

Progress Report

Nepal Health Sector Programme-2 (NHSP-2)

Results Framework Indicators

2013/14

Report Prepared for Joint Annual Review (JAR)

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Government of Nepal (GoN)

Ministry of Health and Population (MoHP)

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ACRONYMS

| | |
|--------|----------------------------------------------------------------------------|
| AIDS | acquired immunodeficiency syndrome |
| ANC | antenatal care |
| ARI | acute respiratory infection |
| ART | antiretroviral |
| BEONC | basic emergency obstetric and neonatal care |
| CEONC | comprehensive emergency obstetric and neonatal care |
| CPR | contraceptive prevalence rate |
| DoHS | Department of Health Services |
| EDP | external development partners |
| EHCS | essential health care services |
| EOC | emergency obstetric care |
| EONC | emergency obstetric and neonatal care |
| EPP | Estimation and Projection Package (UNAIDS) |
| FARHCS | Facility Based Assessment for Reproductive Health Commodities and Services |
| FCHV | female community health volunteer |
| FHD | Family Health Division |
| FSW | female sex worker |
| GAAP | Governance and Accountability Action Plan |
| GoN | Government of Nepal |
| HHS | household survey |
| HIIS | Health Infrastructure Information System |
| HIV | human immunodeficiency virus |
| HMIS | Health Management Information System |
| HP | health post |
| HuRIS | Human Resources Management Information System |
| IBBS | Integrated Biological and Behavioural Surveillance |
| JAR | Joint Annual Review |
| LLIN | long lasting insecticidal (bed) nets |
| MMR | Maternal Mortality Ratio |
| MMR | maternal mortality ratio |
| MoF | Ministry of Finance |
| MoHP | Ministry of Health and Population |
| MSM | men who have sex with men |
| MSW | male sex workers |
| NA | not available |
| NCASC | National Centre for AIDS and STD control |
| NDHS | Nepal Demographic Health Survey |
| NHFS | Nepal Health Facility Survey |
| NHSP-2 | Nepal Health Sector Programme-2 |

| | |
|--------|-----------------------------------------------------------------|
| NLSS | Nepal Living Standards Survey |
| NMICS | Nepal Multiple Indicator Cluster Survey |
| OAG | Office of the Auditor General |
| OC | outcome |
| OP | output |
| PHAMED | Public Health Administration Monitoring and Evaluation Division |
| PHCC | primary health care centre |
| PPICD | Policy Planning and International Co-operation Division |
| PSI | Population Services International |
| SBA | skilled birth attendant |
| SHP | sub-health post |
| STS | Service Tracking Survey |
| TFR | total fertility rate |
| UNFPA | United Nations Population Fund |
| WHO | World Health Organisation |
| WRA | women of reproductive age |

1 INTRODUCTION

1.1 Background

The Nepal Health Sector Programme-2 (NHSP-2) (2010-2015) started in 2010 to implement national health strategies with the following three main objectives:

- to increase access to and utilization of quality essential health care services;
- to reduce cultural and economic barriers to accessing health care services and harmful cultural practices in partnership with non-state actors; and
- to improve the health system to achieve universal coverage of essential health care services (EHCS).

NHSP-2 envisions a healthy and productive population as a precondition for alleviating poverty. Table 1 presents NHSP-2's framework with its outputs, outcomes and goal statements.

Table 1: NHSP-2 Framework

| Outputs | Outcomes | Purpose | Goal | Vision |
|-----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| 1. Reduced cultural and economic barriers to accessing health care services | 1. Increased and equitable access to quality essential health care services | Increased utilization of health services, and improved health and nutritional behaviour of the people, especially by the poor and excluded | Improved health and nutritional status of people, especially the poor and excluded | Healthy and productive population contributes to poverty reduction |
| 2. Improved service delivery | | | | |
| 3. Improved sector management | 2. Improved health systems to achieve universal coverage of essential health care services | Increased utilization of health services, and improved health and nutritional behaviour of the people, especially by the poor and excluded | Improved health and nutritional status of people, especially the poor and excluded | Healthy and productive population contributes to poverty reduction |
| 4. Strengthened human resources for health | | | | |
| 5. Improved M&E and health information | | | | |
| 6. Improved physical assets and logistics management | | | | |
| 7. Improved health governance and financial management | | | | |
| 8. Improved sustainable health financing | | | | |
| 9. Increased health knowledge and awareness | 3. Increased adoption of healthy practices | | | |

1.2 This Report

Chapter 2 of this report presents the progress made to 2014 against the 2015 targets of the NHSP-2 Results Framework document. The results are given based on the structure of the Results Framework according to the colour coding system in Table 2. The indicators for which there are no data sources for 2014 are shaded in blue. In these cases achievements cannot be compared against targets.

The main sources of monitoring information are the Health Management Information System (HMIS), the Population Census 2011, the Nepal Demographic and Health Survey (NDHS) 2011, the Nepal Multiple Indicator Cluster Survey 2014 (NMICS, 2014), the Service Tracking Survey, 2013 (STS 2013), the 2014

health facility survey (FARHCS) by UNFPA and administrative records of the Ministry of Health and Population (MoHP).

Chapter 3 highlights the key progress made during the NHSP-2 period as shown by the progress against key indicators.

