



## Nepal Health Sector Management Reform Program (P160207)

SOUTH ASIA | Nepal | Health, Nutrition & Population Global Practice | Requesting Unit: SACSN | Responsible Unit: HSAHP  
IBRD/IDA | Program-for-Results Financing | FY 2017 | Team Leader(s): Sangeeta Carol Pinto, Amit Bhandari

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### Program Development Objectives

Program Development Objective (from Program Appraisal Document)

The Program Development Objective is to improve efficiency in public resource management systems of the health sector in Nepal.

Board Approved Revised Program Development Objective (If program is formally restructured)

The Program Development Objective is to improve efficiency in the Federal-level public resource management systems of the health sector in Nepal.

### Overall Ratings

Name	Previous Rating	Current Rating
Progress towards achievement of PDO	<span style="color: green;">□</span> Satisfactory	<span style="color: green;">□</span> Satisfactory
Overall Implementation Progress (IP)	<span style="color: green;">□</span> Satisfactory	<span style="color: green;">□</span> Satisfactory

### Implementation Status and Key Decisions

The Nepal Health Sector Management Reform P4R (HSMRP) has successfully completed Year 5 of the program with verified, full achievement of all eleven Disbursement Linked Indicator Results. The progress has been registered during a particularly difficult period where the Ministry of Health and Population (MOHP) and its various Departments, Divisions and Centers were stretched thin launching a strong public health response to an escalating COVID-19 pandemic in the country. It is evident that the reforms in public procurement, financial management, data for decision making and citizen engagement for accountability were critical in the management of the pandemic and yet were deeply institutionalized so as to not be derailed by the pandemic. All actions on the Program Action Plan are on progressing satisfactorily. The program has disbursed 88.2 percent of Credit for results achieved till Year 4 of implementation. The original Credit of US\$150 million is expected to be fully disbursed by October 31, 2021.

### Data on Financial Performance

#### Disbursements (by loan)

Project	Loan/Credit/TF	Status	Currency	Original	Revised	Cancelled	Disbursed	Undisbursed	% Disbursed
P160207	IDA-59130	Effective	USD	150.00	150.00	0.00	133.95	17.82	88%
P160207	IDA-69110	Not Effective	USD	50.00	50.00	0.00	0.00	49.65	0%

#### Key Dates (by loan)

Project	Loan/Credit/TF	Status	Approval Date	Signing Date	Effectiveness Date	Orig. Closing Date	Rev. Closing Date
P160207	IDA-59130	Effective	13-Jan-2017	02-Mar-2017	13-Apr-2017	15-Jul-2021	16-Jul-2022



P160207	IDA-69110	Not Effective	08-Jul-2021	15-Sep-2021	--	16-Jul-2022	16-Jul-2022
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### DLI Disbursement

