NEPAL HEALTH SECTOR PROGRAMME 2010-15 (NHSP II)
Sixth Joint Annual Review (JAR)

March 15-16, 2016. Kathmandu, Nepal

AIDE-MEMOIRE

1. Background

The sixth Joint Annual Review (JAR) of the Nepal Health Sector Program 2010-15 (NHSP II) took place from March 15-16, 2016. The JAR was organized by the Ministry of Health (MoH) with participation by the National Planning Commission, the Ministry of Finance and various line agencies of the Government of Nepal (GoN), External Development Partners (EDPs), civil society organizations and other state and non-state actors. A summary of participants is included in Annex A. MoH prepared a consolidated JAR report which formed the basis for the discussions during the JAR. This Aide-memoire summarizes the main issues and agreed actions of the JAR 2016.

JARs, as an integral part of the Sector Wide Approach (SWAp), provide an opportunity for GoN, EDPs and civil society to jointly review progress and continue to be better organized with more open dialogue every year. This year's JAR included three components: plenary forum and business meeting between MoH and JFA signatories.

Being the summative JAR of NHSP II, there were reflections and discussions on achievements and lessons learned from the implementation of NHSP II. Going in to the next Nepal Health Sector Strategy 2015-2020(NHSS), the JAR discussed priorities identified in NHSS document, including the Results Framework and took stock of the progress made on the Implementation Plan (IP). Looking forward, the JAR also deliberated on financing the next sector strategy and agreed to put in place a new JFA and improved arrangements for coordinating Technical Assistance (TA).

The agenda for the JAR is included in Annex B.

2. Guiding Principles of the Aide-memoire

1. Every action of this Aide-memoire has been agreed jointly between the EDPs and MoH. Both parties will jointly work to achieve these actions.
2. The Aide-memoire will be a public document.

3. Progress and Challenges

3.1 Reflections of NHSP II

Increased access to and utilisation of quality essential health care services

The Nepal health sector has made a substantial progress in improving the health and nutritional status of people during the five-year period, particularly on maternal, newborn and child health. The findings of the two national level population-based surveys, NDHS 2011 and NMICS 2014, show a substantial increase in access to and utilisation of quality

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health care services during the NHSP-2 period. The Millennium Development Goal (MDG) targets on infant mortality and under-five mortality have already been met and rates of malnutrition have substantially decreased. The MDG for reducing maternal mortality is also on track.

Nepal has successfully achieved all MDG 4 indicators. There has been a substantial decline in child mortality since 1996. During the NHSP-2 period, the under-five mortality declined from 54 per 1000 live births to 38; infant mortality from 46 per 1000 live births to 33; neonatal mortality from 33 per 1000 live births to 23; and post-natal mortality from 13 per 1000 live births to 11.

The proportion of one-year-old children immunised against measles more than doubled in the last two decades, from 42 percent in 1990 to 88 percent in 2011 and 93 percent in 2014. Successful programmes for immunisation, the control of diarrhoeal diseases, semi-annual vitamin A supplementation and de-worming, and the Integrated Management of Neonatal and Childhood Illness (IMNCI) are the contributing factors to the decline in child and infant deaths. This achievement is due to the contributions of the public and private sectors, although the public sector has the key responsibility for immunisation, vitamin A distribution and de-worming-related services.

Nepal is on track to achieve the MDG target of reducing the prevalence of underweight children aged 6-59 months. It has substantially decreased from 57 per 1000 in 1990 to 31 in 2014 against the target of 29 in 2015. Similarly, the target for stunting in children is also close to being achieved as the proportion of stunted children aged 6-59 months has decreased from 60 per 1000 in 1990 to 41 in 2010 and to 37.4 in 2014 against the MDG target of 28 for 2015.

The proportion of women delivering at an institution increased from 11 percent in 1996 to 55 in 2014 against a target of 60 by 2015. The Nepal Health Sector Strategy 2015-20 target is 70 percent by 2020; and the SDG target is 90 percent by 2030.

The large reductions seen in the MMR have been partly attributed to increased delivery with skilled birth attendants (SBAs) and increased use of family planning services. The contraceptive prevalence rate (CPR) increased from 24 percent in 1990 to 49.6 percent in 2014, and the total fertility rate (TFR) has decreased from 5.3 to 2.3 during the same period.