Table 2: Shading key for progress in 2014 against 2015 targets

| Level of progress | Colour |
|-------------------------------------------------------------|--------|
| Achieved 100% or more progress against 2015 target | Green |
| Achieved between 90% and 99.9% progress against 2015 target | Orange |
| Achieved less than 90% progress against 2015 target | Red |
| No data for 2014/2015 | Blue |

2 PROGRESS AGAINST NHSP-2 TARGETS

2.1 Goal

“Improved health and nutritional status of people, especially the poor and excluded”

| Code | Indicator | NHSP-2 (2010–2015) | | | | | Remarks |
|------|---------------------------------------------------------------------------------------|-------------------------|-----------------------------|----------------|------------------|-------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | Baseline | | 2015 target | Progress in 2014 | | |
| | | Data | Source | | Data | Source | |
| G1 | Total Fertility Rate (per woman) | 3 | NHSP-2, 2010 | 2.5 | 2.3 | NMICS 2014 | |
| G2 | Adolescent Fertility Rate (women aged 15-19 years, per 1,000 women in that age group) | 98 | NDHS-2, 2006 | 70 | 71 | NMICS 2014 | |
| G3 | Under-five Mortality Rate (per 1,000 live births) | 55 | NHSP-2, 2010 | 38 | 38 | NMICS 2014 | |
| G4 | Infant Mortality Rate (per 1,000 live births) | 44 | NHSP-2, 2010 | 32 | 33 | NMICS 2014 | |
| G5 | Neonatal Mortality Rate (per 1,000 live births) | 33 | NDHS 2006 | 16 | 23 | NMICS 2014 | |
| G6 | Maternal Mortality Ratio (per 100,000 live births) | 250 | NHSP-2, 2010 | 134 | 190 | WHO estimate 2014 | The MMR for 2010 is an estimated linear decline from 539 in 1990-96 and 281 in 2000-06; it is not generated from survey data. The 2011 census shows 481. The methodology for census and NDHS (sisterhood direct method) differ and hence are not strictly comparable. In absence of survey data, WHO estimates are used for 2014. |
| G7 | HIV prevalence among men and women aged 15-24 years (per 100,000 population) | 0.12 M=0.2 F=0.05 | EPP/Spectrum modeling, 2010 | 0.06 | NA | | Prevalence of HIV, total (population ages 15-49): 0.2 (UNAIDS estimate; World Development Indicators, 2014): http://data.worldbank.org/indicator/SH.DYN.AIDS.ZS |
| G8 | Malaria annual parasite incidence rate (per 1,000 population in one year) | 0.16 | HMIS 2010/11 | Halt & reverse | 0.15 | HMIS 2013/14 | |
| G9 | % of children under five years of age who are stunted | 49.3 | NDHS 2006 | 28 | 37.4 | NMICS 2014 | Minus two standard deviations of the median height for age of the WHO standard. NDHS 2011: 40.5 |

| Code | Indicator | NHSP-2 (2010–2015) | | | | | Remarks |
|--------------------------|-----------------------------------------------------------|--------------------|--------------|-------------|------------------|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | Baseline | | 2015 target | Progress in 2014 | | |
| | | Data | Source | | Data | Source | |
| G10 | % of children under five years of age who are underweight | 34 | NHSP-2, 2010 | 29 | 30.1 | NMICS 2014 | Minus two standard deviations of the median weight for age of the WHO standard. NDHS 2011: 28.8 |
| G11 | % of children under five years of age who are wasted | 13 | NDHS 2006 | 5 | 11.3 | NDHS 2011 | Minus two standard deviations of the median weight for height of the WHO standard. NDHS 2011: 10.9 |
| G12 | % of low birth weight babies | 14.3 | NDHS 2006 | 12 | 24.2 | NMICS 2014 | NDHS 2011: 12.4 – The percentage of live births in the five years preceding the survey that have a reported birth weight of less than 2.5 kg. NMICS: Percentage of live births in the two years preceding the survey that have a reported birth weight of less than 2.5 kg. |
| Note: NA = Not available | | | | | | | |

2.2 Purpose:

“Increased utilization of health services, and improved health and nutritional behaviour of the people, especially by the poor and excluded”

| Code | Indicator | NHSP-2 (2010 – 2015) | | | | | Remarks |
|------|--------------------------------------------------------------------------------------------------------------|----------------------|--------------|--------|------------------|--------------|------------------------------------------------------------------------------------------------------------------|
| | | Baseline | | 2015 | Progress in 2014 | | |
| | | Data | Source | Target | Data | Source | |
| P1 | % of infants breastfed within one hour of birth | 35.4 | NDHS 2006 | 60 | 48.7 | NMICS 2014 | NDHS 2011: 44.5 |
| P2 | % of infants exclusively breastfed for 0-5 months | 53 | NDHS 2006 | 60 | 56.9 | NMICS 2014 | NDHS 2011: 69.6 |
| P3 | % of one-year-old children immunized against measles | 86 | HMIS 2009/10 | 90 | 92.6 | NMICS 2014 | |
| P4 | % of children aged 6-59 months who have received vitamin A supplements | 90 | HMIS 2009/10 | ≥90 | 90.4 | HHS 2012 | NDHS 2011: 90.4 |
| P5 | % of children aged 6-59 months suffering from anaemia | 48 | NDHS 2006 | 43 | NA | | NDHS 2011: 46.2; No survey with anaemia test in 2014 |
| P6 | % of households using adequately iodised salt | 77 | NHSP-2, 2010 | 88 | 81.5 | NMICS 2014 | NDHS 2011: 80 |
| P7 | Contraceptive prevalence rate (CPR) – modern methods (%) | 48 | NHSP-2, 2010 | 67 | 49.6 | NMICS 2014 | NDHS 2011: 43.2; NMICS 2014; key findings includes modern or traditional contraceptive methods; HMIS 2013/14: 45 |
| P8 | % of pregnant women attending at least four antenatal care (ANC) visits | 35.2 | NHSP-2, 2010 | 80 | 59.5 | NMICS 2014 | NDHS 2011: 50.1 |
| P9 | % of pregnant women receiving Iron/Folic Acid (IFA) tablets or syrup during last pregnancy | 59.3 | NDHS 2006 | 90 | 72 | HMIS 2013/14 | NDHS 2011: 79.5 |
| P10 | % of deliveries conducted by a skilled birth attendant (SBA) | 18.7 | NDHS 2006 | 60 | 55.6 | NMICS 2014 | NDHS 2011: 36 |
| P11 | % of women who had three postnatal check-ups as per protocol (1st within 24 hours of delivery, 2nd within 72 | NA | | 50 | 6 | HHS 2012 | NMICS gives % of women who received postnatal check-up |

