Monitoring and Evaluation Framework

Nepal Health Sector Programme II

2010 – 2015

May 2012
Kathmandu, Nepal

World Health Organization
Country Office for Nepal

NHSSP

Monitoring and Evaluation Framework
Nepal Health Sector Programme II
2010 – 2015

This M&E framework is developed as per the guideline (Results Based Monitoring and Evaluation Guidelines 2010) issued by National Planning Commission to facilitate effective monitoring and evaluation of the Nepal Health Sector Programme II (2010 – 2015).

May 2012
Kathmandu, Nepal

Government of Nepal
Ministry of Health and Population

WHO Country Office
for Nepal

Nepal Health Sector
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Foreword

It is my pleasure to present this Monitoring and Evaluation Framework for the Nepal Health Sector Programme (NHSP) II. This framework has been developed in consultation with a wide range of technical experts from government, international agencies, donor, major stakeholders and partners in line with guidelines recommended by the National Planning Commission.

The earlier results framework outlined impact and outcome levels indicators for monitoring and evaluation of NHSP II which were not adequate. During this exercise earlier indicators were revised to make them more specific and measurable. Similarly, levels of monitoring further expanded and the activities outlined in NHSP II were aligned to each output. I hope this framework with nine outputs will help to be much clear about the results that NHSP II wants to achieve.

This framework is supplement to the original result framework and developed to have more clarity of monitoring level and indicators. Hence, I strongly recommend necessary adjustments in monitoring and evaluation mechanism at all levels as per this revised framework. Specifically, each routine and non-routine health information systems should make necessary changes according to this framework. I would also like to emphasize that each department and centre should align their programme specific monitoring and evaluation mechanism in line with this framework.

I express my sincere thanks to all who contributed the development and finalization process. I heartily acknowledge Dr. P. B. Chand, Chief of the Public Health Administration Monitoring and Evaluation Division for his initiative to strengthen health sector monitoring and evaluation. I would like to thank WHO and NHSSP for providing technical assistance to develop this framework.

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Acknowledgements

This monitoring and evaluation framework has been developed by a group of technical experts with consultation of major stakeholders, programme directors, development partners and individual experts at the national level. The framework has been developed as per the guidelines recommended by National Planning Commission. I hope this framework will provide clarity on monitoring and evaluation of Nepal Health Sector Programme (NHSP) II.

I express my sincere thanks to all the consultants, program directors, development partners and organizations who had contributed and supported in developing this framework. I am particularly grateful for the assistance that WHO provided in developing this framework. I offer special thanks to the NHSSP team for their support throughout the process. The April 2011 joint mission, led by Dr. Ties Boerma from WHO, played an instrumental role to accelerate efforts to strengthen health monitoring and evaluation systems. Equally, the first draft of the M&E framework, provided by WHO consultant Dr. Anton Fric, has been a great help in developing this framework. My sincere thank goes to both of them.

I extend my thanks to all Technical Working Group members. Special appreciation goes to Mr. Anil Thapa, Mr. Susheel Chandra Lekhak, Mr. Srikrishna Bhatta, Mr. Ramchandra Khanal, Dr. Frank Paulin, Mr. Ajit Pradhan, Mr. Pradeep Poudel, Mr. Damodar Adhikari, Dr. Atul Dahal, and Mr. Sudip Pokhrel for their hard work in bringing out this framework.

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ABBREVIATION

AHW	Auxiliary Health Worker
AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care
ANM	Auxiliary Nurse Midwife
AR	Administrative Record
AUSAID	Australian Agency for International Development
AWPB	Annual Work Planning and Budgeting
BCC	Behaviour Change Communication
BEONC	Basic Emergency Obstetric and Neonatal Care
CB-IMCI	Community Based Integrated Management of Childhood Illness
CBLP	Central Bidding Local Purchasing
CEONC	Comprehensive Emergency Obstetric and Neonatal Care
CHD	Child Health Division
CPR	Contraceptive Prevalence Rate
CSD	Curative Service Division
D(P)HO	District (Public) Health Office
DDA	Department of Drug Administration
DoA	Department of Ayurveda
DFID	Department for International Development
DoHS	Department of Health Services
HDMC	Hospital Development Management Committee
DOTS	Directly Observed Treatment Short course
e-AWPB	Electronic Annual Work Plan Budget
EPP	Estimation and Projection Package
EDP	External Development Partner
EHCS	Essential Health Care Services
EOC	Emergency Obstetric Care
F	Female
FCHV	Female Community Health Volunteer
FHD	Family Health Division
FMIS	Financial Management Information System
FSW	Female Sex Workers
FY	Fiscal Year
GAVI	Global Alliance for Vaccine and Immunisation
GAAP	Governance and Accountability Action Plan
GFAMT	Global Fund for AIDS, Malaria and Tuberculosis

GESI	Gender Equality and Social Inclusion
GoN	Government of Nepal
HCWM	Health Care Waste Management
HEFU	Health Financing Unit
HEIC	Health Education Information and Communication
HF	Health Facility
HFOMC	Health Facility Operation and Management Committee
HHS	Household Survey
HIIS	Health Infrastructure Information System
HIV	Humane Immuno Deficiency Virus
HMIS	Health Management Information System
HP	Health Post
HRFMD	Human Resource and Finance Management Division
HuRIS	Human Resource Information System
IBBS	Integrated Biological and Behaviour Surveillance
ICD	International Classification of Diseases
IFA	Iron and Folic Acid
IYCF	Infant and Young Child Feeding
JAR	Joint Annual Review
LF	Lymphatic Filariasis
LMD	Logistic Management Division
LMIS	Logistic Management Information System
M	Male
M&E	Monitoring and Evaluation
MA	Medical Abortion
MCH	Maternal and Child Health
MCHW	Maternal and Child Health Worker
MD	Management Division
MDGP	Medical Doctorate in General Practice
MG	Mothers Group
MLM	Male Labour Migrant (to India)
MoE	Ministry of Education
MoF	Ministry of Finance
MoHP	Ministry of Health and Population
MoLD	Ministry of Local Development
MSM	Men Having Sex with Men
MSM	Male Sex Worker
MTR	Mid Term Review

NA	Not Available
NCASC	National Centre for AIDS and STD Control
NDHS	Nepal Demographic Health Survey
NHA	National Health Accounts
NHEICC	National Health Education Information Communication Centre
NHFP	Nepal Family Health Programme
NHSP	Nepal Health Sector Programme
NHSSP	Nepal Health Sector Support Programme
NHTC	National Health Training Centre
NLSS	Nepal Living Standards Survey
NPC	National Planning Commission
NPHL	National Public Health Laboratory
NTC	National Tuberculosis Centre
NS	Not Specified
OAG	Office of the Auditor General
ODA	Official Development Assistance
ORS	Oral Rehydrated Salt
PD	Population Division
PER	Public Expenditure Review
PHAMED	Public Health Administration Monitoring and Evaluation Division
PHC/ORC	Primary Health Care Outreach Clinic
PHCC	Primary Health Care Centre
PHCRD	Primary Health Care Revitalization Division
PHCW	Primary Health Care Worker
PMTCT	Preventing MothertoChild Transmission
PNC	Postnatal Care
PPICD	Policy Planning and International Cooperation Division
PPP	Public-private Partnership
PSI	Population Services International
PWID	People Who Inject Drugs
QA	Quality Assurance
RHD	Regional Health Directorate
RTI	Research Triangle Institute
SA	Surgical Abortion
SAS	Safe Abortion Service
SBA	Skilled Birth Attendant
SHP	Sub Health Post
STH	Soil-transmitted Helminths

STS	Service Tracking Survey
TV	Television
VCT	Voluntary Counselling and Testing
UNFPA	United Population Fund
UNICEF	United Nations Children Fund
WHO	World Health Organization

TABLE OF CONTENTS

INTRODUCTION

Both the government and development partners felt the need to revisit and if necessary revise the original result framework proposed in the Nepal Health Sector Programme 2010-2015 (NHSP II) for allowing better monitoring and evaluation of NHSP-II. With this consideration MoHP initiated a discussion in October 2011 and since then it has conducted series of consultations and workshops with various planning and M&E experts. This M&E framework is developed as per the National Planning Commission's format under the aegis of Managing for Development Results (MfDR) guidelines. Among other things, the guidelines suggest that line ministries that are part of MfDR, including MoHP, should prepare a logical framework for their respective sectors.

PROCESS FOLLOWED

This framework is developed with close consultation of the Planning and M&E experts from the government and External Development Partners (EDPs) who are implementing and supporting NHSP-II. During the process, MoHP set-up a Technical Working Group (TWG), comprising of experts from government and development partners, to support the health sector M&E agenda, which was instrumental in developing this revised framework.

The following table shows the major activities followed while developing this framework.

SN	Activity	Date	Supporting Agencies
1	Situation analysis and road map for strengthening the monitoring and review component of the national health strategy	18-20 April 2011	WHO, GAVI, GFATM
2	Workshop on result framework and GAAP	October 2011	NHSSP
3	Health indicator situation assessment and realigning RF indicators to health systems building blocks and refining indicator matrix (individual consultation with major EDPs and government officials)	December 2011	WHO
4	Workshop to develop M&E framework and way forward to strengthen health M&E	29 Feb – 01 Mar 2012	WHO, NHSSP, DFID, NFHP, UNICEF, RTI, UNFPA, AUSAID, PSI
5	Technical Working Group meeting (to discuss further on logframe)	14 Mar 2012 20 Mar 2012	WHO, NHSSP, DFID, RTI, PSI
6	Interaction with program heads	29 Mar 2012	WHO, NHSSP, RTI, PSI
7	Draft sharing with all major stakeholders	02 April 2012	-
8	Consultative meeting with development partners	10 April 2012	WHO
9	Final Technical Working Group meeting to finalize framework incorporating major and important feedback, comments, and suggestions	17 April 2012	WHO, NHSSP, DFID, RTI, PSI

This framework covers all indicators revised and proposed as per the workshop held in October 2011.

Considerations undertaken to develop this framework

- This framework has conceptualized nine outputs of NHSP II, which are -

    1. Reduced cultural and economic barriers to accessing health care services
    2. Improved sector management
    3. Strengthened human resources for health
    4. Improved service delivery
    5. Increased health knowledge and awareness
    6. Improved M&E and health information systems
    7. Improved physical assets and logistics management
    8. Improved health governance and financial management
    9. Improved sustainable health financing

- The output **improved health governance** covers decentralized management of health facilities and improved financial management among other aspects of the governance. The underlying assumption for this union is that decentralization only translates into reality if health governance is improved. Improved financial management also largely depends upon the improved governance and accountability. Hence, financial management is also merged with the improved health governance and financial management.

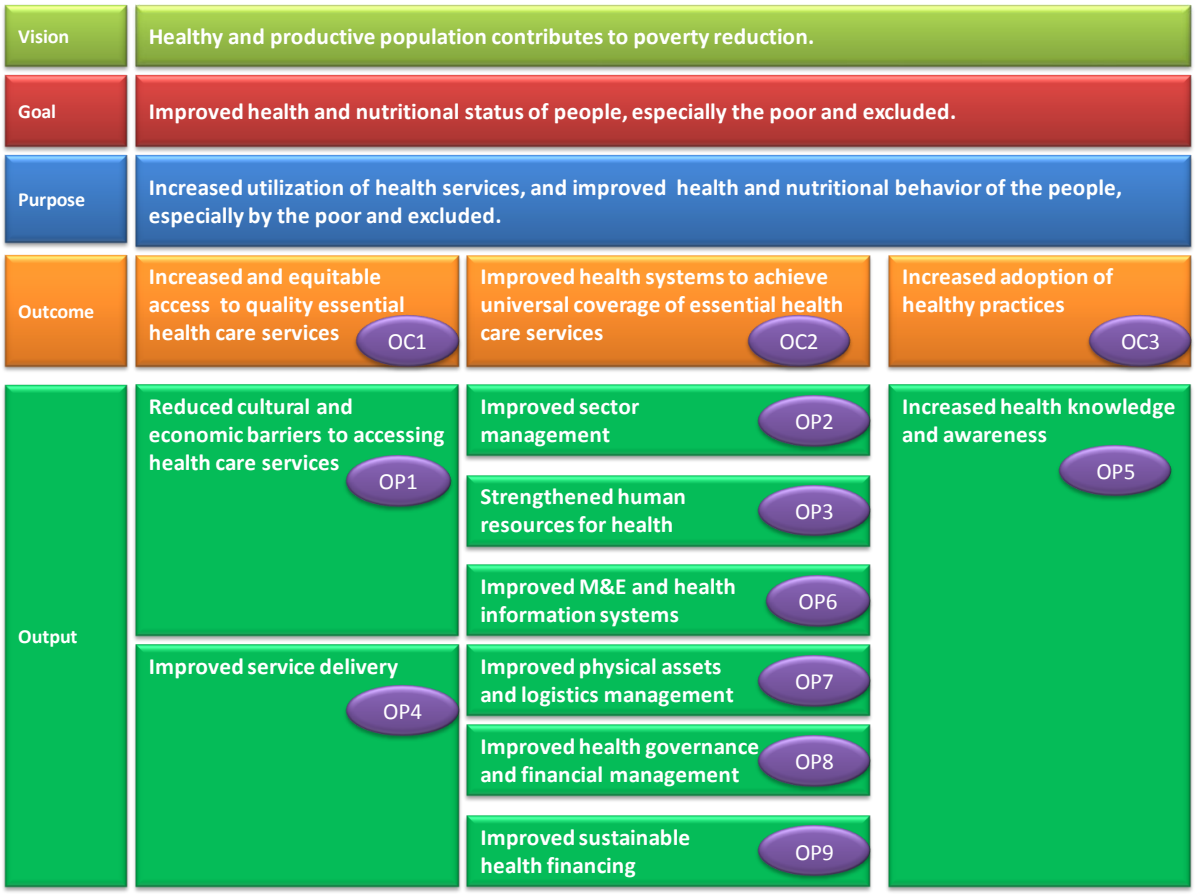
- The NHSP II has given special attention to the partnership with non-state actors. So one of the major outputs of the NHSP becomes strengthened partnership which is largely related with improved sector management. Therefore, Output 2 **improved sector management** covers strengthened partnership with state-state and state-non-state partners (both for-profit and not-for-profit).