The increase of HIV/AIDS prevalence has been halted and reversed, and prevalence and death rates associated with tuberculosis (TB) have declined markedly. Malaria remains under control. The estimated HIV prevalence among the youth population (aged 15-24 years) has declined from 0.15 percent in 2006 to 0.03 percent in 2014. The global target of halting and reversing the trend of HIV prevalence among 15-24 year olds has thus already been achieved. Two-thirds (65.8 %) of male youth aged 15-24 years used a condom during their last high-risk sexual encounter, but only 36.4% of them (male and female) had comprehensive knowledge of HIV and AIDS in 2011. Nearly two-fifths (38.8 %) of the population with advanced HIV infection were receiving anti-retroviral

combination therapy (ART) in 2014. Though it is an-almost two-fold increase from 2010, it is lower than the MDG target of 80 percent by 2015.

The overall national clinical malaria incidence (CMI) and annual parasite incidence (API) rates (per 1,000 population) remained at 1.74 and 0.11 respectively in 2014 (MoHP 2015). Both rates have declined markedly over the years. The death rate associated with malaria was zero in 2014. The MDG targets for API and death rate associated with malaria have already been achieved.

Prevalence and death rates associated with TB declined from 460 and 43 per 100,000 population in 1990 to 211 and 17 in 2014 respectively. The proportion of TB cases cured under Directly Observed Treatment Short-course (DOTS) has increased by more than 100 percent since 1990, standing at 90 percent in 2014. Surveys show the rates of multi-drug resistant TB to be almost constant in newly registered cases. On the whole, Nepal is on track to achieve the TB MDG targets by 2015.

As envisioned by NHSP-2, improved health outcomes have helped reduce poverty. Absolute poverty has decreased from 42 percent in 1995 to 25 percent in 2010 and decreased further to 23.8 percent in 2014 against the 2015 target of 21 percent. However, there are still large disparities in the rates of poverty by gender, social group and geographical area.

Reduced cultural and economic barriers to accessing health care services

During NHSP-2 period, there was mixed progress on reducing cultural and economic barriers to accessing and utilisation of health care services. Despite the improved overall health outcome for maternal and child health at the national level, there is a significant difference in overall health outcomes and health service access and use among different groups of people. There are still wide variations in health services availability, utilisation and health status across different socio-economic and geographical population groups, indicating the challenge of access and equity.

Similarly, in 2011 the under-five mortality rate for the poorest income quintile was 75 – more than double the rate of 36 for the wealthiest; and in 2014 for the poorest income quintile it is still 54 – more than double the rate of 26 for the wealthiest. Similarly, inequity persists in urban and rural population.

In 2011, the infant mortality rate of 69 among Muslims and 65 for Dalits, as compared to 45 for Brahmins/Chhetris, also typifies the variation in health status existing between different caste/ethnic groups.

An analysis of the data from Nepal Living Standard Survey (NLSS) done in 1995/96 and in 2010/11 shows that paying for health care from own resources remains an important source of burden on households which accentuates existing inequities. More households face catastrophic expenses in rural compared to urban areas and are higher in the Tarai compared to hills and mountains.

Progress against the targets of NHSP 2 Logical Framework is included in Annex C.

3.2 Looking Forward: NHSS Implementation

The National Health Sector Strategy was endorsed by the Government of Nepal for 2015/16 to 2020/21, including the Results Framework. National Health Policy 2014 provides the overall policy framework to guide the health sector while the NHSS provides the strategic directions for both the government and its development for the next five years, i.e. 2015/16-2020/21. NHSS further defines the health sector priorities for the next five years, and similarly, the IP of NHSS will guide the Annual Work Plan and Budget (AWPB) from 2016 to 2021. The new JFA will facilitate the partnership arrangements between the GoN and EDP signatories.

3.3 Follow-up of last JAR's Aide-memoire

MoH presented the status of agreed actions of the 2015 JAR. Progress was made on most of the actions. Some pending actions - for example endorsement of Public Health Act, implementation of waste management guidelines, etc. - from the last year have been carried forward in this Aide-memoire. A full update of the 2015 JAR actions and their status is reflected in Annex D.