| Code | Indicator | NHSP-2 (2010 – 2015) | | | | | Remarks |
|------|------------------------------------------------------------------------------------------------------------|----------------------|--------------|------------------|------------------|--------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | Baseline | | 2015 Target | Progress in 2014 | | |
| | | Data | Source | | Data | Source | |
| | hours of delivery, and 3rd within 7 days of delivery, as % of expected live births) | | | | | | within 2 days after delivery of their most recent live birth in the last 2 years (57.9) Revised HMIS has been collecting this data from fiscal year 2014/15 onwards. |
| P12 | % of women of reproductive age (WRA) (15-49) with complications from safe abortions (surgical and medical) | 58.4 | NDHS 2006 | 7 | NA | | NDHS 2011: 49 (includes all abortion); Revised HMIS has been collecting this data from fiscal year 2014/15 onwards. |
| P13 | Prevalence rate of leprosy (%) | 0.77 | HMIS 2009/10 | Halt and reverse | 0.83 | HMIS 2013/14 | |
| P14 | Obstetric direct case fatality rate | NA | | <1 | 0.09 | HMIS 2013/14 | Total institutional maternal deaths reported/total institutional deliveries x 100 |

2.3 Outcomes

Outcome 1: Increased and equitable access to quality essential health care services

| Code | Indicator | NHSP-2 (2010 – 2015) | | | | | Remarks |
|-------|------------------------------------------------------------------------------------------------------------------------|----------------------|--------------|-------------------------------|------------------|--------------|-----------------------------------------------------------------------------------------------|
| | | Baseline | | 2015 Target | Progress in 2014 | | |
| | | Data | Source | | Data | Source | |
| OC1.1 | % population living within 30 minutes travel time to a health post (HP) or sub-health post (SHP) | 50 | NHSP-2, 2010 | 80 | 34.9 | HHS 2012 | NLSS 2010/11: 61.8 |
| OC1.2 | % of population utilizing outpatient services at SHPs, HPs, primary health care centres (PHCCs) and district hospitals | 76 | HMIS 2009/10 | Proportion to population size | 79 | HMIS 2013/14 | No specific target is set for these indicators so the achievements are not colour coded. |
| OC1.3 | % of population utilizing inpatient services at district hospitals (all levels of hospitals) | 9.15 | HMIS 2009/10 | | 9 | HMIS 2013/14 | |
| OC1.4 | % of population utilizing emergency services at district hospitals (all levels of hospitals) | 16.14 | HMIS 2009/10 | | 17 | HMIS 2013/14 | |
| OC1.5 | Met need for emergency obstetric care (%) | 31.0 | HMIS 2008/09 | 49 | 23 | HMIS 2013/14 | |
| OC1.6 | % of deliveries by caesarean section (CS) | 3.6 | HMIS 2008/09 | 4.5 | 8.6 | NMICS 2014 | NMICS: % of women with most recent live birth in last 2 years delivered by caesarean section. |
| OC1.7 | Tuberculosis treatment success rates (%) | 89.7 | HMIS 2009/10 | 90 | 90 | HMIS 2013/14 | |
| OC1.8 | % of eligible adults and children currently receiving antiretroviral therapy (ART) | NA | | 80 | NA | | EPP/Spectrum modelling & Routine ART monitoring report 2013/14, NCASC |

Outcome 2: Improved health systems to achieve universal coverage of essential health care services

| Code | Indicator | NHSP-2 (2010 – 2015) | | | | | Remarks |
|-------|--------------------------------------------------------------------------------------------|----------------------|--------------|--------|------------------|--------------|-------------------------------------------------------------------------------------------------------|
| | | Baseline | | 2015 | Progress in 2014 | | |
| | | Data | Source | Target | Data | Source | |
| OC2.1 | % of children under five with diarrhoea treated with zinc and oral rehydration salts (ORS) | 6.6 | NHSP-2, 2010 | 40 | 18.2 | NMICS 2014 | NDHS 2011: 5.2 |
| OC2.2 | % of children under five with pneumonia who received antibiotics | 25.1 | NDHS 2006 | 50 | 40.6 | HMIS 2013/14 | NMICS: % of children under age 5 with ARI symptoms in the last 2 weeks who received antibiotics: 74.9 |
| OC2.3 | Unmet need for family planning (%) | 24.6 | NDHS 2006 | 18 | 25.2 | NMICS 2014 | NDHS 2011: 27 |
| OC2.4 | % of institutional deliveries | 17.7 | NDHS 2006 | 40 | 55.2 | NMICS 2014 | NDHS 2011: 35.3 |
| OC2.5 | % of women who received contraceptives after abortion care | 50.8 | HMIS 2009/10 | 60 | 24.8 | HMIS 2013/14 | |
| OC2.6 | % of clients satisfied with their health care provider at public facilities | 68.4 | NHSP-2, 2010 | 80 | 99 | FARHCS 2014 | STS 2011: 96 |
| OC2.7 | Tuberculosis case detection rate | 75 | HMIS 2009/10 | 85 | 81 | HMIS 2013/14 | |

Outcome 3: Increased adoption of healthy practices

| Code | Indicator | NHSP-2 (2010–2015) | | | | | Remarks |
|-------|----------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------------|--------|------------------|------------|-------------------------------------------------------------------------------------------------------------------------|
| | | Baseline | | 2015 | Progress in 2014 | | |
| | | Data | Source | Target | Data | Source | |
| OC3.1 | % of children under five in high-risk areas who slept under a long-lasting insecticide-treated bed net (LLIN) the previous night | 67.8 | PSI Study TRac | 80 | 83 | PSI 2013 | HHS 2012: 10.4 |
| OC3.2 | % of key populations at high risk of HIV reporting the use of condoms at last sex: | | | | NA | | |
| | Female sex workers (FSWs) | NA | | 85 | NA | | |
| | Male sex workers (MSWs) | 37.8 | IBBS 2009 | 80 | NA | | |
| | Men who have sex with men (MSMs) | 75.3 | IBBS 2009 | 80 | NA | | |
| | People who inject drugs (PWID) | NA | | 80 | NA | | |
| | Male labour migrants (MLMs) | 53 | IBBS 2010 | 80 | NA | | |
| OC3.3 | % of PWID reporting the use of sterile injecting equipment the last time they injected | NA | | ≥95 | NA | | |
| OC3.4 | % of households with hand washing facilities with soap and water nearby the latrine | NA | | 85 | 72.5 | NMICS 2014 | NMICS: % of households with a specific place for hand washing where water and soap or other cleansing agent are present |