DLI ID	DLI Type	Description	Coc	DLI Amount	Achievement Status	Disbursed amount in Coc	Disbursement % for DLI
<b>Loan: IDA59130-001</b>							
1	Regular	% contracts - LMD PPMO online portal	XDR	11,497,333.00	Partially Achieved	9,278,971.78	81 %
2	Regular	Annual report grievances addressed web b	XDR	7,900,667.00	Partially Achieved	6,422,263.44	81 %
3	Regular	% procurements - LMD std specifications	XDR	9,629,639.00	Partially Achieved	7,488,089.07	78 %
4	Regular	% district stores reporting based om LMI	XDR	14,182,210.00	Partially Achieved	8,228,589.49	58 %
5	Regular	% reduction - stock outs of tracer drugs	XDR	7,224,945.00	Partially Achieved	2,911,545.00	40 %
6	Regular	% improvement - EVM score over 2014 base	XDR	2,419,081.00	Partially Achieved	1,425,461.40	59 %
7	Regular	% MOH spending entities submit annual pl	XDR	10,810,601.00	Partially Achieved	7,869,684.03	73 %
8	Regular	% MoH's annual spending captured TABUCS.	XDR	14,978,482.00	Partially Achieved	11,530,275.58	77 %
9	Regular	% audited spending units responding OAG	XDR	11,722,235.00	Partially Achieved	8,789,090.99	75 %
10	Regular	% districts with all facilities reportin	XDR	14,373,600.00	Partially Achieved	10,652,511.20	74 %
11	Regular	Operationalization of the citizen feedba	XDR	2,861,207.00	Partially Achieved	2,694,744.47	94 %
<b>Loan: IDA69110-001</b>							
1	Regular	DLR 1.7 95% conts by MD thru e-proc Y6	XDR	2,450,000.00	Not Achieved	0.00	0 %
2	Regular	DLR 2.6 MoHP ann reprt on status Y6	XDR	1,400,000.00	Not Achieved	0.00	0 %
3(a)	Regular	DLR 3.7a 95% healthcom by MD on std spec	XDR	1,050,000.00	Not Achieved	0.00	0 %
4	Regular	DLR 4.5 eLMIS info Y6 avl central and pr	XDR	5,900,000.00	Not Achieved	0.00	0 %
5	Regular	DLR 5.3 35% red in undstck of trac hlth	XDR	5,850,000.00	Not Achieved	0.00	0 %
7(a)	Regular	DLR 7.6a eAWPB usd for pl and bud MoHP	XDR	1,079,910.00	Not Achieved	0.00	0 %
8	Regular	DLR 8.6 95% MoHP spend capt by TABUCS/CG	XDR	3,450,000.00	Not Achieved	0.00	0 %



9	Regular	DLR 9.6 80% MoHP spend uts resp quer in 35	XDR	3,350,000.00	Not Achieved	0.00	
10	Regular	DLR 10.6 DHIS2 report 70% pub health fac	XDR	4,900,000.00	Not Achieved	0.00	
11	Regular	DLR 11.6 MoHP on-site sup to 3 govt in 4	XDR	2,100,000.00	Not Achieved	0.00	
3(b)	Regular	DLR 3.7b 80% equip by MD bsd on std spec	XDR	1,050,000.00	Not Achieved	0.00	
7(b)	Regular	DLR 7.6b eAWPB usd fr 95% rem units MoHP	XDR	2,320,090.00	Not Achieved	0.00	

### Program Action Plan

<b>Action Description</b>	Establish (by January 2017) and maintain a Health Sector Partner Forum at the MoHP (with annual consultations).				
<b>Source</b>	<b>DLI#</b>	<b>Responsibility</b>	<b>Timing</b>	<b>Timing Value</b>	<b>Status</b>
Technical		Client	Recurrent	Yearly	In Progress
<b>Completion Measurement</b>	This Action is recurrent and will be measured through the period of the Program.				
<b>Comments</b>	Due to COVID-19 pandemic, several thematic health sector partner coordination forums were deployed. These include the COVID Crisis Management Center, Health Cluster Coordination meetings, Technical Working Group meetings on Supply Chain Mgmt. etc				

<b>Action Description</b>	Public Health Service Regulation addresses the health care waste management and infection prevention.				
<b>Source</b>	<b>DLI#</b>	<b>Responsibility</b>	<b>Timing</b>	<b>Timing Value</b>	<b>Status</b>
Environmental and Social Systems		Client	Due Date	15-Jul-2020	Completed
<b>Completion Measurement</b>	(a) Regulations of the Public Health Service Act approved by Parliament incorporates health care waste management and infection control; and (b) Healthcare Waste management Guidelines Updated.				
<b>Comments</b>					

<b>Action Description</b>	Expand GESI strategy (to include issues of disability, geriatrics and rehabilitation of gender-based violence victims).				
<b>Source</b>	<b>DLI#</b>	<b>Responsibility</b>	<b>Timing</b>	<b>Timing Value</b>	<b>Status</b>
Environmental and Social Systems		Client	Other	Sept 2021 Cabinet approval pending	In Progress
<b>Completion Measurement</b>	Revised GESI strategy to include expanded scope approved; and (b) GESI mainstreamed in the planning, budgeting implementation and monitoring.				
<b>Comments</b>	Cabinet approval of GESI strategy pending.				