4. Agreed Actions (2016)

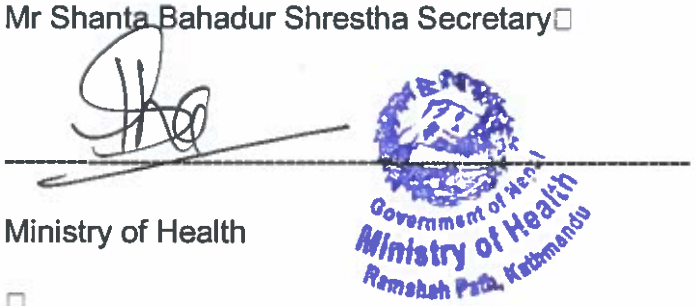
1. MoH and EDP agree, in principle, to extend the duration of NHSPII from 2015 to 2016 (July) as a result of the catastrophic April, 2015 earthquake followed by the 6-month long fuel-crisis.
2. Draft bill of National Public Health Act will be prepared in-line with the federal set-up.
3. State Non-State Partnership Policy will be revised in line with the Constitution of Nepal and National Health Policy and subsequent guidelines will be developed.
4. Finalise the JFA for NHSS period by end of May, 2016
5. A small task force including MoF, Auditor General, NPC, MoH and EDPs concerned authorities will discuss audit queries, particularly for on-budget and off-treasury activities
6. EDPs will mobilise and channel support for implementing NHSS as per the tentative commitment shared during Business Meeting of JAR (Refer to Annex E)
7. MoH will update and endorse the Financial Management Improvement Plan
8. MoH will provide adequate funding for implementation of procurement and supply

chain management plan. EDPs will mobilize technical assistance for the plan by July, 2016.

9. MoH will develop a short-term and longer-term Health care Waste management plan in-line with National Health Sector Strategy and National waste-management guidelines.
10. Develop and implement a plan to minimize overcrowding of referral level hospitals wards in referral hospitals to ensure quality of care.
11. Financial Management Committee at MOH will take the lead in terms of reviewing audit reports and resolving audit issues
12. Next JAR Meeting to be held during end of January, 2017.

Signed for the Ministry of Health and Population/Government of Nepal

Mr Shanta Bahadur Shrestha Secretary



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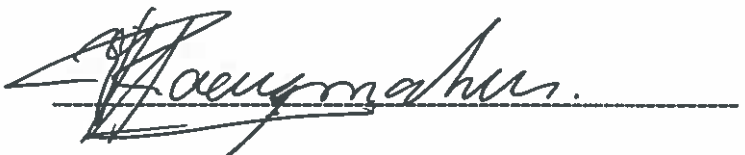
Signed for the External Development Partners (EDPs) working in Nepal's Health Sector

Dr. Hendrikus Raajimakers, EDP forum Chair



Date: 12th May, 2016
Kathmandu, Nepal

Annex A Summary of Participants in JAR, 2016

Types of Participants	Number
Ministry of Health Officials	93
Other Ministry Officials	10
NGOs/CBOs/Academia and Private Sector	8
External Development Partners (EDPs)	101
Total Participants	216

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Joint Annual Review (JAR) 2016
Agenda (Tentative)
March 15-16, 2016
Hotel Yak and Yeti, Kathmandu

DAY 1: Tuesday, 15th March 2016

A. **08:00 – 09:00** **Registration and Tea**

B. **09:00 – 10:30** **Inauguration Session**

Chair: **Mr Shanta Bahadur Shrestha, Secretary Ministry of Health (MoH)**

Chief Guest: **Honourable Minister Mr Ram Janam Chaudhari, Ministry of Health (MoH)**

Special Guest: **Honourable State Minister Mr. Mo. Mustak Alam, Ministry of Health (MoH)**

National Anthem

Inauguration by the Chief Guest: e-inauguration

Welcome and Objectives of the JAR and progress on last years Aide Memmoire and agreed actions – PPICD, MoH (20 mins)

Inaugural remarks (5 mins each)

1. Dr. Hendrikus Raaijmakers – Chair, External Development Partners Forum
2. Guest- Honourable Member, National Planning Commission, Prof. Dr. Geeta Bhakta Joshi
3. Special Guest – Honourable State Minister Mr. Mo. Mustak Alam, Ministry of Health (MoH)
4. Chief Guest – Hon. Minister of Health, Mr Ram Janam Chaudhari, Ministry of Health (MoH)
5. Chair of the session – Mr Shanta Bahadur Shrestha, Secretary, MoH