2.4 Outputs

Output 1: Reduced cultural and economic barriers to accessing health care services

| Code | Indicator | NHSP-2 (2010–2015) | | | | | Remarks |
|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|----------|----------------|------------------|-----------------------------|---------|
| | | Baseline | | 2015 Target | Progress in 2014 | | |
| | | Data | Source | | Data | Source | |
| OP1.1 | % of women utilizing the Female Community Health Volunteer (FCHV) fund (among WRA) | 5 | HMIS | 10 | 6 | HMIS 2013/14 | |
| OP1.2 | Number of health facilities providing adolescent-friendly health services | 0 | FHD 2010 | 1000 | 1154 | FHD 2013/14 (Admin. record) | |
| OP1.3 | % Health Facility Operation and Management Committees (HFMOCs/Hospital Development Management Committees (HDMCs) with at least 3 female members and at least 2 Janajati and Dalit members | NA | | 100 | 7.6 | FARHCS 2014 | |

Output 2: Improved sector management

| Code | Indicator | NHSP-2 (2010–2015) | | | | | Remarks |
|-------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------|----------------|------------------|--------------------|---------|
| | | Baseline | | 2015 Target | Progress in 2014 | | |
| | | Data | Source | | Data | Source | |
| OP2.1 | % EDPs providing Official Development Assistance (ODA) on rolling 3-year period basis | NA | | 90 | NA | PPICD 2013/14 | |
| OP2.2 | % of health sector aid reported by the EDPs on national health sector budgets | NA | | 85 | NA | MoF Red Book, AWPB | |
| OP2.3 | % of actions documented in the action plan of the aide-memoire completed by the next year | NA | | 100 | NA | PPICD 2013/14 | |
| OP2.4 | % of EDPs reporting to JAR their contribution to the health sector (including expenditure) aligned to the agreed annual reporting format for EDPs as developed by MoHP | NA | | 100 | NA | PPICD 2013/14 | |

Output 3: Strengthened human resources for health

| Code | Indicator | NHSP-2 (2010–2015) | | | | | Remarks |
|-------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------|----------------|------------------|-------------|--------------|
| | | Baseline | | 2015 Target | Progress in 2014 | | |
| | | Data | Source | | Data | Source | |
| OP3.1 | % of sanctioned posts that are filled: | | | | | | |
| | Doctors at PHCCs | NA | | 90 | 66.7 | FARHCS 2014 | STS 2011: 50 |
| | Doctors at district hospitals | NA | | 90 | 66.7 | FARHCS 2014 | STS 2011: 69 |
| | Nurses at PHCCs | NA | | 90 | 88.9 | FARHCS 2014 | STS 2011: 74 |
| | Nurses at district hospitals | NA | | 90 | 93.3 | FARHCS 2014 | STS 2011: 83 |
| OP3.2 | % of district hospitals that have at least one Doctor of Medicine General Practitioner (MDGP) or Obstetrician/Gynaecologist (Obs/Gyn), five nurses (SBA trained), and one Anaesthetist or Assistant Anaesthetist (AA) | NA | | 80 | 0 | HFS 2014 | STS 2011: 13 |
| OP3.3 | Number of production and deployment of: | | | | NA | HuRIS | |
| | SBA | 2,562 | | 7,000 | NA | | |
| | MDGPs | NA | | 56 | NA | | |
| | Anaesthetists | NA | | 44 | NA | | |
| | Psychiatrists | NA | | 56 | NA | | |
| | Radiologists | NA | | 55 | NA | | |
| | Physiotherapists | NA | | 20 | NA | | |
| | Physiotherapy Assistants | NA | | 70 | NA | | |
| | Radiographers | NA | | 100 | NA | | |
| | Assistant Anaesthetists | NA | | 62 | NA | | |
| | Procurement specialists | NA | | 7 | NA | | |

| Code | Indicator | NHSP-2 (2010–2015) | | | | | Remarks |
|-------|----------------------------|--------------------|--------------|----------------|------------------|---------------|---------|
| | | Baseline | | 2015 Target | Progress in 2014 | | |
| | | Data | Source | | Data | Source | |
| | Health legislation experts | NA | | 3 | NA | | |
| | Epidemiologists | NA | | 7 | NA | | |
| | Health economists | NA | | 7 | NA | | |
| | Health governance experts | NA | | 3 | NA | | |
| OP3.4 | Number of FCHVs | 48,514 | HMIS 2007/08 | 53,514 | 49,084 | HMIS, 2013/14 | |

