Government of Nepal
Ministry of Health and Population

Business Plan for Health Sector - F.Y. 2013/2014 (2070/2071 BS)

Policy, Planning and International Cooperation Division

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Our special thanks go to the representatives from external development partners (EDPs) for their technical inputs and cooperation. We would also like to offer special thanks to the Nepal Health Sector Support Programme (NHSSP) for providing technical inputs for the preparation of this important document.

This business plan has been prepared at very short notice but we have observed important improvements over previous years' plans. In this business plan the MoHP has included budgets allocated for procurement, the governance and accountability action plan (GAAP), gender equality and social inclusion (GESI), and technical assistance support. We believe that the on-going and gradual improvements in the planning process will contribute to achieving the Nepal Health Sector Programme (NHSP-2) objectives and their targets.

MoHP is committed to continuing its efforts to strengthen financial management practices and particularly to facilitate the timely disbursement of grants to health offices and facilities; to improve financial recording and reporting systems at all levels; and to strengthen procurement systems at the central and district levels. We believe that this business plan provides pertinent information on this year's budget to assist with the preparation of future budgets. Once again we offer our special thanks to all who have contributed to preparing this important document.

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LIST OF ACRONYMS

AA	anaesthesia assistant
ACSM	advocacy, communication and social mobilisation
AD	auto-disable (syringes)
AHW	auxiliary health worker
ANC	antenatal care
ANM	auxiliary nurse midwives
ART	anti-retroviral treatment
ARV	anti-rabies vaccine or antiretroviral
AWPB	annual work planning and budget
BCC	behaviour change communication
BEONC	basic emergency obstetric and neonatal care
CABA	children affected by AIDS
CAC	comprehensive abortion care
CB-IMCI	community-based integrated management of childhood illness programme
CB-NCP	community-based newborn care programme
CBR	case base reasoning
CEONC	comprehensive emergency obstetric and neonatal care
CHD	Child Health Division
CMAM	community-based management of acute malnutrition
COPE/PLA	client oriented providers/efficient participatory learning action
CME	continuing medical education
CPR	contraceptive prevalence ratio
DACC	district AIDS coordinating committees
DAHC	district ayurveda health centres
DDA	Department of Drug Administration
DEC	diethylcarbamazine citrate
DFID	Department for International Development
DHO	district health office/officer
DoA	Department of Ayurveda
DoHS	Department of Health Services
DOTS	directly observed treatment short course
DPHO	district public health office
DUDBC	Department of Urban Development and Building Construction
e-AWPB	electronic annual planning and budgeting
EDCD	Epidemiology and Disease Control Division
EDP	external development partner
EOC	emergency obstetric care

EPI	expanded programme of immunisation
FCHV	female community health volunteer
FVHW	female volunteer health workers
FHD	Family Health Division
FSW	female sex workers
FY	fiscal year
GAAP	Governance and Accountability Action Plan
GAVI	Global Alliance for Vaccines and Immunisation
GBV	gender based violence
GESI	gender equality and social inclusion
GFATM	Global Fund to Fight Aids, Tuberculosis and Malaria
GIS	geographical information systems
GLC	Green Light Committee (of World Health Organisation)
GoN	Government of Nepal
HA	health assistant
HFMC	health facility operation management committee
HIIS	Health Infrastructure Information System
HIV/AIDS	human immunodeficiency virus/acquired immunodeficiency virus
HMIS	Health Management Information System
HSIS	Health Sector Information System
HW	health worker
IBBS	Integrated Biological and Behavioural Surveillance
ICB	international competitive bidding
IEC	information, education and communication
IUCD	intrauterine contraceptive devices
IYCF	infant and young child feeding
KAP	knowledge and practice
KfW	Kreditanstalt für Wiederaufbau (German development bank)
LCD	Leprosy Control Division
LMD	Logistics Management Division
MARP	most at risk population
MCBR	multi-case base reasoning
MCHC	maternal and child health care
MCHW	mother and child health worker
MD	Management Division
MDG	Millennium Development Goal
MDR	multi-drug resistant
MLM	male labour migrants
MoHP	Ministry of Health and Population
MPDR	maternal and perinatal death review

MSM	men who have sex with men
NCASC	National Centre for AIDS and STD Control
NCB	national competitive bidding
NHEICC	National Health Education, Information and Communication Centre
NHSP	Nepal Health Sector Programme
NHSSP	Nepal Health Sector Support Programme
NHTC	National Health Training Centre
NNP	National Nutrition Programme
NPHL	National Public Health Laboratory
NPR	Nepalese rupees
NEQAS	National External Quality Assessment Service
NSV	no-scalpel vasectomy
NTC	National Tuberculosis Centre
NTP	National Tuberculosis Programme
PAL	practical approach to lung health
PF	pooled funds
PHC	primary health care
PHC/ORC	primary health care outreach clinics
PHCC	primary health care centre
PHC-RD	Primary Health Care Revitalisation Division
PLHIV	people living with HIV
PMTCT	prevention of mother-to-child transmission
PWID	people who inject drugs
SAS	safe abortion services
SBA	skilled birth attendants/attendance
SN	staff nurses
STD	sexually transmitted disease
STI	sexually transmitted infection
TB	tuberculosis
UP	uterine prolapse
USG	ultrasonography
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
VA	visual acuity
VDC	village development committee
VHW	village health worker
WEBLERS	web based leprosy reporting and management system
WHO	World Health Organisation
ZAA	Zonal Ayurveda Aushadhalayas

Exchange rate used in this report: US$ 1: NPR 80

CONTENTS

PART 1
INTRODUCTION

OBJECTIVES AND METHODOLOGY

Background

The Interim Constitution of Nepal, 2007, recognises health as a fundamental right of the people. To meet this obligation the Government of Nepal (GoN) has committed to boosting spending in the health sector. The second Nepal Health Sector Programme 2010–2015 calls for the share of health spending in the total government budget to rise from around 7 percent in 2010/11 to 9.6 percent in 2014/15.

NHSP-2 and the Gender Equality and Social Inclusion (GESI) Strategy for the health sector require an improved annual work planning and budgeting process and the provision of equitable health services with respect to geographical area, gender, caste and economic condition. An enhanced annual work plan and budget for the health sector with a structured business plan is an essential foundation for more effective and efficient health service delivery.

Objective

The purpose of this business plan is to inform and involve policy makers and EDPs in the preparation and finalisation of the MoHP budget, programme and strategies for fiscal year (FY) 2013/2014 (B.S. 2070/71). This plan is a compilation of the policy and resource allocation decisions that will determine the activities, programmes and services that will be delivered in FY 2013/14.

Methodology

Sixteen entities of MoHP (see Box 1) prepared initial drafts of their business plans and then developed and finalised them in consultation with:

- planning and finance officials of MoHP, departments, divisions and centres;
- representatives of EDPs and experts at joint consultative meetings (JCM).

This exercise was coordinated by MoHP's Policy, Planning and International Cooperation Division (PPICD). This document contains the separate business plans of the 16 MoHP entities comprised of the Ministry, two departments, eight divisions, four centres, and one laboratory.

Box 1: MoHP entities with business plans

1. Ministry of Health and Population
2. Population Division
3. Department of Ayurveda (DoA)
4. Department of Drug Administration (DDA)
5. Family Health Division (FHD)
6. Child Health Division (CHD)
7. Management Division (MD)
8. Logistics Management Division (LMD)
9. Primary Health Care Revitalisation Division (PHCRD)
10. Leprosy Control Division (LCD)
11. Epidemiology and Disease Control Division (EDCD)
12. National Centre for AIDS and STD Control (NCASC)
13. National Tuberculosis Centre (NTC)
14. National Health Training Centre (NHTC)
15. National Health Education, Information and Communication Centre (NHEICC)
16. National Public Health Laboratory (NPHL)

The business plans provide information on the following subjects for FY 2013/14:

- Annual budget
- Major activities
- Procurement
- Programme implementation strategies
- Targets
- Governance related activities
- Gender equality and social inclusion activities
- Requirements for technical assistance
- Constraints.

The above information was available for most of the entities although some details are not available for the Department of Drug Administration.

This plan also includes the status of the implementation of NHSP-2's Governance and Accountability Action Plan (GAAP) (see Annex 1) although budgetary information for implementation of the GAAP is not available separately. MoHP is planning to conduct a separate budget analysis in this regard which will provide detailed information on the budget for FY 2013/14.

MOHP'S BUDGET 2013/2014

MoHP Budget

Budget — The GoN has a budget of NPR 517.24 billion for the fiscal year 2013/14. Of this, MoHP has a budget of NPR 30.43 billion.

Table 1: Total, Heath sector and MoHP Budget (billion NPR)

Category	*Budget*	*Percentage*
Total budget of the GoN	517.24	100
Budget for health sector	33.69	6.51
MoHP budget	30.43	5.88

The table shows that MoHP received 5.88 percent of the total national budget although there are allocations in health outside the MoHP. Altogether, GoN has allocated 6.51 percent of its budget to the health sector.

Table 2 presents the distribution of MoHP's budget by regular and development programmes.

Table 2: Budget by General Administration and Development Programme (billion NPR)

SN	Type	NPR	Percent
1	General Administration (Regular)	8.46	27.8
2	Development Programmes	21.97	72.2
	Total	**30.43**	**100.0**

All the programmes come under the recurrent budget, which is the main reason that MoHP has a significantly large amount in recurrent costs.

Table 3: Budget By Capital and Recurrent Costs (billion NPR)

SN	Type	NPR	Percent
1	Recurrent	25.61	84.1
2	Capital	4.82	15.9
	Total	**30.43**	**100.0**

The table below shows that most of the funds go to the district level.

Table 3a: Budget By Actual Allocation to the Centre and Districts (billion NPR)

SN	Centre vs district allocation	NPR	Percent
1	Actual allocation to the centre	12.77	42.0
2	Funds allocated at centre which will go to districts	8.80	28.9
3	Direct allocation to the districts	8.86	29.1
	Total	**30.43**	**100.0**

The following table shows that more than two-thirds of the MoHP budget is allocated for essential health care services (EHCS).

Table 4: Budget by EHCS vs Non-EHCS (billion NPR)			
SN	**Type of allocation**	**NPR**	**Percent**
1	EHCS	22.12	72.7
2	Non-EHCS	8.31	27.3
	Total	**30.43**	**100.0**

The following table shows the respective funding by GoN and EDPs.

Table: 5: Budget by GoN and EDPs (billion NPR)			
SN	**Type of fund**	**NPR**	**Percent**
1	Government of Nepal	20.14	66.2
2	External Development Partners	10.29	33.8
Total		**30.43**	**100.0**

The following table shows the budget allocation of different entities of the MoHP.

Table 6: Table MoHP's Budget By Departments (billion NPR)			
SN	**Entities**	**NPR**	**Percent**
1	MoHP	2.61	8.6
2	DoHS (Divisions and Centres)	23.55	77.4
3	DOA	1.08	3.6
4	DDA	0.056	0.2
4	Central, Regional and Zonal Hospital	3.14	10.3
	Total	**30.43**	**100.0**

PART 2
INDIVIDUAL BUSINESS PLANS

Population Division

Background

Integration of population components into development planning is not a new concept for Nepal. The GoN has been regularly emphasising an integrated approach to the population programme. A significant development following the International Conference on Population and development (ICPD) was the establishment of the Ministry of Population and Environment (MOPE) in 1995. In 2005, in order to better coordinate the integration of population, health and development policy and programmes, MOPE was dissolved and the population activities being carried out by MOPE were merged into the Ministry of Health. The Ministry has now been restructured and renamed as the Ministry of Health and Population (MoHP). Currently, the Population Division is the focal point for policies and programmes related to population and development. The Population Division is responsible for formulation and implementation of policies, plans and programmes related to population, health and development. The primary function of the division is to formulate plans, policies, and programmes; to play an advocacy role for promoting those plans and policies; and to review and monitor the implementation of other line ministries' programmes. The division's supportive functions mainly include coordination and facilitation to assist other ministries in their efforts to implement programmes related to population, health and development. The Population Division's supportive role is particularly relevant in developing an integrated approach to link population, health and development issues into each of its policy and programmes.

Annual budget FY 2013/14

Table 1: Annual budget Population Division for FY 2013/14 (million NPR)

Budget	Government		UNFPAs		Total		
	Capital	Recurrent	Capital	Recurrent	Capital	Recurrent	Total
Central level	1.25	78.30	0	12.76	1.25	90.16	92.31
District level	0	135.63	0	3.00	0	138.63	138.63
TOTAL (million NPR)	**1.25**	**213.93**	0	**15.76**	**1.25**	**228.80**	**230.95**

Table 2: Major Activities

SN	Major Activities	District (million NPR)	Central (million NPR)	Total (million NPR)	Status (ongoing, scale up or new)
1	Ageing Survey	--	15.00	15.00	new
2	Migration Survey	--	2.50	2.50	new
3	Nepal Population and Development journal	--	0.60	0.60	ongoing
4	Nepal Population Report	--	0.60	0.60	ongoing
5	Implementation of Population Prospective Plan	--			
6	Establishment of Population Management Information System(PMIS)	--	1.50	1.50	

7	Establishment and Maintenance of Geriatric wards in Regional Hospitals	--	25.00	25.00	
8	Revision and Updating of Guidelines and Reference Manual for Local Level Population Management (Regional/District Level)	--	0.50	0.50	
9	Establishment and Implementation of Social Security Units	9.60	---------	9.60	
10	Establishment and Implementation One Stop Crisis Management Centres (OCMC)	16.00	--------	16.00	
Total (million NPR)		**25.60**	**45.70**	**71.30**	

Procurement (FY 2013/13)

Total: 1.2 million NPR

Table 3: Major procurement related activities

SN	Activities	District (million NPR)	Central (million NPR)	Total (million NPR)
1	Furniture Fixtures (GESI)	--	0.15	0.15
2	Camera-1, L.C.D Projector-2	--	0.20	0.20
3	Server Computer for PMIS	--	0.30	0.30
4	Color Printer-1, Printer-5	--	0.30	0.30
5	Desktop Computer-5	--	0.30	0.30
Total			**1.25**	**1.25**

Major strategies to implement the programme

a.) Through using programme guidelines/checklist/reference manual etc.
b.) Orientation to RHD and District Focal persons.
c.) Tendering and contracting out studies
d.) PPP document

Impact/ Outcome Indicators

Table 4: Impact indicators

Indicator	1996	2001	2006	2011	2012	2013	2014	2015 (Target)
Median age at marriage	-	-	-	18.6				
Total Fertility rate	-	4.1	3.1	2.6				
Maternal mortality rate	-	539	-	281				
Life Expectancy at birth	-	-	-	-	67	68		

Table 5: Outcome Indicators

Indicator	Baseline		2011	2013	2014	2015 (Target)
Implementation of LLMP (District)	10	25	75	75	75	-
Establishment of Geriatric wards in Regional Hospitals	1	1	3	5	15	20

Table 6: Outputs for 2013/14

SN	NHSP-2 Output indicators for FY 2013/14	Amount (million NPR)
1	Complete all 17 sub activities in 75 districts (LLMP)	167.35
2	Establishment of Geriatric wards in Regional Hospital	25.00
3	Establishment of PMIS	1.50
4	Conduct an Ageing Survey	15.00
5	Conduct a Migration Study	2.50
6	Establishment of an OCMC	10.00
7	Establishment of a SSU	9.60
Total		**230.95**

Table 7: Activities related to governance for FY 2013/14

SN	Activities	Amount (million NPR)	Source of verification i.e. website, publication, message
1	Nepal Population and Development journal	0.60	Report
2	Revise and Update Guidelines and Reference Manual of Geriatric wards	0.40	Report
3	Revise and Update Guidelines and Reference Manual of Local Level Population Management (Regional/District Level)	0.50	Report
4	Establishment of a Population Management Information System (PMIS)	1.50	Report
Total		**3.00**	

Table 8: Gender and social inclusion related activities in this plan

SN	Activities	Amount (million NPR)	Source of verification i.e. website, publication, message
1	Training for GESI Focal Person and Data Officer Career build-up programme	25.00	Report
2	GESI Operating Manual	1.00	Report
3	GESI Operating Manual Training	1.50	Report
4	Revise and Update GESI Policy	0.10	Report
Total		**27.60**	

Table 9: Requirement of TA

SN	Type of TA	Supporting agency	Status (ongoing, scale up or new
1	GESI expert	NHSSP	Ongoing
2	Population expert	UNFPA	New

10. Constraints

There are no identified constraints

Department of Ayurveda

Background

The Department of Ayurveda (DoA), one of MoHP's three departments, was established in 2038 B.S. Ayurveda is Nepal's most ancient medical system, and is based on herbs, minerals and animal products. It advocates simple and therapeutic techniques for restoring good health. At present Ayurvedic health services are being delivered in Nepal through two Ayurveda Hospitals (one 100+18 cabin bedded hospital at Naradevi, Kathmandu and another with 30 beds in Bijauri, Dang), 14 Zonal Ayurveda Aushadhalayas (ZAA), 61 District Ayurveda Health Centres (DAHC) and 214 Ayurveda Aushadhalayas. The MoHP Ayurveda and Alternative Medicine Unit formulates policies and guidelines for the traditional medical system.

The DoA's major programming areas are:

- To expand and develop a functional, physical Ayurvedic health infrastructure;
- To improve the quality control mechanism for Ayurvedic health services throughout the country;
- To develop and manage the required human resources;
- To mobilise adequate resources of medicinal plants;
- To promote community participation in the management of the health facilities and the utilisation of local herbs;
- To procure, store and distribute the Ayurvedic medicine and other allied materials;
- To promote the health status and sustainable development of the Ayurvedic system using locally available medicinal plants;
- To promote positive attitudes towards health care and awareness of health issues;
- To develop the promotive, preventive and curative aspects of Ayurvedic science.

Annual Budget

The DoA has a budget of NPR 477.78 million for 2013/14 (Table 1).

Table 1: DoA Budget for 2013/14 (million NPR)

F/Y	Central Level			District Level			Central + District		
	GoN/PF	EDPs	Total	GoN/PF	EDPs	Total	GoN/PF	EDPs	Total
2013/14	208.02	0	208.02	269.75	0	269.75	539.734	0	477.78

There is no direct funding from EDPs.

Major Activities

The major planned activities for 2013/14 are for improving and strengthening the Ayurveda information management system (AIMS) by networking and communication using internet in all districts, and updating the DoA websites.

Other activities include the following:

- Construction of Ayurvedic institutions.
- Procurement and distribution of Ayurvedic medicines.
- Annual review meeting in each district and centre.

- Workshops and discussions with local traditional healers.
- Powdered (Churna) medicine production in District Ayurveda Hospital (DAH) and Zonal Ayurveda Hospital (ZAH).
- School Ayurveda health programmes.
- Promotive Panchakarma/Rasayan/Yoga programme for senior citizens.
- Programme for lactating mothers (Distribution of galactogogue medicine).
- Skills development and training for staff.
- Awareness programmes on commonly used medicinal plants for local people.
- Patient referral training for traditional healers.
- Emergency service and Sterilisation Management in DAH and ZAH.
- Establishment of Birthing Centres at Ayurveda Hospitals.
- Training in emergency service, statistics management and outreach clinic to Kaviraj and Vaidya (types of Ayurvedic doctors).
- Collection of dry specimens of medicinal herbs.
- Kitbox and dress for Female Volunteer Health Workers (FVHW).
- Transportation and tiffin cost for personnel of outreach clinics.
- Production and distribution of drugs at rural pharmacies.
- Training in mother and child protection for FVHWs.
- X-ray and Ultrasonography (USG) Training for Ayurvedic physicians.
- Ayurvedic Training for nurses and paramedics.
- Empowerment of Ayurveda and Alternative medicine.
- Translation of books of Amchis (traditional practitioners of Tibetan medicine).
- Yog Sadhana Sibir (Yoga Camp).
- Prevention of non-communicable diseases.
- Free Health Camps with specialists in Ayurveda.
- Research on mercury and heavy metals in Ayurvedic medicine.
- Preparation and publication of guidelines and performance reports.
- Conducting outreach clinics in 37 districts.

Building construction

Building construction of Ayurvedic institutions will be done through the Department of Urban Development and Building Construction (DUDBC) and district Ayurvedic institutions. In FY 2013/14, the DoA has proposed the construction of 24 Ayurveda Aushadhalayas and DAHCs. In addition, DoA has proposed the construction of an Ayurveda and Alternative Medicine section, and a Drug and Herbal Quality Control Laboratory at Budhanilkantha during 2013/14.