<b>Action Description</b>	Procurement planning and budgeting capacity of the MoHP increased				
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Source	DLI#	Responsibility	Timing	Timing Value	Status
Fiduciary Systems		Client	Recurrent	Semi-Annually	In Progress
<b>Completion Measurement</b>	Electronic Logistics Management and Information System data used for improved Consolidated Annual Procurement Plan.				
<b>Comments</b>					

<b>Action Description</b>					
Finalize CAPP by August every year.					
Source	DLI#	Responsibility	Timing	Timing Value	Status
Fiduciary Systems		Client	Recurrent	Yearly	In Progress
<b>Completion Measurement</b>	CAPP approval date each year and until the last year of the Program.				
<b>Comments</b>					

<b>Action Description</b>					
MoHP evaluates the implications and the options for establishing a post-shipment quality assurance system					
Source	DLI#	Responsibility	Timing	Timing Value	Status
Fiduciary Systems		Client	Due Date	15-Sep-2021	In Progress
<b>Completion Measurement</b>	Position paper on post-shipment quality assurance system developed and discussed, with agreement on next steps.				
<b>Comments</b>	Position paper developed. Discussion with Technical Working Group constituted by MOHP pending, following which sub-national dissemination will be undertaken.				

<b>Action Description</b>					
Improve accountability and reporting mechanisms of grants provided by the MoHP to different entities (e.g. grants provided to autonomous bodies captured by TABUCS).					
Source	DLI#	Responsibility	Timing	Timing Value	Status
Fiduciary Systems		Client	Recurrent	Continuous	In Progress
<b>Completion Measurement</b>	The inclusion of autonomous bodies (academic and hospitals) reporting to the Federal Ministry of Health and Population will be measured as part of DLI 8.				
<b>Comments</b>					

<b>Action Description</b>					
Strengthen MoHP internal control environment: (a) analyze compliance gaps between actual practice & MoH internal control framework; (b) identify key measures to strengthen internal control within MoH for budget execution control & financial reporting					
Source	DLI#	Responsibility	Timing	Timing Value	Status
Fiduciary Systems		Client	Recurrent	Continuous	In Progress



<b>Completion Measurement</b>	(a) Analysis Completed; (b) Recommendations Identified, Presented to the relevant PFM committee; and (c) Inform the Financial Management Strengthening Plan.				
<b>Comments</b>					

<b>Action Description</b>	The MoHP reports credible and material complaints regarding fraud and corruption related to the Program to the World Bank (annually by September 1)				
<b>Source</b>	<b>DLI#</b>	<b>Responsibility</b>	<b>Timing</b>	<b>Timing Value</b>	<b>Status</b>
Fiduciary Systems		Client	Recurrent	Yearly	In Progress
<b>Completion Measurement</b>	This Action is recurrent and will be measured for each year of the Program.				
<b>Comments</b>					

<b>Action Description</b>	Learning resource package for environmental health care waste management and WASH modules deployed nationally and sub-nationally through Training of Trainers approach				
<b>Source</b>	<b>DLI#</b>	<b>Responsibility</b>	<b>Timing</b>	<b>Timing Value</b>	<b>Status</b>
Environmental and Social Systems		Client	Recurrent	Yearly	Not Yet Due
<b>Completion Measurement</b>	TOTs completed in all seven provinces with support of Provincial Training Center				
<b>Comments</b>					

<b>Action Description</b>	TOT completed in all provinces on Social Accountability guidelines with support of Provincial Training Centers for conduct of timely and quality Social Audits				
<b>Source</b>	<b>DLI#</b>	<b>Responsibility</b>	<b>Timing</b>	<b>Timing Value</b>	<b>Status</b>
Environmental and Social Systems	DLI 11	MOHP	Recurrent	Yearly	Not Yet Due
<b>Completion Measurement</b>	TOTs completed for all seven provinces for Provincial Training Centers in SA guidelines				
<b>Comments</b>					