Output 4: Improved service delivery

| Code | Indicator | NHSP-2 (2010–2015) | | | | | Remarks |
|--------|---------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------|--------|------------------|------------------------------|------------------------------------------------------------------------------------|
| | | Baseline | | 2015 | Progress in 2014 | | |
| | | Data | Source | Target | Data | Source | |
| OP4.1 | Number of One-stop Crisis Management Centres (OCMCs) to support victims of gender-based violence (GBV) | NA | | 20 | 16 | Pop. Division, PHCRD 2013/14 | Pop. Div., 2011: 6 |
| OP4.2 | Number of HPs per 5,000 population | NA | | 1 | 0.27 | HMIS 2013/14 | HMIS 2010/11: 0.12 |
| OP4.3 | Number of PHCCs per 50,000 population | NA | | 1 | 0.37 | HMIS 2013/14 | HMIS 2010/11: 0.37 |
| OP4.4 | Number of district hospital beds per 5,000 population | NA | | 1 | 1.40 | HMIS 2013/14 | HMIS 2010/11: 1.06 |
| OP4.5 | % of districts with at least one public facility providing all Comprehensive Emergency Obstetric and Neonatal Care (CEONC) signal functions | NA | | 76 | 47 | FARHCS 2014 | STS 2011: 39 |
| OP4.6 | % of PHCCs providing all Basic Emergency Obstetric and Neonatal Care (BEONC) signal functions | NA | | 70 | 31.4 | FARHCS 2014 | STS 2011: 14 |
| OP4.7 | % of HPs with birthing centre | NA | | ≥80 | 84.3 | FARHCS 2014 | STS 2011: 79 |
| OP4.8 | % of safe abortion (surgical and medical) sites with post-abortion long-acting family planning services | NA | | ≥90 | 65.1 | FARHCS 2014 | STS 2011: 91 |
| OP4.9 | % of HPs with at least five family planning methods | NA | | 60 | 20.6 | FARHCS 2014 | STS 2011: 13 |
| OP4.10 | % of households in all high-risk areas with at least one long lasting insecticide treated bed net per two residents | 95 | NHSP-2, 2010 | ≥90 | NA | | HHS 2012: 10.5 PSI 2013: 78% people had used an LLIN at home the previous night |
| OP4.11 | % of key populations at high risk group (sex workers, MSMs, PWID, MLMs) reached with HIV prevention programmes | | | | NA | IBBS | |
| | Female sex workers (FSWs) | NA | IBBS | 80 | | | |
| | Male sex workers (MSWs) | 93.3 | IBBS 2009 | 95 | | | |
| | Men who have sex with men (MSMs) | 77.3 | IBBS 2009 | 80 | | | |

| Code | Indicator | NHSP-2 (2010–2015) | | | | | Remarks |
|--------|------------------------------------------------------------------------------------|--------------------|-----------|----------------|------------------|-------------|-------------|
| | | Baseline | | 2015 Target | Progress in 2014 | | |
| | | Data | Source | | Data | Source | |
| | People who inject drugs (PWID) | NA | IBBS | 80 | | | |
| | Male labour migrants (MLMs) | 22.9 | IBBS 2010 | 80 | | | |
| OP4.12 | % of PHCCs with functional laboratory facilities | 87.2 | HFMS 2010 | 100 | 41.7 | FARHCS 2014 | FARHCS 2014 |
| OP4.13 | % of public hospitals, PHCCs, and HPs that have infrastructure as per GoN standard | | | | | HIIS 2014 | |
| | Hospitals | NA | | 80 | 32 | HIIS 2014 | |
| | PHCCs | NA | | 80 | 91 | HIIS 2014 | |
| | HPs | NA | | 80 | 16 | HIIS 2014 | |

Output 5: Increased health knowledge and awareness

| Code | Indicator | NHSP-2 (2010–2015) | | | | | Remarks | |
|-------|------------------------------------------------------------------------------------------------------|--------------------|-----------|--------|------------------|--------|-------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | Baseline | | 2015 | Progress in 2014 | | | |
| | | Data | Source | Target | Data | Source | | |
| OP5.1 | % of WRA (15-49) aware of safe abortion sites | 50 | NDHS 2006 | 50 | NA | | NHDS 2011: 58.8; HHS 2012: 28.2 No population based survey to report this indicator for 2014 | |
| OP5.2 | % of WRA (15-49) who know at least three pregnancy-related danger signs | NA | | 50 | NA | | HHS 2012: 55.2% No population based survey to report this indicator for 2014 | |
| OP5.3 | % of WRA (15-49) giving birth in the last two years aware of at least three danger signs of newborns | NA | | 50 | NA | | HHS 2012: 44.9% No population based survey to report this indicator for 2014 | |
| OP5.4 | % of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS by sex | Female | NA | | 40 | 36.4 | NMICS 2014 | NDHS 2011: Female: 25.8; Male: 33.9 NMICS: % of young women age 15-24 years who correctly identify ways of preventing sexual transmission of HIV, and who reject major misconceptions about HIV transmission |
| | | Male | NA | | 50 | | | |

Output 6: Improved M&E and health information systems

| Code | Indicator | NHSP-2 (2010–2015) | | | | | Remarks | |
|-------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------|--------------|------------------|----------------|------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| | | Baseline | | 2015 | Progress in 2014 | | | |
| | | Data | Source | Target | Data | Source | | |
| OP6.1 | % of timely and complete data on annually reportable M&E framework indicators reported by the end of December of the following year | NA | | 100 | | PHAMED 2013/14 | | |
| OP6.2 | % of health information systems implementing (using) uniform standard codes | 0 | HMIS 2009/10 | 100 | 0 | PHAMED 2013/14 | Uniform standard codes will be implemented from FY 2014/15 | |
| OP6.3 | % of tertiary and secondary hospitals (public and private) implementing the tenth version of the International Classification of Diseases (ICD-10) and reporting coded information to the health information system | Public | NA | | 100 | 100 | HMIS 2013/14 | HMIS 2010/11: Public: 65 |
| | | Private | NA | | 100 | NA | | |
| OP6.4 | % of health facilities (public and private) reporting to the national health information system (by type or level) | Public | 82.5 | HMIS 2009/10 | 100 | 98.8 | HMIS 2013/14 | Out of the total 691 reporting Private institution a total of 6563 reports were received in the FY |
| | | Private | 64.7 | HMIS 2009/10 | | 79.43 | | |