Procurement

The total DoA procurement budget for FY 2013/14 is NPR 323.57 million. By programme area, 68 percent of the budget is for physical infrastructure development, construction and maintenance.

Table 2: Activities

SN	Activities	District (million NPR)	Central (million NPR)	Total (million NPR)
1	Machinery and Equipment	9.00	6.57	15.57
2	Furniture and Fixtures	1.50	.60	2.10
3	Medicine	52.90	25.00	77.90
4	Vehicles	6.00	–	6.00
5	Construction and Maintenance	61.00	161.00	222.00

Total	**130.40**	**193.17**	**323.57**

The procurement of Ayurvedic medicines is done at the central and district levels and free distribution to the patients will be through local institutions.

Other programmes

- Supply of treatment equipment, furniture and crushing and grinding equipment to the local institutions will be done through the district offices.
- Annual review meetings will be held in each district and centre. The central level review will be conducted after district level reviews.
- Workshops and discussions with local traditional healers will be held in selected districts.
- Powder (Churna) medicine will be produced in ZAD and DAHC. Powdered medicine is prepared in every district with local available herbs.
- School Ayurveda health programme: this awareness programme is conducted for grade 9 and 10 students in local schools in every district.
- Promotive Panchakarma/Rasayan/Yoga programme for senior citizens: specialised Ayurvedic services for senior citizens are provided through DAHCs.
- Programmes for lactating mothers, the distribution of galactogogue medicine. This nutritive programme is designed for infants. Galactogogue medicine will be provided to mother of infants under six months old.

Programme implementation strategies

The main programme implementation strategies of the DoA for 2013/14 are:

- Monitoring reviews and planning at district, regional and national levels.
- Quality assurance of health services.
- Community participation in Ayurveda health service delivery by developing helping committees in various institutions.

Targets

Table 3: DoA impacts, outcome achievements and targets

S.N.	Programme	Unit	2011/12	2013/14
			Achieved	Target
1	Utilisation of essential Ayurveda health care services (outpatient, inpatient)	People	9,34,000	12,00,000
2	Promotive Panchakarma/Rasayan/Yoga programmes for senior citizens	People	5652	7500
3	Programmes for lactating mothers; (Distribution of galactogogue medicine)	People	3375	15600
4	School Ayurveda health programmes	Students	18000	46240
5	Skill development training for staff	People	150	300
6	Powder (Churna) medicine production in ZAD and DAHC	Kg	6750	11250
7	Awareness programmes for local people on commonly used medicinal plants	People	2140	4280

Constraints:

- Inadequate financial support for district level Ayurvedic institutions to conduct monitoring, supervision and publicity programmes.
- Poor storage and dispensing techniques of medicines in Ayurvedic institutions.
- Lack of inter-sector coordination in the national health programme.
- Lack of community based programmes for publicising Ayurveda.
- Lack of workshops, training and seminars on planning for Ayurveda.
- Lack of appropriate recording and reporting systems due to insufficient financial support.
- Inadequate staffing under the DoA.
- Lack of experts and inadequate qualified manpower (no provision for higher study for Bachelors in Ayurvedic Medicine and Surgery for Ayurvedic doctors).
- No effective monitoring and evaluation.

Department Of Drug Administration

Background

The main objective of the Department of Drug Administration (DDA) is to regulate all functions related to modern, veterinary and traditional medicines, including preventing the misuse and abuse of medicines and their raw materials, eliminating false and misleading advertisements, and making safe, efficacious and quality drugs available to the general public by controlling the production, marketing, distribution, sale, export-import, storage and use of medicines as per the Drug Act, 1978 and its Regulations.

Detailed information can be obtained from the following website: www.dda.gov.np.

Annual budget FY 2013/14

The DDA has a budget ceiling of NPR 53.669 million for FY 2013/14.

Table 1: Annual budget of the DDA for FY 2013/2014 (million NPR)

Budget	Government		EDPs		Total		
	Capital	Recurrent	Capital	Recurrent	Capital	Recurrent	Total
Central level	8.018	45.651	-	-	8.018	45.651	-
District level	-	-	-	-	-	-	-
TOTAL (million NPR)	**8.018**	**45.651**			**8.018**	**45.651**	**53.669**

Table 2: Major Activities

SN	Major Activities	District (million NPR)	Central (million NPR)	Total (million NPR)	Status (Ongoing, scale up or new)
1	Drug Information	-	1.2	1.2	ongoing
2	Publication of Drug Bulletin	-	0.36	0.36	ongoing
3	Inspection of domestic pharmaceutical industries	-	0.675	0.675	ongoing
4	Inspection of foreign pharmaceutical industries	-	0.956	0.956	ongoing
5	Inspection of wholesalers and retail outlets	-	1.375	1.375	ongoing
6	Organisation and Management survey of DDA and the national medicine lab	-	0.50	0.50	ongoing
7	Drug analysis	-	0.70	0.70	ongoing
8	Medicine sales and distribution codes	-	0.10	0.10	ongoing
9	Reference substance development	-	1.00	1.00	ongoing

Total (million NPR)	**-**	-	**6.866**	

Procurement (FY 2013/14)

Total (NPR 8.018 million):

Table 3: Major procurement related activities

SN	Activities	District (million NPR)	Central (million NPR)	Total (million NPR)
1	Machinery and equipment	-	7.008	7.008
2	Furniture and fixtures	-	0.21	0.21
3	Construction and maintenance	-	0.8	0.8
Total			**8.018**	**8.018**

Major strategies to implement the programme

Inspection and audit.

Table 4: Targets for FY 2013/14

S. NO	Activities	Unit	Target.
1	Using different media to provide drug information to the public	Times	55
2	Publication of drug bulletins	Times	3 (15000 copy)
3	Inspection of pharmaceutical industries	No.	100
4	Inspection of foreign pharmaceutical industries	Times	4
5	Inspection of drug retailers and wholesalers	No.	2000
6	Drug Analysis	No.	700
7	Audit of pharmaceutical analytical laboratories	No.	24

Impact/ Outcome Indicators

The activities of the Department of Drug Administration are regular regulatory activities.

Outputs for 2013/14

No NHSP-2 outputs are relevant to DDA.

Activities related to governance for FY 2013/14

Information on drugs and their administration are displayed on www.dda.gov.np .

Gender and social inclusion related activities in this plan

Not Applicable.

Table 6: Requirement of TA

SN	Type of TA	Supporting agency	Status (ongoing, scale up or new
1	Strengthening of national medicine laboratories.	WHO, GIZ	ongoing
2	Strengthening of DDA capacity.	WHO, GIZ	ongoing
Total			

Constraints

- Inadequate human resources.
- Too few branch offices and low numbers of staff. Branch offices are now only in Biratnagar, Birgunj and Nepalgunj.

Family Health Division

Background

Family Health Division (FHD) is responsible for implementing reproductive, maternal health and population related activities. It aims to reduce maternal and neonatal mortality and morbidity so as to improve the population's health status and quality of life, with a special focus on poor, marginalised and vulnerable populations. Table 1 shows the different programme components of FHD.

Table 1: Family Health Division Programme Components

Safe Motherhood and Newborn Health (SMNH)	Reduce maternal and neonatal mortality by addressing complications of pregnancy and childbirth for all women, including the poor and excluded
Safe Abortion Services (SAS)	Ensure the availability of SAS to terminate unwanted pregnancies through safe techniques with effective pain management and post-procedure FP information and services
Family Planning (FP)	Expand FP services to communities through the public and private health service network with an aim to reduce fertility, enhance maternal and neonatal health, child survival, and contribute to bringing about a balance in population growth and socio-economic development
Adolescent and sexual reproductive health (ASRH)	Create a conducive environment in public health facilities for adolescents to access adolescent reproductive health services
Female community health volunteers (FCHV)	Support the achievement of national health goals through community involvement in public health activities that include imparting knowledge and skills for women's empowerment, and increasing awareness on health related issues
Primary Health Care Outreach Clinics	Improve access to basic health services, including FP and safe motherhood, for rural households
Demography and RH research	Estimate annual targets for FHD programmes, conduct and monitor research and studies on SMNH, FP, ASRH, SAS, FCHV and PHC-ORC

Detailed information is available in the DoHS annual report or on the website www.dohs.gov.np.

Annual budget FY 2013/14

The total budget of FHD for FY 2013/14 is NPR 3,400.9 million of which three-quarters (2,600 million) is allocated to districts while the remaining 800.9 million is allocated to the central level (Table 2.1). Of the total budget, 11 percent (409.1 million) has been allocated for capital expenditure headings while the rest (2991.8) has been allocated for recurrent expenditure.

Table 2: Annual budget FY 2013/2014 (million NPR)

	Government		EDPs		Total		
	Capital	**Recurrent**	**Capital**	**Recurrent**	**Capital**	**Recurrent**	**Total**
Central	131.8	565.6	10.4	93.2	142.2	658.7	800.9
District	251.5	2130.8	15.4	202.4	266.9	2333.1	2600.0
Total	383.3	2696.3	25.8	295.5	409.1	2991.8	3400.9

Overall, the budget of FHD has increased by 54 percent from the previous FY 2012/13 (Table 2.2). The most marked increase has been in the capital budget at the central level which has seen an increase of 140 percent. Similarly the budget at district level has also increased by more than 50 percent. It should be noted that the budget received for FY 2012/13 was almost equivalent to that of FY 2011/12, which may explain the large budget increase in 2013/14.

Table 3: Percentage increase in budget compared to previous FY (million NPR)

	Central			District			Total		
	FY 2012/13	FY 2013/14	**Percent increase**	FY 2012/13	FY 2013/14	**Percent increase**	FY 2012/13	FY 2013/14	**Percent increase**
Capital	59.3	142.2	**140.0**	66.0	76.9	**16.5**	125.3	219.1	74.89
Recurrent	432.7	658.7	**52.2**	1646.1	2523.1	**53.3**	2078.8	3181.8	53.06
Total	492.0	800.9	**62.8**	1712.1	2600.0	**51.9**	2204.1	3400.9	54.30

Table 4 shows the detailed distribution of budget by funding source and allocation level. The total budget allocated for safe motherhood is NPR 1,969.8 million while family planning has been allocated NPR 558.2 million. Similarly, FCHV has been allocated 413.4 million, PHC-ORC clinics have been allocated 15 million, and RH morbidity has been allocated 211.3 million. Slightly more than NPR 26 million has been allocated for population and research related activities while supervision and monitoring has been allocated 20.2 million, of which 14 million is allocated at the central level.

Table 4: Family Health Division budget FY 2013/2014 (million NPR)

	Level/ Major programmes	Central			District			Central and District		
		GoN/ PF	**EDPs**	**Total**	**GoN/ PF**	**EDPs**	**Total**	**GoN/PF**	**EDPs**	**Total**
1	Safe Motherhood	84.7	29.8	114.5	1781.2	74.0	1855.2	1865.9	103.8	1969.8
2	Family Planning	342.3	32.0	374.3	107.0	76.9	183.9	449.3	108.9	558.2
3	PHC/ORC	0.0	0.0	0.0	15.0	0.0	15.0	15.0	0.0	15.0
4	FCHV	3.1	2.0	5.1	375.6	32.7	408.3	378.7	34.7	413.4
5	RH morbidity	167.2	7.6	174.8	41.4	0.0	41.4	208.6	7.6	216.2
6	Adolescent Health	1.0	4.5	5.5	7.7	14.2	21.9	8.7	18.7	27.4

7	**Miscellaneous Capital Expenditures (bike for centre, laptop, printer and others)**	**52.7**	**8.8**	**61.5**	**2.5**	**0.0**	**2.5**	**55.2**	**8.8**	**64.0**
8	Population, Demography and RH research	13.4	6.9	20.3	4.2	0.0	4.2	17.6	6.9	24.5
9	Supervision/Monitoring	4.0	3.2	7.2	14.0	10.2	24.2	18.0	13.4	31.4
10	Orientation/Training/ Capacity building	11.9	7.5	19.4	0.0	0.0	0.0	11.9	7.5	19.4
11	Office operational costs/ printing	10.5	0.6	11.1	12.4	0.0	12.4	22.9	0.6	23.5
12	Central/ Regional level planning and review workshops	6.6	0.7	7.3	21.2	9.8	31.0	27.8	10.5	38.3
	Total	697.4	103.5	800.9	2382.3	217.7	2600	3079.6	321.3	3400.9

A large share of the safe motherhood programme (56 percent) is for the Aama programme. About 3 percent has been allocated for overall supervision and monitoring, capacity building and planning and review workshops. Miscellaneous capital expenditures which were not specific to programmes such as safe motherhood and FP were 2 percent. A detailed budget has been presented in Table 2.3 by each programme component.

Major Activities

Table 5 shows the major activities of FHD by district and centre and their status.

Table 5: Major activities of FHD

Programme	S.N.	Major Activities	District (million NPR)	Central (million NPR)	Status (ongoing, scale-up or new
Capital Expenditures	1	Purchase of equipment for Comprehensive Emergency Obstetric Care (CEONC) sites	4	7.5	ongoing
	2	50 ambulances for remote districts	-	50	new
	3	Purchase of machinery tools and equipment for strengthening and expansion of birthing centres	45	40.5	ongoing
	4	Procurement of contraceptives (implants, IUDs, pills, condoms, Dipo, non-scalpel vasectomy, minilap)	-	344.17	ongoing
	5	Procurement of Crayo machine for cervical cancer	-	6.12	new
Safe Motherhood	6	Prevention of PPH through Misoprostol	27.35		ongoing
	7	Clinical update to ANM, SN		23.84	ongoing
	8	Strengthening referral hospitals to overcome the increased demand for institutional delivery		5	new
	9	Referral fund	4.2		ongoing
	10	Contract team or organisation for 24 hour CEONC service	80		ongoing

	11	Recruitment of staff nurses in hospitals and PHCC for 24 hour service	15		ongoing
	12	Recruitment of ANM for 24 hour service in Birthing Centres	250		ongoing
	13	Recruitment of community midwives for selected districts	9		new
	14	Training to paramedics for obstetric first aid		2	new
	15	Aama programme (reimbursement of unit cost and incentive)	1152		ongoing
	16	*Nyano Jhola* programme	183.5		new
	17	Rural Ultrasound Programme	4		ongoing
	18	DGO course		6.5	ongoing
	19	Safe Motherhood Bill preparation		0.9	new
Uterine P RH morbidity	20	Appraisal to launch essential academic programmes (Midwifery, DCH, DA)		0.7	new
	21	Screening for uterine prolapse and fistula, insertion of ring pessary and listing of women for surgery - 1600 times	41.3		ongoing and new
	22	Treatment and surgery of Uterine Prolapse		160	ongoing
	23	Training for treatment and prevention of cervical cancer through Crayo therapy		9	new
Family Planning	24	Satellite clinics for LAFP	8.35		ongoing
	25	Family Planning Services (sterilization, IUD, Implant)	122.61		ongoing
	26	Expansion of Family Planning in the Private Sector	0.56		new
	27	Micro Planning for Family Planning programme among targeted groups	4.68		scale up
	28	Integration of FP with Immunisation programme in 3 remote districts	5.5		ongoing and new
	29	FP and PHN Supervisor conference		2.5	new
	30	IUCD coaching to SBA and ANM	3.5		ongoing
ASRH	31	Expansion of ASRH services	4		scale up
	32	Continuation of ASRH services	5.2		ongoing
FCHV	33	Felicitation and prize distribution for FCHV on the occasion of silver jubilee year of FCHV	5.3	2	new
	34	TOT and Orientation on FCHV fund management	13.4	0.8	ongoing
	35	On the silver jubilee of FCHV, individual information collection on FCHVs, Souvenir publication and distribution	7.5		new
Demography and research	36	Expansion and continuation of maternal and perinatal death review (MPDR) hospitals	4.2	5.1	ongoing and new
	37	Launch of Maternal Death Surveillance and Response and Commission on Information and Accountability programmes	3.4		new
	38	Rapid Assessment of Demand-Side financing programmes – Aama and 4 Antenatal Care visits (4ANC), Uterine Prolapse (UP)		4	ongoing and new
	39	Use of GIS for monitoring birthing centres		0.3	new

Procurement (FY 2012/13)

Total (million NPR):

The total budget allocated for procurement related activities is NPR 751 million (Table 5), more than one-fifth of the total budget. Two-thirds (NPR 475.85 million) of total procurement related activities take place at the central level while the remaining are at the district level.

Procurement related activities

Table 6 shows the procurement related activities by allocated amount and by level. Procurement of *Nyano jhola* (warm shirts) at the district level and contraceptives at the central level have the largest share, as illustrated in the table below.

Table 6: Major procurement related activities (million NPR)

S.N.	Items	District	Centre	Total
1.	Motorcycle for districts (FP supervisors and PHN) and centre	10	1.26	11.26
2.	Laptop, printer for FP supervisors	10.375		10.375
3.	Laptop, printer, fax and other equipment for region and centre		1.7	1.7
4.	Equipment for CEONC	4	7.5	11.5
5.	Equipment for BC	45	40.5	85.5
6.	Equipment for hospitals with increased demand	5		5
7.	Stretchers for hill and mountain districts	2.5		2.5
8.	Ambulance for remote districts		50	50
9.	*Nyano Jhola*	183.5		183.5
10.	PHC-ORC Kit	15		15
11.	IUCD		6.87	6.87
12.	Implant		75	75
13.	Condom		120	120
14.	Depo		100	100
15.	Pills		39.1	39.1
16.	Non scalpel vasectomy		1.2	1.2
17.	Minilap		2	2
18.	Crayo machine		6.12	6.12
19.	Non-invasive haemoglobin monitoring equipment		7	7
20.	MVA		4	4
21.	Ultrasound		10	10
22.	Medical Abortion drugs		2.6	2.6
23.	Misoprostol		1	1
	Total	**275.375**	**475.85**	**751.225**

Major strategies to implement the programme

The major strategies for implementation of the programme are as follows:

- Increase accessibility and availability of FP services through a combination of static, outreach and referral services with particular focus on remote, poor and excluded populations.
- Link FP programmes with essential health care services and also promote integration of FP services with safe abortion services and post abortion care.
- Identify national requirements and ensure adequate procurement of contraceptives and logistic supplies.
- Institutionalise policy/operational guidelines and clinical protocols to ensure maximum coverage and quality of FP services, including institutionalisation of FP service in hospitals.
- Strengthen and expand institutional delivery by SBAs at birthing centres, and basic and comprehensive obstetric care services.
- Promote inter-sectoral collaboration by ensuring advocacy for, and commitments to, reproductive health, including safe motherhood and neonatal health.
- Improve the quality of safe motherhood services at birthing centres, BEONC/CEONC and referral sites.
- Promote research on safe motherhood and neonatal health to contribute to improving planning, higher quality services, and more cost-effective interventions.
- Increase demand though mass media and mobilisation of FCHVs and mothers' health groups.
- Expand and strengthen institutional services and outreach services to increase access to services.
- Work with non-state partners at central and local levels.
- Promote women's empowerment and work with men on reproductive health issues of women and adolescents.
- Monitor and carry out research to collect evidence to inform programmes for evidence based decision making.
- Support activities that raise the status of women in society.

Targets for FY 2013/14

Impact/Outcome Indicators

Positive progress has been observed in a number of areas but overall results are mixed: while progress has been made against a broad range of indicators, in some areas performance is lagging and requires focused attention in the coming year. Of the 27 NHSP-2 logical framework indicators related to FHD, the targets for 12 indicators have been met. The significant concern is the availability of health workers. The tables below show the progress of the NHSP-2 log frame indicators related to FHD against the 2013 targets. To illustrate the progress, indicators where the 2013 targets have been achieved are shaded in green, those where 90 percent of the 2013 target has been achieved are shaded in amber, and those where less than 90 percent of the target has been met are shaded in red (Table 6.1).Where there is no target for 2013, the achievements have been shaded in purple. If 2011/2012 data is not available, the cell is shaded grey.

Table 7: Key for shading of tables

Year 2012	Color
Achieved 100 percent progress against the target	
Achieved at least 90 percent progress against the target	
Did not achieve at least 90 percent progress against the target	

No data for 2011/2012	
No target for 2011/2013	

Impact/Outcome Indicators

Progress on family health indicators has been very good over the years. However, considerable work still needs to be done to meet the 2013 and 2015 targets. Of the 90 indicators in NHSP 2 log frame, 27 are directly related to FHD.

Of the 16 outcome level indicators related to FHD in the NHSP-2 log frame, eight have already met the 2013 target; one is on track. Extra efforts will be needed to meet the 2013 target for five indicators, and there is no information for 2012 for two indicators (Table 8 and Table 9).

