client experience of care" with a focus on women and marginalized populations. This will include basic physical needs (e.g., clean toilets, washing facilities, warmth, meals, etc.) and psychosocial needs (e.g., privacy, respectful care by health workers) and arrangements favoring social support (e.g., labor companion for childbirth).	N, P			x	x	Senior Technical Advisor, MNCH/FP Specialist	HF in-charges, clients and prospective clients	
2.3.2	Support development of maternity waiting home services , where appropriate.	P, M			x	x	MNCH/FP Specialist, Multi-disciplinary teams	Municipalities, women with complicated or higher-risk pregnancies.	
2.3.3	Develop and introduce mechanisms to identify problem areas experienced by patients, and ensure appropriate follow-up action (e.g., client exit interviews, suggestion boxes, social audit, citizen charter, user representation/ role on HFOMCs).	P, M			x	x	MNCH/FP Specialist, Multi-disciplinary teams	HF in-charges, clients and prospective clients	
2.3.4	Support provincial MoSD and municipalities to adopt appropriate GESI policies and practices .	P, M			x	x	Health Equity Specialist, Multi-disciplinary teams	MoSD, Health Coordinators	
2.3.5	Work with counterparts at health facility and municipality level to ensure GESI issues are included in the mandate of QI/PI working groups and HFOMCs .	P, M, F			x	x	Provincial Tech Lead and municipality-level tech officers	Municipalities, HFOMCs	
3.0 Outcome 3: Improved Health Systems Governance in the Context of Federalism									
Sub-Result 3.1: Improved Governance and Accountability at Subnational Levels									\$74,565
3.1.1	Provide ongoing technical and managerial support to health teams in the MoSD of Karnali Province and Province 5 to assist with development of systems, procedures, and capacity for oversight of health issues in the respective provinces.	P	x	x	x	x	DCoP; Provincial Team Lead	MoSD, Health Department Chief and Health Staff – Karnali & Province 5	
3.1.2	Provide technical support to the Karnali Province MoSD Health Department for formulation and finalization of policies, legislation and regulations to guide health service delivery and access in the province (please refer to activity 1.1.3).	P, M	x	x	x	x	Provincial Team Lead; HSS Specialists	Health Department Chief and staff - Karnali Province and Province 5	
3.1.3	Facilitate wide public dissemination of newly formulated policies, plans, regulations and laws , encouraging use of appropriate communication channels and media in Karnali Province.	P, M			x	x	HSS Specialists	Provincial Health Department Chiefs and Mayors at Municipal level	

Activity No.	Outcomes and Sub-Results	Tier	Year 2 – 7/16/18-7/15/19				Responsible Party	Key Stakeholders/ Collaborators	Budget
	Detailed Activities		Q1	Q2	Q3	Q4			
3.1.4	Assess capacity amongst elected officials at provincial and municipal level for oversight of health service delivery, allocation of resources in health and management of responses to health emergencies and outbreaks; plan and deliver training, mentoring, and technical support accordingly to address gaps in capacity.	P, M	x	x	x	x	DCoP; Provincial Team Lead; HSS Specialists; Multi-Disciplinary Teams	Provincial Health Department Chiefs; Provincial elected officials and Municipal Councils	
3.1.5	Assess capacity amongst managers and health staff at provincial and municipal levels for planning, management, and monitoring of health service delivery , appropriate deployment of resources in health, and response to health emergencies and outbreaks; plan and deliver training, mentoring and technical support accordingly to address gaps in capacity.	M		x	x	x	DCoP; Provincial Team Lead; HSS Specialists; Multi-Disciplinary Teams	Provincial Health Department Chiefs; Provincial elected officials and Municipal Councils	
3.1.6	Provide support , as appropriate, to the Social Development Committee of the Provincial Assembly, through packaging and presentation of health information and evidence in support of policy dialogue and decision making.	P		x	x		Provincial Team Lead; HSS Specialist	Provincial Social Development Committees	
3.1.7	Compile relevant, successful examples of good governance practices from other sectors and tiers of government for adoption by provincial and municipal leaders as appropriate for the health sector.	P, M			x	x	Provincial Team Lead, DCoP	Social Development Minister; Secretary; Health Department Chief	
3.1.8	Based on prior experience and approaches used by HDCs, HFOMCs, and District and VDCs, support development and functioning of robust feedback and response mechanisms for communities to engage with the health system ; emphasis will be placed on providing meaningful voice to the concerns and issues faced by marginalized and disadvantaged groups in relation to health. (please refer to activity 1.2.12)	P, M, F			x	x	Provincial Team Lead; HSS Specialist; Multi-Disciplinary Teams	MoSD, Municipal Councils; facility management staff and community representatives	
3.1.9	As permanent structures are established in the health system, provide technical support, as required, for clarification and revision of job descriptions of health functionaries in the context of the new structures, helping to ensure optimal allocation of human resources to meet management and service delivery needs. (please refer to activity 1.1.4)	P, M	x	x			DCoP; Provincial Team Lead	MoSD; Health Department Chief; Municipal Councils; Health Coordinators	
3.1.10	Support establishment and functionality of municipal-level health management committees , to include representation of all HFOMCs in respective municipalities.	P, M			x	x	Provincial Team Lead	Social Development Minister; Secretary; Health Dep't Chief	
3.1.11	Support revitalization of HFOMCs (ToRs, membership [advocate for representation from FCHVs and marginalized communities], regular meetings, problem identification and resolution processes, resource generation and management, etc.).	F			x	x	Deputy Provincial Lead; Multi-Disciplinary Teams	Facility managers, Ward Chairpersons and HFOMC members	