- The outcome 1 mentioned in the NHSP II is now considered the purpose of the programme in the logical framework. As the goal is to improve the health and nutritional status of people, to maintain the result-chain logic, the purpose statement is supported with the improved health and nutritional behaviour of the people. Similarly, to support this purpose new outcome is proposed in this framework which is **increased adoption of healthy practices** largely supported by the programme.

- Increased health knowledge and awareness covers all issues like health rights, service provision, and healthy practices and behaviours.

CONCEPTUALIZING NHSP II

To develop logical framework of NHSP II as per the level and logical chain suggested by the NPC guideline, this exercise reconceptualized vision, goal, purpose, outcome, and output as presented in the figure here below:



OC = Outcome
OP = Output

LOGICAL FRAMEWORK OF NHSP II (2010 – 2015)

LEVEL	CODE	INDICATORS	MEANS OF VERIFICATION	ASSUMPTIONS
Goal Improved health and nutritional status of people, especially the poor and excluded	G1	Total Fertility Rate	NDHS	Achieving the target for the % of children under five years of age, who are stunted; % of children under five year of age, who are underweight; and % of low birth weight babies may prove to be the most difficult to accomplish because of the funding limitations on expanding a comprehensive nutrition programme to address many socio-economic and cultural factors.
	G2	Adolescent Fertility Rate (women aged 15-19 years)	NDHS	
	G3	Under-five Mortality Rate	NDHS	
	G4	Infant Mortality Rate	NDHS	
	G5	Neonatal Mortality Rate	NDHS	
	G6	Maternal Mortality Ratio	NDHS, Census	
	G7	HIV prevalence among men and women aged 15-24 years	EPP/Spectrum modelling	
	G8	Malaria annual parasite incidence	HMIS	
	G9	% of children under five years of age, who are stunted	NDHS	
	G10	% of children under five years of age, who are underweight	NDHS	
	G11	% of children under five years of age, who are wasted	NDHS	
	G12	% of low birth weight babies	NDHS	
Purpose Increased utilization of health services, and improved health and nutritional behaviour of the people, especially by the poor and excluded	P1	% of neonates breast fed within one hour of birth	NDHS	Socio-economic empowerment of the poor and excluded group to sustain the healthy practices and health seeking behaviour.
	P2	% of infants, exclusively breast fed for 0 – 5 months	NDHS, HHS	
	P3	% of one-year-old children immunised against measles (%) - disaggregated by (rural/urban, wealth quintile, caste/ethnicity)	NDHS, HMIS	
	P4	% of children aged 6-59 months that have received vitamin A supplements	HMIS, NDHS, HHS	
	P5	% of children 6 – 59 months suffering from anaemia	NDHS	
	P6	% of households using adequately iodized salt	NDHS, HHS	
	P7	Contraceptive Prevalence Rate (modern methods) - disaggregated by (rural/urban, wealth quintile, caste/ethnicity)	NDHS, HHS, HMIS	
	P8	% of pregnant women attending at least 4 ANC visits	NDHS, HHS, HMIS	
	P9	% of pregnant women receiving IFA tablets or syrup during their last pregnancy - disaggregated by (rural/urban, wealth quintile, caste/ethnicity)	NDHS, HMIS, HHS	

LEVEL	CODE	INDICATORS	MEANS OF VERIFICATION	ASSUMPTIONS
	P10	% of deliveries conducted by a skilled birth attendant - disaggregated by (rural/urban, wealth quintile, caste/ethnicity)	NDHS, HMIS, HHS	
	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)	HMIS	
	P12	% of women experiencing post abortion (spontaneous and induced) complications	HMIS, NDHS	
	P13	Prevalence rate of Leprosy (%)	HMIS	
	P14	Obstetric direct case fatality rate(%)	HMIS	
Outcome **Outcome 1** Increased and equitable access to quality essential health care services	OC1.1	% of the population living within 30-minutes travel time to a health or sub-health post- disaggregated by urban/rural	NLSS, HHS	The availability and quality of services will be affected by limited resources to deploy and retain health care personnel, especially in remote areas.
	OC1.2	% population utilising outpatient services at SHP, HP, PHCC and district hospitals - disaggregated by sex, and caste/ethnicity	HMIS, HHS	
	OC1.3	% population utilising inpatient services at district hospitals - disaggregated by sex and caste/ethnicity	HMIS, HHS	
	OC1.4	% population utilising emergency services at district hospitals - disaggregated by sex and caste/ethnicity	HMIS	
	OC1.5	Met need for emergency obstetric care (%)	HMIS	
	OC1.6	% of deliveries by Caesarean Section	HMIS(EOC), NDHS, HHS	
	OC1.7	Tuberculosis treatment success rates (%)	HMIS	
	OC1.8	% of eligible adults and children currently receiving antiretroviral therapy	EPP/Spectrum modelling & Routine ART monitoring report	
Outcome 2 Improved health systems to achieve universal coverage of essential health care services	OC2.1	% of children under 5 with diarrhoea treated with Zinc and ORS	NDHS, HMIS, HHS	
	OC2.2	% of children, under 5 with pneumonia, who received antibiotics	NDHS, HMIS, HHS	
	OC2.3	Unmet need for family planning (%)	NDHS	
	OC2.4	% of institutional deliveries - disaggregated by (rural/urban, wealth quintile, caste/ethnicity)	NDHS, HHS, HMIS	
	OC2.5	% of women who received contraceptives after safe abortion (surgical or medical)	HMIS	
	OC2.6	% of clients satisfied with their health care provider at public facilities - age, sex and caste/ethnicity	STS, HHS	
	OC2.7	Tuberculosis case detection rate (%)	HMIS	

LEVEL		CODE	INDICATORS		MEANS OF VERIFICATION	ASSUMPTIONS
Outcome 3 Increased adoption of healthy practices		OC3.1	% of children under 5 years who slept under a long lasting insecticide treated bed net the previous night in high-risk areas		Malaria Survey	
		OC3.2	% of key populations at higher risk (sex workers, men who have sex with men, people who inject drugs, male labour migrants) reporting the use of condom at last sex		IBBS (NCASC)	
		OC3.3	% of people who inject drugs reporting the use of sterile injecting equipments the last time they injected		IBBS (NCASC)	
		OC3.4	% of households with hand washing facilities with soap and water nearby the latrine		NDHS, HHS	
Outputs	**Output 1** Reduced cultural and economic barriers to accessing health care services	OP1.1	% of women utilizing FCHV fund (among women of reproductive age)		HMIS, HHS	Government of Nepal and External Development Partners provide adequate financial resources for health sector programme.
		OP1.2	Number of health facilities providing adolescent-friendly health services		FHD	
		OP1.3	% of HFOMC with at least 3 number of female members and at least 2 members from Janajati and Dalit		STS, PHCRD	
	Output 2 Improved sector management	OP2.1	EDPs providing Official Development Assistance (ODA) on rolling 3-year period basis		PPICD	
		OP2.2	% of health sector aid reported by the EDPs on national health sector budgets		MoF, eAWPB, JAR	
		OP2.3	% of actions documented in the action plan of aid-memoire completed by next year		JAR	
		OP2.4	% of EDPs reporting to JAR their contribution to the health sector (including expenditure) aligned to the agreed Annual Reporting format for EDPs as developed by MoHP		JAR	
	Output 3 Strengthened human resources for health	OP3.1	% of sanctioned posts that are filled	Doctors at PHCC	HuRIS, STS	
				Doctors at hospitals	HuRIS, STS	
				Nurses at PHCC	HuRIS, STS	
				Nurses at hospitals	HuRIS, STS	
		OP3.2	% of district hospitals that have at least 1 MDGP or Obstetrician/Gynaecologist; 5 SBA trained nurses; and 1 Anaesthesiologist or Anaesthetic Assistants		HuRIS, STS	
		OP3.3	Number of production and deployment of SBAs, MDGPs, Anaesthetists, Psychiatrists, radiologists, physiotherapists, physiotherapy assistants, radiographers, assistant anaesthetists, procurement specialist		HuRIS, FHD	
		OP3.4	Number of Female Community Health Volunteers (FCHVs)		FCHV Database, HMIS	
	Output 4 Improved service delivery	OP4.1	Number of one stop crisis centres to support victims of gender based violence		PD/PHCRD	
		OP4.2	Number of HPs per 5000 population		HMIS	
		OP4.3	Number of PHCCs per 50,000 population		HMIS	
		OP4.4	Number of district hospital beds per 5,000 population		HMIS	
		OP4.5	% of districts with at least one public facility providing all CEONC signal functions		HMIS(EOC), STS	
		OP4.6	% of PHCCs providing all BEONC signal functions		HMIS(EOC), STS	

LEVEL	CODE	INDICATORS	MEANS OF VERIFICATION	ASSUMPTIONS
	OP4.7	% of health posts with birthing centre	HMIS(EOC), STS	
	OP4.8	% of safe abortion (surgical and medical) sites with long acting family planning services	STS, HMIS	
	OP4.9	% of health posts with at least five family planning methods	STS, HMIS	
	OP4.10	% of households with at least 1 long lasting insecticide treated bed net per 2 residents in all high-risk areas	Malaria Survey	
	OP4.11	% of HIV prevention intervention reached to key population at higher risk (people who inject drugs, SWs, MSMs, and Male labour migrants)	IBBS	
	OP4.12	% of PHCC with functional laboratory facilities	STS, HMIS	
	OP4.13	% of public hospitals, PHCCs, and HPs that have infrastructure as per GoN standard	STS, HIIS	
Output 5 Increased health knowledge and awareness	OP5.1	% of women of reproductive age (15-49) aware of safe abortion sites	NDHS, HHS	
	OP5.2	% of women of reproductive age (15 –49) who know at least three pregnancy related danger signs	HHS	
	OP5.3	% of women of reproductive age (15 – 49) who know at least three danger signs of newborn	HHS	
	OP5.4	% of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS by sex	NDHS	
Output 6 Improved M&E and health information systems	OP6.1	% timely and complete data on annually reportable M&E framework indicators reported within end of December of the following year	PHAMED	
	OP6.2	% of health information systems implementing (using) uniform standard codes	PHAMED, HMIS	
	OP6.3	% of tertiary and secondary hospital (public and private) implementing ICD 10 and reporting coded information to health information system	HMIS	
	OP6.4	% of health facilities (public and private) reporting to national health information system (by type or level)	HMIS	
Output 7 Improved physical assets and logistics management	OP7.1	% of public health facilities with no stock out of the listed free essential drugs in all four quarters	LMIS	
	OP7.2	% of the budget allocated for operation and maintenance of the physical facilities and medical equipments	AWPB, HIIS	
Output 8 Improved health governance and financial management	OP8.1	% of health facilities that have undertaken social audits as per MoHP guideline in the last fiscal year	STS, PHCRD	
	OP8.2	% of the MoHP budget spent annually	FMIS	
	OP8.3	% of budget allocated to district and below facilities (including flexible health grant)	AWPB	
	OP8.4	% of irregularities (Beruju) among the total public expenditures	OAG (audit report)	
	OP8.5	% of district health offices receiving budgeted amount within one month of budget disbursement to MoHP/DoHS with clear-cut guidance for expenditure	MD/D(P)HO	
Output 9 Improved sustainable health financing	OP9.1	% of the MoHP budget that has been allocated to EHCS	AWPB	
	OP9.2	% of health sector budget as % of total national budget	MoF (Red Book)	
	OP9.3	% of government share in total MoHP budget	MoF (Red Book)	

NHSP II ACTIVITIES ALIGNED WITH RELEVANT OUTPUT

The following table shows the relation of activities planned in NHSP II with relevant output along with responsible agency to implement which provides sound base for activity level monitoring.