Tea Break: 1030 – 1100

THEMATIC SESSIONS:

DAY 1: 15th March 2016			
Thematic Session 1: Progress Review of Nepal Health Sector Programme 2010-2015 (NHSP II)			
Chair	**Shanta Bahadur Shrestha, Secretary, MoH**		
Co-chair	**Dr. Hendrikus Raaijmakers – Chair, External Development Partners Forum**		
Time	Key areas of presentation	Responsibility	Remarks

11:00 – 11:30	Review of NHSP 2 Result Framework indicators and use of evidence in NHSP 2 period	Dr GD Thakur, PHAMED, MoH	
11:30 – 12:00	Reflections on challenges and lessons learned during NHSP 2 period	PPICD	
12:00 – 12:20	Discussion	Facilitator	
12:20 – 13:20 LUNCH BREAK			
Thematic Session 2: Review of NHSP II financial and procurement management			
Chair	**Shanta Bahadur Shrestha, Secretary, MoH**		
Co-chair	**DFID**		
Time	Key areas of presentation	Responsibility	Remarks
13:20 – 13:40	Progress on Public Financial Management	Mr. Ram Sharan Chimoriya, Joint Secretary, MoH	
13:40 - 14:00	Progress on Procurement and Supply Chain Management System	Dr. Bhim Singh Tinkari, Director, LMD	
14:00 – 14:10	Discussion	Facilitator	
Thematic Session 3: Partnership Arrangement (TA, TC and other partnerships) for NHSP II (progress and challenges)			
Chair	**Dr Padam Bahadur Chand, Chief Specialist PPICD**		
Co-chair	**WB**		
Time	Key areas of presentation	Responsibility	Remarks
14:10 – 14:30	Progress on TA and TC arrangements, partnerships and aid harmonization	EDP Chair	
14:30 – 14:45	Discussion	Facilitator	
14:45 – 15:00 TEA BREAK			
Thematic Session 4: Program Implementation and Service Delivery: Success and Challenges			
Chair	**Dr Senendra Upreti, Chief Specialist, Curative Division, MoH**		
Co-chair	**USAID**		
15:00 –15:15	Programme implementation and service delivery: progress, challenges and lessons learned in NHSP2	DG DOHS	
15:15 –15:30	Programme implementation and service delivery: progress, challenges and lessons learned in NHSP2	DG DDA	
15:30 –15:45	Programme implementation and service delivery: progress, challenges and lessons learned in NHSP2	DG DOA	
15:45 –16:00	Progress Update and Lessons Learned	AIN	
16:00 –16:15	Discussion	Facilitator	
Thematic Session 4: Public Health Emergencies: Success, Challenges and Lessons Learned			
Chair	**Dr Kiran Regmi, Chief Specialist, PHAMED, MoH**		

Co-chair	**WHO**		
16:15 – 16:40	Health Sector Response to Gorkha Earthquake: Challenges and Lessons Learned	Dr. Guna Raj Loahani	
16:40 – 17:00	Post-earthquake Reconstruction and Recovery: Progress, Challenges and Way forward	Mr. Mahendra Prasad Shrestha	
17:00 – 17:20	Discussion	Facilitator	
DAY 2 - Wednesday 16th March 2016			
Thematic Session 6: Nepal Health Sector Strategy: Forward Looking			
Chair	**Mr Shanta Bahadur Shrestha, Secretary Ministry of Health (MoH)**		
Co-chair	**EDP Chair**		
9:10 – 9:30	NHSS: Overall directions, outcomes and key interventions (Implementation Plan)	Mr. Mahendra Shrestha, PPICD	
9:30 – 9:50	NHSS: Result framework	Dr. GD Thakur, PHAMED	
9:50 – 10:10	NHSS: Priority for next year AWPB	Mr. Mahendra Shrestha, PPICD	
10:10 – 10:30	Discussion and Closing of the JAR		
Tea Break 10:30-10:50			
Business Meeting (by invitation only)			
Chair	**Mr Shanta Bahadur Shrestha, Secretary Ministry of Health (MoH)**		
Co-chair	**EDP Chair**		
10:50 – 11:50	• Sector Financing Modality and Financial Commitment from EDPs for the NHSS period • Joint Financing Arrangement		
11:50 – 12:30	Drafting of Aide Memmoire and Agreed Actions		
12:30 – 13:00	Closing		
Lunch 13:00-14:00			