Activity No.	Outcomes and Sub-Results	Tier	Year 2 – 7/16/18-7/15/19				Responsible Party	Key Stakeholders/ Collaborators	Budget
	Detailed Activities		Q1	Q2	Q3	Q4			
3.1.12	Provide technical and operational support for planning and conducting regular, substantive, well-documented meetings to review health systems performance. (please refer to activity 1.2.2)	P, M			x	x	Provincial Team Lead; HSS Specialist; Multi-Disciplinary Teams	Social Development Ministries; Municipal Councils	
3.1.13	Facilitate revitalization of citizen charters at province, municipality, and facility levels and ensure support to publish and post in facilities accordingly (please refer to activity 1.2.10).	P, M, F			x	x	Provincial Team Lead; Multi-Disciplinary Teams	MoSD Health Department Chief; Municipal Councils; Facility Managers	
3.1.14	Facilitate packaging and visualization of facility and municipal level health data (dashboards, infographics) and assist municipal and provincial health departments to ensure that the data is widely available to the public through appropriate communication channels.	M, F		x	x	x	MEL Director; Information Systems Specialist	Municipal Councils; Health Coordinators	
Sub-Result 3.2.: Annual Planning and Budgeting Systems Established and/or Strengthened at the Provincial and Municipal Levels									\$19,626
3.2.1	Provide ongoing technical support for execution of plans and budgets for fiscal year 2018/19 (current), with a focus on ensuring that resources are allocated and used in support of health service delivery and support, and resources are being used to reach marginalized and disadvantaged groups and communities in accordance with plans.	P, M, F	x	x	x	x	DCoP, Provincial Team Lead and Specialists; Multi-Disciplinary Teams	MoSD; Municipal Councils; HFOMCs	
3.2.2	Provide technical and operational support, as required, for counterparts to follow the seven-step planning and budgeting process for fiscal year 2019/20, and produce plans and budgets that include optimal resources for health service delivery and programs.	P, M			x	x	HSS Specialist; Multi-Disciplinary Teams	MoSD; Municipal Councils; Health Coordinators	
3.2.3	Through regular interaction with health coordinators, health committees, municipal councils, and HFOMCs, facilitate generation and use of local financial and technical resources and in-kind contributions in support of delivery of basic health services.	M, F		x	x	x	Deputy Team Lead; Multi-Disciplinary Teams	Municipal Councils; HFOMCs	
3.2.4	Provide technical and operational assistance for development of partnerships between the public and private sectors , to support expansion of available resources in the health sector. (Please refer to activity 1.1.13)	P, M			x	x	Private Sector Specialist; Multi-Disciplinary Teams	MoSD; Municipal Councils; private providers, facilities and businesses	
3.2.5	Provide support for updating, packaging and publishing Municipal Health Profiles , in preparation for FY 2019/20 planning and budgeting.	M			x	x	MEL Director and Specialists; HSS Specialists, Multi-Disciplinary Teams	Municipal Councils; Health Coordinators	