Output 7: Improved physical assets and logistics management

| Code | Indicator | NHSP-2 (2010–2015) | | | | | Remarks |
|-------|----------------------------------------------------------------------------------------------------------|--------------------|--------------|--------------|------------------|--------------|---------|
| | | Baseline | | 2015 | Progress in 2014 | | |
| | | Data | Source | Target | Data | Source | |
| OP7.1 | % of public health facilities with no stock outs of the listed free essential drugs in all four quarters | 76.7 | LMIS 2009/10 | 90 | 15.9 | FARHCS 2014 | |
| OP7.2 | % of the budget allocated for operation and maintenance of the physical facilities and medical equipment | NA | AWPB | At least 2 % | NA | AWPB 2013/14 | |

Output 8: Improved health governance and financial management

| Code | Indicator | NHSP-2 (2010–2015) | | | | | Remarks |
|-------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------|--------|------------------|----------------------------|----------------------------------------------------------------------------------------------|
| | | Baseline | | 2015 | Progress in 2014 | | |
| | | Data | Source | Target | Data | Source | |
| OP8.1 | % of health facilities that have undertaken social audits as per MoHP guidelines in the last fiscal year | 0 | PHCRD, 2010 | 25 | 51.5 | FARHCS 2014 | STS 2011: 31 |
| OP8.2 | % of MoHP budget spent annually | 81.37 | e-AWPB, 2007 | 86 | 75.1 | FMR 2013/14 | 94.1 in 2012/13 |
| OP8.3 | % of budget allocated to district and below facilities (including flexible health grants) | 57.6 | E-AWPB, 2009 | 70 | 53.57 | AWPB 2013/14 | Includes PHCCs, district hospitals, Ayurved Hospitals/Aushadhalayas, and district programmes |
| OP8.4 | % of irregularities (<i>Beruju</i>) among total public expenditure | NA | | 4 | NA | (Audit report) OAG 2013/14 | Office of auditor general, 2011: 6.2 |
| OP8.5 | % of District Health Offices (DHOs) receiving budgeted amount within one month of budget disbursement from MoHP/Department of Health Services (DoHS) with clear-cut guidance for expenditure | NA | | 100 | NA | MoHP 2013/14 | Finance Section DoHS/MoHP, 2011: 100 |

Output 9: Improved sustainable health financing

| Code | Indicator | NHSP-2 (2010–2015) | | | | | Remarks |
|-------|---------------------------------------------------------|--------------------|----------------|--------|------------------|----------------------|---------|
| | | Baseline | | 2015 | Progress in 2014 | | |
| | | Data | Source | Target | Data | Source | |
| OP9.1 | % of MoHP budget allocated to EHCS | 75.4 | e-AWPB 2009 | 75 | 69.8 | FMR | |
| OP9.2 | % of health sector budget as % of total national budget | 7.1 | MoF (Red Book) | 10 | 5.4 | MoF Red Book 2013/14 | |
| OP9.3 | % of government allocation (share) in total MoHP budget | 52.2 | e-AWPB 2009 | 70 | 65.6 | MoF Red Book 2013/14 | |

3 ACHIEVEMENTS

3.1 Indicator trends

According to the available data for 2014 (see Chapter 2), of the 87 indicators in NHSP-2's Results Framework the 2015 targets had been achieved:

- for 16% of the indicators by the end of 2014;
- to more than 90 percent for a further 14% of indicators (meaning that there is a good chance of achieving the target by 2015); and
- to less than 90% for 41% of the indicators (Table 3).

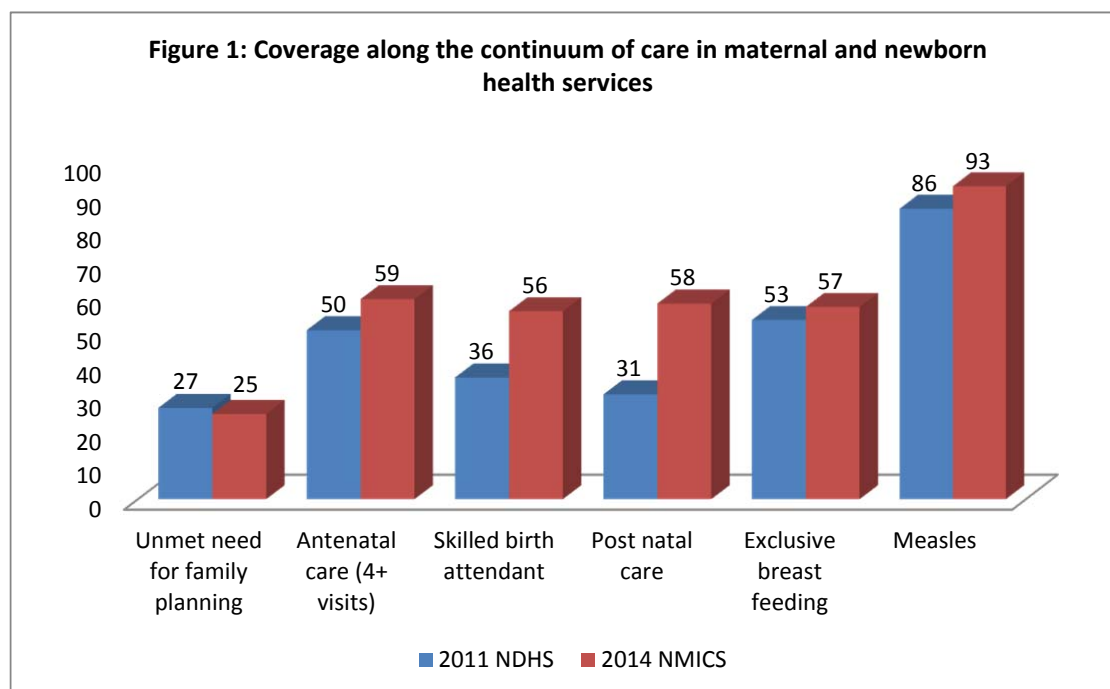
No new data was available to measure about a quarter of the indicators against for 2014.