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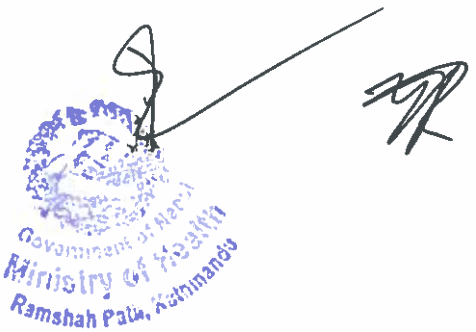
Annex C Progress Against NHSP-II Targets

This section presents the progress on the NHSP-2 Results Framework indicators over the last five years. The main sources of data are the Health Management Information System (HMIS), the Nepal Multiple Indicator Cluster Survey 2014 (NMICS, 2014), the Nepal Demographic and Health Survey (NDHS) 2011, the Population Census 2011, the Service Tracking Survey, 2013 (STS 2013), the 2014 health facility survey (FARHCS) by UNFPA; and programme and administrative records of the Ministry of Health (MoH).

Goal: "Improved health and nutritional status of people, especially the poor and excluded"

Code	Indicators	Baseline		Achieved		Target
		Data	Source	2011	2014	2015
G1	Total Fertility Rate (per woman)	3	NHSP-2, 2010	2.6 [NDHS, 2011]	2.3 [NMICS 2014]	2.5
G2	Adolescent Fertility Rate (women aged 15-19 years, per 1,000 women in that age group)	98	NDHS-2, 2006	81 [NDHS 2011]	71 [NMICS 2014]	70
G3	Under-five Mortality Rate (per 1,000 live births)	55	NHSP-2, 2010	54 [NDHS 2011]	38 [NMICS 2014]	38
G4	Infant Mortality Rate (per 1,000 live births)	44	NHSP-2, 2010	46 [NDHS 2011]	33 [NMICS 2014]	32
G5	Neonatal Mortality Rate (per 1,000 live births)	33	NDHS 2006	33 [NDHS 2011]	23 [NMICS 2014]	16
G6	Maternal Mortality Ratio (per 100,000 live births)	250	NHSP-2, 2010	281	190	134
G7	HIV prevalence among men and women aged 15-24 years (per 100,000 population)	0.12 M=0.2, F=0.05	EPP/Spectrum modelling, 2010	NA	NA	0.06
G8	Malaria annual parasite incidence rate (per 1,000 population in one year)	0.16	HMIS 2010/11	0.16 [HMIS]	0.15 [HMIS]	Halt & reverse
G9	% of children under five years of age who are stunted	49.3	NDHS 2006	44 [NDHS 2011]	37.4 [NMICS 2014]	28
G10	% of children under five years of age who are underweight	34	NHSP-2, 2010	29 [NDHS 2011]	30.1 [NMICS 2014]	29
G11	% of children under five years of age who are wasted	13	NDHS 2006	10.9 [NDHS 2011]	11.3 [NMICS 2014]	5
G12	% of low birth weight babies	14.3	NDHS 2006	12.4 [NDHS 2011]	24.2 [NMICS 2014]	12



Purpose: "Increased utilisation of health services, and improved health and nutritional behaviour of the people, especially by the poor and excluded"