Activity No.	Outcomes and Sub-Results	Tier	Year 2 – 7/16/18-7/15/19				Responsible Party	Key Stakeholders/ Collaborators	Budget
	Detailed Activities		Q1	Q2	Q3	Q4			
3.2.6	Ensure that facility-level HMIS and eLMIS recording and reporting systems are functioning well, and municipalities are able to access and interpret accurate, real-time data in support of evidence-based planning and resource allocation.	F, M		x	x		Information Systems Officers, HSS Officers	Health Coordinators; Facility Managers and staff	
Sub-Result 3.3: Strengthen Management and Performance Improvement Processes									\$5,451
3.3.1	In collaboration with counterparts, develop and publish integrated annual calendars of operations for provinces and municipalities.	N, P, M, F				x	HSS Specialists (N&P)	MoHP; MoFAGA; Social Development Ministries	
3.3.2	Support relevant counterparts at provincial and municipal levels to develop and implement human resources planning and management policies for the health sector , to include processes for management of individual performance (please refer to activity 1.1.5).	P, M	x	x			Provincial Team Lead; HSS Specialist; HSS Officers	MoSD; Health Department Chief; Municipal Councils; Health Coordinators	
3.3.3	Undertake desk review of standards and procedures for management of key systems functions – HR management, planning and resource allocation, essential medicines logistics and supply, health data generation and use, QI, etc. In accordance with the new provincial health policies, work with provincial governments to establish management standards and performance measurements for key provincial functions outlined in the policies (Karnali Province and Province 5).	N, P		x	x	x	HSS Specialist (N); Provincial Team Lead; HSS Specialist (P); STTA	MoSD; MoHP Management Division and other relevant Divisions and Departments; GHSC-PSM	
3.3.4	Provide technical and logistical support for initial management self-assessment exercise at provincial level , to measure performance against agreed on standards, identify capacity strengthening needs and develop tailored capacity strengthening plan.	P			x	x	HSS Specialist (N); Provincial Team Lead; STTA	MoSD, Health Department Chief and Health Staff	
4.0 Cross-Cutting Elements									
4.1 Private Sector Engagement									\$20,579
4.1.1	Conduct legal and regulatory environmental assessment of the private health sector.	N, P	x				Private Sector Specialist	NCDA, APPON	
4.1.2	Conduct private health sector mapping assessment in Karnali Province.	N, P	x	x			Private Sector Specialist	Provincial MoSD, NCDA, APPON, Assoc. of private hospitals, medical colleges	
4.1.3	Facilitate consultative meetings with concerned government and private sector stakeholders to disseminate the findings of the two Activity-led assessments.	N, P			x		Private Sector Specialist	Provincial MoSD, DDA, Curative Services Div, USAID, FNCC	
4.1.4	Using outputs from the assessments and consultative meetings, finalize a private sector engagement strategy for the remaining life of the Activity.	P			x	x	Private Sector Specialist	NCDA, APON	