ACTIVITIES PLANNED IN NHSP II	RESPONSIBLE AGENCY	AREA
Output 1 - Reduced cultural and economic barriers to accessing health care services		
Reimbursement of catastrophic spending of five diseases - kidney, cancer, heart, Alzheimer's and Parkinson's	MoHP	Curative service
A training package for mid-level health care workers and operational guidelines on how to operate an adolescent and youth-friendly service at each respective level of government	FHD/PD	Family planning
At least 1,000 health facilities in 75 districts will provide adolescent-friendly health services by 2015	FHD/PD	Family planning
Increment in the FCHV fund to NRs 100,000	FHD/PHCRD/PPICD	FCHV
Select FCHVs from Dalits and other excluded groups	FHD/PHCRD	GESI
Provide an additional ANM from Dalit or another excluded group to HPs in underserved areas as "Rahat"	FHD/DoHS/MoHP	GESI
Review and revise the existing health facility management committee to make more inclusive	MD/PHCRD/MoHP	GESI
Institutionalize GESI	PD/PHCRD	GESI
Ensure inclusion of GESI in policies, strategies, plans and programmes	PD/MoHP/DoHS/DoA	GESI
Prioritize GESI in planning, budgeting, monitoring, and evaluation	PD/MoHP/DoHS/DoA	GESI
Activities to address GESI related barriers to reduce morbidity and mortality among the poor and excluded	PD/MoHP/DoHS/DoA	GESI
Enhance the capacity of the service providers to deliver EHCS equitably	PHCRD/PD	GESI
Activities to empower women and socially excluded groups to demand the services	PHCRD/PD	GESI
Translation of GESI strategy into a set of activities with clear accountability for results	PHCRD/PD	GESI (from GAAP)
Capacity building of local HFOMCs on GESI application	PHCRD/PD	GESI (from GAAP)
Capacity building of GESI units at all levels	PHCRD/PD	GESI (from GAAP)
Activities to remove cost barrier by providing free EHCS	PPICD/PHCRD	Health planning
Support of transport and other costs for accessing services	PPICD/PHCRD	Health planning
Creating favourable conditions to participate Dalits and other highly excluded groups in the health workforce both at policy and service delivery levels	PD/MoHP/DoHS/DoA	Human resource
Establishing or expanding the emergency funds that are managed by FCHVs	FHD/PHCRD/PPICD	Safe motherhood/FCHV

ACTIVITIES PLANNED IN NHSP II	RESPONSIBLE AGENCY	AREA
Output 2 - Improved sector management		
Coordinate with governmental associations to strengthen Ayurvedic health program	DoA/MoHP	Ayurveda
Partnership with private sector to manage the under-five sick children per CB-IMCI protocol	CHD/MoHP	CB-IMCI
Incorporate CB-IMCI protocol in the pre-service curriculum	CHD/MoHP	CB-IMCI
Develop comprehensive social mobilization and communication plan	CHD/NHEICC/PHCRD	Child health
Partnership with schools, private and social organizations to minimize the number of children missing immunisations	CHD/PHCRD/MoHP	Child health
Partnership with non-state sectors and sectoral ministries like MoLD, MoE etc.	MoHP	Child health
Inter-country cooperation for cross-border disease problems	MoHP	Disease control
Set up an inter-ministerial coordination committee from the centre to the peripheral level	MoHP	Emergency/disaster
Multi-sectoral collaboration to implement communication programmes	NHEICC/MoHP	HEIC/BCC
Introduction of PPP in contracting out district level monitoring of the quality of procured drugs and medical equipments	PHCRD/LMD	Logistics (from GAAP)
Activities to strengthen inter-ministerial collaboration for nutrition program	CHD/MoHP	Nutrition
Introduce de-worming through the school health programme	CHD/MoHP	Nutrition
Promote a year round brushing programme at schools	MD/MoHP	Oral Health
Activities to encourage private sector to establish and expand the specialized credible services to rural areas	MD/CD/DoHS/MoHP	Public-private partnership
Scaling up of successful PPP practices	MoHP/DoHS/DoA/DDA	Public-private partnership
Formulation of clear policy and strategy on PPP	PPICD/MoHP	Public-private partnership
Expand and strengthen recently established multi-sectoral PPP Policy Forum as a platform for policy dialogue	PPICD/MoHP	Public-private partnership
Establish a focal unit within the Ministry as an institutional home for PPP	PPICD/MoHP	Public-private partnership
Develop comprehensive approach in partnership with MoLD and with the municipalities to provide community-based health services	MoHP/DoHS/PHCRD	Sector management & partnership
Coordination with the MoE and academic institutions to develop necessary human resources for health	PPICD/MoHP	Sector management & partnership
Establish a functional multi-sectoral mechanism in consultation with stakeholders and the ministries	PPICD/MoHP	Sector management & partnership
Mobilize local stakeholders for common benefits	RHD/D(P)HO	Sector management & partnership
Output 3 - Strengthened human resources for health		
Train health workers on CBIMCI (to cover 3 - 4 % annual attrition of health workers)	CHD/NHTC/RHD/D(P)HO	CB-IMCI
Building capacity of health workers through on-site coaching, on-the-job training, in-service- training, pre-service training	CHD/NHTC/RHD/D(P)HO	Child health
Policy of local recruitment and contracting of vaccinators	CHD/PPICD	Child health

ACTIVITIES PLANNED IN NHSP II	RESPONSIBLE AGENCY	AREA
Additional HA and upgrading MCHWs to ANMs in all HPs	DoHS/HRFMD/MoHP	Curative service
Allocate and train staff needed for emergency purposes in all health facilities	EDCD/NHTC	Emergency/disaster
Production and deployment of 7000 SBAs, 56 MDGPs, 44 Anaesthetists, 56 Psychiatrists, 55 radiologists, 20 physiotherapists, 70 physiotherapy assistants, 100 radiographers, 2 assistant anaesthetists, 7 procurement specialists, 3 health legislation experts, 7 epidemiologists, 7 health economists, and 3 health governance experts	DoHS/MoHP	Human resource
Additional FCHV positions created to reflect unmet need	FHD/D(P)HO	Human resource
Increasing SBA training sites	FHD/MoHP	Human resource
Specific targeted approaches to attract and retain trained staff and human resources	HRFMD	Human resource
Promote temporary contracting to meet urgent needs for health care providers, with multiyear contracts for services of critical health care providers	HRFMD/DoHS/RHD/D(P)HO	Human resource
Upgrade MCHWs to ANMs	HRFMD/NHTC/FHD	Human resource
Upgrade VHWs to AHWs	HRFMD/NHTC/FHD	Human resource
Develop human resource strategic plan (for the coming 5 years)	MoHP	Human resource
Recruitment of local health personnel through HFOMC	HFOMC/D(P)HO	Human resource (from GAAP)
Implement strategies for recruitment of local staff and to increase diversity in health workforce	HRFMD/DoHS/RHD/D(P)HO	Human resource (from GAAP)
Implementation of deployment and retention plan	HRFMD/MoHP/DoHS/DoA/DDA/RHD/ D(P)HO	Human resource (from GAAP)
Annual work plans and budgets to incorporate capacity development initiatives for different levels of staff	MD/PPICD/PHAMED	Human resource (from GAAP)
Incorporate institutional development programme in AWPB	MD/PPICD/PHAMED	Human resource (from GAAP)
Implementation of Remote Area Allowance	MoHP	Human resource (from GAAP)
Conduct organization and management survey	PHAMED/HRFMD	Human resource (from GAAP)
Identification of number of health workforce to be redeployed within VDC/municipality and district	RHD/DoHS/MoHP/D(P)HO	Human resource (from GAAP)
Transfer of health workers from health facilities with surplus health workers to facilities with short supply	RHD/DoHS/MoHP/D(P)HO	Human resource (from GAAP)
Train FCHVs to manage newborn infection	CHD/FHD	Newborn care
Recruit dental surgeons or dental assistants and post at selected district hospitals	MD/MoHP	Oral Health
Train PHCWs on basic oral health care, including extraction and simple fillings	MD/MoHP	Oral Health
Train teachers, school children, FCHVs and health workers on oral health	MD/MoHP	Oral Health
Conduct SBA training	FHD/NHTC/MoHP	Safe motherhood
Capacity strengthening of training institutions (restructuring NHTC to autonomous training centre)	NHTC/MoHP	Sector management & partnership

ACTIVITIES PLANNED IN NHSP II	RESPONSIBLE AGENCY	AREA
Output 4 - Improved service delivery		
Establish regional hospitals with 30 bed and medicine production branch in each	DoA	Ayurveda
Develop model herb farms	DoA	Ayurveda
Establish Ayurvedic medicine manufacturing companies	DoA	Ayurveda
Promote an integrated treatment system with modern medicine	DoA/DoHS/MoHP	Ayurveda
Establish a National Ayurvedic Research and Training Centre	DoA/MoHP	Ayurveda
Revitalizing CBIMCI program in low performing districts	CHD/D(P)HO/RHD	CB-IMCI
Integrating CBNewborn care with CB-IMCI and Safe motherhood program	CHD/FHD	CB-IMCI
Accelerate implementation of zinc for the treatment of diarrheoa	CHD	Child health
Introduction of new vaccines into routine immunisation - rubella, rotavirus and pneumococcal disease, typhoid, human papilloma virus and others	CHD	Child health
A policy on immunisation in municipalities to ensure immunisation service access to all municipal populations	CHD	Child health
Integration of child health program with other public health interventions	CHD	Child health
Developing "National Standards Document" for child health	CHD/CSD	Child health
Micro-planning for MCH program to cover missed and hard-to-reach who are not fully immunised	CHD/FHD/MD	Child health
Humanitarian actions in flood affected areas, to combat disease outbreaks and other emergency situations	EDCD/CHD	Child health
Revitalization of MGs and FCHVs to support child health programs	FHD/CHD/PHCRD	Child health
Revitalize PHC/ORC to "Health Child Clinic"	FHD/CHD	Child health
Develop district hospital strengthening program	CSD	Curative service
Expand services such as obstetric care, pediatric care, anaesthesia, basic surgical care, eye care, oral health and mental health care up to selected district hospitals	CSD	Curative service
Upgrading all SHPs to HP	MD/MoHP/RHD	Curative service
Relocating existing facilities	MD/RHD/PPICD	Curative service
Free health service package - with additional services	PHCRD/PPICD	Curative service
Contracting services (PPP) to increase the access	PPICD	Curative service
Treatment of neglected tropical diseases like - LF,STH, and trachoma	EDCD	Disease control
Activities to achieve universal access to anti retro-viral treatment	NCASC	Disease control
Strengthen public health laboratory capacity at all levels	NPHL/MoHP	Disease control
Develop policy, guidelines and an overall framework for capacity building of NPHL	NPHL/MoHP	Disease control

ACTIVITIES PLANNED IN NHSP II	RESPONSIBLE AGENCY	AREA
Prepare appropriate guidelines to ensure adequate nutrition in emergencies	EDCD/CHD	Emergency/disaster
Assure prepositioning of drugs, medical consumables and equipment for emergencies	EDCD/LMD	Emergency/disaster
Setup coordination committees with clear chain of command during emergencies	EDCD/MoHP	Emergency/disaster
Prepare working guidelines on emergency and disaster and orient communities	EDCD/NHEICC/FHD/RHD/D(P)HO	Emergency/disaster
Develop guidelines for immediate response and possible activities to deal with women & children and the poor affected by conflict	EDCD/FHD/CHD/PHCRD/MD/PD	Emergency/disaster (from GAAP)
Eye health services program or projects	MoHP	Eye Health
Activities to ensure all district hospital, PHCCs, and health posts offering at least 5 family planning methods	FHD/LMD/PD/RHD/D(P)HO	Family planning
Micro-planning to focus on raising the prevalence rate in low CPR districts	FHD/PD/RHD	Family planning
Making services more "adolescent friendly" (reducing barriers)	FHD/PD/RHD/D(P)HO	Family planning
Promote post-partum mothers and post-abortion clients to adopt family planning methods	FHD/PD/RHD/D(P)HO/Service sites	Family planning
Develop a policy to cope with gender discrimination and violence in consultation with other sectors	FHD/PD/PHCRD	GESI
Establish new health facilities in under-served areas to improve physical access and a more extensive referral system	MD/PPICD/PHAMED	GESI
Establish social service units in central, regional, and zonal hospitals	PHCRD/CSD/MoHP/RHD	GESI
Upgrade/construct PHCC facilities at an appropriate location able to serve a larger population than presently accommodated at a health post to standard with BEOC services	MD/PPICD	Health planning
Health facilities closer to remote communities	MD/PPICD	Health planning
Ensure sufficient number of and appropriately located health facilities	MD/PPICD/PHAMED	Health planning
Expand and scale-up targeted interventions for the most-at-risk and at-risk groups in partnership with non-state actors	NCASC	HIV/AIDS
Expand and scale-up HIV-related treatment, care and support services to the health post level	NCASC	HIV/AIDS
Expand access to basic HIV-related services, such as for sexually transmitted infections, VCT, and PMTCT	NCASC	HIV/AIDS
Promote integration and collaboration of prevention, treatment, care and support services	NCASC	HIV/AIDS
Integrate with reproductive and primary health care services and DOTS programme	NCASC/NTC	HIV/AIDS
Develop standard designs and guidelines for physical infrastructure of health facilities	MD/MoHP	Infrastructure
Ensure repair and maintenance of existing facilities	MD/MoHP	Infrastructure
Scaling up CBNCP program or projects	CHD/RHD	Newborn care
Implement and expand performance-based incentives for newborn care program	CHD/RHD/D(P)HO	Newborn care
Activities to strengthen newborn care services at various levels of health institutions	CHD/RHD/D(P)HO	Newborn care
Addition of immediate and essential care of newborns and care of sick newborns	CHD/RHD/D(P)HO	Newborn care