<b>Action Description</b>	Consultations with key stakeholders for development of Nepal Health Sector Strategy 2022-2027				
<b>Source</b>	<b>DLI#</b>	<b>Responsibility</b>	<b>Timing</b>	<b>Timing Value</b>	<b>Status</b>
Technical		MOHP	Recurrent	Yearly	Not Yet Due
<b>Completion Measurement</b>	Consultations with (i) all 7 provinces; (ii) at least one local government per province; (iii) External Development Partners towards development of NHSS (2022-2027)				



Comments	
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## Risks

### Systematic Operations Risk-rating Tool

Risk Category	Rating at Approval	Previous Rating	Current Rating
Political and Governance	<input type="checkbox"/> High	<input type="checkbox"/> High	<input type="checkbox"/> High
Macroeconomic	<input type="checkbox"/> Moderate	<input type="checkbox"/> Substantial	<input type="checkbox"/> Substantial
Sector Strategies and Policies	<input type="checkbox"/> Moderate	<input type="checkbox"/> Moderate	<input type="checkbox"/> Moderate
Technical Design of Project or Program	<input type="checkbox"/> Moderate	<input type="checkbox"/> Moderate	<input type="checkbox"/> Moderate
Institutional Capacity for Implementation and Sustainability	<input type="checkbox"/> High	<input type="checkbox"/> Moderate	<input type="checkbox"/> Moderate
Fiduciary	<input type="checkbox"/> High	<input type="checkbox"/> Moderate	<input type="checkbox"/> Moderate
Environment and Social	<input type="checkbox"/> Low	<input type="checkbox"/> Low	<input type="checkbox"/> Low
Stakeholders	<input type="checkbox"/> Moderate	<input type="checkbox"/> Moderate	<input type="checkbox"/> Moderate
Other	<input type="checkbox"/> Moderate	<input type="checkbox"/> Moderate	<input type="checkbox"/> Moderate
Overall	<input type="checkbox"/> High	<input type="checkbox"/> Substantial	<input type="checkbox"/> Substantial

## Results

### PDO Indicators by Objectives / Outcomes

The PDO is to improve efficiency in public resource management systems of the health sector in Nepal				
► Percentage reduction of less than minimum stocks (understock) of tracer health commodities in sub-provincial medical stores (DLI 5) (Text, Custom)				
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	Baseline to be established in Year 3	42.8% reduction in understock of tracer health commodities in Year 4 over the baseline established for the sub-provincial (district) stores through the eLMIS for two Provinces	58.94% reduction in understock of tracer health commodities in Year 5 over the baseline established for the sub-provincial (district) stores through the eLMIS for two Provinces of Lumbini and Karnali	DLR 5.3: 35% reduction in understock of tracer health commodities in Year 6 over the baseline established for the sub-provincial (district) stores through the eLMIS for two Provinces.
Date	15-Jul-2019	15-Nov-2020	15-Sep-2021	16-Jul-2022
Comments	The list of "tracer health commodities" procured by the MD will be jointly agreed by the government and partners. The required minimum stock of tracer health commodities will be agreed and defined in the baseline for Year 3. Any stock below the minimum required level will be labelled as "understock".			