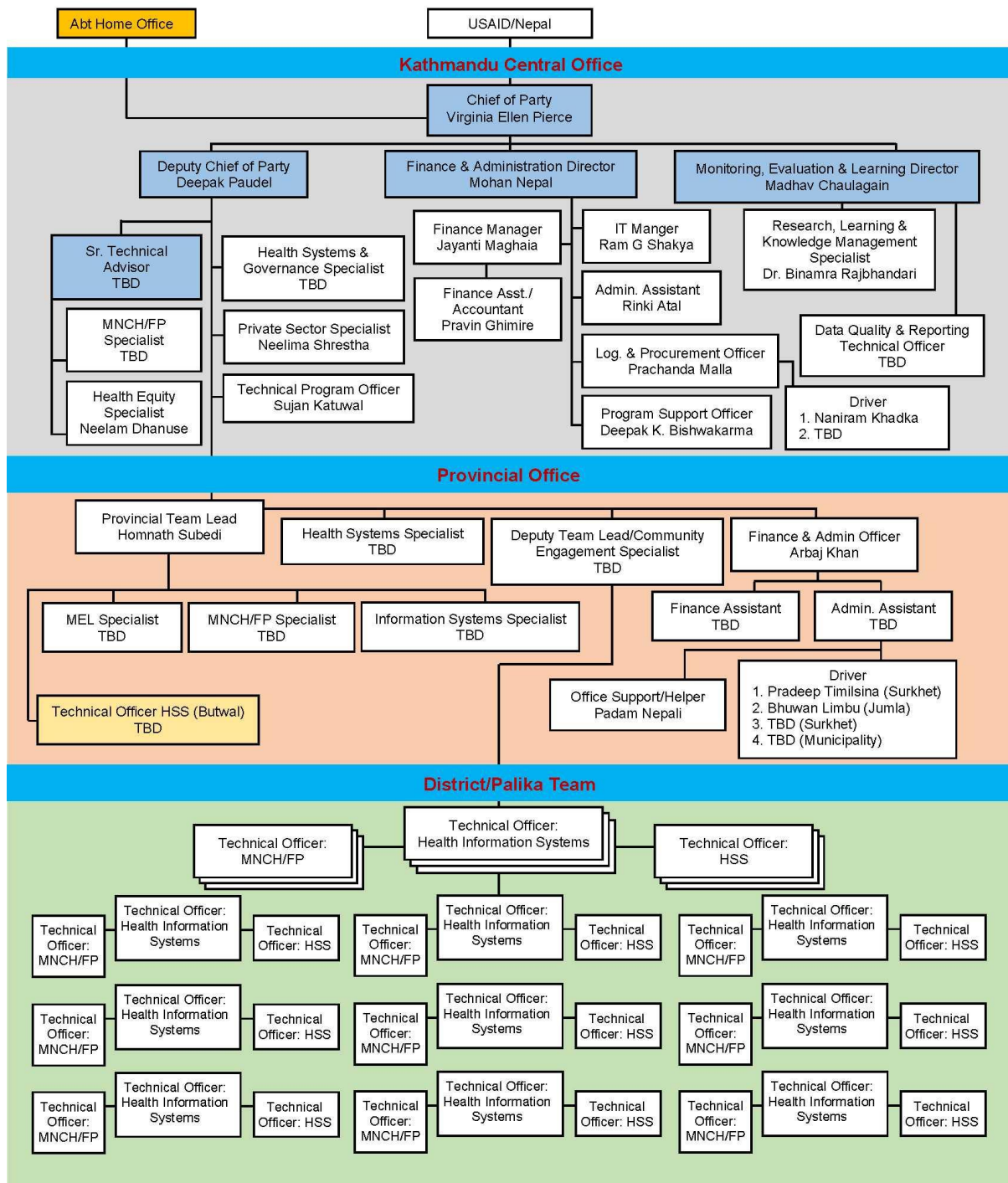
Activity No.	Outcomes and Sub-Results	Tier	Year 2 – 7/16/18-7/15/19				Responsible Party	Key Stakeholders/ Collaborators	Budget
	Detailed Activities		Q1	Q2	Q3	Q4			
4.1.5	Support the Health Department of the MoSD to develop a public-private partnership policy strategy for Karnali Province.	P	x	x	x	x	Private Sector Specialist	Provincial MoSD, NCDA, APON	
4.2 Gender Equality and Social Inclusion									\$29,061
4.2.1	Sensitize all Activity staff and partners on all aspects of GESI and how they are linked with national priorities.	x	x				Health Equity Specialist	USAID GESI Advisor	
4.3 Data-driven and Evidence-based Programming									\$2,500
4.3.1	Facilitate supply and support proper use of facility-based recording and reporting tools. Update facility-level information of HMIS tools, inform and encourage municipality and/or health program coordination bodies to ensure timely supply. Provide orientation and coaching for new and untrained staff to use HMIS tools.	P, M, F	x	x	x	x	Information Systems Specialist	HMIS Units, Provincial Health Department,	
4.3.2	Provide technical support for the use of LMIS reporting system in the changing context. Encourage routine inspection of logistic and commodities and update in digital systems.	P, M, F	x	x	x	x	Information Systems Specialist	PSM Project	
4.4 Collaboration and Synergy									\$1,500
4.4.1	Support the MoSD to establish a functioning stakeholder collaboration mechanism such as "provincial health coordination team." Provide facilitation and secretariat support for coordination meetings, to include all health EDPs, implementing partners, and large non-governmental organizations working in Karnali Province.	P	x	x	x	x	Provincial Team Lead	Other EDPs and implementing partners in Karnali Province	
4.4.2	Develop and support process for joint monitoring visits by MoHP, MoFAGA, provincial MoSD and health department officials and technical staff members.	P, M			x	x	Provincial Team Lead, Health Systems and Governance Specialist	MoSD	
4.4.3	Serve as the "point of contact" between the Minister of Social Development of Karnali Province and all USAID health partners implementing activities in the province.	P	x	x	x	x	Provincial Team Lead	USAID, MoSD	
5.0 Monitoring, Evaluation and Learning									\$26,737
5.1	Complete health profile after conducting field assessment, analyzing data from various secondary sources such as health facility and Municipality HMIS data from FY 2017-18, H4L Health Facility Readiness Endline Survey, NDHS 2016, NHFS 2015 (as described in activity 1.1.1).	N	x	x			MEL Director, Information Systems Specialist	MoSD, GIZ, PSM	
5.2	Oversee completion of Health Facility Readiness Assessment (in Humla, Mugu, and Dolpa districts)	N	x				MEL Director	New ERA, District and Municipal counterparts	
5.3	Update MEL Plan when there are new baselines available for remaining indicators as well as when there are any new indicators that may be emerging per future needs.	N	x	x	x		MEL Director, HO MEL Advisor	USAID	