ACTIVITIES PLANNED IN NHSP II	RESPONSIBLE AGENCY	AREA
Developing an effective system of referral of the sick newborn	CHD/RHD/D(P)HO	Newborn care
Capacity to handle injuries from road traffic accidents (near highways and road frequent traffic accidents)	CSD/MoHP	Non-communicable disease
Pilot a community-based nutrition package	CHD	Nutrition
Emergency preparedness and providing a nutrition response in the case of a humanitarian crisis	CHD/EDCD	Nutrition
Activities targeted for micronutrient supplementation	CHD/LMD	Nutrition
Community- and center-based rehabilitation of severe malnutrition program or projects for rehabilitation of acutely malnourished children	CHD/MoHP	Nutrition
Initiate Infant and young child feeding (IYCF) community promotion at scale	CHD/MoHP	Nutrition
Conduct mobile dental camps in communities	MD/MoHP	Oral Health
Piloting and scaling up oral health program or projects	MD/MoHP	Oral Health
Improvement and expansion of physical infrastructure (HP/SHPs and strengthening district hospitals)	MD/CSD/PPICD/PHAMED	Physical infrastructure (from GAAP)
Establish a system for review of quality health services	MD/PHAMED	Quality Assurance (from GAAP)
District Level capacity enhanced to comply with quality assurance of health care services	MD/RHD	Quality Assurance (from GAAP)
Ensure that all health facilities have and implement a waste management plan	MD/RHD	Quality Assurance (from GAAP)
Provision of annual contingency plans and budgets for districts incorporating RH and GBV issues	FHD/PD/PPICD/PHCRD	Reproductive Health (from GAAP)
Strengthening community based support organized through FCHVs and MGs	FHD	Safe motherhood
Strengthen coordination with existing blood centres	FHD	Safe motherhood
Upgradation of SHP to HP with birthing units	FHD/MD/PPICD	Safe motherhood
Add birthing centres at all HPs and PHCCs	FHD/MD/PPICD	Safe motherhood
Continued investment in BEOC and CEOC (with PPP)	FHD/MoHP	Safe motherhood
Expansion of abortion services (medical abortion and cost effective alternative to surgical abortion)	FHD/MoHP	Safe motherhood
Ensure quality of blood transfusion through an accreditation	NPHL/MoHP	Safe motherhood
Scaling up uterine prolapsed services program or projects	FHD/MoHP	Uterine prolapse
Output 5 - Increased health knowledge and awareness		
Steps in preventing the harmful effects of occupational hazards (collaboration with other ministries)	MoHP/PHCRD	Environmental health
Activities to promote use of safe water	NHEICC	Environmental health
Activities to promote use of cleaner fuels for cooking	NHEICC	Environmental health
Raise awareness and increase access and utilization by Public-private partnership	FHD/NHEICC	Family planning

ACTIVITIES PLANNED IN NHSP II	RESPONSIBLE AGENCY	AREA
BCC using multiple channels to communicate messages and raise demand (with a focus on targeted groups)	NHEICC/FHD	Family planning
Mobilizing FCHVs to increase awareness and provide basic health services	FHD/RHD/D(P)HO	FCHV
Activities to improve health seeking behaviour of the poor and excluded castes and ethnic groups (Develop and implement IEC, and empower the target groups to demand their rights)	NHEICC/PHCRD	GESI
Strengthening institutional capacity of the National Health Education, Information and Communication Centre (NHEICC)	NHEICC/MoHP	HEIC/BCC
HEC aiming to increase knowledge and improve behaviours regarding key health issues of all castes, ethnic groups, disadvantaged, and hard-to-reach population	NHEICC/PHCRD/RHD/D(P)HO	HEIC/BCC
Health education and communication strategy integrated and mainstreamed in the overall programme design	NHEICC/Program Division & Centres	HEIC/BCC
Social mobilization to increase health awareness	NHEICC/RHD/D(P)HO/HFs	HEIC/BCC
Informing people about EHCS, social issues, service availability and promoting positive behaviours	PHCRD/NHEICC/RHD/D(P)HO/HFs	HEIC/BCC
Improving knowledge about service availability, health right etc	PHCRD/NHEICC/RHD/D(P)HO/HFs	HEIC/BCC
Awareness creation through FCHV and MGs	NHEICC/FHD/RHD/D(P)HO/HFs	Newborn care
Activities aimed at reducing the burden of NCDs by encouraging healthier lifestyles	MoHP/CSD/NHEICC/RHD/D(P)HO/HFs	Non-communicable disease
BCC interventions (encouraging better diet, more exercise, reduced smoking, alcohol consumption, safe driving, wearing seatbelts and helmets etc.)	NHEICC/FHD/RHD/D(P)HO/HFs	Non-communicable disease
Behaviour change to improve maternal and child feeding practices	NHEICC/CHD/FHD	Nutrition
Output 6 - Improved M&E and health information systems		
Supervision, monitoring, and evaluation of Ayurveda related program	DoA	Ayurveda
Inventory of endogenous knowledge on Ayurveda	DoA/PHAMED	Ayurveda
Design and implement research for the promotion of herbal medicine	DoA/PHAMED	Ayurveda
Strengthening regional directorates for effective monitoring and supervision of child health program	PHAMED/MD/CHD	Child health
Development of a disease surveillance policy, operational guidelines and tools, training and logistical supplies	EDCD/CSD/LMD/PPICD	Disease control
Develop integrated disease surveillance system	EDCD/CSD/MoHP	Disease control
Establish a water quality surveillance system	PHAMED/EDCD	Environmental health
Establish a knowledge network with academia and practitioners on climate change	PHAMED/PPICD	Environmental health
Study on extent to which health service meets the needs of the socially excluded or marginalized groups	PHAMED/PD	GESI
Operational research and studies on social inclusion	PHAMED/PD	GESI
Build national capacity to monitor progress, track the epidemic, and generate evidence for better programming	PHAMED/NCASC/HMIS	HIV/AIDS
Identification of key aspects to be covered in the Performance Audit of the NHSPII Implementation Plan by MoHP/DoHS with close coordination with the pooled partners and OAG	PHAMED/PPICD	M&E (from GAAP)

ACTIVITIES PLANNED IN NHSP II	RESPONSIBLE AGENCY	AREA
Timely advance discussions on how the performance audit can supplement regular on-going process	PHAMED/PPICD	M&E (from GAAP)
Develop and implement a monitoring and evaluation plan	PHAMED	M&E, HIS
Policy research and special studies to support routine monitoring and evaluation	PHAMED	M&E, HIS
Focus on building institutional capacity at different levels on monitoring and evaluation	PHAMED/DoHS/RHD	M&E, HIS
Collect and analyse data to measure progress as characterised by NHSP-2's results framework	PHAMED/HISs	M&E, HIS
Ensure data collection and analysis on disparities in utilization and the reason for them	PHAMED/HISs	M&E, HIS
Strengthening HuRIS for maintaining up-to-date and reliable information	PHAMED/HRFMD	M&E, HIS
Operations research to observe the effect of incentives on performance and retention of care providers in the remote areas	PHAMED/HRFMD	M&E, HIS
HSIS pilot results should be reviewed in light of NHSP -2 strategies and develop implementation plan	PHAMED/MD	M&E, HIS
Networking with other information systems	PHAMED/MD	M&E, HIS
Develop monitoring indicators and tools on social inclusion	PHAMED/PD/MD/PHCRD	M&E, HIS
Documenting and sharing best practices	PHAMED/MD/Program Division & Centres	M&E, HIS
Develop training curricula, guidelines, and manual to support monitoring and evaluation activities	PHAMED/MD/Program Division & Centres	M&E, HIS
Studies and surveys to determine the key constraints inhibiting utilization by the poor and excluded	PHAMED/PD/PHCRD	M&E, HIS
Household surveys to measure health seeking behaviour and barriers to access facilities and services	PHAMED/PPICD	M&E, HIS
Update the National Health Accounts database and Public Expenditure Review	PHAMED/PPICD	M&E, HIS
Perform economic analysis - equity, marginal budget, productivity, cost, cost effectiveness, demand analysis	PHAMED/PPICD	M&E, HIS
Institutionalising the collection of the information needed to track progress	PHAMED/PPICD	M&E, HIS
Strengthening, institutionalizing and decentralizing the existing health infrastructure information system (HIIS)	PHAMED/PPICD/MD	M&E, HIS
Strengthen HEFU	PPICD/PHAMED	M&E, HIS
Report on disclosure procedures implemented in the annual progress report	MD/MoHP	M&E, MIS (from GAAP)
Include information on the existence and functioning of the HFOMCs in the annual progress reports	PHCRD/HMIS/MoHP	M&E, MIS (from GAAP)
Scale up disaggregated data collection system through HMIS	MD/PHAMED	M&E, MIS (from GAAP)
Link other sectors in HMIS e.g. with vital registration	PHAMED/MD	M&E, MIS (from GAAP)
Quarterly publication of health statistics and analysis	PHAMED/MD	M&E, MIS (from GAAP)
Ensure regular and timely public disclosure activities through MoHP and DoHS website ensuring regular updates, radio/TV, newspapers & HFOMCs of programme budgets, contracts, procurement and activities	PHAMED/MD/DoHS/DDA/DoA	M&E, MIS (from GAAP)

ACTIVITIES PLANNED IN NHSP II	RESPONSIBLE AGENCY	AREA
Carry out annual facility surveys	PHAMED/PPICD	M&E, MIS (from GAAP)
Quality assurance of health service delivered by non-state actors	CSD/PHAMED/MD/RHD/D(P)HO	Public-private partnership
Output 7 - Improved physical assets and logistics management		
Improve inventory software for non-consumable fixed assets and strengthen LMIS	LMD	Assets management (from GAAP)
Regular updating of inventory of all assets under its use by talking physical count and reconciling the result with records	LMD/MD	Assets management (from GAAP)
Formulate policy for discarding obsolete equipment	LMD/MD	Assets management (from GAAP)
Creation of a Physical Assets Management Unit (building and equipment) within management division in DoHS with adequate staffing	MD/LMD/DoHS/MoHP	Assets management (from GAAP)
Monitor the operation and maintenance expenditures	MD/LMD/RHD/D(P)HO	Assets management (from GAAP)
Include at least 2% of budget for Operation and Maintenance (O&M) in the annual work programme and budget for operations and maintenance of medical equipments and hospital buildings	PPICD	Assets management (from GAAP)
Develop Ayurvedic Medicine Examination Committee and Laboratory for maintaining the quality of Ayurvedic medicines	DoA/MoHP	Ayurveda
Maintenance and replacement of elements of the cold chain and appropriate equipment at the peripheral level	LMD/CHD/RHD/D(P)HO	Child health
Activities to maintain high standards cold chain and vaccine management system so as to provide quality vaccines to the population	LMD/CHD/RHD/D(P)HO	Child health
Activities to ensure good condition of the physical infrastructure	LMD/MD/RHD/D(P)HO	Child health
Amend Drug Act and give Nepal Drug Research Lab independent status	DDA/MoHP	Drug Administration (from GAAP)
Adopt e-bidding for transparent tendering and make the tendering process more participatory and competitive	LMD/MoHP/RHD/D(P)HO/Program Division & Centres	Governance
Ensure availability of drugs, supplies, and trained staffs at communities	LMD/PHCRD/DoA/MoHP/RHD/D(P)HO	Health planning
Develop quality assurance for all goods and commodities procured	LMD/DDA	Logistics
Encourage procurement specialists	LMD/HRFMD	Logistics
Develop standards for space, equipment and instruments to be used at health facilities	LMD/MD/CSD	Logistics
Activities to develop, expand and improve CBLP	PHCRD/LMD/MoHP	Logistics
Preparation of procurement plans during budget planning	LMD/Program Division & Centres	Logistics
Prepare consolidated annual procurement plans	LMD/MD/PPICD/Program Division & Centre	Logistics (from GAAP)
Revise logistics management policy and guidelines	LMD/MoHP	Logistics (from GAAP)
Training for strengthening procurement capacity at central and district levels	LMD/NHTC/RHD/D(P)HO	Logistics (from GAAP)
Adopt multi-year framework contracting for essential drugs, commodities and equipment	LMD/RHD/D(P)HO	Logistics (from GAAP)
Construction, repair, and maintenance of physical facilities	MD/MoHP	Physical infrastructure