Table 8: Impact/outcome indicators

SN	NHSP-2 log frame Indicators	Achieved 2011		Achieved 2012		Target		
		Data	Source	Data	Source	2011	2013	2015
1	Total fertility rate (per woman) (G1)	2.6	NDHS	NA		3	2.8	2.5
2	Adolescent fertility rate (women aged 15-19 years, per 1,000 women in that age group) (G2)	81	NDHS	NA		_	85	70
3	Maternal mortality ratio (per 100,000 live births)(G6)	170	WHO2010	NA		250	192	134
4	Percent of infants breast fed within one hour of birth (P1)	44.5	NDHS	50.9	HHS	_	55	60
5	Contraceptive Prevalence Rate - modern methods (P7)	43.2	NDHS	43.1	HHS	48	52	67
6	Percent of pregnant women attending at least four ANC visits (P8)	50.1	NDHS	48.1	HHS	45	65	80
7	Percent of pregnant women receiving IFA tablets or syrup during their last pregnancy (P9)	79.5	NDHS	91.1	HHS	82	86	90
8	Percent of deliveries conducted by a skilled birth attendant (P10)	36	NDHS	46.3	HHS	_	40	60
9	Percent of women who had three postnatal check-ups as per protocol (1st within 24 hours of delivery, 2nd within 72 hours of delivery and 3rd within 7 days of delivery, as a of expected live births) (P11)	35.8	HMIS	31.4	HMIS	_	43	50
10	Percent of women of reproductive age (15-49) with complications from safe abortions (surgical and medical) (P12)	49[2]	NDHS	1.2	HMIS	<2	<2	<2
11	Obstetric direct case fatality rate (P14)	0.17	FHD	NA		<1	<1	<1
12	Met need for emergency obstetric care (percent) (OC1.5)	23	EOC Mon.	15.9	HMIS	_	43	49

SN	NHSP-2 log frame Indicators	Achieved 2011		Achieved 2012		Target		
		Data	Source	Data	Source	2011	2013	2015
13	of deliveries by Caesarean Section (OC1.6)	4.6	NDHS	4.9	HHS	4	4.3	4.5
14	Unmet need for FP (percent) (OC2.3)	27	NDHS	NA		_	20	18
15	Percent of institutional deliveries (OC2.4)	35.3	NDHS	43.5	HHS	27	35	40
16	Percent of women who received contraceptives after safe abortion (surgical and medical) (OC2.5)	41	HMIS	33	HMIS	55	60	60

Table 9: Output indicators

SN	NHSP-2 log frame indicators	Achieved 2011		Achieved 2012		Target		
		Data	Source	Data	Source	2011	2013	2015
1	Percent of women utilising the FCHV fund (among women of reproductive age) (OP1.1)	5	HMIS	0.5	HMIS	_	8	10
2	Number of health facilities providing adolescent-friendly health services (OP1.2)	78	FHD	455	FHD	_	500	1000
3	Number of FCHV (OP3.4)	48680	HMIS	48,897	HMIS	50,000	52,000	53,514
4	Percent of districts with at least one public facility providing all CEONC signal functions (OP4.5)	39	STS	62	STS	-	68	76
5	Percent of PHCCs providing all BEONC signal functions (OP4.6)	14	STS	39	STS	-	50	70
6	Percent of health posts with birthing centres (OP4.7)	79	STS	93	STS	≥80		
7	Percent of safe abortion (surgical and medical) sites with post abortion long acting FP services (OP4.8)	91	STS	90	STS	≥90		
8	Percent of health posts with at least five FP methods (OP4.9)	13	STS	8	STS	-		
9	Percent of women of reproductive age (15 – 49) aware of safe abortion sites (OP5.1)	58.8	NDHS	34.3	HHS	_	35	50
10	Percent of women of reproductive age (15 – 49) who know at least three pregnancy related danger signs (OP5.2)	NA	NA	56.9	HHS	_	40	50
11	Percent of women of reproductive age (15 – 49) who gave birth in the last two years aware of at least three danger signs of newborns (OP5.3)	NA	NA	48.3	HHS	_	40	50

Activities related to governance for FY 2013/14

Table 10 presents some of the key activities related to governance for FY 2013/14. Of the total proposed budget, the share of activities related to governance is more than five percent (171 million).

Table 10: Key activities related to governance for FY 2013/14

S.N.	Activities	Amount (million NPR)	Source of verification
District			
1.	Planning, implementation, monitoring and evaluation workshops of the RH programme in district	21.2	Workshop report
2.	Capacity building of birthing centre staff	2.1	Training reports
3.	Birthing centre needs assessment	2.2	Need assessment report
4.	Mobilisation of watch group	6.6	Field reports
5.	Monitoring of RH programme (district to health facilities)	14	Monitoring reports
6.	Clinical update for Staff Nurse/ANM	23.7	Training reports
7.	IUCD coaching for trained SBA/ANM	3.5	Training report
8.	Decision making tools programme (Family Planning)	1.5	Training report
9.	Interaction with FCHV prior to mobile VSC camp	4.35	Field report
10.	Orientation for FCHV fund mobilisation and operation	13.42	Training report
Central			
11.	Revision of Reproductive Health Commodities Security (RHCS) strategy	1.2	Published guidelines
12.	Printing and distribution of clinical protocols, partographs, action cards	3.5	Guidelines, protocols
13.	Workshop for planning and budgeting for next fiscal year	1.4	Workshop proceeding report
14.	Training and data analysis of new Maternal and Perinatal Death Review (MPDR) implementing hospitals	2.4	Data analysis report
15.	Monitoring and Evaluation of BC through GIS	0.3	Monitoring report
16.	Capacity building training of FHD staff	5.3	Training report
17.	Web hosting and update of FHD's web site and MPDR online software	0.9	Functional website
18.	Monitoring of MPDR by the Region	0.45	Field monitoring report
19.	Preparation, printing, distribution and sharing SM referral guidelines	0.7	Guidelines publication
20.	Capacity building of service providers	4.28	
21.	Birth defect surveillance	1	Surveillance report
22.	Projection of maternal death rate using census data and estimating target population	2.5	Data publication
23.	Rapid assessment of the Aama programme	4	Research report

24.	TOT for micro-planning of the FP programme	1.77	Training report
25.	Recording and printing success story of FP programme	1.5	FP programme story
26.	Performance audit of FP programme	0.5	Performance audit report
27.	TOT for Orientation on FCHV fund mobilisation	0.8	Training reports
28.	Tools development, revision and printing of ASRH programme	1	Published tools
29.	Review and Advocacy of ASRH programme	0.6	Field report

Gender and social inclusion related activities

Although most of the FHD programme activities are GESI related, Table 8.1 shows some of the activities contributing directly to GESI. Of the total budget, nearly two-thirds (NPR 2,045 million) are GESI related. Table 11 presents of the key activities.

Table 11: Key GESI related activities

SN	Activities	Amount (million NPR)
District		
1	Community ANM (One ANM for every three wards)	9
2	Screening for obstetric fistula, uterine prolapse and listing for uterine prolapse surgery	41.36
3	Contracting of NGO or team to provide 24 hour CEONC services	80
4	Hiring of staff nurse for appointment in hospitals, SBA training sites and 24 hour BCs	15
5	Hiring of ANM for appointment in BCs and PHCCs for 24 hour delivery services	250
6	Referral services in remote districts (for maternal)	4.2
7	Misoprostol to control PPH	4
8	Rural Ultrasound programme in remote districts for safe motherhood	4
9	Aama programme (Aama, 4ANC and blood transfusion)	1152
10	*Nyano Jhola* for mothers receiving delivery services at district and below facilities	183.5
11	Micro-planning to fulfill the unmet need of FP among specific target groups	4.68
12	Integration of FP with EPI	5.5
13	Satellite clinic for FP services	8.35
14	Revitalisation of Mothers groups	40.6
Central		
15	Procurement of Ambu bag, vacuum set for Birthing Centres	40.5
16	Procurement of Crayo machine for treatment of cervical cancer	4.5
17	UP surgery and treatment	160
18	Emergency referral funds in the region for remote districts	2.5
19	Training on Obstetric First Aid with the support of the region	2
20	Awareness programmes in districts with a high prevalence of UP	1.2
21	Post-partum FP	0.84
22	Workshop and study on infertility	2

Requirement of Technical Assistance

Table 12 displays the type of TA, supporting agency and status of the programme.

Table 12: Requirement of Technical Assistance

	SN	Type of TA	Supporting agency	Status (ongoing, scale up or new)
Safe Motherhood	1	Online reporting of MPDR from all referral hospitals	WHO, NHSSP	ongoing
	2	Prevention of PPH through misoprostol and SBA deliveries	USAID/H4L	ongoing
	3	Strengthen ANM pre-service curriculum and teaching methods to incorporate core SBA skills	USAID/H4L	new
	4	Clinical update for ANM and SN in birthing centres	UNFPA	new
	5	Development of nursing and midwifery plan	WHO	ongoing
	6	Development of implementation guidelines of MPDR	WHO	ongoing
	7	Monitoring of SBA core competencies following PCL nursing curricula	WHO	ongoing
	8	Revision of the national RHCS strategy	UNFPA	new
	9	Rapid Assessment of Aama including 4ANC	NHSSP	ongoing
Family Planning	10	Expected number of FP users for all modern contraceptives	UNFPA	
	11	BCC, capacity building and micro-planning for LAFP	USAID/H4L	ongoing
	12	Support to integrated FP with vaccination programme in one district	USAID/H4L	new
	13	Plan of Action for FP Programme Policy (repositioning)	Others	
	14	Development of FP Programme district strengthening (FP micro planning) planning	WHO	ongoing
	15	Develop a five-year costed strategy to strengthen the family planning programme	UNFPA	new
	16	Pilot Implanon	UNFPA	new
	17	Formative research, like the quality of condoms available in the private sector	UNFPA	new
	18	Support FHD to adapt, translate and disseminate WHO's MEC Wheel and review DMT tool as job-aids for FP service providers	UNFPA	new
RH morbidity	19	Institutionalisation of UP programmes	UNFPA, WHO	new
	20	Prevention of cervical cancer, development of implementation guidelines, training of service providers	WHO	ongoing
	21	Develop clinical protocol on POP management	UNFPA	new
	22	Estimate the prevalence of RH morbidities (POP, OF, Cx cancer, infertility, etc)	UNFPA	new
	23	Revise the existing guideline on POP Programme	UNFPA	new
	24	Need assessment of Obstetric Fistula services in Nepal	UNFPA	new

	SN	Type of TA	Supporting agency	Status (ongoing, scale up or new)
	25	Conduct RH Morbidity Working Group meetings	UNFPA	new
ASRH	26	Strengthen ASRH services and increase access to services	USAID/H4L	new
	27	Fix certain core criteria which can be used for an institutional certification process to label “adolescent-friendly” services	GIZ	
	28	Review and standardise NHTC training package based on the National ASRH Programme, including general counseling skills on ASRH and rights topics	GIZ	
	29	Incorporate ASRH information in existing 'Integrated Supervision Checklist' and 'Quarterly and Annual Performance Review mechanisms’	GIZ	
	30	Build capacities of NHEICC’s human resources in developing ASRH IEC/BCC materials and methods	GIZ	
	31	Technically support crucial NHEICC interventions such as the use of mobile and internet technologies for BCC on ASRH, mass media campaigns to change social norms (delay marriage, provision of contraceptives to adolescents)	GIZ	
	32	Improve comprehensive sexuality education in schools and ensure that health workers are regularly doing outreach interventions on ASRH at schools and inviting adolescents to visit AFS	GIZ	
	33	Provide technical support for functional integration ofr ASRH in major programmes like FM, SM and SAS	GIZ	
	34	Scale up by introducing more AFS in intervention districts and beyond. (The five new GIZ-funded districts are: Dolpa, Kalikot, Mugu and Salyan in MWR and Kanchanpur in FWR)	GIZ	new
All (Cross-cutting)	35	Disseminate programmes and results through websites	NHSSP	ongoing
	36	Monitoring and Evaluation of FHD programmes (Aama, 4ANC, UP, FP and so on)	NHSSP	ongoing
	37	Design and implement RH research	NHSSP	ongoing
	38	Target populations for Family Health programmes	UNFPA	new
	39	Promote district-based planning for health (including FP/SM/FCHV/ARSH programmes and GESI integration)	USAID/H4L	ongoing
	41	Support GESI-related disaggregation of HIMS at the district level and monitor GESI-related activities and outcomes at the district level and below	USAID/H4L	ongoing
	42	Support for development of multi-year strategic planning	USAID/H4L, UNFPA	ongoing

Constraints

The constraints facing the FHD are as follows:

- Insufficient monitoring and supervision capacity at all levels.
- Minimal utilisation of available data for decision making at all levels.
- Blanket approach to programme implementation – only few programmes target specific groups and specific areas.
- Disproportionate utilisation of the health system – hospitals at high demand while Birthing Centres remain underutilised, especially in the Tarai area.
- Integration of FP programmes into MCH, HIV/AIDS and other health services.
- Inadequate key service providers at CEONC sites.
- Yearly contracts of medical doctors general practitioners, staff nurses, anaesthesia assistants, and auxiliary nurse midwives limit round year services and increase transaction costs.
- Frequent staff transfers hamper the smooth running of programmes.
- Limited staff skills and motivation to address specific issues of marginalised groups of people.
- Increased expectation of FCHVs as a consequence of their affiliation with the FCHV trade union and haphazard mobilisation of FCHVs at the lower level.
- Insufficient human resource capacity at the central level for monitoring and evaluation of programme.
- Dissemination of research findings to district level and use of evidence in planning at district and central level.

Child Health Division

Background

The core objectives of the programmes conducted by Child Health Division (CHD) are to reduce mortality, morbidity and disability among newborns, infants and children under five years of age, and to improve the nutritional status of children and mothers. In order to achieve these objectives, this division implements the following high priority programmes:

a. National Immunisation Programme
b. Community-Based Integrated Management of Childhood Illness and Newborn Care Programme
c. National Nutrition Programme

Detailed information is available in the annual report of the Department of Health Services or by visiting www.dohs.gov.np.

Annual budget (FY 2013/14)

The CHD has a total budget of NPR 2,467.78 million for the FY 2013/2014 (Table 1).

Table 1: Annual budget of the CHD for FY 2013/2014 (million NPR)

Budget	Government		EDPs		Total		
	Capital	Recurrent	Capital	Recurrent	Capital	Recurrent	Total
Central level	143.80	560.67	35.54	1045.61	179.34	1606.29	1785.64
District level	5.06	460.48	16.50	200.10	21.56	660.58	682.14
Total	148.86	1021.1	52.04	1245.71	200.90	2266.87	2467.78

Major Activities

The table below shows the major activities of CHD and their status, i.e. ongoing, scaled up or new.

Table 2: Major activities (million NPR)

SN	Major Activities	District (million NPR)	Central (million NPR)	Total (million NPR)	Status (Ongoing, scaled up or new)
1.	**National Immunisation Programme**				
1.1	Polio immunisation campaign (National Immunisation Days)	132.40	3.10	135.50	ongoing
1.2	Declaration of complete immunisation at VDC level	11.00	2.55	13.55	ongoing
1.3	Initiation of vaccination against Typhoid in high risk districts		0.50	2.00	new
1.4	Review and update of Reaching Every District (RED) micro planning	2.50		2.50	ongoing

1.5	Motivation of health workers through Appreciative Inquiry	1.00		1.00	new
1.6	Mid-level managers training (District Heath Officers and EPI supervisors)		4.00	4.00	ongoing
1.7	Reaching every child with immunisation through mobilising FCHVs.	22.56		22.56	new
1.8	Refresher Training for Vaccinators Assistant Health Worker (AHW)/ANM	80.2	2.8	83.0	ongoing
1.9	Immunisation months	3.75	0.5	4.25	ongoing
2	**CB-IMCI,NCP Programme**				
2.1	Revision of CB-NCP protocol		1.50	1.50	new
2.2	IMCI protocol refresher training for health workers	13.00	46.65	59.65	new
2.3	IMCI training for newly recruited health workers		7.30	7.30	ongoing
2.4	Referral level Integrated Management of Neonatal and Childhood Illness (RIMNCI) training at referral level hospitals.		6.00	6.00	ongoing
2.5	Expansion of CB-NCP Programme	24.00	95.30	119.30	scaled up
2.6	Expansion of CHX Programme		9.00	9.00	scaled up
2.7	CB-IMCI ToT		3.70	3.70	ongoing
2.8	Diploma in Child Health		3.00	3.00	new
2.9	Efficacy study of Cotrimoxazole		2.00	2.00	new
2.10	Operational Research on increasing access of IMCI/NCP in underserved areas		0.5	0.5	new
2.11	Exchange exposure visit		2.00	2.00	new
3	**National Nutrition Programme**				
3.1	Scaling-up of Maternal Infant and Young Child Feeding Programme	57.25	63.51	120.76	scaled up
3.2	Strengthening and scaling-up Integrated Management of Acute malnutrition (Community approaches) and maintaining Nutrition Rehabilitation Home (Facility Based)	28.70	52.50	81.20	ongoing and scaled up
3.3	School Health and Nutrition Programme	5.00	1.80	6.80	ongoing
3.4	Implementation of Multi-sectoral Nutrition Plan	1.80	17.81	19.61	scaled up
3.5	Development and implementation of Maternal Nutrition Programme		1.00	1.00	new
3.6	Development and implementation of Emergency Nutrition Plan		3.35	3.35	new

3.7	Distribution of fortified blended flour in the most household food insecure districts (Karnali zone, Solukhumbu) and conducting a Basic Nutrition Survey in those districts		61.00	61.00	on going
3.8	Establishment of a Nutrition Surveillance System		1.20	1.20	new
3.9	Research on nutrition interventions (IYCF counselling through Mobile, Health System Strengthening for Micronutrient Supplementation)		1.50	1.50	new
3.10	Innovative programme to control anaemia in adolescent girls		10.00	10.00	new
Total		383.17	404.07	787.24	

Procurement (FY 2013/14)

Total: 1060.04 million NPR

Table 3: Major procurement related activities

SN	Activities	District (million NPR)	Central (million NPR)	Total (million NPR)
1.	Van for vaccine transportation		15.00	15.00
2.	Refrigerator and supportive logistics for vaccination		72.85	72.85
3.	Vaccine purchase with supportive logistics		690.28	690.28
4.	Establishment of newborn corner, equipment for NCP		55.65	55.65
5.	Motorcycle, Computer, Laptop, Cold Chain equipment	18.060	3.00	21.06
6	ARI Timer procurement		6.50	6.50
7	Procurement of a vehicle for the Nutrition Programme		3.04	3.04
8	Consultancy service procurement for CB NCP, IYCF		23.85	23.85
9.	Procurement of **Vitamin A Capsules** (for children under five years old)		35.00	35.00
10	Procurement of **Albendazole Tablets** (for pregnant women and children one to five years old)		10.00	10.00
11	Procurement of **Iron Tablets** in strip or blister Pack (for pregnant women and postpartum mother)		30.00	30.00
12	Procurement of **Ready to Use Theraputic Food** (RUTF for Malnourised Children IMAM Programme)		20.00	20.00
13	Procurement of **Fortified Blended Flour** (for 6-23 month old children of Karnali Zone and Solukhumbu)		60.00	60.00
14	Procurement of **Salter Scale** (for Growth monitoring of under 5 children)		3.00	3.00
15	Printing of **Nutrition Training and Educational Materials**		0.50	0.50

16	Procurement and Distribution of First Aid Kit for Schools	13.30		13.30
Total		**31.360**	**1028.68**	**1060.04**

Major strategies to implement the programme

Immunisation

1. Partnership with schools, private schools and social organisations to minimise the number of children missing immunisation
2. Maintenance and replacement of elements of the cold chain and appropriate equipment at the peripheral level
3. Activities to maintain a high standard cold chain and vaccine management system so as to provide quality vaccines to the population
4. Policy of local recruitment and contracting of vaccinators
5. Introduction of new vaccines into routine immunisation - rubella, rotavirus and pneumococcal disease, typhoid and others
6. A policy on immunisation in municipalities to ensure immunisation service access to all municipal populations
7. Micro-planning for the MCH programme to cover missed and hard-to-reach populations who are not fully immunised
8. Reaching every child by mobilising Female Community Health Volunteers

CB-IMCI/NCP

1. Partnership with the private sector to manage the under-five sick children as per the CB-IMCI protocol
2. Incorporate CB-IMCI protocol in the pre-service curriculum
3. Develop a comprehensive social mobilisation and communication plan
4. Train health workers on CB-IMCI (to cover 3 - 4 percent annual attrition of health workers)
5. Build capacity of health workers through on-site coaching, on-the-job training, in-service training and pre-service training
6. Train FCHVs to manage infections in newborns
7. Scale up the CB-NCP programme
8. Implement and expand performance-based incentives for the newborn care programme
9. Undertake activities to strengthen newborn care services at various levels of health institutions
10. Add immediate and essential care services for newborns
11. Develop an effective system of referral for sick newborns
12. Revitalise the CB-IMCI programme in low performing districts
13. Integrate Community Based Newborn Care with the CB-IMCI and Safe Motherhood programmes
14. Accelerate implementation of zinc for the treatment of diarrhoea
15. Design and pilot interventions for reaching unreached children for IMCI/NCP
16. Integrate mapping of vulnerable populations in CB-IMCI training for FCHV

Nutrition

1. Protect, promote and support optimal child feeding practices through the expansion and strengthening of infant and young child feeding programmes and the promotion of growth monitoring.
2. Undertake iron and folic acid tablet supplementation to pregnant and breastfeeding women, adolescent girls, distribution of deworming tablets to pre-school and school children and distribution of fortified flour.