► Percentage of the MoHP's annual spending captured by the TABUCS/CGAS. (DLI 8) (Text, Custom)				
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	70%	91.2% of MoHP spending in Year 4 captured by TABUCS	97.96% of MoHP spending in Year 4 captured by TABUCS	DLR 8.6: 95% of MoHP spending in Year 6 captured by TABUCS/CGAS
Date	13-Jan-2017	15-Nov-2020	15-Sep-2021	16-Jul-2022
Comments	Audited spending units to respond to the OAG's primary audit queries within 35 days of receiving the report.			
► Health facilities reporting annual disaggregated data using District Health Information System (DHIS 2) in a timely manner. (DLI 10) (Text, Custom)				
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	0%	HMIS/DHIS 2 shows timely reporting from at least 65.9% of public health facilities in Year 4	HMIS/DHIS 2 shows timely reporting from at least 68.71% of public health facilities in Year 5	DLR 10.6 HMIS/DHIS 2 shows timely reporting from at least 70% of public health facilities in Year 6
Date	13-Jan-2017	15-Nov-2020	15-Sep-2021	16-Jul-2022
Comments	Data disaggregated by geography, gender, and ethnicity reported by facilities using DHIS 2			

### Intermediate Results Indicators by Results Areas

1. Improved Public Procurement				
► Percentage of contracts managed by the MD through the PPMO's online procurement portal (DLI 1) (Text, Custom)				
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	No contract is through online e-procurement developed by the Public Procurement Management Office (PPMO)	99.48% of value of total contracts managed by MD done through online e-procurement of Year 4	99.14% of value of total contracts managed by MD done through online e-procurement of Year 5	DLR 1.7: 95% of value of total contracts managed by MD done through online e-procurement of Year 6
Date	13-Jan-2017	15-Nov-2020	15-Sep-2021	16-Jul-2022
Comments				
► Establishment and functioning of web-based grievance redressal mechanism (DLI 2) (Text, Custom)				
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	Web-based Grievance Redressal Mechanism not established	MOHP has made available an annual report on the website of Management Division providing status of grievances registered	MOHP has made available an annual report on the website of Management Division providing status of grievances registered	DLR 2.6: MoHP has made available on its website an annual report on the status of grievances received in Year 6
Date	13-Jan-2017	15-Nov-2020	15-Sep-2021	16-Jul-2022



Comments	Grievance Redressal Mechanism will track complaints and responses related to procurement and supply chain management.			
<b>► Percentage of procurements done by Management Division (MD) using standard specifications (DLI 3) (Text, Custom)</b>				
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	Procurement not based on standard specifications	100% of MD awarded contract value for Health Commodities is based on the use of standard specification. The specification available at MD website matches with the standard specification mentioned in the bidding document.	100% of MD awarded contract value for Health Commodities and Health Equipment is based on the use of standard specification. The specification available at MD website matches with the standard specification mentioned in the bidding document.	DLR 3.7a For Year 6 procurement, 95% of health commodities procured by MD, is based on the use of standard specifications DLR 3.7b For Year 6 procurement, 80% of equipment procured by MD is based on the use of standard specifications
Date	13-Jan-2017	15-Nov-2020	15-Sep-2021	16-Jul-2022
Comments	All procurements done by Management Division will be tracked. Standard specifications are as defined by MoHP and publicly disclosed			
<b>► Central medical stores and medical stores of Provinces report through eLMIS (DLI 4) (Text, Custom)</b>				
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	eLMIS not in place	The eLMIS information for program Year 4 is available from central and all the provincial (including sub-provincial) stores of Province	The eLMIS information for program Year 5 is available from central and all the provincial (including sub-provincial) stores of Province	DLR 4.5: eLMIS information for program Year 6 is available from central and provincial (including sub-provincial) stores of Provinces.
Date	13-Jan-2017	15-Nov-2020	15-Sep-2021	16-Jul-2022
Comments	Medical stores are the public warehouses for storing drugs. eLMIS is the real time online logistic management information system which provides information on stocks of drugs and has various functionalities as defined in the verification protocol matrix.			
<b>► Percentage improvement in EVM score over 2014 baseline. (DLI 6) (Text, Custom)</b>				
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	Average EVM Score of 64%, with two attributes achieving 80%	NA-survey suspended due to COVID-19 lockdown	Average EVM Score of 82%, with six attributes achieving 80%	DLR 6.2a Average EVM Score of 70% (based on a survey conducted in 2019 or later) DLR 6.2b Any four (4) attributes in EVM Score achieving at least 80%
Date	13-Jan-2017	15-Nov-2020	15-Sep-2021	16-Jul-2022
Comments	EVM is a standard score consisting of nine parameters to determine the management and quality of vaccine management in a country at the central, regional, and service delivery levels			