ACTIVITIES PLANNED IN NHSP II	RESPONSIBLE AGENCY	AREA
Introduce e-procurement	LMD/Division & Centre/RHD/D(P)HO	Procurement (from GAAP)
Consolidated (including goods, works, services for the whole ministry regardless of financing source) annual procurement plan made available to all interested parties at cost price six months before the beginning of the fiscal year on the website	LMD/MD/PPICD/Division & Centre/RHD/D(P)HO	Procurement (from GAAP)
Revise procurement policy and guidelines for MoHP	LMD/PHCRD/MoHP	Procurement (from GAAP)
Engage procurement support for NHSPII implementation	MoHP/LMD	Procurement (from GAAP)
A sound Quality Assurance (QA) System including pre- and post-shipment is in place at centre and at district level to monitor the quality of procured drugs	LMD/MD/DDA	Quality Assurance (from GAAP)
Enhance local capacity is at District Level to comply with QA	LMD/MD/RHD	Quality Assurance (from GAAP)
Output 8 - Improved health governance and financial management		
Pilot Local Health Governance Strengthening Progamme (to be piloted in 3 - 5 districts)	MoHP	Decentralization
Increase community participation in health planning, monitoring, and evaluation	MD/RHD/D(P)HO	Decentralization
Facilitation at the local level to ensure that representative HFOMCs are formed in all health facilities and oriented in the roles, responsibilities and right they hold for health services	PHCRD/RHD/NHTC/RHTC/D(P)HO	Decentralization (from GAAP)
Develop specific standards on health care waste management (HCWM)	MD/PHCRD/MoHP	Environmental health
Reduce the irregularities to less than 20% every year	MoHP/DoHS/DoA/DDA/RHD/ D(P)HOs/Hospitals	Financial Management (from GAAP)
Update Financial Regulations for Hospitals	PPICD	Financial Management (from GAAP)
Update Financial Regulations for Management Committees	PPICD	Financial Management (from GAAP)
Form an audit irregularities clearance committee	PPICD/DoHS	Financial Management (from GAAP)
Establish a computerized system for accounting and reporting at MoHP and DHOs with networking facilities between them	PPICD/PHAMED	Financial Management (from GAAP)
Implement a fund-flow tracking system developed in software	PPICD/PHAMED	Financial Management (from GAAP)
HFOMC oriented on guideline	D(P)HO/RHD/PHCRD	Governance
Health Facility Management Guideline developed	MD/MoHP	Governance
Annual reviews, regular organization of public hearings at different levels of health governances (to strengthen voice and accountability)	MD/PHCRD/RHD/D(P)HO	Governance
Strengthen planning linkages between bottom-up and top-down	MD/PPICD/RHD	Governance
Improve capacity of local health management committees	MD/RHD/D(P)HOs	Governance
Strengthening local health governance	MD/RHD/D(P)HOs	Governance
Strengthening downward accountability	MD/RHD/D(P)HOs	Governance
Ensure transparency	MoHP/DoHS/DDA/DoA/RHD/D(P)HO/ HFs	Governance
Dissemination and use of community scorecard for social audit information	HFs/D(P)HO/Hospital/RHD/PHCRD	Governance & Accountability (from GAAP)

ACTIVITIES PLANNED IN NHSP II	RESPONSIBLE AGENCY	AREA
Updating social audit guidelines and their distribution to all stakeholders	PHCRD/MoHP	Governance & Accountability (from GAAP)
Provision of training and budget for undertaking social audits as per the guidelines	PHCRD/PPICD	Governance & Accountability (from GAAP)
Establish health facility management development committees and user groups	MD/RHD/D(P)HO/HFs	Health planning
Provide greater discretion to facilities receiving funding from government	PPICD/DoHS	Health planning
Fix deadlines for key budget decisions e.g. list of health facilities selected for new activities and block grants by the DoHS and DHO to be included in AWPB	PPICD/CSD/MD	Health planning (from GAAP)
Put in place a clear system of norms and procedures for appraisal of plans and approvals of budgets	PPICD/MD	Health planning (from GAAP)
Adequate plans, budgets and activities to be provided for each year in line with the needs of key institution and bodies and staff at central, district and local levels	PPICD/MD/PHAMED	Health planning (from GAAP)
Provide adequate and timely support to districts to submit AWPB	RHD/MD/PPICD	Health planning (from GAAP)
Public and social audits to feed into performance audits	PHCRD/PHAMED	M&E (from GAAP)
Mandatory annual social audits at each health institutions (25% at the end of NHSP II)	PHCRD	M&E, HIS
Timely preparation and submission of trimesterly FM reports covering all programme activities and all districts	MD/PHAMED	M&E, MIS (from GAAP)
Framing law and enforcement - tobacco and alcohol control, wear seatbelts and helmets	NHEICC/MoHP	Non-communicable disease
Prepare Act and Regulations for Non-state Partners/NGOs	PPICD/MoHP	Public-private partnership (from GAAP)
Transitional management in the federal context (ministry will prepare for transitioning toward federal health system	MoHP	Sector management & partnership
Output 9 - Improved sustainable health financing		
Develop health financing strategy	PPICD/MoHP	Health planning
Develop exemption criteria for poor clients/patients, and grants to facilities on the basis of the outputs	PPICD/MoHP	Health planning
Formula-based approach to resource allocation	PPICD/MoHP	Health planning
Pooled funding partners to provide indicative commitments by January 31 of each year	EDPs	Health planning (from GAAP)
Implementation of phase 1 of health facility block grants in underserved districts	PPICD/MD	Health planning (from GAAP)
Output-based budgeting to start from FY2010/11	PPICD/MD/RHD	Health planning (from GAAP)

INDICATOR MATRIX – MONITORING AND EVALUATION FRAMEWORK

Results level	Code	Indicator	Baseline			Achievement 2011	Target			Data source	Reporting frequency	Responsible agency (data collection)	Reporting to^
			Data	Year	Source		2011	2013	2015				
Goal	G1	Total Fertility Rate	3.0	2010	NHSP II	2.6	3.0	2.8	2.5	NDHS	5 Yrs.	MoHP	NPC, EDPs
	G2	Adolescent Fertility Rate (women aged 15-19 years)	98	2006	NDHS	81	-	85	70	NDHS	5 Yrs.	MoHP	NPC, EDPs
	G3	Under-five Mortality Rate	55	2010	NHSP II	54	55	47	38	NDHS	5 Yrs.	MoHP	NPC, EDPs
	G4	Infant Mortality Rate	44	2010	NHSP II	46	44	38	32	NDHS	5 Yrs.	MoHP	NPC, EDPs
	G5	Neonatal Mortality Rate	30	2010	NHSP II	33	30	23	16	NDHS	5 Yrs.	MoHP	NPC, EDPs
	G6	Maternal Mortality Ratio	250	2010	NHSP II	TBC	250	192	134	NDHS, Census	5 Yrs.	MoHP	NPC, EDPs
	G7	HIV prevalence among men and women aged 15-24 years	0.12 (M=0.20 F=0.05)	2010	EPP/ Spectrum modeling	NA	0.10	0.08	0.06	EPP/ Spectrum modeling	2 Yrs.	NCASC	MoHP, NPC, EDPs, UN
	G8	Malaria annual parasite incidence (per 1000 population)	0.28	2006/07	HMIS	0.16	halt & reverse			HMIS	Trimesterly	HMIS	MoHP, NPC, EDPs
	G9	% of children under five years of age, who are stunted	49.3	2006	NDHS	40.5	40	35	28	NDHS	5 Yrs.	MoHP	NPC, EDPs
	G10	% of children under five years of age, who are underweight	39.7	2010	NHSP II	28.8	39	34	29	NDHS	5 Yrs.	MoHP	NPC, EDPs
	G11	% of children under five years of age, who are wasted	13	2006	NDHS	10.9	10	7	5	NDHS	5 Yrs.	MoHP	NPC, EDPs
	G12	% of low birth weight babies#	14.3	2006	NDHS	12.4	-	13	12	NDHS	5 Yrs.	MoHP	NPC, EDPs

Results level	Code	Indicator	Baseline			Achievement 2011	Target			Data source	Reporting frequency	Responsible agency (data collection)	Reporting to^
			Data	Year	Source		2011	2013	2015				
Purpose	P1	% of neonates breast fed within one hour of birth	35.4	2006	NDHS	44.5	-	55	60	NDHS	5 Yrs.	MoHP	NPC, EDPs
	P2	% of infants, exclusively breast fed for 0 – 5 months	53.0	2006	NDHS	69.6	35	48	60	NDHS, HHS	5 Yrs.(NDHS), Bi-annual (HHS)	MoHP	NPC, EDPs
	P3	% of one-year-old children immunised against measles	86	2009/10	HMIS	88.0	88	90	90	NDHS, HMIS, HHS	Bi-annual (HMIS), 5 Yrs. (NDHS), Bi-annual (HHS)	HMIS, MoHP	MoHP, NPC, EDPs
	P4	% of children aged 6-59 months that have received vitamin A supplements	90	2009/10	HMIS	90.4	≥ 90			HMIS, NDHS, HHS		HMIS, MoHP	MoHP, NPC, EDPs
	P5	% of children 6 – 59 months suffering from anaemia	48	2006	NDHS	46.2	45	44	43	NDHS	5 Yrs.	MoHP	NPC, EDPs
	P6	% of households using adequately iodised salt	77	2010	NHSP II	80.0	80	84	88	NDHS, HHS	5 Yrs. (NDHS), Bi-annual (HHS)	MoHP	NPC, EDPs
	P7	Contraceptive Prevalence Rate - modern methods (%)	48	2010	NHSP II	43.2	48	52	67	NDHS, HHS, HMIS	5 Yrs. (NDHS), Trimesterly (HMIS) for aggregated, Annual (HMIS) for disaggregated, Bi-annual (HHS)	HMIS, MoHP	MoHP, NPC, EDPs
	P8	% of pregnant women attending at least four ANC visits	35.2	2010	NHSP II	50.1	45	65	80	NDHS, HMIS, HHS		MoHP	NPC, EDPs
	P9	% of pregnant women receiving IFA tablets or syrup during their last pregnancy	59.3	2006	NDHS	79.5	82	86	90	NDHS, HMIS, HHS		HMIS, MoHP	MoHP, NPC, EDPs
	P10	% of deliveries conducted by a skilled birth attendant	18.7	2006	NDHS	36.0	-	40	60	NDHS, HMIS, HHS		HMIS, MoHP	MoHP, NPC, EDPs
	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)	NA	NA	HMIS	35.8	-	43	50	HMIS	5 Yrs. (NDHS), Trimesterly (HMIS), Bi-annual (HHS)	HMIS, MoHP	MoHP, NPC, EDPs
	P12	% of women of reproductive age (15 - 49) with complications from safe abortion (surgical and medical)	58.4[1]	2006	NDHS	49.0[1]	14	10	7	HMIS, NDHS, HHS	Trimesterly (HMIS), 5 Yrs. (NDHS), Bi-annual (HHS)	MoHP	NPC, EDPs
	P13	Prevalence rate of Leprosy (%)	0.77	2009/10	HMIS	0.79	halt & reverse			HMIS	Trimesterly (HMIS)	HMIS	MoHP, NPC, EDPs
	P14	Obstetric direct case fatality rate (%)	NA	-	-	0.17	< 1			HMIS	Trimesterly (HMIS)	HMIS	MoHP, NPC, EDPs

[1] The abortion complications for 2006 and 2009 are for all abortions (miscarriage and induced abortions) as complications from safe abortion is not available for NDHS 2006 and 2011.