Table 3: Achievements up to 2014 against NHSP-2's targets (2015)

| No. of indicators | | Achieved | | Between 99.9% and 90% achieved | | Less than 90% achieved | | No specific target | No data available | |
|-------------------|----|----------|-----|--------------------------------|-----|------------------------|-----|--------------------|-------------------|-----|
| | | No. | % | No. | % | No. | % | | No. | % |
| Goal | 12 | 3 | 25% | 4 | 33% | 4 | 33% | | 1 | 8% |
| Purpose | 14 | 3 | 21% | 3 | 21% | 6 | 43% | | 2 | 14% |
| Outcomes (3) | 19 | 4 | 21% | 1 | 5% | 8 | 42% | 3 (16%) | 3 | 16% |
| Outputs (9) | 42 | 4 | 10% | 4 | 10% | 18 | 43% | | 14 | 33% |
| Total | 87 | 14 | 16% | 12 | 14% | 36 | 41% | 3 (3%) | 20 | 23% |

3.2 Achievements in Nepal's health sector in the NHSP-2 period

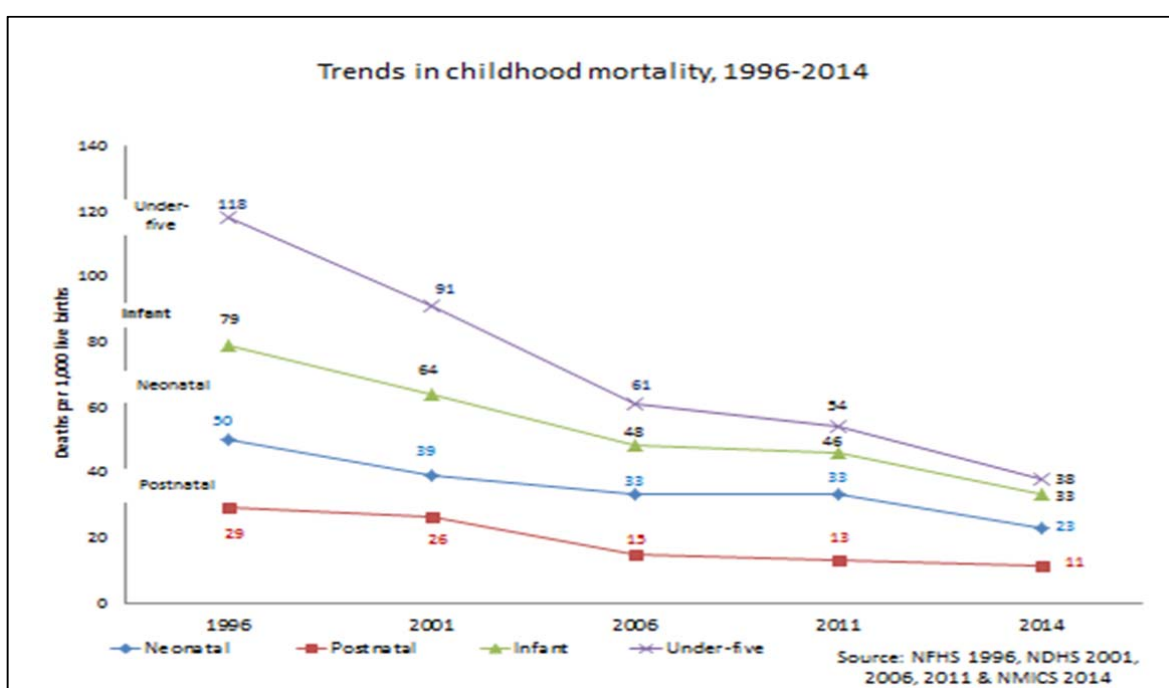
The results against the indicators in Chapter 2 show the significant progress made on improving health outcomes during the NHSP-2 period, particularly on maternal, newborn and child health.



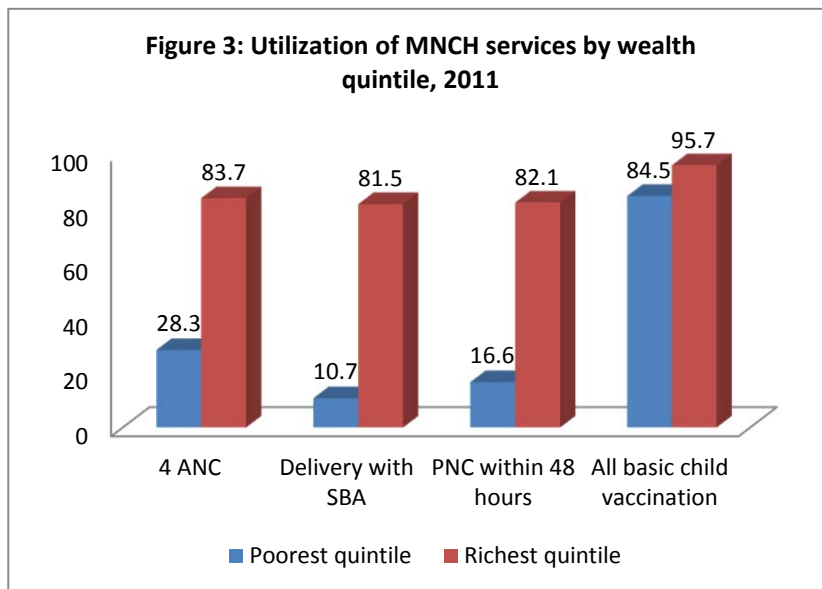
Maternal and newborn health — During the NHSP-2 period there has been a decline in unmet need for family planning, the increased use of antenatal care services, the increased number of deliveries attended by skilled birth attendants, the greater use of postnatal care, the increased practice of exclusive breast feeding, and the increased coverage of measles vaccination show the progress on maternal and newborn health outcomes (Fig. 1).