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2. Improved Financial Management				
▶ Percentage of the MoHP spending entities submitting annual plan and budget using eAWPB. (DLI 7) (Text, Custom)				
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	Not all spending units submit their annual plan and budget using eAWPB	eAWPB has been used in Year 4 for planning and budget submission by the MoHP and its all departments, divisions, centers and spending units.	eAWPB has been used in Year 5 for planning and budget submission by the MoHP and its all departments, divisions, centers and spending units.	DLR 7.6a eAWPB used in Year 6 for planning and budget submission by MoHP and all its departments, divisions and centers DLR 7.6b eAWPB used in Year 6 for and 95% of remaining spending units (excluding units included under DLR 7.6a) under MoHP
Date	13-Jan-2017	15-Nov-2020	15-Sep-2021	16-Jul-2022
Comments	eAWPB is a software at MoHP used for annual workplan and budgeting.			
▶ Percentage of audited spending units responding to the OAG's primary audit queries within 35 days. (DLI 9) (Text, Custom)				
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	Percentage as derived from MoHP inventory of responses in Year 1	97.4% of the cost centers responded to the OAG's audit queries within 35 days.	91.6% of the cost centers responded to the OAG's audit queries within 35 days.	DLR 9.6 80% of spending units reporting to the MoHP respond to primary audit queries within mandated 35 days
Date	17-Jul-2017	15-Nov-2020	15-Sep-2021	16-Jul-2022
Comments	OAG sends primary audit queries to the respective audited spending units and gives them 35 days to respond.			

3. Improved Reporting and Information Sharing for Enhanced Accountability and Transparency				
▶ MoHP to provide guidance and support to the subnational governments on citizen engagement mechanism (DLI 11) (Text, Custom)				
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	No formal guidelines for citizen feedback mechanisms in place for Provinces and/or Local Governments	MoHP has updated the guideline on social audit mechanism. However, sub-national dissemination of guideline has not been	MoHP has provided orientation to all provinces on new social accountability framework	DLR 11.6: MoHP provided on-site support to at least three (3) Local Governments each in at least four Provinces



		possible due to COVID 19 pandemic		in conducting social audits
Date	13-Jan-2017	15-Nov-2020	15-Sep-2021	16-Jul-2022
Comments	Social audit is the most frequently used citizen engagement mechanism in the health sector.			

### Disbursement Linked Indicators

<b>► DLI 1 Percentage of contracts managed by the MD through the PPMO's online procurement portal (DLI 1) (Intermediate Outcome, 19,597,452.00, 66%)</b>				
	Baseline	Actual (Previous)	Actual (Current)	July 16, 2021 - July 16, 2022
Value	No contract is through online e-procurement developed by the Public Procurement Management Office (PPMO)	99.48% of values of total contracts managed by MD is done through online e-procurement of year 4.	99.14% of values of total contracts managed by MD is done through online e-procurement of Year 5.	DLR 1.7: 95% of value of total contracts managed by MD done through online e-procurement of Year 6
Date	13-Jan-2017	15-Nov-2020	15-Sep-2021	--
Comments	Year 1-4 results achieved			

<b>► DLI 2 Establishment and functioning of web-based grievance redressal mechanism (DLI 2) (Intermediate Outcome, 13,064,968.00, 69%)</b>				
	Baseline	Actual (Previous)	Actual (Current)	July 16, 2021 - July 16, 2022
Value	Web-based Grievance Redressal Mechanism not established	Annual report on status of grievances is made available on the Management Divisions website for the public use	Annual report on status of grievances is made available on the Management Divisions website for the public use	DLR 2.6: MoHP has made available on its website an annual report on the status of grievances received in Year 6
Date	13-Jan-2017	15-Nov-2020	15-Sep-2021	--
Comments	Year 1-4 results achieved			