Activity No.	Outcomes and Sub-Results	Tier	Year 2 – 7/16/18-7/15/19				Responsible Party	Key Stakeholders/ Collaborators	Budget
	Detailed Activities		Q1	Q2	Q3	Q4			
5.4	Actively engage with partners and stakeholders at national, provincial, and municipal level to develop learning agenda for Activity .	N, P, M, F	x	x	x		MEL Team, Information Systems Specialist	USAID, MoHP, MoSD	
5.5	Develop and roll out data collection tools and standard operation procedures across the Activity to collect data needed for the MEL Plan.	N, P, F		x		x	MEL Team, Provincial Team		
5.6	Conduct requirement analysis, design, test and roll-out of Activity-specific instance of DHIS2 for routine data management .	N, P, M	x	x			MEL Director		
5.7	Conduct MEL training with core Activity staff to orient team on importance of results-based programming, performance monitoring, and adaptive management.	N		x	x	x	Mel Director		
5.8	Conduct quarterly and semi-annual review of progress with team , in groups and through on-site field monitoring.	N, P	x	x	x	x	Senior Management Team		
5.9	Conduct internal DQA of Activity internal data on semi-annual basis.	N	x	x	x		MEL Director, Data Quality and Reporting Officer		
5.10	Ensure preparation and collection of routine reports for timely reporting to USAID on quarterly, semi-annual, and annually . Share updates with USAID, provincial, national government stakeholders and others on regular basis.	N, P	x	x	x	x	MEL Director, Information Systems Specialist		
5.11	Promote use of evidence and communicate best practices through participation in national level M&E technical working groups.	N	x	x	x	x	MEL Team	MoHP	
6.0 Management and Operations									
6.1 Complete Establishment of Project Offices									\$308
6.1.1	Complete set-up of all Activity operations in Surkhet , to include banking, establishment of relationships with local counterparts and vendors and adaptation, as required, refine financial management, human resource management and project operational systems.	P, M	x	x			F&A Director, Provincial Team Lead	Provincial counterparts	
6.1.2	Identify and equip touchdown office space in all working districts , ideally co-locating with the local health units, municipalities or other counterparts.	P, M	x	x			Provincial Team Lead, F&A Officer, Multi-disciplinary Teams	Municipal level counterparts, DPHOs, Municipalities, Health Coordinators	
6.1.3	Complete all major procurements : vehicles, motorcycles, IT and office equipment and furniture for Kathmandu/Surkhet/Municipality offices.	N, P, M	x	x			F&A Director, Procurement and Logistics Officer	USAID	