3. Increase accessibility and social marketing of 2-Child Logo salt for consumption of adequately iodized salt.
4. Provide bi-annual mass supplementation of Vitamin A to children 6 months to 5 years old.
5. Gradually expand school health and nutrition activities in all districts.
6. Undertake behaviour change communication to change dietary practices for improved maternal and child nutrition.
7. Expand and strengthen of integrated management of acute malnutrition through both community and facility based approaches.
8. Promote, facilitate and utilise community involvement for all nutrition activities.
9. Develop understanding and effective coordination between various concerned sections, divisions and centres for integration of nutrition in key health programmes including community based approaches.
10. Strengthen and integrate nutrition across important non-health sectors (involving key agencies such as MoAD, MoE, MoFALD, MoUD and NPC) in collaboration with EDPs, I/NGOs and the private sector in line with the Multi-Sectoral Nutrition Plan.
11. Adopt a multi-sectoral approach to address the problem of under-nutrition in women and children focussing on the first 1000 days.
12. Conduct national and regional advocacy and social mobilisation campaigns for nutrition.
13. Promote research and develop a systematic approach for monitoring and evaluation of all nutrition programme activities to contribute in evidence based planning and programme implementation.

Target for FY 2013/14

Impact/Outcome Indicators

Table 4: Impact indicators

Indicators	1996	2001	2006	2011	2013	2015 (Target)
Under five mortality rate	118	91	61	54	47	38
Infant mortality rate	79	64	48	46	38	32
Newborn mortality rate	50	43	33	33	23	16
Stunting among children under five years old			57	49	41	27

Table 5: Outcome Indicators

Indicators	Baseline		2011	2013	2015 (Target)
Percent of children under 12 months of age immunised against DPT3 (Penta) and measles (or fully immunised per HMIS scale up) disaggregated by wealth quintiles and caste/ethnicity	2006	83%	87%	85% (90%)	85% (90%)
Percent of children under five with diarrhoea who were treated with Zinc and ORS	2009	7%	7%	25%	40%
Percent of children under five with pneumonia who received antibiotics	2009	29.2%	30%	40%	50%
Percent of women of reproductive age (15 – 49) with children under two years old who are aware of at least three danger signs of newborns	-	-	-	60%	70%

Percent of one year old children who are fully immunised	2006	83%	87%	90%	90%
Percent of underweight children under five years of age	2010	39.7	29%	34	29

Table 6: Outputs for 2013/14

SN	Output indicators for FY 2013/14	Amount (million NPR)
1.	NID in 75 districts completed with >95 percent evaluated coverage.	135.50
2.	Completely immunised VDCs declared : 10 new districts	13.55
3.	Vaccination against Typhoid initiated in high risk district- Kathmandu	0.50
4.	Refresher Training for 8, 000 Vaccinators (AHW/ANM)	83.00
5.	CB-NCP packaged revised	1.50
6.	Expansion of CBNCP (five new districts)	50.30
7.	Revised package of CB-IMCI rolled out in 10 districts	46.65
8.	TOT on CB-IMCI	3.70
9.	Intensive monitoring of CB-IMCI/NCP programmes in low performing districts	0.8
10	CB-IMCI/CB-NCP training for newly recruited health workers	7.30
11	CB-IMNCI referral training for doctors and health workers	6.00
12	IMAM programme continuation 11 districts	25.00
13	IYCF programme scaled up in 18 new districts	55.20
14	Piloting of Multisectoral Nutrition Plan in six districts	19.61
15	Different nutrition related strategies and guidelines reviewed, updated and developed	5.00
16	Vitamin A Supplementation among children 6-59 months old	35.00
Total		**488.61**

Table 7: Activities related to governance for FY 2013/14

SN	Activities	Amount (million NPR)	Source of verification i.e. website, publication, message
1.	Polio immunisation campaign	135.50	Report publication
2.	Motivation of Health Workers through Appreciative Inquiry	1.00	Report publication
3.	Mid-level managers training (District Heath Officers (DHOs) and EPI supervisors)	4.00	Report publication
4.	Revision of CB-NCP protocol	1.50	Report publication
5.	Roll out of revised IMCI protocol training for health workers	46.65	Report publication
6.	Monitoring and Supervision of IYCF, IMAM and SHNP	9.10	Report publication
7.	Prepositioning of nutrition commodities for humanitarian crises as per the Emergency Nutrition Plan	3.20	Report publication

8.	Establishment of immunisation fund	10.00	Report
9	Development of nutrition surveillance	1.50	Report
10	Improvement of immunisation programme	7.75	Report
11	Interaction programme on NIP with stakeholders (CA members, journalists)	1.45	Report
Total		**222.15**	

Table 8: Gender and social inclusion related activities

SN	Activities	Amount (NPR in million)	Source of verification i.e. website, publication, message
1.	Declaration of complete immunisation at VDC level	13.55	Publication
2.	Initiation of vaccination against Typhoid in high risk districts	0.50	Publication
3.	Review and update micro planning for Reaching Every District (RED)	3.00	Publication
4.	Reaching every child with immunisation through mobilisation of FCHVs.	22.65	Publication
5.	Distribution of fortified blended flour in most household food insecure districts (Karnali zone, Solukhumbu)	35.50	Publication
6.	Programmes such as IYCF, IMAM and CB-NCP expanded to vulnerable districts	175.60	Publication
7	Performance based FCHV incentives on CB-NCP and nutrition	61.30	Publication
8	Operational research on underserved areas	0.50	Publication
Total		**312.60**	

Table 9: Requirement of TA

SN	Type of TA	Supporting agency	Status (ongoing, scale up or new)
1	**Immunisation section**	WHO, UNICEF, GAVI	ongoing
2	**IMCI section**		
2.1	Research	USAID, UNICEF, WHO, SCF	new
2.2	Monitoring and evaluation	USAID, UNICEF, WHO, SCF, other partners	ongoing
3	**Nutrition section**		
3.1	Scale up of priority programmes like IYCF, and IMAM in the districts	UNICEF, SCI, USAID, ACF, CDC Atlanta, WFP	ongoing
3.2	Monitoring and evaluation of implemented programmes	UNICEF, SCI, WHO, USAID, World Bank, DFID, WFP	ongoing
3.3	Conduct Micronutrient Survey	UNICEF, CDC Atlanta	new
3.4	Human Resources Support	USAID, UNICEF	ongoing

Problem, Constraints and Issues

Problems

National Immunisation Programme

- Health Workers (HWs) are reluctant to run outreach immunisation sessions without field allowances (where the vaccinator post is vacant)
- Inadequate budget allocation to districts for transport of vaccine, immunisation supplies and fuel for the cold chain
- Lack of regulation and monitoring of the private sector (especially concerning Hepatitis B)

IMCI/NCP

- Inadequate resources to sustain and provide quality IMCI service
- No separate post of CB-IMCI Focal Person in districts
  - Focal person to be HA/Sr. AHW and have an HA Background (and should be a focal person if transferred to another district)

National Nutrition Programme

- Institutional strengthening for nutrition and capacity building of HWs at all levels
- Maintain and sustain existing coverage micronutrient deficiency control programmes
- Implementation of nutrition activities through a multi-sectoral approach including non-state partners
- Behaviour change and promotion of consumption of local indigenous food and diet diversity
- Slow scale up and low coverage of evidence based and cost effective interventions such as IYCF and CMAM etc.

Constraints

NIP, IMCI/NCP and Nutrition

- Slow procurement and lengthy bidding process for programme commodities and service contracts. The procurement of most of the commodities and services is delayed or not done every year. This needs to be assessed and improved immediately (NIP, CB-IMCI/NCP and Nutrition).

Issues

IMCI/NCP

- Stagnant neonatal mortality rate
- Scale up in remaining districts and simultaneous integration of CB-NCP with the CB-IMCI and Safe Motherhood programmes
- Child Mental Health and Childhood disability
- Institutionalisation of training component (involvement of NHTC)

National Nutrition Programme

- Slow scale up and low coverage of evidence based and cost effective interventions such as IYCF, CMAM etc.
- Marked inequity ecologically and among wealth quintiles where the prevalence of under nutrition, i.e. stunting, underweight, wasting and anaemia is high
- Stagnation in the reduction of anaemia over the last five years. Anaemia is particularly high among children 6-23 months old and pregnant women
- Low Vitamin A coverage among children 6-11 months old and in urban areas

- Low household iodine consumption in Hill and Mountain districts (73 percent) and rural areas (78 percent); especially low in hilly areas in the Mid-West, Far-West and Eastern regions.

Management Division

Background

Management Division (MD) is a major wing of DoHS, and is responsible for planning, information management, coordination, supervision, monitoring and evaluation of health programmes and the quality assurance of health services. MD is also responsible for monitoring the delivery of quality health services through non-governmental health institutions and for monitoring building construction and maintenance of public health institutions. It also supports the maintenance of medical equipment.

Major programme areas of MD are:

- Programming, budgeting, building construction and maintenance
- Programme monitoring and evaluation
- Running the Health Management Information System (HMIS)
- Quality assurance of health services
- Other programmes (oral health activities, mental health and nursing leadership programmes)

Detailed information can be obtained from the DoHS annual report or on the website www.dohs.gov.np.

Annual Budget for FY 2013/14

Management Division has a budget of NPR 3674.595 million. Ninety-three percent (3424.968 million) of the budget is allocated to districts while seven percent (249.627 million) is allocated to the central level (Table 1). Likewise, of the total budget 80 percent (2939.6 million) is allocated for capital headings while 20 percent (734.995 million) is for recurrent expenses.

Table 1: Budget for FY 2013/2014 (million NPR)

Budget	Government		EDPs		Total		
	Capital	Recurrent	Capital	Recurrent	Capital	Recurrent	Total
Central level	26.1	113.16	0	110.36	26.1	223.52	249.62
District level	2913.5	504.76	0	6.7	2913.5	511.46	3424.96
TOTAL (million NPR)	**2939.6**	**617.92**	**0**	**117.06**	**2939.6**	**734.99**	**3674.59**

The recurrent budget has significantly increased by almost 100 percent from last year; similarly both the EDP and GoN budgets have also doubled over that time. The increase in the EDP budget is mainly due to contracting out of repair and maintenance of medical equipment funded by KFW. The increase in the GoN budget is mainly due to rolling out of the revised HMIS, capacity building and training activities.

Major Activities

Table 2: Budget allocation for major activities by level

SN	Major Activities	District (million NPR)	Central (million NPR)	Total (million NPR)	Status (Ongoing, scale up or new)
1	Regular monitoring, supervision and reporting and report production	178.91	23.96	202.87	ongoing
2	Strengthening HMIS and integration with other systems, adding GIS for improved monitoring and evaluation	236.6	74.19	310.79	scale up
3	New infrastructure development work	226.7	6.4	233.1	new
4	Furniture for offices and new facilities constructed	40	11	51	new
5	IT equipment for strengthening district and central offices and developing an IT environment for the revised HMIS	82.8	11.1	93.9	new
6	Ongoing infrastructure development work	2588.3	0	2588.3	ongoing
7	Capacity building work	0	15.65	15.65	scale up
8	Health care waste management	12.80	8.3	21.10	scale up
9	Medical equipment repair and maintenance	4.2	65	69.2	scale up
10	Oral health programmes	0	12.1	12.1	scale up
11	Mental health programmes	0	8.45	8.45	scale up and new
12	Quality assurance activities for health service delivery	36	3.91	39.91	scale up
13	Other activities	18.65	9.56	28.21	ongoing
Total (million NPR in)		**3424.96**	**249.62**	**3674.59**	

Procurement

MD's total procurement budget for FY 2013/2014 is NPR 2927.9 million. By programme area, 80 percent of the MD budget is for physical infrastructure development, repair and maintenance. The largest item of expenditure is on civil works (ongoing and new building construction) done through the Department of Urban Development and Building Construction (DUDBC), which accounts for 92 percent of all procurement expenditure (Table 3).

Table 3: Procurement related activities

Activities	District (million NPR)	Central (million NPR)	Total (million NPR)
Civil works ongoing	2589.3	0	2589.3
Civil works (new)	109.7	6.4	116.1
Furniture	40	11	51
IT equipment	57.5	8.7	66.2
Contract out private sector for medical equipment repair and maintenance	4.2	65	69.2
Printing and report production/publishing	14.35	21.75	36.1
Total procurement expenditure	**2815.05**	**112.85**	**2927.9**

Major Strategies to Implement the Programmes

MD's main programme implementation strategies are:

- monitoring reviews and planning at local, district, regional and national levels;
- carrying out need-based and evidence-based planning and implementation;
- private sector participation in delivering health services;
- community partnership in health service delivery including reaching the unreached;
- gender equality and social inclusion in health service delivery; and
- quality assurance of health services.

Target for FY 2013/14

Table 4 presents the achievements and targets for the main outcome indicators related to MD's work.

Table 4: Outcome indicators

Indicator	Achieved 2011		Achieved 2012		Target		
	Data	Source	Data	Source	2011	2013	2015
Number of HPs per 5,000 population	0.12	HMIS	0.8	HMIS	-	0.5	1
Number of PHCCs per 50,000 population	0.37	HMIS	0.35	HMIS	-	0.7	1
Number of district hospital beds per 5,000 population	1.06	HMIS	0.8	HMIS	-	0.6	1
Percent of public hospitals, PHCCs, and HPs that have infrastructure as per GoN standards	NA	NA			50		
Hospital			63				
PHCC			69				
Health post			37				
Percent of timely and complete data on annually reportable M&E framework indicators reported by the end of December of the following year	NA	NA	NA	NA	_	100	100
Percent of health information systems implementing (using) uniform standard codes	0	HMIS	0		_	100	100
Percent of tertiary and secondary hospitals (public and private) implementing ICD 10 and reporting codes information to the health information system	65	HMIS (Public hos)	100	HMIS	_	75	100
Percent of health facilities (public and private) reporting to the national health information system (by type or level)	_		100	HMIS	_	80	100
Percent of clients satisfied with their health care at district facilities among targeted groups, disadvantaged castes and ethnicities by 2015					68	74	80

Governance Related Activities

Table 5: Governance related activities

SN	Activities	Amount (million NPR)	Source of verification i.e. website, publication, message
1	Preparing the periodic HMIS reports and the DoHS annual report; wide distribution through printing and the DoHS website	1.7	Publication, website
2	Evidence based planning and monitoring at the district level using HMIS, other information systems and GIS	17.5	Website, publication
3	Expanding the performance based evaluation system	8.5	Publication, message
4	Continuing support for e-bidding for procurement and construction contracts for better competition and transparency (DUDBC)		Website
5	Support to the formation of local bodies and HFMCs responsible for the construction and maintenance of infrastructure at the local level for community participation and ownership	7.5	Publication, website
Total		**35.20**	

Gender and Social Inclusion Related Activities

Table 6: GESI related activities

SN	Activities	Amount (million NPR)	Source of verification i.e. website, publication, message
1	Build health facilities at locations most likely to increase the access of poor, vulnerable and marginalised people to health services	2705.4	Website
2	Identify and expand health services focused on underserved locations, with increased attention to the optimal locations for serving the catchment areas of poor and excluded people in 20 districts	12	Publication
3	Manage disaggregated data and reporting on social inclusion and backward communities in 17 districts	4	Publication
4	Revise and update district, regional level planning, monitoring and review from the GESI perspective	230	Publication
5	Conduct integrated programme supervision from the GESI perspective	44	Publication
Total		**3732.5**	

Requirement of Technical Assistance (TA)

Table 7: Requirement of TA

SN	Type of TA	Supporting agency	Status (ongoing, scale up or new
1	Infrastructure development and civil works procurement	NHSSP	ongoing
2	Web based HIIS	NHSSP	scale up
3	Training on HIIS	NHSSP	scale up
4	Developing standards for construction work, finalising and printing	NHSSP	ongoing
5	Healthcare waste management	Not finalised	new
6	Revision of HMIS and its rolling out	NHSSP, WHO	ongoing
7	Scaling up and institutionalisation of health facility mapping (GIS)	WHO	ongoing

Constraints

- No uniform codes have been developed to link HMIS with other information systems such as financial, human resource and logistic management.
- Coverage of non-public health facilities is low.
- Information managers are not technically capable to cope with new technology.
- HMIS in 72 districts and HSIS in 3 districts have created problems in strengthening of HMIS.
- Lack of appropriate technicians at the MD has hindered the monitoring and evaluation of health infrastructure. Also, the fragile political situation has often delayed construction work, leading to frequent contract extensions with DUDBC.
- Many existing sites for the construction of health facilities are not suitably located or are too small in area. Also, in many cases ownership lies with a different entity.
- The policy to develop health facilities only on donated lands makes building construction more costly and time consuming in many instances.
- Inadequate data on health human resources seriously limits planning, monitoring and improving the quality of health care.
- The responsibility for mental health has been handed over to the MD without the division being provided any additional logistics or human resources support.

Logistics Management Division

Background

Efficient management of logistics is crucial for the effective and efficient delivery of health services as well as for ensuring the right of citizens to have good quality health care services. Logistics Management Division (LMD) was established under the DoHS in 2050/51 (1993), with a network of one central and five regional medical stores as well as district level stores. The major function of LMD is to procure, store and distribute health commodities for the GoN health facilities. It is also involved in the repair and maintenance of bio-medical equipment, instruments and transportation vehicles.

In order to systematise the management of logistics, the Logistics Management Information System (LMIS) unit was established in LMD in 1994. The LMIS Unit collects and analyses quarterly LMIS reports from all health facilities across the country; prepares and disseminates a report to district health offices and regional medical stores. The data generated from LMIS information are key in logistics management and are used for:

- Quantification and procurement of health commodities
- Forecasting annual requirements of commodities for public health programmes including family planning, maternal, neonatal and child health, HIV and AIDS treatment, vaccines, and Essential Drugs;
- Monitoring demand and supply of drugs, vaccines, contraceptives, and essential medical supplies at all levels;
- Quarterly monitoring of the national pipeline and stock level of key health commodities.

Detailed information can be obtained from the DoHS annual report or on the following websites: http://www.dohs.gov.np, http://www.dohslmd.gov.np.