Code	Indicator	Baseline	Achievement					Target	Remarks
			2067/68	2068/69	2069/70	2070/71	2071/72		
			2011	2012	2013	2014	2015	2015	
P1	% of infants breastfed within one hour of birth	35 [NDHS 2006]	44.5 [NDHS]	48.5 [HHS]	NA	48.7 [NMICS 2014]	48.7 [NMICS 2014]	60	NDHS data reflect children born in last 2 yrs. HHS data = children born in last 1 yr
P2	% of infants exclusively breastfed for 0-5 months	53 [NDHS 2006]	69.6 [NDHS]	65.9 [NDHS 2011]	NA	56.9 [NMICS 2014]	56.9 [NMICS 2014]	60	
P3	% of one-year-old children immunised against measles	86 [HMIS 2010]	88 [HMIS]	86 [HMIS]	88 [HMIS]	88 [HMIS]	85 [HMIS]	90	
P4	% of children aged 6-59 months who have received vitamin A supplements	90 [HMIS 2010]	106 [HMIS]	101 [HMIS]	97 [HMIS]	142 [HMIS]	98 [HMIS]	≥90	
P5	% of children aged 6-59 months suffering from anaemia	48 [NDHS 2006]	46.2 [NDHS, 2011]	46.2 [NDHS, 2011]	46.2 [NDHS, 2011]	46.2 [NDHS, 2011]	46.2 [NDHS, 2011]	43	
P6	% of households using adequately iodised salt	80 [NDHS 2011]	80 [NDHS, 2011]	80 [NDHS, 2011]	80 [NDHS, 2011]	81.5 [NMICS 2014]	[NMICS 2014]	88	
P7	Contraceptive Prevalence Rate (CPR) – modern methods (%)	44 [HMIS 2010]	44 [HMIS]	43 [HMIS]	45 [HMIS]	45 [HMIS]	43 [HMIS]	67	For married women of reproductive age
P8	% of pregnant women attending at least four antenatal care (ANC) visits	57 [HMIS 2010]	57 [HMIS]	57 [HMIS]	56 [HMIS]	59 [HMIS]	96 [HMIS]	80	Calculated on basis of % of 4 ANC as per 1 ANC visit
P9	% of pregnant women receiving Iron/Folic Acid (IFA) tablets or syrup during last pregnancy	59 [HMIS 2010]	73 [HMIS]	68 [HMIS]	75 [HMIS]	72 [HMIS]	52 [HMIS]	90	HMIS reports 180 day supply of IFA to pregnant woman
P10	% of deliveries conducted by a Skilled Birth Attendant (SBA)	26.2 [HMIS 2010]	33 [HMIS]	39 [HMIS]	41 [HMIS]	43 [HMIS]	51 [HMIS]	60	

Code	Indicator	Baseline	Achievement					Target	Remarks
			2067/68	2068/69	2069/70	2070/71	2071/72		
			2011	2012	2013	2014	2015	2015	
P11	% 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 % of expected live births)	49 [HMIS 2010]	51 [HMIS]	51 [HMIS]	50 [HMIS]	44 [HMIS]	20 [HMIS]	50	Data for years 2010, 2011, 2012 and 2013 represents PNC of 1st visit. Only 2014 data has for 3 PNC visit
P12	% of Women Of Reproductive Age (WRA) (15-49) with complications from safe abortions (surgical and medical)	4.9 [HMIS 2010]	4.8 [HMIS]	4.5 [HMIS]	5.7 [HMIS]	5 [HMIS]	NA	<2	
P13	Prevalence rate of leprosy per 10,000 population	0.77 [HMIS 2010]	0.79 [HMIS]	0.85 [HMIS]	0.82 [HMIS]	0.83 [HMIS]	1.07 [HMIS]	Halt and reverse	
P14	Obstetric direct case fatality rate	NA	0.17	NA	NA	0.09 [HMIS]	0.09 [HMIS]	<1	Total instit. maternal deaths reported/total institutional deliveries x 100

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

Code	Indicator	Baseline data	Achievement					Targets	Remarks
			2067/68	2068/69	2069/70	2070/71	2071/72		
		2011	2011	2012	2013	2014	2015	2015	
OC1.1	% population living within 30 minutes travel time to a health post (HP) or sub-health post (SHP)	61.8 [NLSS]	61.8 [NLSS]	47.2 [HHS 2012]	47.2 [HHS 2012]	NA	NA	80	
OC1.2	% of population utilising outpatient services at SHPs, HPs, primary health care centres (PHCCs) and district hospitals	70 [HMIS]	70 [HMIS]	76 [HMIS]	76 [HMIS]	79 [HMIS]	73 [HMIS]	-	
OC1.3	% of population utilising inpatient services at district hospitals (all levels of hospitals)	9.1 [HMIS, 2011]	9.1 [HMIS]	9.5 [HMIS]	9 [HMIS]	9 [HMIS]	2.4 [HMIS]	-	
OC1.4	% of population utilising emergency services at district hospitals (all levels of hospitals)	16.4 [HMIS, 2010]	2.4 [HMIS]	2.7 [HMIS]	17 [HMIS]	17 [HMIS]	3.6 [HMIS]	-	
OC1.5	Met need for emergency obstetric care (%)	23 [EOC monitoring]	23 [HMIS]	15.9 [HMIS]	24 [HMIS]	23 [HMIS]	99.7 [HMIS]	49	
OC1.6	% of deliveries by caesarean section (CS)	4.6 [NDHS]	4.6 [NDHS]	3.9 HHS	1.3 [HMIS]	8.6 [NMICS]	14 [HMIS]	4.5	NDHS data = for last 5 years. HHS = for last year
OC1.7	Tuberculosis treatment success rates (%)	90 [HMIS]	90	90 [HMIS]	90 [HMIS]	90 [HMIS]	90 [HMIS]	90	
OC1.8	% of eligible adults and children currently receiving antiretroviral therapy (ART)	NA	NA	NA	NA	21.8 [HMIS]	NA	80	