Activity No.	Outcomes and Sub-Results	Tier	Year 2 – 7/16/18-7/15/19				Responsible Party	Key Stakeholders/ Collaborators	Budget
	Detailed Activities		Q1	Q2	Q3	Q4			
6.2 Complete Recruitment and Hiring of Activity Staff									\$2,500
6.2.1	Identify qualified candidates for remaining key position and seek USAID approval.	N	x				CoP, DCoP		
6.2.2	Complete recruitment and hiring of full provincial and municipality level technical and administrative support teams.	N, P	x	x			CoP, DCoP, Provincial Team Lead, MASS, KAHS		
6.3 Develop and submit all contractual deliverables, including Year 3 Workplan.									\$6,745
6.3.1	Disseminate tailored versions of Year 2 Workplan to key GoN counterparts at all levels; obtain feedback and endorsement.	N, P	x				DCoP, Provincial Team Lead	MoHP, MoFAGA, MoSD	
6.3.2	Hold consultations with USAID, GoN counterparts at all levels and other implementing partners and GDPs to review Year 2 activities and results and obtain input for establishing Year 3 priorities.	N, P, M				x	CoP, DCoP, Provincial Team Lead	MoHP, MoFAGA, MoSD, USAID, EDPs and other implementing partners	
6.3.3	Conduct consultative workplanning sessions and draft and submit Year 3 Workplan to USAID for approval.	N, P				x	CoP, DCoP, MEL Director	TPO	
6.3.4	Prepare and submit Annual Report for Year 1	N	x				CoP, DCoP, MEL Director	TPO, PM	
6.3.5	Prepare and submit Year 2/Quarter 1 Progress Report	N, P		x			CoP, DCoP, MEL Director	TPO, PM	
6.3.6	Prepare and submit Year 2 Semi-Annual Progress Report	N, P			x		CoP, DCoP, MEL Director	TPO, PM	
6.3.7	Prepare and submit Annual Inventory Report to USAID	N, P		x			F&A Director	FCM	
6.3.8	Prepare and submit Year 2/ Quarter 3 Progress Report to USAID	N, P				x	CoP, DCoP, MEL Director	TPO, PM	
6.3.9	Submit Annual Tax Report to USAID	N, P				x	F&A Director	FCM	
6.4 Staff Orientation and Training									\$10,808
6.4.1	Conduct in-depth orientation sessions on program and operations (including USAID rule and compliance requirements and safety and security) for all full-time and Activity staff and senior managers/contributing staff from consortium partners.	N, P	x	x			CoP, DCoP, F&A Director		
6.4.2	Conduct all-staff team building and wellness event.	N, P		x			CoP, DCoP, F&A Director		

Attachment 3: Activity Organizational Chart

Organizational Chart – USAID's Strengthening Systems for Better Health Activity



Attachment 4: Intervention Packages

Interventions by Tier of the Health System

Tier	Major Areas of Intervention
Federal	Work with the Ministry of Health and Population and its divisions and departments and with the Ministry of Federal Affairs and General Administration to strengthen systems and policies in support of delivery and utilization of equitable and quality health services.
Province	Work with the Health Departments/Directorates of the Ministries of Social Development in Karnali Province and Province 5 to establish and/or to strengthen policies, systems and management capacity to improve availability and equitable utilization of quality maternal, newborn, child health and family planning services, with a focus on ensuring reach of poor and marginalized populations.
Municipality	<p><u>Core activities:</u> All (105) urban and rural municipalities and health facilities within these municipalities in the project areas will receive technical support to prepare annual plan and budget for health, execute budgets as per the plan; develop systems to monitor service availability, quality and utilization; support to ensure delivery of basic health services primarily focusing MNCH/FP and support to develop, adapt and execute plans, activities, guideline and protocols related to health service delivery. Majority of this support will be channeled through the health system network and provided by the project's multi-disciplinary team members.</p> <p><u>Core + activities:</u> In selected (tentatively 40) municipalities with greater need and lower performance (to be decided jointly in consultation with stakeholders), additional support will be provided to improve availability, quality and utilization of MNCH/FP services through capacity building, support for critical supplies, piloting activities focusing underserved population. These will be decided in consultation and as per needs assessment findings.</p> <p><u>Core ++ activities:</u> In very selected (tentatively 13) municipalities/facilities with very unique needs, additional support will be provided to expand, sustain and regularize critical services including systems for management of complicated cases, improving service standards, strengthening referral mechanisms and filling up other critical needs. This support will be provided for very selected sites and for limited timeframe. Such support will be linked with existing and regular systems to ensure sustainability.</p>