Child health — The findings of the NDHS 2011 and NMICS 2014 show a substantial decline in child mortality since 1996 (Figure 2). This is largely due to the expansion of immunisation, Vitamin A supplementation, the integrated management of childhood illnesses, neonatal tetanus control, and the improved home care of newborns. This achievement is due to the contributions of the public and private sectors, although the public sector has the key responsibility for the immunisation, Vitamin A distribution and deworming-related improvements.

Figure 2: Trends in childhood mortality, 1996-2014



Social inclusion — There has been mixed progress on improving social inclusion in access to and the use of health services. Despite the improved overall health outcome for maternal and child health at the national level, there are significant differences in overall health outcomes and health service access and use among different groups of people (Figure 3). This strongly suggests that the next sectoral programme (NHSP-3) should have the explicit objective of achieving more equal access to health services by all groups of people in Nepali society. The NHSP-3 design process should give explicit attention to how best to mainstream inclusion issues, ensure the equitable use of quality health services and how best to achieve universal health coverage. For achieving this, at the minimum, there should be a sustainable mechanism ensuring that health facilities are open, staffed, and stocked with drugs at the times and in the locations where people need them.



Health sector management — The number of non-state actors is growing in Nepal’s health sector. There is also a growing recognition that improvements in health outcomes will require cross-sectoral efforts to address all the main factors that threat good health. In this respect efforts are ongoing for improving local health governance and decentralized health service provision. In 2014, a Collaborative Framework to Strengthen Local Health Governance in Nepal was signed between MoHP and the Ministry of Federal Affairs and Local Development (MoFALD) to prioritise health in the local development agenda. NHSP-3, will the provide basis of collaboration between MoHP and other ministries, the private sector and development partners.

4 PROGRESS ON M&E

4.1 Progress on M&E

There has been incremental progress on health sector monitoring and evaluation during the NHSP-2 period. NHSP-2's Results Framework (see Chapter 2) was developed in the second year of NHSP-2 to monitor progress against the framework indicators. The revision of HMIS to address data needs, particularly disaggregated data, of NHSP-2, programme divisions and centres; the ongoing harmonization of health facility and population based surveys, the annual monitoring of NHSP-2's Results Framework indicators during DoHS/MoHP annual reviews and joint annual reviews (JAR) are some of the main M&E progress made by MoHP. Considerable data is produced by MoHP's and other relevant management information systems (MISs) and by studies and surveys.

4.2 M&E Challenges

- *Functional linkage between information systems:* Despite the fact that more integrated information management in the health sector was a prominent strategic direction in NHSP-1 and NHSP-2, progress has been slow on this. The existing health-related information systems seldom talk to each other and more needs doing on establishing functional linkages and interoperability between the different management information systems. This limits the use of information and evidence in decision making.
- *Data gaps:* The following challenges have affected the proper and comprehensive monitoring of NHSP-2's Results Framework:
 - *The framework was only developed* in the second year of NHSP-2.
 - The milestones and targets for a number of its indicators were set without baselines.
 - No fixed sources of information were identified for monitoring the progress of some indicators.
 - Difficulties in establishing a system for regularly reporting on the indicators.
 - The indicators lacked 'standard' definitions to facilitate stakeholders in building a common understanding on interpretation and use of the indicators.
 - The large number of indicators has created problems in monitoring them effectively.

These challenges have created problems in progress monitoring, resulting in there being no results data available for 2014 for about a quarter of the indicators (see Table 3 and Chapter 2 above).

Also, for a number of indicators, the targets may have needed further reviewing as some of them had already been achieved by 2011, while for others there is little chance of them being achieved by the target year of 2015.

- *Separate reviews* — The mid-term reviews of NHSP-1 and NHSP-2 and the NHSP-2 strategy highlighted the need to combine the Department of Health Service (DoHS) annual reviews and the joint annual reviews (JARs). But the prevailing system continues at the current time.
- *Data use* — More disaggregated data generation and analysis is taking place, but its use in decision-making is yet to be widely practiced.

4.3 Way Forwards

- *Align development of NHSP-3, Results Framework with NHSP-3 strategy document* - Based on the experiences of developing and using NHSP-2's Results Framework (see above), the process of developing NHSP-3's Results Framework is being closely aligned with the developed of NHSP-3's strategy and implementation plan document. Close attention is being paid to including a manageable number of indicators, with a baseline figure for each indicator, and a specific source of information for monitoring milestones and targets. A compendium of indicators is being developed for each indicator that defines them and their use, disaggregation, source(s) of information, and the rationale and logic for setting milestone and target.
- *Improved data availability* — Work is ongoing to ensure that all the indicators in NHSP-3's Results Framework have a specific source of data for the specified monitoring year. NHSP-3's M&E implementation plan is being developed to strengthen and establish routine information systems and to harmonize the population and health facility based surveys to provide results data for the Results Framework indicators. The on-going Nepal Health Facility Survey, 2015 (NHFS 2015) is a good example of survey harmonization. MoHP is also conducting a burden of disease survey for Nepal to help meet national data needs. There is however a need for greater coordination and collaboration between the forthcoming NDHS and the NMICS to meet the data needs of the country for specific time periods. MoHP and the Nepal Health Research Council (NHRC) need to work more closely to design and implement other surveys, if needed, to meet the country's data needs. There also need to be improved collaboration and coordination with other agencies, such as the Nepal Police for data on suicide and road traffic accidents.
- There is a growing recognition that the Health Sector Information Strategy (HSIS), which was drafted in 2007, needs revising in light of the changes in technology, M&E and overall in the health sector since then. Also, an e-health strategy needs producing to guide the leveraging of modern information and communication technologies in the health sector.
- *Integration of MISs* — There needs to be a more integrated approach to information management especially through the better integration of MIS systems. This would see information systems interacting with each other to provide an enabling environment for better health information governance.
- *Amalgamate reviews* — Some of the recommendations from the mid-term reviews of NHSP-1 and NHSP-2 are still valid and the design of NHSP-3 should ensure that these are well addressed including on somehow amalgamating annual reviews and the Joint Annual Reviews (JAR).

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