Results level	Code	Indicator	Baseline			Achievement 2011	Target			Data source	Reporting frequency	Responsible agency (data collection)	Reporting to^
			Data	Year	Source		2011	2013	2015				
Outcome 1	OC1.1	% of the population living within 30-minutes travel time to a health or sub-health post	50	2010	NHSP II	61.8	60	70	80	NLSS, HHS	7 Yrs. (NLSS), Bi-annual (HHS)	CBS	NPC, EDPs
	OC1.2	% population utilising outpatient services at SHP, HP, PHCC and district hospitals - disaggregated by sex, and caste/ethnicity	76	2009/10	HMIS	70.4	Proportionate to population size			HMIS, HHS	Trimesterly (HMIS)	HMIS	MoHP, NPC, EDPs
	OC1.3	% population utilising inpatient services at district hospitals (all level of hospitals)	9.15	2009/10	HMIS	9.1	Proportionate to population size			HMIS, HHS	Trimesterly (HMIS)	HMIS	MoHP, NPC, EDPs
	OC1.4	% population utilising emergency services at district hospitals (all level of hospitals)	16.14	2009/10	HMIS	16.4	Proportionate to population size			HMIS	Trimesterly (HMIS)	HMIS	MoHP, NPC, EDPs
	OC1.5	Met need for emergency obstetric care (%)	31.0	2008/09	HMIS	23.0	-	43	49	HMIS	Trimesterly (HMIS)	MoHP	NPC, EDPs
	OC1.6	% of deliveries by Caesarean Section	3.6	2008/09	HMIS (EOC)	4.6	4.0	4.3	4.5	HMIS (EOC), NDHS, HHS	Trimesterly (EOC), 5 Yrs. (NDHS), Bi-annual (HHS)	HMIS, MoHP	MoHP, NPC, EDPs
	OC1.7	Tuberculosis treatment success rates (%)	89.7	2009/10	HMIS	90.0	90	90	90	HMIS	Trimesterly (HMIS)	HMIS	MoHP, NPC, EDPs
	OC1.8	% of eligible adults and children currently receiving antiretroviral therapy	N A	NA	EPP/Spectrum modeling	NA	24	55	80	EPP/Spectrum modeling & Routine ART monitoring report	2 Yrs.	NCASC	MoHP, NPC, EDPs, UN

Results level	Code	Indicator	Baseline			Achievement 2011	Target			Data source	Reporting frequency	Responsible agency (data collection)	Reporting to^
			Data	Year	Source		2011	2013	2015				
Outcome 2	OC2.1	% of children under 5 with diarrhoea treated with Zinc and ORS	6.6[2]	2010	NHSP II	5.2	7	25	40	NDHS, HMIS, HHS	5 Yrs. (NDHS), Trimesterly (HMIS)	HMIS, MoHP	MoHP, NPC, EDPs
	OC2.2	% of children, under 5 with pneumonia, who received antibiotics	25.1	2006	NDHS	35.1	30	40	50	NDHS, HMIS, HHS	5 Yrs. (NDHS), Trimesterly (HMIS)	HMIS, MoHP	MoHP, NPC, EDPs
	OC2.3	Unmet need for family planning (%)	24.6	2006	NDHS	27.0	-	20	18	NDHS	5 Yrs. (NDHS), Bi-annual (HHS)	MoHP	NPC, EDPs
	OC2.4	% of institutional deliveries	17.7	2006	NDHS	35.3	27	35	40	NDHS, HHS, HMIS	5 Yrs. (NDHS), Trimesterly (HMIS) for aggregate, Annual (HMIS) for disaggregated, HHS	HMIS, MoHP	MoHP, NPC, EDPs
	OC2.5	% of women who received contraceptives after safe abortion (surgical or medical)	50.8	2009/10	HMIS	41.0	55	60	60	HMIS	Trimesterly	HMIS	MoHP, NPC, EDPs
	OC2.6	% of clients satisfied with their health care at public facilities	68.4	2010	NHSP II	96.0	68	74	80	STS, HHS	Annual	MoHP	NPC, EDPs
	OC2.7	Tuberculosis case detection rate (%)	75	2009/10	HMIS	73.0	75	80	85	HMIS	Trimesterly	HMIS	MoHP, NPC, EDPs

[2] The NHSPII provides estimates on Zinc supplements only not Zinc and ORS combined.

Results level	Code	Indicator	Baseline			Achievement 2011	Target			Data source	Reporting frequency	Responsible agency (data collection)	Reporting to^
			Data	Year	Source		2011	2013	2015				
Outcome 3	OC3.1	% of children under 5 years who slept under a long lasting insecticide treated bed net the previous night in high-risk areas	61.2	2010	NHSP II	67.8	70	80	80	Malaria Survey	Annual	EDCD	MoHP, NPC, EDPs
	OC3.2	% of key populations at higher risk (sex workers, men who have sex with men, people who inject drugs, male labour migrants) reporting the use of condom at last sex								IBBS	2/3 Yrs.	NCASC	MoHP, NPC, EDPs
		FSWs	NA	NA	IBBS surveys	82.6	82.6		85				
		MSWs	37.8	2009		NA			80				
		MSM	75.3	2009				75	80				
		PWIDs	NA	NA		46.5	46.5	60	80				
		MLM	53	2010		NA		65	80				
	OC3.3	% of people who inject drugs reporting the use of sterile injecting equipments the last time they injected	NA	NA	IBBS survey	95.3	≥ 95			IBBS	2 Yrs.	NCASC	MoHP, NPC, EDPs
	OC3.4	% of households with hand washing facilities with soap and water nearby the latrine	NA	2006	NDHS	47.8	-	65	85	NDHS, HHS	5 Yrs. (NDHS), Bi-annual (HHS)	MoHP	NPC, EDPs
Output 1	OP1.1	% of women utilizing FCHV fund (among women of reproductive age)	NA5	NA	-	5.0	-	8	10	HMIS, HHS	Trimesterly	HMIS	MoHP, NPC, EDPs
	OP1.2	Number of health facilities providing adolescent-friendly health services	0	2010	FHD	78.0	-	500	1000	FHD	Trimesterly	FHD	MoHP, NPC, EDPs
	OP1.3	% of HFOMC/HDMC with at least 3 number of female members and at least 2 members from Janajati and Dalit	NA	NA	-	42.0	-	70	100	STS, PHCRD	Annual	MoHP, PHCRD	MoHP, NPC, EDPs
Output 2	OP2.1	% EDPs providing Official Development Assistance (ODA) on rolling 3-year period basis	NA	NA	-	NA	-	50	90	PPICD	Annual	MoHP	NPC, EDPs, IHP+
	OP2.2	% of health sector aid reported by the EDPs on national health sector budgets	NA	NA	-	NA	-	50	85	MoF Red Book, AWPB, JAR	Annual	MoHP	NPC, EDPs, IHP+
	OP2.3	% of actions documented in the action plan of aid-memoire completed by next year	NA	NA	-	NA	-	100	100	JAR	Annual	MoHP	NPC, EDPs, IHP+
	OP2.4	% of EDPs reporting to JAR their contribution to the health sector (including expenditure) aligned to the agreed Annual Reporting format for EDPs as developed by MoHP	NA	NA	-	NA	-	100	100	JAR	Annual	MoHP	NPC, EDPs, IHP+

Results level	Code	Indicator	Baseline			Achievement 2011	Target			Data source	Reporting frequency	Responsible agency (data collection)	Reporting to^
			Data	Year	Source		2011	2013	2015				
Output 3	OP3.1.1	% of sanctioned posts that are filled - doctors at PHCC	NA	NA	-	50	85	88	90	HuRIS, STS	Trimesterly (HuRIS), Bi-annual (HHS)	MoHP	NPC, EDPs
	OP3.1.2	% of sanctioned posts that are filled - doctors at district hospitals	NA			69	85	88	90	HuRIS, STS	Trimesterly (HuRIS), Bi-annual (HHS)	MoHP	NPC, EDPs
	OP3.1.3	% of sanctioned posts that are filled - nurses at PHCC	NA			74	85	88	90	HuRIS, STS	Trimesterly (HuRIS), Bi-annual (HHS)	MoHP	NPC, EDPs
	OP3.1.4	% of sanctioned posts that are filled - nurses at district hospitals	NA			83	85	88	90	HuRIS, STS	Trimesterly (HuRIS), Bi-annual (HHS)	MoHP	NPC, EDPs
	OP3.2	% of district hospitals that have at least 1 MDGP or Obstetrician/Gynaecologist; 5 nurses (SBA); and 1 Anaesthesiologist or Anaesthetic Assistants	NA	NA	-	31	-	60	80	HuRIS, STS	Trimesterly (HuRIS), Bi-annual (HHS)	MoHP	NPC, EDPs
	OP3.3	Number of production and deployment of -								HR Profile, HuRIS, FHD	Trimesterly	MoHP	NPC, EDPs
		SBA	NA	NA	-	2562	4000	6000	7000				
		MDGPs				NA	-	28	56				
		Anesthetists				NA	-	22	44				
		Psychiatrists				NA	-	28	56				
		Radiologists				NA	-	27	55				
		Physiotherapists				NA	-	10	20				
		Physiotherapy assistants				NA	-	35	70				
		Radiographers				NA	-	50	100				
		Assistant anaesthetists				NA	-	31	62				
		Procurement specialists				NA	-	3	7				
		Health legislation experts				NA	-	1	3				
		Epidemiologists				NA	-	3	7				
		Health economists				NA	-	3	7				
		Health governance experts				NA	-	1	3				
	OP3.4	Number of Female Community Health Volunteers (FCHVs)	48514	2007/08	HMIS	48680	50000	52000	53514	FCHV Database, HMIS	Trimesterly, Annual	HMIS, FHD	MoHP, NPC, EDPs

Results level	Code	Indicator	Baseline			Achievement 2011	Target			Data source	Reporting frequency	Responsible agency (data collection)	Reporting to^
			Data	Year	Source		2011	2013	2015				
Output 4	OP4.1	Number of one stop crisis centres to support victims of gender based violence	NA	NA	-	6.0	5	10	20	PD, PHCRD	Trimesterly	MoHP	NPC, EDPs
	OP4.2	Number of HPs per 5,000 population	NA	NA	-	0.12	-	0.5	1	HMIS	Trimesterly	HMIS	MoHP, NPC, EDPs
	OP4.3	Number of PHCCs per 50,000 population	NA	NA	-	0.37	-	0.7	1	HMIS	Trimesterly	HMIS	MoHP, NPC, EDPs
	OP4.4	Number of district hospital beds per 5,000 population	NA	NA	-	1.06	-	0.6	1	HMIS	Trimesterly	HMIS	MoHP, NPC, EDPs
	OP4.5	% of districts with at least one public facility providing all CEONC signal functions	NA	NA	-	58.7	-	68	76	HMIS (EOC), STS	Annual	MoHP	NPC, EDPs
	OP4.6	% of PHCCs providing all BEONC signal functions	NA	NA	-	53.6	-	50	70	HMIS (EOC), STS	Annual	MoHP	NPC, EDPs
	OP4.7	% of health posts with birthing centre	NA	NA	-	21.4	≥ 80			HMIS (EOC), STS	Annual	MoHP	NPC, EDPs
	OP4.8	% of safe abortion (surgical and medical) sites with long acting family planning services	NA	NA	-	91.0	≥ 90			STS, HMIS	Annual	MoHP	NPC, EDPs
	OP4.9	% of health posts with at least five family planning methods	NA	NA	-	13	-	35	60	STS, HMIS	Annual	MoHP	NPC, EDPs
	OP4.10	% of households with at least 1 long lasting insecticide treated bed net per 2 residents in all high-risk areas	95	2010	NHSP II		≥ 90			Malaria Survey	Annual	EDCD	MoHP, NPC, EDPs
	OP4.11	% of key populations at higher risk (people who inject drugs, sex workers, men who have sex with men, male labour migrants) reached with HIV prevention programmes								IBBS	2/3 Yrs.	NCASC	MoHP, NPC, EDPs
		PWIDs	NA	NA	IBBS	71.4	71.4	75	80				
		FSWs	NA	NA		60.0	60.0	-	80				
		MSWs	93.3	2009		NA	-	93	95				
		MSM	77.3	2009		NA	-	80	80				
		MLM	22.9	2010		NA	-	50	80				
	OP4.12	% of PHCC with functional laboratory facilities	87.2	2010	HFMS	97.6	90	95	100	HFMS	Annual	HMIS	NPHL, MoHP
	OP4.13	% of public hospitals, PHCCs, and HPs that have infrastructure as per GoN standard	NA	NA	-	NA	50	65	80	HIIS	Annual	MD, MoHP	MoHP, NPC, EDPs

Results level	Code	Indicator	Baseline			Achievement 2011	Target			Data source	Reporting frequency	Responsible agency (data collection)	Reporting to^
			Data	Year	Source		2011	2013	2015				
Output 5	OP5.1	% of women of reproductive age (15 – 49) aware of safe abortion sites	50[3]	2006	NDHS	58.8	-	35	50	NDHS, HHS	5 Yrs. (NDHS), Bi-annual (HHS)	MoHP	NPC, EDPs
	OP5.2	% of women of reproductive age (15 – 49) who know at least three pregnancy related danger signs	NA	NA	-	NA	-	40	50	HHS	Bi-annual	MoHP	NPC, EDPs
	OP5.3	% of women of reproductive age (15 – 49) who know at least three danger signs of newborn	NA	NA	-	NA	-	40	50	HHS	Bi-annual	MoHP	NPC, EDPs
	OP5.4	% of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS by sex	NA	NA	-	M=33.9 F=25.8	M=33.9 F=25.8	M=40 F=25.8	M=50.0 F=40.0	NDHS	5 Yrs. (NDHS), Bi-annual (HHS)	MoHP	NPC, EDPs, UN
Output 6	OP6.1	% timely and complete data on annually reportable M&E framework indicators reported within end of December of the following year	NA	NA	-	-	-	100	100	PHAMED	Annual	MoHP	NPC, EDPs
	OP6.2	% of health information systems implementing (using) uniform standard codes	0	2010	HMIS	-	-	100	100	PHAMED, HMIS	Annual	MoHP	NPC, EDPs
	OP6.3	% of tertiary and secondary hospital (public and private) implementing ICD 10 and reporting coded information to health information system	NA	NA	-	Public = 65 Private = NA	-	75	100	HMIS	Trimesterly	HMIS	MoHP, NPC, EDPs
	OP6.4	% of health facilities (public and private) reporting to national health information system (by type or level)	NA	NA	-	-	-	80	100	HMIS	Trimesterly	HMIS	MoHP, NPC, EDPs
Output 7	OP7.1	% of public health facilities with no stock out of the listed free essential drugs in all four quarters	76.7	2010	NHSP II	79.2	70	80	90	LMIS	Trimesterly	LMD	MoHP, NPC, EDPs
	OP7.2	% of the budget allocated for operation and maintenance of the physical facilities and medical equipments	NA	NA	-	-	at least 2 %			AWPB, HIIS	Annual	MoHP	NPC, EDPs

[3] Know of a place where abortion is carried out (not necessarily a safe site).