Annual budget FY 2013/14

Table 1: Annual budget of Logistics Management Division for FY 2013/14 (million NPR)

Budget	Government		EDPs		Total		
	Capital	Recurrent	Capital	Recurrent	Capital	Recurrent	Total
Central level	5.20	50.84	535.00	481.80	540.20	532.64	1,072.84
District level	-	30.57	-	14.48	-	45.05	45.05
TOTAL	**5.20**	**81.41**	**535.00**	**496.28**	**540.20**	**577.69**	**1,117.89**

Major Activities

Table 2: Central Level Activities

SN	Major Activities	Central (million NPR)	Status (Ongoing, scale up or new)
1	Procurement of office furniture, desktop computers, laptops-85, photocopy machines-5, printers-10, scanners-20, telemedicine instrument and equipment, hospital instruments, equipment and furniture, office staff, essential drugs	370.60	ongoing and scale up
	Procurement of PET CT Scan Machine	160.00	new
2	Procurement of Pickup-22, Motorcycle-10, Cold Chain spare parts, Multi Log and data Logger	224.00	new
3	Continue Construction work of Central store, Teku and Pathlaiya	20.00	new
4	Repacking, Transportation of Drug and Equipment	63.00	ongoing
5	Maintenance of bio medical equipment vehicle, Cold Chain equipment and others	6.50	ongoing
6	Web-based LMIS, inventory and external mailing system, basic/refresher training in rural telemedicine, basic training for 30 districts	4.50	ongoing and scale up
7	Supervision and monitoring of the logistics programme	5.90	ongoing
8	Vaccine management Training and Planning Workshop	6.00	new
9	Regional review meeting on logistics	2.50	new
10	Inspection, test and quality control of medicine at Centre, Regions and Districts	6.50	ongoing
11	Due payment of V-SAT fee and monthly ADSL Internet fee for 30 Telemedicine districts	2.40	ongoing
12	Receipt of Zithromax for the Trachoma programme	192.00	ongoing
Total		**1,063.90**	

Table 3: District Level Activities

SN	Major Activities	District (million NPR)	Status (Ongoing, scale up or new
13	Transportation of Drugs, Instruments and Equipment for 75 districts	26.00	ongoing
14	Service contract for distribution and transportation of health commodities from district to health facilities involving private companies/NGOs/CBOs in two districts	3.00	new
15	Strengthen Web-based LMIS and Inventory Management to improve the situation of stock outs	3.24	ongoing
16	Quarterly Review of Logistics Management Programme in each of the 75 districts	3.75	new
17	Telemedicine Operation Cost for 30 districts	4.50	ongoing
Total		**40.49**	

Procurement (FY 2012/13)

Total: NPR 912.40 million

Table 4: Major procurement related activities

SN	Activities	District (million NPR)	Central (million NPR)	Total (million NPR)
1.	Procurement of hospital furniture, equipment, instruments, biomedical equipment	-	294.40	294.40
2.	Procurement of essential drugs and medical consumables	-	200.00	200.00
3.	Procurement of pick-up van for transportation of medicine and equipment	-	60.00	60.00
4.	Procurement of Zithromax for Trachoma programme	-	192.00	192.00
5.	Procurement of PET CT Scan Machine	-	160.00	160.00
6.	Procurement of desktop and laptop computers and accessories	-	6.00	6.00
7.	Services contract for medicine transport in two districts	3.00		3.00
8.	Service contract for web based LMIS system	3.24		3.24
Total (million NPR)		**6.24**	**912.40**	**918.64**

Strategies to implement programme targets for FY 2013/14

- Logistics planning for procurement, storage and distribution of essential health care commodities.
- Introduce effective and efficient procurement mechanisms like Multi-Year Procurement (MYP) and Central Bidding System (CBS).
- Use of LMIS information in decision making at all levels.
- Strengthen physical facilities at the central, regional, sub-regional and district level for the storage and distribution of health commodities.
- Promote a web-based LMIS and Equipment/Expendable Items Inventory System in districts and regions.
- Oversee repair and maintenance of bio-medical equipment, instruments, cold-store and transportation vehicles.
- Capacity building of required human resources on logistics management at all levels.
- Implement an effective Pull System for year round availability of essential drugs and other health commodities at all levels (Central, Regional, District and Health Facilities).

Target for FY 2013/14

Impact/Outcome Indicators

Table 5: Impact indicators

Indicator	Baseline			Achievement 2011	Target		
	Data	Year	Source		2011	2013	2015
Total Fertility Rate	3.0	2010	NHSP II	2.6	3.0	2.8	2.5
Contraceptive Prevalence Rate (CPR) – Modern Methods	48	2010	NHSP II	43.2	48	52	67
Percent of Pregnant women receiving IFA tablets or syrup during their last pregnancy	59.3	2006	NDHS HMIS	79.5	82	86	90
Percent of one year old children immunised against measles	86	2009/10	NDHS HMIS	88.0	88	90	90
Percent of children aged 6-59 months who have received vitamin A supplements	90	2009/10	HMIS	90.4	≥90	≥90	≥90

Table 6: Outcome Indicators

Indicator	Baseline			Achievement 2011	Target		
	Data	Year	Source		2011	2013	2015
Unmet need for family planning (%)	24.6	2006	NDHS	27		20	18
Percent of children under 5 years old with diarrhea who were treated with Zinc and ORS	6.6[2]	2010	NHSP II	5.2	7	25	40
Percent of children under 5 years old with pneumonia who received antibiotics	29.2	2009	NDHS HMIS	41	30	40	50
Percent of eligible adults and children currently receiving antiretroviral therapy			NCASC	24	55		80
Percent of health facilities with no stock-outs of the listed free Essential Drugs in all four quarters	76.7	2009	LMIS	79	80		90
Percent of health facilities experiencing stock-outs of any of specific tracer drugs i.e., ORS, Iron, Cotrim/p or Vitamin A in any reporting period of that year. (year – round availability)	60	2011	LMIS	60	57	54	51

Percent of health facilities experiencing stock-outs of any FP commodities i.e., Condom, Injectables, or Pills in any reporting period of that year	16	2011	LMIS	16	14	12	10
Percent of health facilities have stocks of at least 20 essential drugs in all 4 quarters	73	2011	LMIS	73	76	79	82

Table 7: Outputs for 2013/14

SN	NHSP-2 Output indicator for FY 2013/14	Amount (million NPR)
	Percent of health facilities with no stock-out of the listed free essential drugs in all four quarters and other stock-out related indicators	263.00
Total		**263.00**

Table 8: Activities related to governance for FY 2013/14

SN	Activities	Amount (million NPR)	Source of verification
1.	Procurement of pickups-22 and motorcycles-10	60.00	LMD Budget
2.	Procurement of Rural Telemedicine Instrument and Equipment for (percentage) new districts and 30 continuing districts	5.00	LMD Budget
3.	Procurement and payment for hospital instrument, equipment and furniture	285.00	LMD Budget
4.	Procurement of PET CT SCAN	160.00	LMD Budget
5.	Procurement of cold chain spare parts, multi log and data logger	4.00	LMD Budget
4.	Service Contract for web-based LMIS, inventory management in 75 districts and 5 regional medical stores	10.00	LMD Budget
5.	Procurement and payment for essential drugs	200.00	LMD Budget
6.	E-tendering operation and internet bill payment	0.80	LMD Budget
7.	Supervision and monitoring of logistics programme	2.80	LMD Budget
8.	Supervision monitoring and maintenance visits by RMS and Bio medical staff to districts	2.50	LMD Budget
9.	Inspection, test and quality control of medicines at Centre, Regions and Districts	6.50	LMD Budget
10.	Transportation of drugs, instruments and equipment for 75 districts	55.00	LMD Budget
11.	Service contract for distribution and transportation of health commodities from district to health facilities involving private companies/NGOs/CBOs in two districts	3.00	LMD Budget
12.	Supervision and monitoring for Logistics Management Programme for 75 districts	3.75	LMD Budget
13.	Rural Telemedicine Programme operation in 30 districts	4.50	LMD Budget
Total		**875.30**	

Table 9: Gender and social inclusion (GESI)

SN	Activities	Amount (million NPR)	Source of verification
1.	Procurement of Rural Telemedicine instruments and equipment in 30 ongoing districts	5.00	LMD Budget
2.	Service Contract for office security-15, helper-5 and driver-4 (for Teku and Pathlaiya)	2.20	LMD Budget
3.	Service Contract for web-based LMIS, inventory management in 75 districts and 5 regional medical stores.	10.00	LMD Budget
4.	Procurement of service for Biomedical engineer-5, Bio medical technician-6, Mechanical Assistant Engineer-1 and IT personnel-1	2.80	LMD Budget
5.	Service contract for distribution and transportation of health commodities from district to health facilities involving private companies/NGOs/CBOs in two districts	3.00	LMD Budget
6.	Rural Telemedicine Programme operation 30 districts	4.50	LMD Budget
Total		**27.50**	

Table 10: Requirement of TA

SN	Type of TA	Supporting agency	Status (ongoing, scale up or new)
1.	Technical Assistance (TA) of overall supply chain management at the national level (forecasting, quantification, storage, distribution, procurement, LMIS, capacity development and integration with HIV and AIDS)	USAID | DELIVER PROJECT	ongoing, scale up, new
2.	TA in procurement	KfW	ongoing
3.	TA in procurement	DFID/NHSSP	ongoing
4.	TA in cold chain equipment, vaccines	UNICEF/GAVI/WHO	ongoing, new

Constraints

- Inadequate storage space and old/traditional storage buildings, especially in Central (Teku and Pathalaiya) and Regional Medical Stores to implement full Pull System
- Logistics still not a priority at district level and regular and timely distribution and transportation from District to Health Facilities of health commodities is still a challenge
- Administrative staff (non-health background) still handle the district medical stores, inadequate background store staff lacking IT skills
- Delayed procurement at central level for various reasons; every step needs NOL and a consolidated procurement plan
- Regular turnover of district store keepers, loss of trained store-keepers from the system
- Implementation of Tele-medicine programme in districts is still a challenge
- Lack of elected local bodies affecting monitoring, support and supervision at the community level
- Strong policy level support needed to sustain new programmes (telemedicine, web-based LMIS
- Difficult geographical topography of the country for transportation

Primary Health Care Revitalisation Division

Background

The concept of Primary Health Care (PHC) has evolved since the Alma Ata Declaration in 1978, and the South East Asian Region countries, including Nepal, have taken some PHC initiatives. After years of effort, positive changes can be seen in some key indicators that can be attributed to the 30 years of implementing PHC programme in the country. These include increased life expectancy, reduced child mortality, increased coverage for endemic diseases, and increased recognition of health as a fundamental human right. Growing areas of concern that PHC must address include inequitable access to health care services, especially in remote and excluded communities; attaining universal coverage; maintaining the quality of health care both in public and private health facilities; and monitoring the rapidly growing privatisation of health care. GoN started to review the policies on revitalising PHC services with the objective of strengthening Nepal's health care system and attaining universal coverage of EHCS. In this connection revitalising PHC is the most cost effective way to improve the health of the citizens.

The main four components of PHC-RD are:

1. Universal Coverage Reforms: to reach all segments of the population, especially poor, marginalised and disadvantaged groups:
    a. Reduce out-of-pocket expenditure
    b. Gradually integrate a range of health services in the essential health care package
    c. Increase EHCS coverage, especially to poor and disadvantaged populations.

2. Service Delivery Reforms: to ensure people centric service delivery:
    a. People centred care
    b. Comprehensive service packages
    c. Vertically and horizontally

3. Public Policy Reforms: to make the policies health friendly:
    a. Policies to support universal coverage
    b. Public health policy to promote the continuum of preventive, promotive, curative and rehabilitative care
    c. Promote inter-sectoral collaboration
    d. Ensure that no public policy has a deleterious effect on health

4. Leadership Reforms: to make health sector governance more effective
    a. Inclusive and pragmatic leadership in health
    b. Promote good governance and transparency through social audits.

In order to effectively organise responsive programming, PHCRD established the following three different programme implementation and support sections:

1. National Free Health Care Service
2. Social Health Protection and Health Cooperatives
3. Urban Health and Environmental Health

Annual budget FY 2013/14

The Primary Health Care Revitalisation Division has a budget of NPR 1126.59 million for 2013/2014.

Table 1: Annual budget FY 2013/2014 (million NPR)

Budget	Government		EDPs		Total		
	Capital	Recurrent	Capital	Recurrent	Capital	Recurrent	Total
Central level	1	47.2	0	480	1	527.2	528.2
District level	2.75	319.9	15	260.7	17.75	580.6	598.3
TOTAL (million NPR)	**3.75**	**367.1**	**15**	**713.7**	**18.75**	**1107.8**	**1126.5**

Table 2: Major Activities

SN	Major Activities	District (NPR million)	Central (NPR million)	Total (NPR million)	Status (Ongoing, scale up or new)
1.1	Operationalising of National Free Health Care Programme Registration Grant to Health Facilities)	130		130	ongoing
1.2	Drug Procurement (by districts and by the centre - Multiyear)	232.7	480	712.7	ongoing
2.1	Urban Health Programme • UHC Building construction • Grant to operate UHC • Interaction with stakeholders	15 380	4	399	ongoing
2.2	Urban FCHV programme (FCHV Fund, Basic training for new FCHVs, FCHV review meetings (Annual), dress allowance and FCHV day celebration	27.235	.2	27.435	ongoing
3	Equity and Access Programme Strengthening	20	0	20	ongoing
4	Scaling up of Social Audit Programme	15	0	15	ongoing / scale-up
5	Functionalisation of Community Health Units	12.6	0	12.6	ongoing
6	Continue operationalising Community Health Insurance Programme	6.5	0	6.5	ongoing
7	Maintain Community Drug Re-activation Programme at PHC and Hospitals	10	0	10	new
8	Organise Health Camps	5	0	5	ongoing/ scale-up
9	Development (updating), production and printing of different programme guidelines	11.115	7.35	18.465	ongoing

10	Support targeted programmes for target groups	35	0	35	ongoing
11	Capital cost	17.75	1	18.75	ongoing
12	Provision of HR on contract basis at district and central level	30	1.4	31.4	ongoing/ scale up
13	Capacity development (training, Data management, etc.)	0	5.1	5.1	new
14	Promotional programmes and information dissemination on • Integrated Public Health Programmes, Model Healthy Village, Health Camps, and Community Health Units • Production of VDO documentary about the PHCRD programme • School education on hygiene and sanitation, nutrition and environmental health	0	43.4	43.4	ongoing /new
15	Organise Gender Equality and Social Inclusion (GESI) TOT at centre and GESI workshops in 10 districts	0	4	4	ongoing /new
16	Evaluation and Research • Research on effect of alcohol related diseases in Mental Health • Evaluation on the effectiveness of the Free Health Care programme	0	2.5	2.5	new
17	Programme review meetings • Integrated Public Health Programme, Model Healthy Village, Health Camps, Community Health Unit review meetings in five regions and the centre • Free Health Care and GESI review at in five regions and the centre • Urban health programme review in five regions. • Community health insurance programme	0	9.2	9.2	ongoing
18	Supervision and Monitoring of PHCRD related programmmes	0	5.8	5.8	ongoing
19	Health cooperatives programme	0	.5	.5	new
Total (million NPR)		**528.2**	**598.3**	**1126.5**	

Note: Office running cost as indicated in the format is: **36 Million**

Procurement (FY 2012/13)

Total: (NPR 712.7 million)

Table 3: Major procurement related activities

SN	Activities	District (million NPR)	Central (million NPR)	Total (million NPR)
1.	Annual drug procurement for Free Health Care	232.7	480	712.7
Total		**232.7**	**480**	**712.7**

Table 4: Major strategies to implement the programme

Programme Areas	Programme implementation Strategies
a. National free health care programme	• Increasing awareness on free health care • Expanding universal free care in district hospitals • Strengthening free health care • Increasing allocative efficiency • Improving the quality of health care • Institutional development • Promoting the role of local government in free health care • Monitoring of free health care
b. National Urban Health and Environmental Health Care Programme	• Provision of Urban Health policy and institutional framework • Increasing access to basic health services especially to urban poor • Developing the capacity of service providers • Improving the quality of care • Expansion and extension of urban health programme • Promoting research and studies • Integrating urban health into local development • Inter-sectoral coordination, collaboration and partnership • Monitoring and evaluation urban health programmes
c. Social Health Protection and Health Co-operative	• Strengthen and scale-up the Community Health Insurance programme • Address health needs of the poor and excluded communities through health cooperatives • Ensure the availability of subsidised medicine to poor and excluded communities on the periphery of health facilities and hospitals • Promote rights based social mobilisation and empowerment through strengthening and scaling -up of equity and access programmes • Strengthen new social health related initiatives through synergic efforts • Promote good governance and transparency through social audits.

Target for FY 2013/14

Table 5: Impact/Outcome Indicators

Indicator	1996	2001	2006	2011	2012	2013	2014	2015 (Target)
Under-five Mortality Rate (per 1,000 live births)	118	91	61	54	**0**	47	**0**	38
Percent of total cost paid by patient for obtaining health services								
Percent of households aware of free care				66%	72%	78%	84%	90%
Percent of people who received free care at the district level and below				45%	60%	70%	80%	90%
Percent of district facilities that will have no stock-outs of tracer drugs/commodities for more than one month per year by 2015				75%	80%	85%	90%	90%

Tablle 6: Output Indicators

Indicator	Base line		2011	2013	2014	2015 (Target)
Total Out-Patients new visits as % of total Population (Source: HMIS)		78%	81%	84%	87%	90%
Number of Urban Health Clinics established			125	129	140	150
Number of Model Healthy Village established			20	25	30	35
Number of Community Health Units established			20	40	100	200
Number of facilities promoting socially inclusive strategies					200	500
Number of orientation trainings conducted (Urban FCHV)			2600	3500	4200	4700
Number of Health Facilities covered by Social Audits				200	1000	1500
Number of VDC covered by the Equity and Access programme			160	200	220	250
Number of Health Facilities capable to plan for GESI (districts)				20	40	60
Number of private medical colleges and hospitals allocating free beds						
Mechanisms of collaboration with MOLD established at National and VDC level						
Study on Environmental Impact assessment conducted						
Basic Health Care implementation (districts)					5	10

Table 7: Outputs for FY2013/14

SN	NHSP-2 Output indicator for FY 2013/14	Amount (million NPR)
	Disaggregated mortality rate	Not Applicable
	Disparity of health service utilisation	Not Applicable
	Inequality of health service access	Not Applicable
	Quality of health services	Not Applicable
	Utilisation of basic health care	Not Applicable

Table 8: Activities related to governance for FY 2013/14

SN	Activities	Amount (million NPR)	Source of verification
1	Publications related to PHCRD Programme protocols and guidelines	18.46	Budget, website
2	Software development for National Free Health Care Programme	0.3	Budget, website
3	Social Audit	15	Budget, website
4	Equity and Access Programme	20	Budget, website
5	Programme Review and planning workshops/meetings	9.2	Budget, website
6	Evaluation and Research • Research on effect of alcohol related diseases on Mental Health. • Evaluation on effectiveness of Free Health Care programme	2.5	Budget, website
7	Programme Monitoring	5.8	Budget, website
8	Promotional programmes and information dissemination	43.4	Budget, website
Total		**114.66**	

Table 9: Gender and social inclusion related activities in this plan

SN	Activities	Amount (million NPR)	Source of verification
1	Equity and Access Programme Strengthening	20	Annual report
2	Social audit	15	Annual report
3	Functionalisation of Community Health Units	12.6	Annual report
4	Targeted programmes for target groups • Special Health Programmes for Socially Excluded groups - especially disadvantaged groups (DAG) VDCs • Special Programmes for senior citizens • Referral Programmes for targeted groups	35	Budget
5	Organise Gender Equality and Social Inclusion (GESI) TOT at centre and GESI workshops in 10 districts	4	Budget

6	Evaluation and Research • Research on the effects of alcohol related diseases on Mental Health. • Evaluation on effectiveness of the Free Health Care programme	2.5	Report
Total (million NPR)		**89.1**	

Table 10: Requirement of TA

SN	Type of TA	Supporting agency	Status (ongoing, scale up or new)
1	Institutionalisation of GESI in the health sector - Facilitating GESI Structure	NHSSP	ongoing, scaling up
2	GESI mainstreaming in health programmes and guidelines and GESI capacity enhancement	NHSSP	ongoing, scaling up
3	Strengthening and scaling up of the Equity and Access Programme.	NHSSP	ongoing, scaling up
4	Strengthening and scaling up of the Social Audit Programme	NHSSP/GiZ	ongoing, scaling up
5	Strengthen the NCD programme	WHO	new
6	Strengthening Community Health Insurance	GIZ and other	new
7	Capacity Building of Institutions and Human Resources	UNICEF	new

Constraints

- Delays in Revising Free Health Drug list
- Basic Health Care implementation
- Coverage and care of referral cases
- Coordination with line ministries and stake holders to establish Urban Health Clinics and Urban FCHVs
- Community Health Insurance Programme Implementation

Leprosy Control Division

Background

Nepal achieved the elimination of leprosy as a public health problem in December 2009 and declared elimination in 2010. The DoHS acknowledged the achievement as a major success story of the health sector in the past decades. Although significant progress has been made in reducing the disease burden at the national level, sustaining the achievement and further reducing the disease burden through delivering quality leprosy services still remain as a major challenge.

After meeting the elimination target, the national strategy was revised to "Sustain Quality Leprosy Services and Further Reduce the Disease Burden due to Leprosy in Nepal: 2011-2015" based on the "Enhanced Global Strategy for Further Reducing the Disease Burden Due to Leprosy: 2011-2015" and the updated Operational Guideline laid down by WHO.