<b>► DLI 3 Percentage of procurements done by Management Division (MD) using standard specifications (DLI 3) (Intermediate Outcome, 16,500,022.00, 64%)</b>				
	Baseline	Actual (Previous)	Actual (Current)	July 16, 2021 - July 16, 2022
Value	Procurement not based on standard specifications	100% of MD awarded contract value for Health Commodities are based on the use of standard specification. The specification available at MD website matches with the standard specification mentioned in the bidding document.	100% of MD awarded contract value for Health Commodities and Health Equipment are based on the use of standard specification. The specification available at MD website matches with the standard specification	DLR 3.7 a: For Year 6 procurement, 95% of health commodities procured by MD, is based on the use of standard specifications DLR 3.7 b: For Year 6 procurement, 80%



			mentioned in the bidding document.	of equipment procured by MD is based on the use of standard specifications
Date	13-Jan-2017	15-Nov-2020	15-Sep-2021	--
Comments	<p>DLR 3.1 MoHP endorses standard specifications for basic package of drugs to be procured by LMD- Achieved</p> <p>DLR 3.2 For Year 2 procurement, 70% of procurement of basic package of free drugs based on the use of standard specifications- 100%</p> <p>DLR 3.3 Verify that the MoHP, through a public notification, has endorsed standard specifications for essential equipment procured by the LMD- off track</p> <p>Year 1-4 results achieved</p>			

<b>► DLI 4 Central medical stores and medical stores of Provinces report through eLMIS (DLI 4) (Intermediate Outcome, 28,500,057.00, 40%)</b>				
	Baseline	Actual (Previous)	Actual (Current)	July 16, 2021 - July 16, 2022
Value	eLMIS not in place	eLMIS information for program Year 4 is available from central and all the provincial (including sub-provincial) stores of Province.	eLMIS information for program Year 5 is available from central and all the provincial (including sub-provincial) stores of Province.	DLR 4.5: eLMIS information for program Year 6 is available from central and provincial (including sub-provincial) stores of Provinces.
Date	13-Jan-2017	01-Jun-2020	15-Sep-2021	--
Comments	Years 2-4 results achieved			

<b>► DLI 5 Percentage reduction of less than minimum stocks (understock) of tracer health commodities in sub-provincial medical stores (DLI 5) (Outcome, 18,644,042.00, 22%)</b>				
	Baseline	Actual (Previous)	Actual (Current)	July 16, 2021 - July 16, 2022
Value	Baseline to be established in Year 3	43.67% and 41.65% reduction in the understock of the tracer health commodities from the baseline to Year 4 in the provinces 5 and Karnali Province respectively.	54.44% and 59.74% reduction in the understock of the tracer health commodities from the baseline to Year 5 in the Lumbini and Karnali Province respectively.	DLR 5.3: 35% reduction in understock of tracer health commodities in Year 6 over the baseline established for the sub-provincial (district) stores through the eLMIS for two Provinces.
Date	13-Jan-2017	15-Nov-2020	15-Sep-2021	--
Comments	Years 4 result achieved			

<b>► DLI 6 Percentage improvement in EVM score over 2014 baseline. (DLI 6) (Intermediate Outcome, 3,413,620.00, 59%)</b>				
	Baseline	Actual (Previous)	Actual (Current)	July 16, 2021 - July 16, 2022



Value	Average EVM Score of 64%, with two attributes achieving 80%	NA- pending EVM survey results. likely to happen next FY	Average EVM score of 82% with six attributes scoring over 80%	--
Date	13-Jan-2017	15-Nov-2020	15-Sep-2021	--
Comments	Average EVM score of 82% with 4 attributes in EVM score achieving 80%. (target achieved).			