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

Code	Indicator	Baseline 2011	Achievement					Targets	Remarks
			FY 2067/68	2068/69	2069/70	2070/71	2071/72		
			2011	2012	2013	2014	2015	2015	
OC2.1	% of children under five with diarrhoea treated with zinc and oral rehydration salts (ORS)	47.7 [HMIS, 2010]	87.8 [HMIS]	79 [HMIS]	97 [HMIS]	96.4 [HMIS]	93 [HMIS]	40	
OC2.2	% of children under five with pneumonia who received antibiotics	27.5 [HMIS, 2010]	35.1 [NDHS]	26.9 [HHS]	42.1 [HMIS]	41 [HMIS]	NA	50	
OC2.3	Unmet need for family planning (%)	25 [NDHS, 2006]	27 [NDHS]	27 [NDHS]	27 [NDHS]	27 [NDHS]	27 [NDHS]	18	
OC2.4	% of institutional deliveries	18 [NDHS, 2006]	35.3 [NDHS]	36.5 [HHS]	45.3 [HMIS]	50 [HMIS]	52 [HMIS]	40	NDHS data for last 5 years. HHS & HMIS data for last year
OC2.5	% of women who received contraceptives after safe abortion (surgical and medical)	NA	41 [HMIS]	33 [HMIS]	29.5 [HMIS]	24.3 [HMIS]	60 [HMIS]	60	
OC2.6	% of clients satisfied with their health care provider at public facilities	68.4 [NHSP-2, 2010]	96 [STS 2011]	91.3 [STS] 2012	89 [STS 2013]	89 [STS 2013]	NA]	80	
OC2.7	Tuberculosis case detection rate	76 [HMIS, 2010]	73 [HMIS]	73 [HMIS]	78 [HMIS]	83 [HMIS]	63 [HMIS]	85	

Outcome 3: Increased adoption of healthy practices

Code	Indicator	Baseline 2011	Achieved					Target
			2067/68	2068/69	2069/70	2070/71	2071/72	
			2011	2012	2013	2014	2015	2015
OC3.1	% of children under five in high-risk areas who slept under a Long-lasting Insecticide-treated Bed net (LLIN) the previous night	67.8 [PSI 2011]	67.8 [PSI 2011]	10.4 [HHS]	83 [PSI 2013]	83 [PSI 2013]		80
OC3.2	% of key populations at higher risk (FSWs, MSWs, MSMs, PWID, MLMs) reporting the use of condom at last sex							
	Female sex workers (FSWs)	-	82.6 (IBBS)					85
	Male sex workers (MSWs)	37.8 (IBBS 2009)	NA	NA	NA	NA	NA	80
	MSM	75.3 (IBBS 2009)	NA	NA	NA	NA	NA	80
	PWID	-	46.5 (IBBS)	NA	NA	NA	NA	80
	MLMs	53 (IBBS 2010)	NA	NA	NA	NA	NA	80
OC3.3	% of PWID reporting the use of sterile injecting equipment the last time they injected	NA	95.3 [IBBS]	NA	NA	NA	NA	≥95
OC3.4	% of households with hand washing facilities with soap and water nearby^ the latrine	NA	47.8 [NDHS]	18.4 [HHS 2012]	18.4 [HHS 2012]	72.5 [NMICS 2014] **	72.5 [NMICS 2014] **	85