The main principles of leprosy control are based on early detection of new cases and their timely and complete treatment with multi drug therapy (MDT) through integrated health services. The emphasis is on sustaining the provision for quality patient care that is equitably distributed, affordable and easily accessible.

Though we have targeted reducing the incidence of new cases and the prevalence rate, it has increased from 0.77 to 0.79 and 0.85 respectively during FY 066/67 and 068/69. In addition, new cases are also increasing at a rate of more than 3000 per year.

Some changes are required in the working arrangements among partners to improve coordination in providing care for persons affected by leprosy and their families, and to enhance the knowledge, attitudes and practices of the general public towards leprosy. The focus should be on medical and community based rehabilitation of those affected by leprosy.

The following major programmes are proposed in the coming FY 069/70 as per the new strategy 2011-2015:

- Treatment and services in health facilities, including referral
- Specialised training programmes, with orientation to HWs, civil society organisations, volunteers, and managers, including medical and community based rehabilitation
- Surveillance both in High and Low endemic districts
- Disability Prevention and Management
- Web based leprosy reporting and management system (WEBLERS)
- Strengthening referral mechanisms
- Rehabilitation for leprosy affected people including vocational training and scholarships
- Awareness programmes to reduce leprosy related stigma and discrimination
- Monitoring and evaluation, including on-site coaching/study/research programmes and web based information and management
- Mobilisation of a network of people affected by leprosy
- Formation of self help/self care groups and their mobilisation, IGP
- Mid term review, operational research

Detailed information can be obtained from the DoHS annual report or the website www.dohs.gov.np.

Annual budget FY 2013/14

Table 1: Annual budget of the Leprosy Control Division for FY 2013/2014 (NPR 64.4 million)

Budget	GoN (million NPR)		EDPs (million NPR)		Total (million NPR)		
	Capital	Recurrent	Capital	Recurrent	Capital	Recurrent	Total
Central level	0.08	25.72			0.08	25.72	25.8
District level	0.3	35.2		3.1	0.3	38.3	38.6
TOTAL (million NPR)	0.38	60.92	0	3.1	0.38	64.02	64.4

***EDPs source in the central level is missing though there are commitments from NLR of NPR 1 million and from WHO of NPR 9 million.**

Table 2: Major Activities

SN	Major Activities	District (million NPR)	Central (million NPR)	Total (million NPR)	Status (Ongoing, scale up or new)
1	Dissemination of mid-term evaluation report		600	600	new
2	Midterm review of leprosy programmes		700	700	new
3	WEBLERS Orientation and training		2,500	2500	ongoing
4	Leprosy Training / Educational Tour	1009	2,005	3014	ongoing
5	Contract service for multi-case base reasoning (MCBR) study and programme implementation		300	300	new
6	Strengthening and updating WEBLERS services		600	600	ongoing
7	MDT Management and supply		175	175	ongoing
8	Annual report and publication of guidelines		350	350	ongoing
9	Purchase drugs for management of Leprosy complications		800	800	ongoing
10	Leprosy survey in five municipal slum areas		300	300	ongoing
11	Active Case detection		900	900	ongoing
12	Purchase and distribution of supportive device for disabled people affected by leprosy		450	450	ongoing
13	Disability Study for leprosy related disability		400	400	new
14	Onsite coaching and monitoring study, locally management in high endemic districts		600	600	ongoing
15	Case validation, verification and update		500	500	ongoing
16	Free treatment for people affected by leprosy through partners leprosy referral centress/ hospitals		400	400	new
17	Medical and community based rehabilitation	1044	400	1444	ongoing
18	Vocational training for people affected by leprosy and their families		1,700	1700	new
19	Old age Day care programme at Khokana Arogya Ashram		900	900	new

20	Transportation cost for complicated cases and those admitted at referral centres or hospitals	3000	1,900	4900	ongoing
21	Disability prevention and Leprosy referral service centre (satellite)		850	850	new
22	Handover referral centre (Zonal Hospital, Koshi, Veri, Seti, Sukra Raj Tropical, Lumbini)		500	500	new
23	Television/FM messages	1200	50	1250	ongoing
24	Printing of posters, leaflets, chase cards, flip charts and bulletin		450	450	ongoing
25	World Leprosy Day celebrations at central, regional and district levels	1675	800	2475	ongoing
26	Record, update and use case base reasoning (CBR) for people affected by leprosy at Khokana		150	150	new
27	Operational Study		1,200	1200	ongoing
28	4 Monthly performance review meetings at central and regional levels		360	360	ongoing
29	4 Monthly performance review meetings regional level		1,200	1200	ongoing
30	Coordination meetings with supporting partners in all regions		150	150	ongoing
31	Steering committee and technical committee meeting workshop		200	200	new
32	Monitoring MDT drugs from the Regional Medical Store		210	210	ongoing
33	Programme Supervision, monitoring and follow up at central and regional levels	4500	400	4900	ongoing
34	Grant for leprosy affected people of Khokana Arogye Ashram and other groups		1,300	1300	ongoing
35	Hiring Health workers for District Leprosy/TB Clinics	560		560	new
36	Marginalised group gender inclusive participatory programme	4422		4422	ongoing
37	School health education programme	750		750	ongoing
38	Mainstreaming of leprosy related disability with the general disabilities orientation on the UN Convention on the Rights of Persons with Disabilities	500		500	ongoing
39	IGP and micro saving schemes for PLD/PWD through SHG/SCG	1800		1800	ongoing
40	District, PHC, HP level Programme monitoring and follow-up workshop in19 districts where leprosy is endemic	5500		5500	ongoing
41	Review orientation and data collection of disability due to leprosy in 56 non endemic districts	3000		3000	new
42	Contact examination of patients and their neighbors and families	3600		3600	ongoing
43	Transportation cost for patients' family's contact examination	1500		1500	

Major strategies to implement the programme

1. Early new case detection and timely and complete management
2. Quality leprosy services in an integrated setup by qualified health workers
3. Prevention of leprosy associated impairment and disability
4. Rehabilitation of people affected by leprosy, including medical and community based rehabilitation
5. Reduce stigma and discrimination through advocacy, social mobilisation and IEC activities; address gender equality and social inclusion
6. Strengthen referral centres for management of complications
7. Meaningful involvement of people affected by leprosy in leprosy services; address human right issues
8. Promote and conduct operational research/studies
9. Provide monitoring and supportive supervision including onsite coaching, surveillance and evaluation to ensure/strengthen quality leprosy services
10. Strengthen partnership, co-operation and coordination with local government, external development partners, civil society and community based organisations

Target for FY 2013/14

Indicators are not included in NHSP-2, but they are included in the M & E framework

- Reduce by five percent Disability Grade 2 per 100,000 population in comparison to 2010
- Further reduce the disease burden in Nepal with intensified initiatives (PR 7%, in comparison to 2010)

Outcome indicators for 2015

- Reduce by 35 percent Disability Grade 2 per 100,000 population in comparison to 2010
- Further reduce the disease burden in Nepal with intensified initiatives (NCDR 25%, PR 35%, in comparison to 2010)

Impact/ Outcome Indicators

Table 3: Impact indicators

Indicator	1996	2001	2006	2011	2012	2013	2014	2015 (Target)
Prevalence of leprosy per 10,000	6.25	3.43	1.65	0.79	0.85	0.85		0.51
Disability GII per 100,000	2.98	2.87	0.94	0.39	0.39	0.35		0.20

Table 4: Outcome Indicators

Indicator	Base line 2010	2011	2012	2013	2014	2015 (Target)
Reduce new case detection / 100,000 population	**11.48**	**10.91**	**1033**	**9.76**	**9.18**	**8.61**

Table 5: Activities related to governance for FY 2013/14

SN	Activities	Amount (million NPR)	Source of verification i.e. website, publication, message
1	Disseminate awareness raising informative message through mass communication and print: flex, fm, Radio and World Leprosy Day	4.4	Media Website Publication
2	Orientation/discussion, interaction on leprosy control for stakeholders and health workers	3.3	Reports/media
3	Community school awareness programmes	0.7	Reports
4	Brochure, Quarterly bulletin, Annual report, Handbook etc.	0.7	Materials/papers
5	Web based software and website	3.1	Develop reporting system
	Total	**12.2**	

Table 6: Gender and social inclusion related activities in this plan

SN	Activities	Amount (million NPR)	Source of verification i.e. website, publication, message
1	Develop awareness raising educational materials and messages for electronic and print media	1.4	Material/report
2	Skin disease camps	2.8	Annual /4 monthly report
3	Community school awareness programme	0.7	Annual /4 monthly report
4	Marginalised group gender inclusive participatory programmes	4.4	Annual /4 monthly report
5	Transportation cost and RFT for patients with complications who are admitted at referral centres or hospitals	4.9	Hospital record/ Annual /4 monthly report
6	Self help group/SCG/IGP	1.6	Annual /4 monthly report
	Total	**15.8**	

Table 7: Requirement of TA

SN	Type of TA	Supporting agency	Status (ongoing, scale up or new)
	Health Workers/supervisors, Administrative and management support and office assistants	NLR/NLT/LMN	ongoing, to be continued and needs support for CBR
	Technical supervision/onsite training, research study support, MCBR, Resource centre, Documentation and planning support	WHO	HR needs technical support such as a dermatologist with a public health expert and support for a resource centre, WEBLERS and Continuing Medical Education (CME) and Mid Term Evaluation

Constraints

- Limited resources as per the burden of disease
- Problem of trained human resources (experts, experienced health workers)
- Low priority for medical and community based rehabilitation (MCBR)
- Mainstreaming to social inclusion in leprosy from a charity approach.
- Stigma due to the Leprosarium in Khokana is still a problem.

Epidemiology and Disease Control Division

Background

The Epidemiology and Disease Control Division (EDCD) works to prevent and control communicable diseases, particularly epidemic-prone diseases such as vector-borne diseases and zoonoses. It is also responsible for post-disaster and natural calamity-related public health issues and is the focal point for international health regulation in Nepal.

The major objectives of EDCD are as follows:

- The surveillance of communicable diseases, and epidemic preparedness and response for the prevention and control of immunisation-preventable vector-borne diseases.
- Achieving by 2015 the Millennium Development Goal of halting the spread and reversing the trend of malaria.
- Reducing Kala-azar incidence at district level to 1 per 10,000 at-risk populations by 2015.
- Reducing the microfilaria incidence rate to 1 percent at the district level by 2018.
- Implementing immediate, intermediate and long-term dengue prevention and control plans.
- Enhancing access to post exposure treatment (PET) for rabies exposure in humans and the management of snakebites to prevent mortality.
- Enhancing the capacities of the health sector in emergency preparedness and disaster response by focusing on disaster prevention, mitigation and response; and providing emergency and humanitarian assistance and medical support during disasters and natural calamities.

Annual budget FY 2013/14

The EDCD has a budget of NPR 825.12 million for FY 2013/14.

Table No. 1: Annual budget of the EDCD for FY 2013/14 (million NPR)

Budget	Government		EDPs		Total		
	Capital	Recurrent	Capital	Recurrent	Capital	Recurrent	Total
Central level	4.00	209.55	10.10	238.29	14.10	447.84	461.95
District level	0	188.90	0	174.27	0	363.17	363.17
TOTAL (million NPR)	**4.00**	**398.45**	**10.10**	**412.56**	**14.10**	**811.01**	**825.12**

Major Activities

Table No. 2: The major activities of EDCD's seven programmes in 2013/14 are as follows:

SN	Major Activities	District (million NPR)	Central (million NPR)	Total (million NPR)
1	Lymphatic Filariasis elimination	267.67	50.00	317.67
2	Malaria control	62.42	216.65	279.07
3	Zoonosis control	0	108.25	108.25
4	Epidemic control	9.43	54.50	63.93
5	Kala-azar control	16.25	5.90	22.15
6	Natural disaster management	6.0	12.40	18.40

SN	Major Activities	District (million NPR)	Central (million NPR)	Total (million NPR)
7	Dengue control	0	7.30	7.30
Total (million NPR)		**361.77**	**455.00**	**816.77**

Lymphatic filariasis elimination:

- Procure Diethylcarbamazine citrate tablets for mass drug administration (MDA).
- Manage post-mass drug administration complications, treat filariasis cases and organise treatment camps.

Malaria control:

- Procure insecticides for indoor residual spraying (IRS).
- Distribute long lasting insecticide treated nets.
- Procure medicines, equipment and diagnostic kits.

Zoonosis control:

- Procure cell culture anti-rabies vaccine for post-exposure treatment of rabies in humans.
- Procure anti-snake venom serum to prevent mortality due to poisonous snakebites.

Epidemic disease control:

- Procure drugs and equipment to control epidemic diseases.
- Train district and community rapid response team members and health workers on epidemic investigation, control and management.

Kala-azar control:

- Procure insecticides for indoor residual spraying.
- Distribute long lasting insecticide treated nets.
- Procure medicines, equipment and diagnostic kits.

Natural disaster management:

- Orientate rapid response teams on emergencies and natural disasters and promote district level contingency planning.
- Run emergency planning workshops for hospitals and primary health care centres.

Dengue control:

- Procure dengue and chickungunya diagnostic test kits.
- Search and destroy disease vectors.

Procurement

Of the NPR 192.40 million total procurement for 2013/14 the largest amount (36%) is for procuring insecticide nets for malaria prevention.

Table 3: EDCD planned procurement for FY 2013/14

SN	Activities	Amount (millions NPR)
1	Procure drugs and equipment for control of epidemic diseases	23.30
2	Procurement of ARV Tissues culture vaccine for approx 50000 persons.	75.00
2	Procurement of ASV for districts	25.50
3	Procurement of dengue and chickungunya diagnostic test kits	1.30
5	Procurement of medicines for malaria epidemic control	0.28
6	Procurement of Tab diethyle Carbamazine (TabDEC)	32.50
7	Programme for malaria control including survey and trimester review	0.23
8	Purchase furniture and fixtures for malaria control programme	0.10
9	Purchase machinery and equipment for malaria control through WHO	10.00
10	Purchase medicines and diagnostic materials for malaria control	2.60
11	Purchase medicines and medical goods for Kala-azar control	3.30
12	Purchase medicines, diagnosis kits and logistics for malaria control through WHO	18.29
	TOTAL	**192.40**

Programme implementation strategies

The main EDCD programme implementation strategies are:

- Early detection of epidemic outbreaks and timely mobilisation of rapid response teams
- Carrying out indoor residual spraying in high risk districts to prevent malaria and kala-azar
- Mass drug administration with albendazole and DEC to eliminate lymphatic filariasis
- Post exposure treatment of rabies in humans to prevent mortality
- Administering anti-snake venom serum to prevent mortality due to poisonous snakebites
- Supporting district authorities to carry out contingency planning to address disaster situations.

Targets

The outcome indicator for EDCD in NHSP-2 is Millennium Development Goal 6 of halting the spread and reversing the trend of malaria by 2015 (annual malaria parasite incidence). The outcome target for 2012/2013 remains the same.

EDCD's planned outputs for FY 2012/2013 are as follows:

- Mobilise rapid response teams for epidemic outbreaks and emergency preparedness, prevention, control and management (12 times)
- Procure insecticides for indoor residual spraying to control malaria and kala-azar
- Procure and distribute long lasting insecticide treated nets for 25,000 families
- Carry out mass drug administration (MDA) for lymphatic filariasis elimination in 55 districts

- Follow up the microfilaria survey in 10 mass drug administration districts and conduct a post-MDA survey in 20 districts
- Treat 65,000 suspected rabies exposures with tissue culture anti-rabies vaccine
- Treat 1,600 poisonous snakebite victims with anti-snake venom serum
- Orientate medical officers, paramedical staff and stakeholders on dengue and chickungunya three times for a total of about 120 participants
- Orientate rapid response teams on reproductive health promotion in emergency and natural disaster situations (six times), and support the preparation of district contingency plans.

Table No.4: Outputs for FY 2013/14

SN	NHSP-2 Output indicator for FY 2013/14	Amount (million NPR)
1	Malaria annual parasite incidence per 1,000 Population	264.97
Total		**264.97**

Table No 5: Activities related to governance for FY 2013/14

SN	Activities	Amount (million NPR)	Source of verification
1	Printing of publicity materials in local languages for MDA campaigns	1.50	Annual Report of DoHS
2	Develop annual research plan	0.60	Annual Report of DoHS
3	Development, printing and dissemination of IEC materials on zoonoses	0.49	Annual Report of DoHS
4	MDA Planning Workshop and publication of annual reports	1.60	Annual Report of DoHS
5	Various administrative activities in the Global Fund to Fight Aids, Tuberculosis and Malaria GFATM districts	3.73	Annual Report of DoHS
6	District level interaction for social mobilisation, media interaction, IEC, use of a microphone, and school education	19.54	Annual Report of DoHS
Total		**27.46**	

Table No. 6: Gender and social inclusion

SN	Activities	Amount (million NPR)	Source of verification
1	Orientation to FCHV and other stakeholders in prevention of dengue and chickungunya fever	2.00	Annual Report of DoHS
2	District level interaction for social mobilisation, media interaction, IEC, using a microphone, and school education	19.54	Annual Report of DoHS
Total		**21.54**	

Table No 7: Requirement of TA

SN	Type of TA	Supporting agency	Status (ongoing, scale up or new)
1	Technical and financial support in filaria elimination campaign	WHO	ongoing
2	Technical assistance in malaria control	WHO	ongoing
3	Technical support in dengue prevention and control activities	WHO	ongoing
4	Technical support in influenza and other pandemic prevention and control activities	WHO	ongoing
5	Technical support in kala-azar elimination programme	WHO	ongoing
6	Technical support in malaria control programme	WHO	ongoing
7	Technical support in zoonotic disease control	WHO	ongoing
8	Technical support on MDA	RTI-NTD programme	ongoing
9	Technical support in disaster management programme	WHO	ongoing
10	Technical support on IHR, IDSS, outbreak investigation and control	WHO	ongoing

Constraints

- Insufficient human resources in epidemic control
- Lack of a group of specialists who can actively engage in the investigation and control of disease epidemics
- Shortage of medicines, diagnostic kits and equipment due to delays and complex procurement processes
- Lack of supportive supervision at the district level to correct programmatic errors

National Centre for AIDS and STD Control

Background

HIV and AIDS services were initiated from FY 1989/90. The National Policy on AIDS and STD Control was developed in 1995. Subsequently, strategic plans were developed. The current National HIV/AIDS Strategy spans from 2011 to 2016 and has the following objectives:

- Reduce new HIV infection by 50 percent and reduce new HIV infections among children by 90 percent
- Reduce HIV related deaths by 25 percent by 2016 compared to 2010 baseline.

In addition, the strategy tries to achieve universal access to services for the most at risk populations (MARPs). The agency responsible for carrying out activities for HIV and STI is the National Centre for AIDS and STI Control (NCASC) located in Kathmandu. Detailed information is available in the DoHS annual or the website www.dohs.gov.np.

Annual budget FY 2013/14

NCASC has proposed a budget of NPR 813.87 million for FY 2013/14.