► DLI 7 Percentage of the MoHP spending entities submitting annual plan and budget using eAWPB. (DLI 7) (Intermediate Outcome, 20,049,026.00, 0%)

	Baseline	Actual (Previous)	Actual (Current)	July 16, 2021 - July 16, 2022
Value	Not all spending units submit their annual plan and budget using eAWPB	eAWPB has been used in Year 4 for planning and budget submission by the MoHP and its all departments, divisions, centers and spending units.	eAWPB has been used in Year 4 for planning and budget submission by the MoHP and its all departments, divisions, centers and spending units.	DLR 7.6a: eAWPB used in Year 6 for planning and budget submission by MoHP and all its departments, divisions and centers DLR 7.6b: eAWPB used in Year 6 for and 95% of remaining spending units (excluding units included under DLR 7.6a) under MoHP
Date	13-Jan-2017	15-Nov-2020	15-Nov-2020	--
Comments	Years 1-4 results achieved			

► DLI 8 Percentage of the MoHP's annual spending captured by the TABUCS/CGAS. (DLI 8) (Outcome, 25,957,785.00, 0%)

	Baseline	Actual (Previous)	Actual (Current)	July 16, 2021 - July 16, 2022
Value	70%	91.16% of the MoHP expenditure was captured through TABUCS during the FY 2076/77 (between 17 July 2019 to 16 July 2020)	91.16% of the MoHP expenditure was captured through TABUCS during the FY 2076/77 (between 17 July 2019 to 16 July 2020)	DLR 8.6: 95% of MoHP spending in Year 6 captured by TABUCS/CGAS
Date	13-Jan-2017	15-Nov-2020	15-Nov-2020	--
Comments	Years 1-4 results achieved and DLR value for Year 5 revised to US\$4,950,000			

► DLI 9 Percentage of audited spending units responding to the OAG's primary audit queries within 35 days. (DLI 9) (Intermediate Outcome, 21,250,027.00, 58%)

	Baseline	Actual (Previous)	Actual (Current)	July 16, 2021 - July 16, 2022
Value	Percentage as derived from MoHP inventory of responses in Year 1	97.4% of the cost centers responded to the OAG's audit queries within 35 days.	91.6% of the cost centers responded to the OAG's audit queries within 35 days.	DLR 9.6: 80% of spending units reporting to the MoHP respond to



				primary audit queries within mandated 35 days
Date	13-Jan-2017	15-Nov-2020	15-Sep-2021	--
Comments	Years 1-4 results achieved			

► DLI 10 Health facilities reporting annual disaggregated data using District Health Information System (DHIS 2) in a timely manner. (DLI 10) (Outcome, 27,161,702.00, 55%)

	Baseline	Actual (Previous)	Actual (Current)	July 16, 2021 - July 16, 2022
Value	0%	HMIS/DHIS 2 shows timely reporting from 66.03% of public health facilities in Year 4.	HMIS/DHIS 2 shows timely reporting from 68.71% of public health facilities in Year 5.	DLR 10.6: HMIS/DHIS 2 shows timely reporting from at least 70% of public health facilities in Year 6
Date	13-Jan-2017	15-Nov-2020	15-Sep-2021	--
Comments	Year 1 to 4 targets achieved and disbursed			

► DLI 11 MoHP to provide guidance and support to the subnational governments on citizen engagement mechanism (DLI 11) (Intermediate Outcome, 6,976,000.00, 50%)

	Baseline	Actual (Previous)	Actual (Current)	July 16, 2021 - July 16, 2022
Value	No formal guidelines for citizen feedback mechanisms in place for Provinces and/or Local Governments	MoHP has updated the guideline on social audit mechanism. However, sub-national dissemination was not possible due to COVID 19 pandemic	MoHP has provided orientation to all provinces on new social accountability framework	DLR 11.6: MoHP provided on-site support to at least three (3) Local Governments each in at least four Provinces in conducting social audits
Date	13-Jan-2017	15-Nov-2020	15-Sep-2021	--
Comments	Year 1 and 3 results fully achieved, Year 4 result partially achieved			