Results level	Code	Indicator	Baseline			Achievement 2011	Target			Data source	Reporting frequency	Responsible agency (data collection)	Reporting to^
			Data	Year	Source		2011	2013	2015				
Output 8	OP8.1	% of health facilities that have undertaken social audits as per MoHP guideline in the last fiscal year	0.0	2010	PHCRD, FHD	17.0	5	15	25	STS, PHCRD	Annual	MoHP	NPC, EDPs
	OP8.2	% of the MoHP budget spent annually	81.37	2007	e-AWPB	76.3	83.0	84.5	86.0	FMIS	Trimesterly	MoHP	NPC, EDPs
	OP8.3	% of budget allocated to district and below facilities (including flexible health grant)	57.6	2009	e-AWPB	59.5	60	65	70	AWPB	Annual	MoHP	NPC, EDPs
	OP8.4	% of irregularities (Beruju) among the total public expenditures	NA	NA	-	6.2	6	5	4	OAG (audit report)	Annual	MoHP	NPC, EDPs
	OP8.5	% of district health offices receiving budgeted amount within one month of budget disbursement to MoHP/DoHS with clear-cut guidance for expenditure	NA	NA	-	100.0	-	100	100	MD, D(P)HO	Annual	MD	NPC, EDPs
Output 9	OP9.1	% of the MoHP budget that has been allocated to EHCS	75.4	2009	e-AWPB	76.8	75	75	75	AWPB	Annual	MoHP	NPC, EDPs
	OP9.2	% of health sector budget as % of total national budget	7	2009	MoF	7.1	7.5	8.5	10	MoFRed Book	Annual	MoHP	NPC, EDPs, IHP+
	OP9.3	% of government allocation (share) in total MoHP budget	52.2	2009	e-AWPB	39.2	60	65	70	MoF Red Book	Annual	MoHP	NPC, EDPs, IHP+

= The original result framework had an incorrect baseline and target, reviewed during this exercise and corrected, baseline from NDHS 2006, target from nutrition program objective

^ Reporting

HMIS will report trimesterly to Public Health Administration Monitoring and Evaluation Division, Ministry of Health and Population.
Ministry will report National Planning Commission (NPC) trimesterly for the indicators available from routine information systems and during planning meetings for non-routine survey, surveillance and other studies.
Ministry and development partners will report during Joint Annual Reviews (JAR), Joint Consultative Meetings (JCM), and other meetings.
Agencies conducting survey and other studies should report preliminary findings surveillance and surveys within three months of data collection and final report within five months.
Each agency implementing survey, surveillance, and studies will align study schedules with this framework so that information can be available before joint annual review and planning meetings.

Note

For PWIDs, SWs, and MSM, baseline and targets are referred to Kathmandu valley cluster of IBBS survey, as proxy, while for male labour migrants, the baseline and targets are referred to mid-and far-western cluster of IBBS survey, as proxy.

DISAGGREGATED INDICATORS

Code	Indicator	Disaggregation by	Baseline			Achievement 2011 (NDHS)	Target		
			Data	Year	Source		2011	2013	2015
Goal (impact) indicators									
G1	**Total Fertility Rate**	**All**	**3**	**2010**	**NHSP II**	**2.6**	**3**	**2.8**	**2.5**
	Caste-ethnic group	Bramin/Chhetri	2.9	2006	NDHS	2.2	-	-	-
		Terai/Madhesi/Other Castes	3.8			3.4			
		Dalit	3.9			3.2			
		Newar	2.4			1.6			
		Janajati	2.9			2.4			
		Muslim	4.6			4.9			
		Other	2.5			2.6			
	Wealth Quintile	Lowest	4.7			4.1			
		Highest	1.9			1.5			
G2	**Adolescent Fertility Rate (women aged 15-19 years)**	**All**	**98**	**2006**	**NDHS**	**81**	**-**	**85**	**70**
	Caste-ethnic group	Bramin/Chhetri	74	2006	NDHS	52	-	-	-
		Terai/Madhesi/Other Castes	171			112			
		Dalit	156			110			
		Newar	72			39			
		Janajati	86			85			
		Muslim	119			137			
		Other	66			232			
	Wealth Quintile	Lowest	103			103			
		Highest	71			32			

Code	Indicator	Disaggregation by	Baseline			Achievement 2011 (NDHS)	Target		
			Data	Year	Source		2011	2013	2015
G3	**Under-five Mortality Rate**	**All**	**55**	**2010**	**NHSP II**	**54**	**55**	**47**	**38**
	Caste-ethnic group	Bramin/Chhetri	76	2006	NDHS	54	-	-	-
		Terai/Madhesi/Other Castes	86			70			
		Dalit	90			77			
		Newar	43			63			
		Janajati	80			57			
		Muslim	80			81			
		Other	43			85			
	Wealth Quintile	Lowest	98			75			
		Highest	47			36			
	Sex	Male	80			63			
		Female	78			62			
G4	**Infant Mortality Rate**	**All**	**44**	**2010**	**NHSP II**	**46**	**44**	**38**	**32**
	Caste-ethnic group	Bramin/Chhetri	59	2006	NDHS	45	-	-	-
		Terai/Madhesi/Other Castes	64			57			
		Dalit	68			65			
		Newar	36			62			
		Janajati	59			50			
		Muslim	68			69			
		Other	43			85			
	Wealth Quintile	Lowest	71			61			
		Highest	40			32			
	Sex	Male	60			54			
		Female	61			52			

Code	Indicator	Disaggregation by	Baseline			Achievement 2011 (NDHS)	Target		
			Data	Year	Source		2011	2013	2015
G5	**Neonatal Mortality Rate**	**All**	**30**	**2010**	**NHSP II**	**33**	**30**	**23**	**16**
	Caste-ethnic group	Bramin/Chhetri	34	2006	NDHS	30	-	-	-
		Terai/Madhesi/Other Castes	44			45			
		Dalit	44			38			
		Newar	24			44			
		Janajati	36			35			
		Muslim	56			37			
		Other	32			85			
	Wealth Quintile	Lowest	43			37			
		Highest	26			19			
	Sex	Male	39			37			
		Female	37			33			
G9	**% of children under five years of age, who are stunted**	**All**	**49.3**	**2006**	**NDHS**	**40.5**	**40**	**35**	**28**
	Caste-ethnic group	Bramin/Chhetri	47.1	2006	NDHS	37.9	-	-	-
		Terai/Madhesi/Other Castes	52.3			44.5			
		Dalit	56.6			47.8			
		Newar	33.1			28.8			
		Janajati	48.0			40.1			
		Muslim	58.3			32.2			
		Other	32.2			63.0			
	Wealth Quintile	Lowest	61.6			56.0			
		Highest	31.0			25.8			
	Sex	Male	49.0			41.4			
		Female	49.6			39.5			

Code	Indicator	Disaggregation by	Baseline			Achievement 2011 (NDHS)	Target		
			Data	Year	Source		2011	2013	2015
G10	**% of children under five years of age, who are underweight**	**All**	**39.7**	**2010**	**NHSP II**	**28.8**	**39**	**34**	**29**
	Caste-ethnic group	Bramin/Chhetri	34.7	2006	NDHS	24.5	-	-	-
		Terai/Madhesi/Other Castes	48.2			39.8			
		Dalit	48.4			35.3			
		Newar	10.2			12.1			
		Janajati	35.3			26.6			
		Muslim	52.1			33.0			
		Other	26.1			63.0			
	Wealth Quintile	Lowest	47.0			40.3			
		Highest	18.9			10.0			
	Sex	Male	37.5			29.6			
		Female	39.7			28			
G11	**% of children under five years of age, who are wasted**	**All**	**13**	**2006**	**NDHS**	**10.9**	**10**	**7**	**5**
	Caste-ethnic group	Bramin/Chhetri	10.9	2006	NDHS	9.9	-	-	-
		Terai/Madhesi/Other Castes	19.8			18.8			
		Dalit	15.4			11.8			
		Newar	2.3			4.2			
		Janajati	10.6			10.1			
		Muslim	17.3			8.7			
		Other	6.3			31.5			
	Wealth Quintile	Lowest	11.5			12.5			
		Highest	7.0			7.4			
	Sex	Male	12.9			12.0			
		Female	12.3			9.7			

Code	Indicator	Disaggregation by	Baseline			Achievement 2011 (NDHS)	Target		
			Data	Year	Source		2011	2013	2015
G12	**% of low birth weight babies**	**All**	**14.3**	**2006**	**NDHS**	**12.4**	**-**	**13**	**12**
	Caste-ethnic group	Bramin/Chhetri	11.7	2006	NDHS	14.7	-	-	-
		Terai/Madhesi/Other Castes	19.0			13.7			
		Dalit	20.0			11.6			
		Newar	5.0			6.9			
		Janajati	15.4			11.1			
		Muslim	23.1			8.2			
		Other	28.4			10.5			
	Wealth Quintile	Lowest	16.8			16.8			
		Highest	12.0			12.2			
		Male	14.8			11.2			
		Female	13.8			13.8			
	Purpose indicators								
P1	**% of neonates breast fed within one hour of birth**	**All**	**35.4**	**2006**	**NDHS**	**44.5**	**-**	**55**	**60**
	Caste-ethnic group	Bramin/Chhetri	33.5	2006	NDHS	50.6	-	-	-
		Terai/Madhesi/Other Castes	25.8			31.1			
		Dalit	30.9			39.0			
		Newar	35.8			53.6			
		Janajati	43.3			48.1			
		Muslim	29.4			33.9			
		Other	37.0			75.6			
	Wealth Quintile	Lowest	29.8			40.2			
		Highest	41.2			51.8			
	Sex	Male	35.5			44.5			
		Female	35.3			44.6			

Code	Indicator	Disaggregation by	Baseline			Achievement 2011 (NDHS)	Target		
			Data	Year	Source		2011	2013	2015
P2	**% of infants, exclusively breast fed for 0 – 5 months**	**All**	**30.6**	**2006**	**NDHS**	**69.6**	**35**	**48**	**60**
	Caste-ethnic group	Bramin/Chhetri	47.0	2006	NDHS	63.9	-	-	-
		Terai/Madhesi/Other Castes	53.8			77.1			
		Dalit	47.7			82.4			
		Newar	42.8			73.1			
		Janajati	64.8			67.9			
		Muslim	49.5			52.8			
		Other	40.3			83.8			
	Wealth Quintile	Lowest	67.2			74.0			
		Highest	37.6			44.2			
	Sex	Male	56.5			65.3			
		Female	48.9			74			
P3	**% of one-year-old children immunised against measles**	**All**	**86**	**2009/10**	**HMIS**	**88**	**85**	**85**	**85**
	Caste-ethnic group	Bramin/Chhetri	NA			92.4	-	-	-
		Terai/Madhesi/Other Castes				82.0			
		Dalit				89.3			
		Newar				93.0			
		Janajati				93.5			
		Muslim				57.4			
		Other				100.0			
	Wealth Quintile	Lowest				86.0			
		Highest				96.1			
	Sex	Male				89.7			
		Female				86.3			

Code	Indicator	Disaggregation by	Baseline			Achievement 2011 (NDHS)	Target		
			Data	Year	Source		2011	2013	2015
P4	**% of children aged 6-59 months that have received vitamin A supplements**	**All**	**90.0**	**2009/10**	**HMIS**	**90.4**	**≥90**	**≥90**	**≥90**
	Caste-ethnic group	Bramin/Chhetri	92.3	2006	NDHS	93.1	-	-	-
		Terai/Madhesi/Other Castes	88.3			79.4			
		Dalit	89.7			89.1			
		Newar	92.0			93.0			
		Janajati	89.8			92.3			
		Muslim	92.3			88.8			
		Other	85.6			63.4			
	Wealth Quintile	Lowest	87.6			89.4			
		Highest	88.3			90.8			
	Sex	Male	91.0			91.5			
		Female	90.0			89.3			
P5	**% of children 6 – 59 months suffering from anaemia**	**All**	**48.0**	**2006**	**NDHS**	**46.2**	**45**	**44**	**43**
	Caste-ethnic group	Bramin/Chhetri	43.0	2006	NDHS	41.3	-	-	-
		Terai/Madhesi/Other Castes	56.7			51.3			
		Dalit	49.5			54.7			
		Newar	33.3			31.5			
		Janajati	50.8			44.3			
		Muslim	55.9			55.3			
		Other	33.6			100			
	Wealth Quintile	Lowest	47.6			45.3			
		Highest	39.3			37.5			
	Sex	Male	48.1			43.4			
		Female	48.6			49.1			