Table 1: Annual budget of the NCASC for FY 2012/2013 (million NPR)

Budget	Government		EDPs		Total		
	Capital	Recurrent	Capital	Recurrent	Capital	Recurrent	Total
Central level	5.00	43.00	4.66	761.20	9.66	804.21	813.87
District level	-	-	-	-	-	-	-
TOTAL (million NPR)	5.00	43.00	4.66	761.20	9.66	804.21	813.87

A significant increase is seen in the NCASC budget for the following three reasons:

1. Establishment of new anti-retroviral therapy centres in hill districts
2. Long-term contracts with consultants to be paid (about three years long, done in FY 2011/12)
3. Support of Global Fund for HIV activities (which need to be reflected to obtain grants in time)

Table 2: Major Activities

SN	Major Activities	District (NPR million)	Central (NPR million)	Total (NPR million)	Status (Ongoing, scale up or new)
1	Establishment of 10 new ART centres		8	8	new
2	CD4 machine for 10 new ART centres		1.3	1.3	new
3	Service delivery for HIV		4.66	4.66	scale up
4	Comprehensive Service for MARP		341.00	341.00	ongoing
5	Activities through DACC		30.234	30.234	ongoing
6	Purchase of ARV and STI Drugs		28.603	28.603	ongoing
7	Integrated Biological and Behavioural Surveillance (IBBS) Surveys among MARPs		16.789	16.789	ongoing
8	Blood Safety Programme		6.135	6.135	scale up

9	Establishment of Community Care Centre		10.00	10.00	new
10	Monitoring and Evaluation		18.200	18.200	ongoing
Total (million NPR)			**464.921**	**464.921**	

Procurement (FY 2012/13)

Total: 198.345 million NPR

Table 3: Major procurement related activities

SN	Activities	District (million NPR)	Central (million NPR)	Total (million NPR)
1	Portable CD4 machine		8	8
2	Computer/printer for ART Centres		1.3	1.3
3	Drugs for opportunistic infections and emergencies		4.7	4.7
4	Drugs for STI		1.2	1.2
5	Condom(for SCF)		11.159	11.159
6	Needle Syringe (for SCF)		6.986	6.986
7	Services Contract for Comprehensive package for IDUs, MSM and Migrants.		165.00	165.00
Total			**198.345**	**198.345**

Major strategies to implement the programme

- Targeted intervention among MARPs
- ARV treatment
- Voluntary Counselling and Testing services (VCT)
- Prevention of Mother to Child Transmission (PMTCT)
- Scaling up of ART centres, VCT centres and STI Centres

Target for FY 2013/14

Impact/ Outcome Indicators

Table 4: Impact indicators

Indicator	1996	2001	2006	2011	2012	2013	2014	2015 (Target)
HIV Prevalence among general population (National Estimate of Infection, 2012)	0.09	0.36	0.46	0.30	0.28	0.26	0.24	0.20

HIV Prevalence among MARPS –Female Sex Workers (FSWs) (IBBS Surveys)	2003	2004	2005	2006	2007	2008	2009	2010	2011
Terai Highway Districts	2			1.5			2.3		
Kathmandu Valley		2		1.5		2.2			1.7
Pokhara Valley		2		1.5		3			1.2

People who Inject drugs (IBBS Surveys)	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Kathmandu		68			51.7		34.7		20.7		6.3
Pokhara Valley			22		21.7		6.8		3.4		4.6
Eastern			35.1		31.6		17.1		8		
Western Terai					11.7		11		8.1		

Men who have sex with men- KTM (IBBS Surveys)	2004	2007	2008	2009
Prevalence	3.8	3.3		3.8

Table 5: Outcome Indicators

Indicator	Base line		2011	2013	2014	2015 (Target)
Knowledge on HIV (NDHS, 2011)			19.9 (F) and 33.7 (M)			
Persons on ART among those eligible			24%	55%	65%	80%
Use of Condom by MARPs (IBBS, 2011)			74.6% (FSW in KTM)-use with regular clients 86.8% (PWID in KTM)-with last client			
Use of Sterile injecting equipment by PWID			95%	>95%	>95%	>95%

Table 6: Outputs for 2013/14 provide indicative budget)

SN	NHSP-2 Output indicator for FY 2013/14	Amount(million NPR)
1	Proportion of MARPs reached	341.00
2	HIV Counseling and Testing	4.62
3	Donated blood screened	6.13
4	Pregnant women reached with ARV	45.08
Total		**396.83**

Table 7: Activities related to governance for FY 2013/14

SN	Activities	Amount (million NPR)	Source of verification
1	Website	0.2	website, publication
2	DACC Activities	1	website, publication
3	World AIDS Day	1	website, publication
4	Persons on ART	5	website, publication
5	Capacity Development of NRCS/BTS, NPHL	2	website, publication
Total		**9.2**	

Table 8: Gender and social inclusion

SN	Activities	Amount (million NPR)	Source of verification i.e. website, publication, message
1	Service for Female Sex Workers	NA	
2	Services for Female Injecting Drug Users	NA	
3	HIV+ pregnant women accessing PMTCT	1.2	
4	ART centres in 10 Hilly Districts	7.00	
Total		8.2	

Table 9: Requirement of TA

SN	Type of TA	Supporting agency	Status (ongoing, scale up or new)
1	HIV prevention, care and support activities	GFATM	scale up
2	Targeted intervention and services for migrants	Pool Partners	ongoing
3	PMTCT for pregnant women	UNICEF	ongoing
4	Surveillance activities	WHO	ongoing
5	ART Centres establishment		scale up
Total			

Constraints

- Changing role and responsibility of NCASC
- Rapid Scaling up of ART, PMTCT and HTC Centres
- Support to PLHIV
- Quality of Care
- Low Response
- Sustainability

National Tuberculosis Centre

Background

Tuberculosis (TB) is a major public health problem in Nepal. About 45 percent of the total population is infected with TB, of which 60 percent are adult. Every year, 40,000 people develop active TB, of whom 20,000 have infectious pulmonary disease. These 20,000 can spread the disease to others. Treatment by Directly Observed Treatment Short course (DOTS) has reduced the number of deaths; however 5,000-7,000 people still die per year from TB. DOTS has been successfully implemented throughout the country since April 2001. The treatment success rate stands at 90 percent, and the case finding rate is 73.3 percent. The National Tuberculosis Programme (NTP) adopted Gene X-pert for TB case diagnosis in nine districts as a pilot programme. Detailed information is available in the DoHS or on the website www.dohs.gov.np.

Annual budget FY 2013/14

The National Tuberculosis Centre (NTC) has a budget of NPR 1,445.41 million for FY 2013/2014

Table No. 1: Annual budget of the NTC for FY 2013/2014 (NPR million)

Budget	Government		EDPs		Total		
	Capital	Recurrent	Capital	Recurrent	Capital	Recurrent	Total
Central level	74.90	104.45	127.18	974.68	202.08	1,079.13	1,281.21
District level	0.50	56.20	3.45	107.16	0.84	163.36	164.20
TOTAL (Million NPR)	**75.40**	**160.65**	**127.52**	**1,081.84**	**202.92**	**1,242.497**	**1,445.41**

Table No. 2: Annual budget of the NTC for FY 2013/2014 (NPR million) donor wise

Budget	Government	EDPs			
		GFATM	LHL	WHO	Total
Central level	179.35	1,074.62	25.09	2.14	1,281.21
District level	56.70	104.53	2.97	0.0	164.20
TOTAL (million NPR)	236.05	1,179.16	**28.06**	**2.14**	1,445.41

Table No. 3: Major Activities (NPR million)

SN	Major Activities (Central Level)	Total Budget
1.	Construct a chest hospital in NTC	50.00
2.	DOTS training for medical officers	2.45
3.	DHO/PHO workshop at regional reviews	1.86
4.	Scholarship for Lab technician study	1.00
5.	PPM/ISTC orientation in medical colleges, including both the private and public sectors	1.00
6.	Provide training to medical practitioners (PMPs) including the private and public sectors on PPM and ISTC (2 days)	1.06
7.	Conduct a prevalence survey to determine the TB disease burden	34.30

8.	Conduct operational research as identified by the programme and need assessment (including equity of access, social inclusion etc.)	2.25
9.	TB HIV surveillance	2.00
10.	Knowledge and Practice (KAP) Study in five TB HIV implementing districts	2.03
11.	Procurement of TB drugs in emergencies	2.00
12.	Anti-TB medicines for 6- 8 month regimen	169.58
13.	Procurement of second line anti-TB medicines (Multi-drug resistant [MDR] + XDR patients)	324.00
14.	Procurement of lab test materials (AFB staining reagent, glass slides etc.)	4.00
15.	Procurement of ancillary medicines for MDR patients/year	3.77
16.	Pre-XDR treatment for 147 patients	63.19
17.	Procure consumables: chemicals for liquid media: Middle Brook 7H9, growth supplement, SIRE kit, etc. Ref # 19)	4.39
18.	Procurement of inhaler, salbutamol, declomethsone, ipratropium bromide	13.49
19.	Procurement of antibiotics for DST	2.29
20.	Running costs of Culture and DST	2.29
21.	SLD-DST	1.33
22.	Quality assurance under NRL (3 regional labs- GoN)	1,367
23.	Running costs of Culture and DST	1.86
24.	Respirators (N95 or FFP2) for all HCWs in high risk settings (lab technicians performing large volumes of smear microscopy, culture, DST and line probes)	1.79
25.	PSM costs for health products and equipment	7.50
26.	National TB conference including MDR - TB national seminar and national level DTLO seminar	5.70
27.	Technical advice and assistance to upgrade and install online software for DR data management and regular TB data in HMIS system. From next year NTC is going to adopt the HMIS system and for this the HMIS section needs to update the TB module in the DHIS software	4.51
28.	Workshop/ training - regional level annual workshops with district finance, statistics and store staff	1.34
29.	National workshops to align the NTP monitoring system with HMIS reporting requirements	5.84
30.	Regional level lab management workshop	3.90
31.	DOTS workshop at District level	4.61
32.	Regional M&E Workshop (DOTS) for each region	2.25
33.	Supervision from region to district/Treatment Centres for DOTS, Lab-(QC, Culture, MC), MDR, TB HIV, PPM, PAL, ACSM	3.14
34.	Supervision from centre to regions and districts	1.14
35.	Green Light Committee Annual visit and technical advice for MDR TB management (Annual GLC Fee)	2.14
36.	Hazard allowance for health care workers and laboratory staff at MDR - TB centres/SC	4.32
37.	Nutrition Support for TB patients	3.60
38.	Care and support to MDR patients (nutritious food, transport and accommodation cost assistance)	10.80
39.	Conditional contribution to Kalimati Chest Hospital	3.00
40.	Conditional contribution to sub-recipients	180.63
41.	Establishment of MDR patient hostels in five places	25.00

42.	Establish regional level hostel accommodation	3.10
43.	Quality Control Test of TB Drugs	1.71

SN	Major Activities (District Level)	Total Budget
1.	TB Orientation to mothers groups	2.52
2.	One day orientation to DOTS providers at community level	2.01
3.	TB Modular training	4.95
4.	Basic training on DOTS for health staff	1.98
5.	One day training at DOTS Central level; Train staff to prepare monthly TB reports utilising the HMIS reporting system	9.82
6.	Increase case detection in slums, among minorities, stone breakers, highly populated villages, marginalised populations and general hostels	12.79
7.	Increase case detection in factories and jails	3.30
8.	Door to door mobilisation of FCHVs and mothers groups to homes of TB index cases	14.35
9.	Various communication and advocacy programmes at district level	40.47
10.	Supervision from Treatment Centres to Treatment Sub centres	6.50
11.	M&E workshops held every trimester and workshop for mitigation of NTP data with HMIS	21.03
12.	Trimester monitoring meeting on TB HIV at the district level (one extra day for a NTP reporting and planning meeting)	3.00
13.	Supervision from District to TC and STC including PPM,PAL,TB HIV	8.00
14.	Nutrition support for needy TB patients	11.20

Procurement (FY 13/14)

Total: 111.7 million NPR

Table No. 4: Major procurement related activities

SN	Activities	District	Central	Total (million NPR)
1.	Annual drug procurement for Free Health Care	0	37.8	37.8
2.	Drug procurements as commodity support	0	556.8	556.8
3.	Gene Xpert Devices and Cartridges for Gene Xpert machines	0	18.1	18.1
Total			**111.7**	**111.7**

Short description of major interventions

DOTS and Laboratory network

The NTP has rapidly expanded the DOTS strategy initiated in 1996 with four pilot centres. By mid July 2012 the number of DOTS centres was 1141 with 3110 sub centres integrated into the general health services throughout the country. Likewise by mid-July 2012, 533 microscopy centres were operating (Gov- 430 and partners/I-NGOs -103).

Sputum culture and drug susceptibility testing (DST)
National Reference Laboratory at NTC, BPKIHS and GENETUP are providing culture and DST facilities. Kauratorium Gauting, Germany is looking for external quality assurance for providing these first line TB Drugs to these laboratories. In addition to these laboratories, Mid-Western Surkhet Western Region Pokhara is providing Primary Culture only.

Research
In order to improve the quality of care for people with tuberculosis in Nepal and to assist in effective planning and implementing of the TB control programme, the NTP has been carrying out the following research:

- MDR Surveillance
- Prevalence Survey
- Regular assessment of HIV among sputum smear pulmonary TB patients
- Other operational research projects in the NTP work plan have been implemented in collaboration with sub-recipients

TB-HIV Collaborative Activities
HIV weakens the immune system. Someone who is HIV positive and infected with TB is 5-7 times more likely to develop active TB than someone infected with TB but not infected with HIV. TB is the leading cause of death among people who are HIV- positive, accounting for about 11 percent of AIDS death worldwide.

DR-TB Management
The DR-TB management programme was initiated in September 2005 with the approval of the WHO Green Light Committee (GLC). WHO agreed to treat 300 MDR tuberculosis cases per year. By July 2012 there were 12 treatment centres and 65 sub-treatment centres. In keeping with GLC's recommendation, NTP Nepal started the XDR programme in 2008.

Advocacy, Communication and Social Mobilisation (ACSM)
The ACSM intervention approach focuses on improving case detection and treatment adherence, combating stigma and discrimination, empowering people affected by TB and mobilising political commitment and resources for TB.

PAL (Practical Approach to Lung Health)
The main objectives of the PAL programme are:

1. Management of respiratory illness of the population over five years of age.
2. Increase TB case findings.
3. Rationale use of antibiotics and other medications for respiratory symptoms.
4. Capacity building of health workers

Public Private Mix (PPM)
The objective of this PPM is to engage public and private health care providers to ensure the provision of quality TB services in line with NTP policy and international standards of TB care (ISTC).

Logistic Supply System
The National Tuberculosis Control Programme provides all drugs and other logistic supplies on a regular basis. In order to avoid supply shortages and stock outs of drugs the NTP has developed a drug ordering system that uses the trimesterly reporting meetings for clinic staff to calculate their requirements based on trimesterly utilisation and buffer stock requirements.

Table No. 5: Target of FY 2013/14 NTP Achievement towards MGD

SN	Indicator (per 100,000)	Base year (1990)	Target (2015)	2009/10	Remarks
1	TB Incidence rate	243	121.5	163	Nearly Achieved
2	TB Prevalence rate	621	310.5	241	Achieved
3	TB Mortality rate	51	25.5	21	Achieved

Table No. 6: Results framework for NHSP- 2 (NTP Major Outcome Indicators)

Indicators		Baseline	2011/12	2013	2015
Case Finding Rate (%)	Estimated		75	80	85
	Achieved	75	73.2		
Treatment Success Rate (%)	Estimated		89	90	90
	Achieved	89	90		

Major outputs for FY 2013/14

- Sputum of nearly 186,100 Chest Symptomatic patients to be tested in FY 2013/14
- Nearly 641,123 new sputum smear examinations and follow up slides will be tested in the coming fiscal year
- 18,610 New Smear Sputum Positive Cases, 11,166 New Smear Sputum Negative Cases, 7445 Extra Pulmonary cases and 2,794 retreatment cases will be diagnosed FY 2013/14

Table No. 7: Activities related to governance for FY 2013/14

SN	Activities	Amount (million NPR)	Source of verification i.e. website, publication, message
1	Equipment maintenance and/or purchase	1.40	NA
2	Installation and maintenance of internet connection at regional level for electronic data transfer (ADSL)	0.06	NA
3	Internal Communication	0.30	NA
4	Books and Materials	0.06	NA
Total		**1.76**	

Table No. 8: Gender and Social Inclusion Related Activities

SN	Activities	Amount (NPR in million)	Source of verification i.e. website, publication, message
1	Door to door mobilisation of FCHV and Mother group to homes of TB index cases	14.4	NTP Annual Report
2	TB Orientation to mother groups	2.5	NTP Annual Report
Total		**16.9**	

Table No. 9: Requirement of Technical Assistance

SN	Type of TA	Supporting agency	Status (ongoing, scale up or new)
1	WHO-Nepal	WHO	ongoing
2	GF	GFATM	ongoing
3	LHL International	LHL International Norway	ongoing

Constraints

Some of the problems and constraints faced in FY 2011/12are mentioned below:

Table No. 10: Problems and Constraints

S.N.	Problems/Constraints	Actions to be taken	Responsibility
1	No sanction post for chest physician at National, Regional and Zonal level hospitals	Create chest physician posts at national and regional level hospitals	MoHP/DoHS
2	No post for Quality Control assessors at regional level	Sanction at least one post for quality control assessor at the regional level	MoHP, DoHS, NTC, NPHL, RHD
3	Lack of human resources in the some Microscopic centres and DOTS centres in the districts	Need to recruit the human resources in contract for TB programme until the recruitment of permanent staff from MoHP	MoHP/DoHS

National Health Training Centre

Background

The National Health Training Centre (NHTC) under the MoHP is part of a network of government health training facilities. The NHTC operationalises its training activities in line with the 2004 National Health Training Strategy.

In-service training is delivered through a network of National Health Training Programmes, which provide technical as well as managerial training at national, regional, district and community levels. There are five regional training centres, one sub regional, 75 district and 14 training health posts. In addition, NHTC runs the following training sites: ten for family planning, ten for safe abortion, twenty-one for skilled birth attendants, eleven mid level practicums, four USG, six for anesthesia assistants. A training group comprising various supporting partners was formed under the leadership of NHTC with the purpose of ensuring the efficient running of national health training programmes and improving the coordination of all training provided under NHTC.

The NHTC is the apex body for the development of human resources for the health sector. It caters to the training needs of all departments, divisions and centres of the MoHP. NHTC aims to train health service providers to deliver quality health care services. To achieve this objective the centre delivers the different training programmes listed below. Detailed information can be obtained from the DoHS annual report or the website www.dohs.gov.np.

Annual budget FY 2013/14

The National Health Training Centre has a budget of NPR 254.55 million for 2013/2014 (Table.1).

Table 1: Annual budget of the NHTC for FY 2013/2014 (million NPR)

Budget	Government		EDPs		Total		
	Capital	Recurrent	Capital	Recurrent	Capital	Recurrent	Total
Central level	6.00	204.16	1.60	31.29	7.6	235.45	243.05
District level	1.00	10.5	-	-	1.00	10.50	11.50
TOTAL (million NPR)	**7.00**	**214.66**	**1.60**	**31.29**	**8.60**	**245.95**	**254.55**

Table 2: Major Activities

S.N.	Major Activities	District (million NPR)	Central (million NPR)	Total (million NPR)	Status (Ongoing, scale up or new)
1	Strengthening district training capacity	1.00	-	1.00	scale up
2	FCHV Basic Training	4 .00	-	4.00	ongoing
3	Supervision of district level training	0.5	-	1.55	ongoing

4	National and regional level training site infrastructure development, proper equipment, repair and maintenance	-	11.34	11.34	ongoing
5	Different upgrading related training	-	56.11	56.11	ongoing, new
6	RH Training related activities	-	3.60	3.60	ongoing, scale up
7	FP Training (Limiting and spacing)	-	20.10	20.10	ongoing, scale up
8	STI case management training to service providers	-	1.75	1.75	new
9	SBA and ASBA Training	-	56.65	56.65	ongoing, scale up
10	Induction Training for newly recruited health personnel and CME for doctors	-	19.80	19.80	new
11	Paediatric Nursing care and PPIUCD Training	-	1.95	1.95	new
12	Burn Care, Spinal Injury, Palliative Care and Primary Trauma Care Training	-	6.10	6.10	new
13	Basic ToT and different programme based ToTs	-	7.90	7.90	ongoing
14	HR for Counselor	-	6.60	6.60	ongoing, new
15	Different Clinical Skill related trainings	-	15.23	15.23	ongoing
16	Training Package Development	-	3.80	3.80	ongoing
17	Different Health Management related trainings	-	6.30	6.30	ongoing
18	Annual Review for overall NHTC and SBA	-	1.50	1.50	ongoing
Total		**5.5**	**218.73**	**224.23**	

Procurement (FY 2012/13)

Total: 21.62 million NPR

Table 3: Major procurement related activities

SN	Activities	District (million NPR)	Central (million NPR)	Total (million NPR)
1	FCHV Kit box procurement at district level	6.0	-	6.0
2	Furniture procurement for RHTC	-	0.6	0.6
3	Model procurement for RH and FP training	-	0.9	0.9
4	LCD and Laptop computer procurement	-	0.8	0.8

5	Training equipment and training materials for Chhetrapati Welfare Clinic	-	1.0	1.0
6	Printing for different training programme materials (Text books, reference manuals, resource books, guidelines, orientation package and communication materials from centre to community level)	-	11.32	11.32
7	Books for central library	-	0.5	0.5
8	Establishment of e-library in NHTC	-	0.5	0.5
Total		**6.0**	**15.62**	**21.62**

Major strategies to implement the programme

- Assess training requirements of health workers and prepare training plans based on programme requirements.
- Plan, implement and train health workers as demanded by programmes.
- Train health workers to fill the gaps in upgraded health workers knowledge and skills.
- Design, develop and refine teaching learning materials to support implementation of training programmes.
- Develop/ improve capacity of trainers to deliver quality training at central, regional, and district levels.
- Coordinate with all the national and international governmental and non-governmental organisations to avoid duplication of training and to improve quality of training.
- Orient newly recruited health workers and newly entered administration/ finance staff on health programmes.
- Supervise, monitor, follow-up and evaluate training programmes.
- Conduct operational studies to improve efficiency and effectiveness.