** Households with specific place for hand washing where water and soap or other cleansing agent are present (NMICS

Annex D: Update of the 2015 JAR actions

Action	Update
1. MoH will form a task force with representations from the NHSS Programme Development Team (PDT) and other nominated representatives from GoN and EDPs. This task force will: a. Develop, by May 2015, an implementation plan for the 5 years of NHSP III that reflects the key priorities in the NHSP III strategy b. Prepare a budget for the AWPB (IP) 2015/16 and hold meeting between MoHP and EDPs to discuss on the budget scenario by March 31, 2015 c. Jointly define the scope and develop the JFA by the end of April 2015 d. Until the JFA for NHSP III comes into effect, Joint Consultative Meetings (JCM) for AWPB 2015-16 will be organized as per the current practice stipulated under the JFA for NHSP II	Complete
2. MoHP and the EDPs will begin discussions on Disbursement Linked Indicator (DLI) based financing modality by the week of 23rd March 2015	Complete
3. Draft bill of National Public Health Act will be prepared by mid-July, 2015	To be continued
4. State Non-State Partnership Policy will be revised in line with the National Health Policy 2014 and endorsed by the end of September 2015	Highlighted in NHSS. To be continued
5. EDPs to indicate budget support and TA commitments for FY 2015-16 not later than end of March 2015	Complete
6. Identify the required number of HR positions to be furnished through local contracts for implementing different programs and specify in NHSPIII document	Delete – not important
7. Update Financial Management Improvement Plan jointly with MOHP, MoF, NPC, FCGO, OAG and EDPs to identify systemic issues and actions to be taken over NHSP III by the end of June, 2015	Needs to be updated and endorsed
8. Submission of OAG external audit report for PY 2013-14 by June 15, 2015	Complete
9. Practice of redistribution of drugs and commodities will be initiated in three districts from - each region (15 districts) to minimize stock-outs and overstock situations	No update. Delete
10. Adjust timeline and provide adequate funding for the first year implementation of procurement and supply chain management plan by the end of March 2015	To be undertaken in USAID TA
11. Staffing of Physical Asset Management Section under Management Division ensured - temporary recruitment by July, 2015 and permanent staffing by: December, 2015.	No update
12. Roll out new National Healthcare Waste Management Guidelines in 1000 public and selected private health facilities by the end of September 2015	To be reworded and continued
13. Increase budget and enhance capacity of Regional Health Directorates for implementation and monitoring of public health activities and hold them responsible and accountable against delegated authority for programmes in their regions effectively. Progress to be discussed in next JAR	Delete
14. Comprehensive assessment initiated and short-term plan prepared to manage overcrowding of maternity wards in referral hospitals to ensure quality of care for safe and respectful delivery by June 2015.	To be continued

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Annex E Development Partners' Indicative Commitment for NHSS

Agency	Indicative commitment for NHSS (2015-2020)	Notes/remarks
DFID	£95 million *(S142.5m, ex rate 1.5)*	• £10m for FY 2015/16 for earthquake response • £85m for 2016-2020 (pending approval)
GAVI	S36.54 million	
German Development Cooperation / GIZ	€ 11.8 million *(S14.2m, ex rate 1.2)*	**Composition of TC commitment:** • HSSP: € 1.7 million (07/15 – 12/15) • S2HSP: € 7.1 million (01/16 – 06/18) • Transition: € 0.5 million • Recovery: up to € 2.5 million (06/15 – 12/16) • *Not included:* € 1.1. million on behalf of KOICA (co-financing)
German Development Cooperation / KFW	€ 32 million *(S38.4m, ex rate 1.2)*	**Composition of FC commitment:** • € 10 million for Maternal and Child Healthcare • € 10 million for Earthquake Reconstruction • € 10 million for Pool Fund • € 2 million residual funds
KOICA	S 16.4 million	Technical assistance for health insurance, maternal and child health and post-disaster recovery projects
UNAIDS		
UNFPA	S 17.8 million	This includes 2015 expenditure USD 4.1million including for EQ response). The commitment is subject to change based on availability of fund. UNFPA current Country Program Action Plan is until 2018, and funding after 2018 onwards is subject to approval.
UNICEF	S 24 million	For health and nutrition
USAID	S200 million	S40 million a year. Roughly: Sector / Per Year / Five years* Family Planning S14 M S70 M MCH S15 M S75 M Nutrition S 8 M S40 M HIV/AIDS S 3 M S15 M Totals S40 M S200 M * Assuming US Congress continues funding at FY 2015 budget level.
WB	S 150 million	
WHO		

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