Targets for FY 2013/14

- Upgraded training of health workers (Sr. AHW: 180, Sr. ANM: 60, ANM: 30, AHW: 30, Upgraded AHW: 60, Upgraded ANM: 60, District supervisor 6^{th}. And 7^{th}.level: 100)
- Clinical Skill training in different areas (Health Workers/ Nurse/ Doctors): 512 persons
- Family Planning related training for doctors, nurses and paramedics): 895 persons
- Safe motherhood training (SBA, SAS and ASBA): 1330 persons
- Health management and health care related trainings: 800 persons
- Training of trainers on different training programmes: 500 persons.
- Induction training: Health officers: 200, Health non officers 1000, and Non health civil servants; 100 persons.
- Development and printing of different training manuals, curriculums and training materials.

Impact/Outcome Indicators

Table 4: Impact indicators

Indicator	1996	2001	2006	2011	2012	2013	2014	2015 (Target)
Maternal Mortality Ratio	539	415	281	281	229	170	145	134
Total Fertility rate	4.6	4.1	3.1	2.9	3.0	2.75	2.75	2.5
Adolescent Fertility Rate (15-19 years per 1000 women)	127	110	98	NA	NA	85	70	70
CPR Modern Methods	26	35	44	48	48	52		67
Under five mortality rate	118.3	91	61	55	55	47	38	38
Infant Mortality Rate	78.5	64	48	44		38		32
Neonatal Mortality Rate	49.9	43	33	30	30	23		16
Percent Underweight Rate	49.2	48.3	38.6	30		32		32
HIV Prevalence among people aged 15-59 years				Halt and reverse trend (0.39 in 2010-11 and 0.30 in 2015)				
TB case detection and success rates (%)	48 39	70 89	65 89	75 89		80 90		85 90
Malaria annual parasite incidence per 1,000	0.54	0.40	0.28		Halt and reverse trend.			

Table 5: Outcome Indicators

Indicator	Base line		2011	2013	2014	2015 (Target)
Availability of post-abortion family planning services in facilities increased		50% in 2006	60%	60%		80%
Percent of hospitals with at least (2 obs/gyns, 2 anesthesiologists, 10 staff nurses and blood service, including voluntary sterilisation care			NA	60%		80%
Percent of PHCCs that provide BEONC, including SAC and at least five FP methods		NA	23%	50%		70%
Percent of health posts that operate 24/7, including delivery services and at least five FP methods			45%	60%		70%
Additional FCHVs will have been recruited and deployed in the mountain regions and remote districts			50,000	52,000		53,514
5,000 SBAs by 2012 and 7,000 by 2015			1,134	45000	6000	7,000

Table 6: Outputs for 2013/14

S.N.	NHSP-2 Output indicator for FY 2013/14	Amount (million NPR)
1	Infrastructure and equipment strengthening	12.34
2	Upgraded training for different level health workers	56.11
3	Clinical skill trainings	20.98
4	Family Planning service training	21.0
5	Safe Motherhood training programme	60.25
6	Health service management training	40.93

7	Induction training and health orientation to non health workers.	19.8
8	Health training management and monitoring cost	23.14
Total Health training activities		**254.55**

Table 7: Activities related to governance for FY 2013/14

SN	Activities	Amount (million NPR)	Source of verification i.e. website, publication, message
1	Mainstreaming of inclusive governance issues into different training curricula	1.5	Revision of training curriculum and incorporation of governance issues in training.
2	ToT on inclusive governance for health trainers and planners.	3.5	Number of trainings conducted
Total		**5.00**	

Table 8: Gender and social inclusion related activities in this plan

SN	Activities	Amount (million NPR)	Source of verification i.e. website, publication, message
1	Gender based violence and inclusive governance training	2.22	Material printing and training
2	Adolescent and sexual health (ASRH) Training.	1.90	Material printing and training
Total		**4.12**	

Table 9: Requirement of TA

SN	Type of TA	Supporting agency	Status (ongoing, scale up or new
1	Family Planning service provider cum trainer for NSV and minilap in three different FP training sites (Preferably gynecologists : 3 persons)	USAID and UNFPA	scale-up and new
2	FP counselor for FP training sites (Experienced counsellors, preferably nurses : 3 persons)	USAID	scale up and new
3	Safe Motherhood programme monitor (Nurse monitor: 2 persons)	Government	scale up and new
Total			

Constraints

- Existing HR inadequate and inappropriate (Skill mix).
- HR plan does not meet the emerging training needs.
- Training policy and strategy is not internalised (different division and centres have their own training plans and not mainstreamed with national training plans, except FHD).
- Development of training information system and integration with HuRIC.
- Performance needs analysis not done properly and training done haphazardly by different centres and divisions (without proper recording and reporting).
- Poor coordination by different divisions and centres on training issues.
- Automatic time bound promotion has created the huge performance gaps among the health workers and has created great challenges to fill the gaps.

- Upgraded training should be linked with the adjustment of different positions, especially at levels 5 and 7.

National Health Education, Information and Communication Centre

Background

The core objective of the programmes conducted by the National Health Education, Information and Communication Centre (NHEICC) is to raise the health awareness of the people as a means to promote improved health status and to prevent disease through the efforts of the people themselves and through full utilisation of available resources.

The specific objectives of the programs are to:

- Increase people's awareness and knowledge on health issues;
- Increase positive attitudes towards health care;
- Increase healthy behaviours;
- Increase people's participation in health intervention programmes at all levels of health services;
- Increase people's access to new information and technology on health programmes;
- Promote environmental health and hygiene;
- Control tobacco use and Non Communicable Diseases (NCDs).

Detailed information can be obtained from the DoHS annual report or the website www.dohs.gov.np.

Annual budget FY 2013/14

NHEICC has a budget of NPR 745.967 million for FY 2013/2014.

Table 1: Annual budget of the NHEICC for FY 2013/2014 (million NPR)

Budget	Government		EDPs		Total		
	Capital	Recurrent	Capital	Recurrent	Capital	Recurrent	Total
Central level	0.36	345.436	0	35.971	0.36	381.407	381.767
District level	3.0	354.6	0	6.6	3.0	361.200	364.200
TOTAL (million NPR)	**3.36**	**700.036**	**0**	**42.571**	**3.36**	**742.607**	**745.967**

The GoN/ Pool Fund budget has significantly increased (519.5 percent), but the EDPs budget has been decreased by 146.9 percent. Overall there is a 519.5 percent increase in the FY 2013/14 budget for centre and district level IEC activities as compared with the previous fiscal year's budget.

Table 2: Major Activities

SN	Major Activities	District (million NPR)	Central (million NPR)	Total (million NPR)	Status (Ongoing, scale up or new)
1	IEC programme on population management	0	5.0	5.0	ongoing
2	IEC programme on Tuberculosis prevention	0	7.8	7.8	ongoing

3	IEC programme on STD and HIV prevention	0	7.5	7.5	ongoing
4	IEC programme on IMCI, Immunisation and Nutrition promotion	0	24.76	24.76	ongoing
5	IEC programme on prevention of epidemics	7.5	3.1	10.6	ongoing
6	IEC programme on leprosy prevention and management	0	2.5	2.5	ongoing
7	IEC programme on the FCHV programme	0	0.6	0.6	ongoing
8	IEC programme on ASRH	6.6	3.3	9.9	ongoing
9	IEC programme on Safe Motherhood, safe abortion and Family Planning	0	14.4	14.4	ongoing
10	IEC programme on alternative medicine	0	2.0	2.0	ongoing
11	National, Regional, District and Community level health promotion, environmental health, communication, community mobilisation, orientation, awareness and sensitisation and advocacy programmes	347.1	296.1	643.2	on going
12	Office management cost	0	14.387	14.387	ongoing
13	Capital Cost	3.0	0.36	3.36	ongoing
	Total	**364.200**	**381.767**	**745.967**	

Procurement (FY 2013/14)

Total: 7.9 million NPR

Table 3: Major procurement related activities

SN	Activities	District (million NPR)	Central (million NPR)	Total (million NPR)
1	Develop Health Flip Wall Charts with messages about communicable and non-communicable disease prevention, child health and family health	0	7.9	7.9
Total				**7.9**

Major strategies to implement the programme

The major strategies are:

- Implementing effective IEC interventions at the national, regional, district and community levels;
- Ensuring an adequate supply of IEC/BCC materials to service outlets by using private and government distribution systems;
- Ensuring and mobilising the participation of community, INGOs, NGOs, local bodies, social workers and individuals;
- Building institutional capacities at various levels of interventions through training, orientation and workshops;

- Developing, producing and disseminating uniform, accurate, appropriate and adequate messages on health based on the local needs and audience;
- Using multi-media approaches to disseminate health information to people at the community level;
- Emphasising interpersonal communications in the community level interventions;
- Establishing and strengthening coordination and cooperation with related governmental, non-governmental and international organisation at all levels;
- Strengthening monitoring and supervision activities at different level of interventions;
- Conducting research on different disciplines of IEC/BCC to determine the gaps in KAP among target audiences and gaps in KAP among service providers;
- Segmenting audience and developing specific message for specific audience group based on the research;
- Functioning National IEC/BCC Coordination Committee and Technical Committees in the central level consisting of the representatives from related GOs, NGOs and INGOs for providing approval and guidance in order to disseminate uniform, accurate, appropriate and adequate health messages to the people;
- Conducting advocacy in all level through national and international health related events.
- Emphasising GESI at all levels.

Target for FY 2013/14

Impact/ Outcome Indicators

Table 4: Impact indicators

Indicator	1996	2001	2006	2011	2012	2013	2014	2015 (Target)
Under five mortality rate	118	91	61	54				38
Infant mortality rate	79	64	48	46				32
New born mortality rate	50	43	33	33				16
One year old children fully immunised	43	66	83	87				90
Underweight children under five		43	39	29				29

The role of health education, information and communication programmes is important in improving the above mentioned indicators as these programmes provide knowledge and information to targeted audiences for behaviour change.

Outcome Indicators

- Percent increase in knowledge on key health issues among intended audiences (specific indicators relate to priority programme such as maternal health, family planning, newborn and child health, infectious diseases, non communicable diseases, nutrition)
- Percent of increase in service utilisation (such as maternal health, family planning, newborn, EPI)
- Percent of people practicing key health behaviours to prevent disease and promote child and maternal survival (put specific indicators related to priority programme eg: maternal health, newborn and child health, family planning, infectious diseases, nutrition)
- Percent of increase in funds for key health issues and communication programmes
- Increase in number of qualified dedicated HR for health communications
- Percent of households with soap and water at a hand washing station inside or within 10 paces of latrines

Table 5: Outputs for FY 2013/14

SN	NHSP-2 Output indicators for FY 2013/14	Amount (million NPR)
1	Create demand for quality essential health services	192.00
2	Increase knowledge of targeted people by providing them health information	160.00
3	Changes attitude towards positive health	128.00
4	Desired behaviour change of target populations	66.00
5	Increase in utilisation of available health services	97.00
Total		**643.00**

Table 6: Activities related to governance for FY 2013/14

SN	Activities	Amount (NPR in million)	Source of verification i.e. website, publication, message
1	Develop Health Flip Wall Charts	7.9	publication
2	Disseminate messages through Nepal Television and private televisionf	55.5	message listening
3	Disseminate messages through Radio Nepal	11.3	message listening
4	Disseminate messages through F M Radio	6.85	message listening
5	Disseminate messages through daily and other newspapers	6.0	message listening
Total		**87.55**	

Table 7: Gender and social inclusion related activities in this plan

SN	Activities	Amount (million NPR)	Source of verification i.e. website, publication, message
1	Communications on the FCHV programme	0.6	Report publication
2	Communication programme on ASRH	9.9	Report publication
3	Communication programme on Safe motherhood and family planning	14.4	Report publication
4	Communications on the child health programme	24.76	Report publication
5	Communication programme on population management	5.0	Report publication
6	Communication programme on Ayurveda	2.0	Report publication
7	Community level awareness and social mobilisation programme	12.0	
Total		**68.66**	**Report publication**

Table 8: Requirement of TA

SN	Type of TA	Supporting agency	Status (ongoing, scale up or new
1	BCC officer to support Family health programme	USAID	ongoing
2	IEC coordinator	GoN	ongoing
3	Sweeper and driver	GoN	ongoing
4	Librarian	GoN	new
5	Community Health promotion Inspector	GoN	new

Constraints

- Position of Health Education Technician at district level has been eliminated.
- Lack of one door IEC programmes and activities.

National Public Health Laboratory

Background

The National Public Health Laboratory (NPHL) is Nepal's referral and nodal laboratory. Along with routine and specialised diagnostic facilities, different laboratory based surveillance activities are conducted at NPHL, playing an active role during outbreaks of various emerging and re-emerging diseases by providing laboratory confirmation of the outbreaks.

NPHL's different programmes include routine diagnostic tests, specialised diagnostic tests, the National Influenza Centre, and the HIV referral laboratory along with the ARV monitoring facilities, the antimicrobial resistance (AMR) programme, JE/Measles/Rubella surveillance, the molecular diagnostic laboratory, and National External Quality Assessment Service (NEQAS). A new initiative is a molecular diagnostic laboratory for molecular characterisation and genotyping of pathogenic organisms; early infantile diagnosis of HIV in infants less than 18 months old using molecular polymerase chain reaction technology will shortly be available and construction of a new laboratory building is under process.

With the goal of establishing regional public health laboratories in all five regions, during this fiscal year the Western Regional Public Health Laboratory was established in Pokhara.

Automated biomedical equipment is in use for the rapid diagnosis of diseases in different units of NPHL, including Bactec in Microbiology, High-performance liquid chromatography for drug analysis, CLEA for substituting various biochemical tests and the manual enzyme-linked immunosorbent assay process.

Annual budget FY 2013/14

NPHL has a budget of NPR. 185.11 million for FY 2013/2014.

Table No. 1: Annual budget for FY 2013/2014 (million NPR)

Budget	Government		Pool Fund		Total		
	Capital	Recurrent	Capital	Recurrent	Capital	Recurrent	Total
Central level	11	33.3	104	36.8	115	70.11	185.11
District level	-	-	-	-	-	-	-
TOTAL (million NPR)	**11**	**33.3**	**104**	**36.8**	**115**	**70.11**	**185.11**

Major Activities

Table No.2: Major activities

SN	Major Activities	District (million NPR)	Central (million NPR)	Total (million NPR)
1	Construction of new q laboratory building		30	30
2	Strengthening of the microbiology laboratory		45.3	45.3
3	Service strengthening of zonal laboratories		10	10
4	Expansion of blood service centres in remote districts		2.5	2.5
5	Service strengthening at NPHL		13.5	13.5
6	Refurbish the BSL III laboratory		8.5	8.5
7	Establish laboratories at health posts		25	25
8	Bring development laboratory software to regional and zonal levels		4	4
9	Development of laboratory standards and guidelines		1.5	1.5
10	Strengthening of NEQAS		2.7	2.7
Total (million NPR)			**143**	**143**

Short description of major interventions

Construction of new building:

- Continuation of new building construction. This is proposed for a microbiology and molecular laboratory.

Procurement (FY 2013/14)

Total: 46.90 million NPR

Table No. 3 Major procurement related activities

SN	Activities	District (million NPR)	Central (million NPR)	Total (million NPR)
1	Procurement of biochemistry analysers for 68 districts to establish a biochemistry programme	-	5.00	5.00
2	Procurement of an electrolyte analyser for 12 zonal hospitals	-	4.90	4.90
3	Procurement of bacteriology instruments for 20 district hospitals	-	4.50	4.50
4	Laboratory software development	-	2.50	2.50
5	Procurement of necessary chemical and reagent kits	-	14.00	14.00
6	Procurement of chemical and reagent kits for outbreak investigations	-	1.00	1.00
7	Procurement of chemical and reagent kits for the National Influenza Centre	-	3.20	3.20
8	Procurement of chemical and reagent kits for endocrinology tests	-	3.00	3.00
9	Procurement of HIV/AIDS Kits	-	2.00	2.00

10	Providing cash for the procurement of chemical and reagents kits for 68 districts	-	6.80	6.80
Total (million NPR)		-	**46.90**	**46.90**

Strategies to implement programme targets for FY 2013/14

Strengthening new laboratories:
Evidence based medical practice is the best for improving the quality of health services at all levels, and laboratory diagnosis plays a very important role in this. Similarly, diagnostic laboratory services make an equally accountable contribution to achieving the Millennium Development Goals (MDGs) 4 and 6. For diagnosis, surveillance, outbreak investigation and monitoring the prognosis of a disease, laboratory service needs strengthening at all levels. Laboratory services should be available to the community level. This can be achieved through establishing laboratories at the health post level. Each region should be empowered with diagnostic facilities (both public health related and with reference for specialised laboratory services). The establishment of regional public health laboratories in each region is highly recommended. Likewise District, Zonal and National laboratory service need to be upgraded.

Service strengthening of Zonal Laboratories:
- Expand the bacteriological, culture and sensitivity services in zonal hospital laboratories with the necessary human resources and equipment.
- Expand the electrolyte (Na & k) services in all zonal hospital laboratories with necessary human resources and equipment.

Expansion of Blood service centres in remote areas:
- Expand the blood service centres to five remote districts.

Service strengthening at NPHL:
- Strengthen and support the regular functioning of the National Influenza Centre.
- Ensure the regular functioning of laboratory services.

Refurbish BSL III:
- The BSL III laboratory has already been constructed at NPHL. Certain refurbishing is needed to make it functional. Highly pathogenic and molecular laboratory services will be carried out in this laboratory.

Establish laboratories at Health Posts:
- Strengthen and expand the basic health laboratory service to the peripheral levels (Health Post and PHC level), making the services accessible to the general public.

Development of lab software up to zonal lab:
- Develop Laboratory Information Management System Software for zonal level laboratories and implement this through providing the necessary equipment. Logistics planning for procurement, storage and distribution of essential health care commodities.

Target for FY 2013/14

Impact/Outcome Indicators

Table No. 4: Impact indicators

Indicator	Baseline			Achievement 2011	Target		
	Data	Year	Source		2011	2013	2015
Total Fertility Rate	3.0	2010	NHSP II	2.6	3.0	2.8	2.5
Contraceptive Prevalence Rate (CPR) – Modern Methods	48	2010	NHSP II	43.2	48	52	67
Percent of Pregnant women receiving IFA tablets or syrup during their last pregnancy	59.3	2006	NDHSH MIS	79.5	82	86	90
Percent of one year old children immunised against measles	86	2009/10	NDHSH MIS	88.0	88	90	90
Percent of children aged 6-59 months who have received vitamin A supplements	90	2009/10	HMIS	90.4	≥90	≥90	≥90

Table No. 5: Outcome Indicators

Indicator	Baseline			Achievement 2011	Target		
	Data	Year	Source		2011	2013	2015
Percent of health facilities with laboratory facilities	NA	2013	HMIS	-	-	52	200

Table No. 6: Activities related to governance for FY 2013/14

SN	Activities	Amount (million NPR)	Source of verification
1	Preparation of laboratory guidelines and their components	0.5	NPHL Annual Report
2	Maintenance of main building	0.5	NPHL Annual Report
3	Refurbish BSL+II laboratory	8.5	NPHL Annual Report
4	Waste Disposal Management	0.5	NPHL Annual Report
5	Development of Laboratory Information Management System Software for zonal level laboratories	0.5	NPHL Annual Report
Total (million NPR)		**10**	

Table No. 7: Gender and social inclusion

SN	Activities	Amount (million NPR)	Source of verification
1	Establishment of a new regional laboratory in one place	10	NPHL Annual Report
2	Establishment of health post basic laboratories	20	NPHL Annual Report
Total (million NPR)		**30**	

Table No. 8: Requirement of TA

SN	Type of TA	Supporting agency	Status (ongoing, scale up or new)
1.	Technical Assistance (TA) to rollout laboratory services at the Health Post Level	To be explored	new programme

Constraints

- Lack of sufficient number of trained human resources
- Expansion of laboratory services at the peripheral level
- Quality assurance of public laboratories
- Quality assurance of private laboratories
- Monitoring and evaluation of laboratory services in Nepal