Code	Indicator	Disaggregation by	Baseline			Achievement 2011 (NDHS)	Target		
			Data	Year	Source		2011	2013	2015
P6	**% of households using adequately iodised salt**	**All**	**77**	**2010**	**NHSP II**	**80**	**80**	**84**	**88**
	Caste-ethnic group	Bramin/Chhetri	NA			79.6	-	-	-
		Terai/Madhesi/Other Castes				64.1			
		Dalit				65.0			
		Newar				89.3			
		Janajati				70.6			
		Muslim				74.6			
		Other				100.0			
	Wealth Quintile	Lowest				53.4			
		Highest				96.6			
	Sex	Male				73.7			
		Female				71.2			
P7	**Contraceptive Prevalence Rate - modern methods %**	**All**	**48**	**2010**	**NHSP II**	**43.2**	**48**	**52**	**67**
	Caste-ethnic group	Bramin/Chhetri	43.9	2006	NDHS	43.1	-	-	-
		Terai/Madhesi/Other Castes	44.3			46.5			
		Dalit	40.5			40.0	52	55	58
		Newar	56.0			55.2	-	-	-
		Janajati	47.2			44.5	55	58	61
		Muslim	16.8			22.8	25	28	31
		Other	52.1			57.4	-	-	-
	Residence	Urban	54.2			49.8			
		Rural	42.5			42.1			
	Wealth Quintile	Lowest	30.3			35.6			
		Highest	53.9			48.9			

Code	Indicator	Disaggregation by	Baseline			Achievement 2011 (NDHS)	Target		
			Data	Year	Source		2011	2013	2015
P8	**% of pregnant women attending at least four ANC visits**	**All**	**35.2**	**2010**	**NHSP II**	**50.1**	**45**	**65**	**80**
	Caste-ethnic group	Bramin/Chhetri	40.0	2006	NDHS	63.5	-	-	-
		Terai/Madhesi/Other Castes	17.8			35.9			
		Dalit	21.4			39.9			
		Newar	57.2			82.8			
		Janajati	26.2			46.4			
		Muslim	17.8			34.8			
		Other	28.4			72.5			
	Wealth Quintile	Lowest	10.5			28.3			
		Highest	60.3			83.7			
P9	**% of pregnant women receiving IFA tablets or syrup during their last pregnancy**	**All**	**59.3**	**2006**	**NDHS**	**79.5**	**82**	**86**	**90**
	Caste-ethnic group	Bramin/Chhetri	65.2	2006	NDHS	85.9	-	-	-
		Terai/Madhesi/Other Castes	54.9			77.9			
		Dalit	56.1			76.0	82	85	88
		Newar	78.6			92.2			
		Janajati	54.1			74.8			
		Muslim	60.9			79.1			
		Other	66.6			89.0			
	Residence	Urban	74.9			88.9	-	-	-
		Rural	56.9			78.5			
	Wealth Quintile	Lowest	34.3			61.8			
		Highest	80.1			94.8			

Code	Indicator	Disaggregation by	Baseline			Achievement 2011 (NDHS)	Target		
			Data	Year	Source		2011	2013	2015
P10	**% of deliveries conducted by a skilled birth attendant**	**All**	**18.7**	**2006**	**NDHS**	**36.0**	**-**	**40**	**60**
	Caste-ethnic group	Bramin/Chhetri	25.6	2006	NDHS	45.5	-	-	-
		Terai/Madhesi/Other Castes	15.9			39.3	24	29	34
		Dalit	10.5			26.8	23	27	32
		Newar	49.9			71.7	-	-	-
		Janajati	14.3			28.8	25	30	35
		Muslim	13.1			32.9	24	29	34
		Others	36.2			77.4	-	-	-
	Residence	Urban	50.6			72.7			
		Rural	14.3			32.3			
	Wealth Quintile	Lowest	4.8			10.7			
		Highest	57.8			81.5			
P12	**% of women of reproductive age(15-49) with complications from safe abortion (surgical and medical)**	**All**	**58.4**	**2006**	**NDHS**	**49**	**<2**	**<2**	**<2**
	Caste-ethnic group	Bramin/Chhetri	43.4	2006	NDHS	23.5	-	-	-
		Terai/Madhesi/Other Castes	77.2			-			
		Dalit	40.6			32.7			
		Newar	10.7			0.0			
		Janajati	43.6			27.9			
		Muslim	100			8.7			
		Other	49.1			-			
	Wealth Quintile	Lowest	54.6			38.1			
		Highest	33.2			19.4			

Code	Indicator	Disaggregation by	Baseline			Achievement 2011 (NDHS)	Target		
			Data	Year	Source		2011	2013	2015
Outcome indicators									
OC1.6	**% of deliveries by Caesarean Section**	**All**	**3.6**	**2008/09**	**HMIS**	**4.6**	**4**	**4.3**	**4.5**
	Caste-ethnic group	Bramin/Chhetri	4.6	2006	NDHS	7.3	-	-	-
		Terai/Madhesi/Other Castes	1.6			6.0			
		Dalit	1.3			2.1			
		Newar	5.9			7.8			
		Janajati	1.9			3.0			
		Muslim	1.0			3.2			
		Other	1.4			4.3			
	Wealth Quintile	Lowest	0.8			1.0			
		Highest	11.9			14.1			
OC2.1	**% of children under 5 with diarrhea treated with Zinc and ORS**	**All**	**6.6[4]**	**2010**	**NHSPII**	**5.2[5]**	**7**	**25**	**40**
	Caste-ethnic group	Bramin/Chhetri	0.2	2006	NDHS	6.1	-	-	-
		Terai/Madhesi/Other Castes	-			1.3			
		Dalit	-			9.0			
		Newar	-			2.2			
		Janajati	1.0			4.2			
		Muslim	-			4.0			
		Other	-			-			
	Wealth Quintile	Lowest	0.5			5.6			
		Highest	-			5.4			
	Sex	Male	0.4			6.5			
		Female	0.4			3.4			

[4]Zinc supplements only; Note: NDHS 2006 provides Zinc supplements as 0.4% among children under age five with diarrhea.
[5]Zinc and ORS treatment combined.

Code	Indicator	Disaggregation by	Baseline			Achievement 2011 (NDHS)	Target		
			Data	Year	Source		2011	2013	2015
OC2.2	**% of children, under 5 with pneumonia, who received antibiotics**	**All**	**25.1**	**2006**	**NDHS**	**35.1**	**30**	**40**	**50**
	Caste-ethnic group	Bramin/Chhetri	31.8	2006	NDHS	32.3	-	-	-
		Terai/Madhesi/Other Castes	15.0			47.4			
		Dalit	34.9			33.9			
		Newar	22.7			51.4			
		Janajati	18.8			34.3			
		Muslim	9.3			31.3			
		Other	0.0			100.0			
	Wealth Quintile	Lowest	32.4			30.7			
		Highest	16.5			37.5			
	Sex	Male	28.6			37.6			
		Female	20.8			32.5			
OC2.3	**Unmet need for family planning (%)**	**All**	**25**	**2006**	**NDHS**	**27**	**-**	**20**	**18**
	Caste-ethnic group	Bramin/Chhetri	25.8	2006	NDHS	26.2	-	-	-
		Terai/Madhesi/Other Castes	18.3			19.6			
		Dalit	27.4			30.8			
		Newar	20.6			19.6			
		Janajati	24.0			27.9			
		Muslim	37.0			37.3			
		Other	17.4			5.4			
	Wealth Quintile	Lowest	32.0			31.1			
		Highest	19.3			22.0			
	Age Group	15-19	37.9			41.5			
		20-24	32.9			36.8			
		25-29	26.8			30.5			
		30-34	21.4			26.1			
		35-49	16.7			17.2			

Code	Indicator	Disaggregation by	Baseline			Achievement 2011 (NDHS)	Target		
			Data	Year	Source		2011	2013	2015
OC2.4	**% of institutional deliveries**	**All**	**18**	**2006**	**NDHS**	**35.3**	**27**	**35**	**40**
	Caste-ethnic group	Bramin/Chhetri	24.1	2006	NDHS	44.1	-	-	-
		Terai/Madhesi/Other Castes	14.8			37.9			
		Dalit	8.7			26.4			
		Newar	47.9			68.0			
		Janajati	14.1			28.9			
		Muslim	12.2			32.3			
		Other	36.2			77.4			
	Rural/Urban	Urban	47.8			71.3			
		Rural	13.5			31.6			
	Wealth Quintile	Lowest	4.3			11.4			
		Highest	55.0			77.9			
OC2.5	**% of women who received contraceptives after safe abortion (surgical and medical)**	**All**	**37.7**	**2009/10**	**HMIS**	**41**	**55**	**60**	**60**
	Caste-ethnic group	Bramin/Chhetri	NA			43	-	-	-
		Terai/Madhesi/Other Castes				36.7			
		Dalit				29.7			
		Newar				17.5			
		Janajati				43.9			
		Muslim				25.1			
		Other				100			
	Wealth Quintile	Lowest				35.3			
		Highest				40.5			

Code	Indicator	Disaggregation by	Baseline			Achievement 2011 (NDHS)	Target		
			Data	Year	Source		2011	2013	2015
OC2.6	**% of clients satisfied with their healthcare provider at public facilities**	**All**	**94[6]**	**2010**	**NHSP II**	**96**	**68**	**74**	**80**
	Caste-ethnic group	Bramin/Chhetri	NA			94	-	-	-
		Terai/Madhesi/Other Castes				95			
		Dalit				99			
		Newar				94			
		Janajati				97			
		Muslim				94			
		Other				-			
	Sex	Male				93			
		Female				97			
	Age group	<20				94			
		20-29				96			
		30-39				95			
		40+				96			
Output indicators									
OP5.1	**% of women of reproductive age (15–49) aware of safe abortion sites**	**All**	**50[7]**	**2006**	**NDHS**	**58.8**	**-**	**35**	**50**
	Caste-ethnic group	Bramin/Chhetri	65.5	2006	NDHS	65.6	-	-	-
		Terai/Madhesi/Other Castes	54.2			65.4			
		Dalit	49.4			55.1			
		Newar	52.9			64.0			
		Janajati	49.5			51.4			
		Muslim	52.7			61.6			
		Other	35.6			34.0			
	Wealth Quintile	Lowest	43.0			40.2			
		Highest	68.5			70.8			

[6]MoHP 2009.

[7] The awareness of safe abortion site is any site not safe site in NDHS 2006.

Code	Indicator	Disaggregation by	Baseline			Achievement 2011 (NDHS)	Target		
			Data	Year	Source		2011	2013	2015
OP5.4	**% of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS by sex**	**All**	**M=33.9**	**2011**	**NDHS**	**M=33.9**	**M=33.9**	**M=40.0**	**M=50.0**
			F=25.8			**F=25.8**	**F=25.8**	**F=4.00**	**F=40.0**
	Caste-ethnic group	Bramin/Chhetri	M=63.1	2006	NDHS	M=43.5	-	-	-
			F=37.9			F=35.9			
		Terai/Madhesi/Other Castes	M=18.4			M=20.0			
			F=9.7			F=11.0			
		Dalit	M=27.6			M=24.2			
			F=12.0			F=13.9			
		Newar	M=49.8			M=42.8			
			F=38.4			F=49.2			
		Janajati	M=38.7			M=32.7			
			F=28.4			F=24.7			
		Muslim	M=27.7			M=14.0			
			F=9.5			F=9.9			
		Other	M=57.3			M=0.0			
			F=41.8			F=9.3			
	Wealth Quintile	Lowest	M=29.6			M=19.5			
			F=11.6			F=7.7			
		Highest	M=59.4			M=50.3			
			F=49.3			F=48.3			
	Age group	15-19	M=45.3			M=32.7			
			F=29.1			F=25.0			
		20-24	M=41.1			M=35.6			
			F=25.8			F=26.7			
		15-24	M=43.6			M=33.9			
			F=27.6			F=25.8			

TARGET AND TRENDS - GOAL (IMPACT) LEVEL INDICATORS

Code	Indicator	1991	1996	2001	2006	2010	2011	Target			Baseline (NHSP II)		
								2011	2013	2015	Data	Year	Source
G1	Total Fertility Rate	5.3	4.6	4.1	3.1		2.6	3.0	2.8	2.5	3.0	2009	NHSP II
G2	Adolescent Fertility Rate (number of births per 1000 women aged 15-19 years)		127	110	98		81	-	85	70	98	2006	NDHS
G3	Under-five Mortality Rate	158	118	91	61		54	55	47	38	55	2009	NHSP II
G4	Infant Mortality Rate	106	78.5	64	48		46	44	38	32	44	2009	NHSP II
G5	Neonatal Mortality Rate		49.9	43	33		33	30	23	16	30	2009	NHSP II
G6	Maternal Mortality Ratio	539	539	415	281			250	192	134	250	2009	NHSP II
G7	HIV prevalence among men and women aged 15-24 years					0.12		0.10	0.08	0.06	0.49	2009	NHSP II
G8	Malaria annual parasite incidence per 1,000		0.54	0.4	0.28	0.2		halt & reverse			0.28	2006	HMIS
G9	% of children under five years of age, who are stunted			57	49		41	40	35	28	49.3	2006	NDHS
G10	% of children under five years of age, who are underweight		49	43	39		29	39	34	29	39.7	2009	NHSP II
G11	% of children under five years of age, who are wasted			11	13		11	10	7	5	13	2006	NDHS
G12	% of low birth weight babies				14.3		12.4	-	13	12	14.3	2006	NDHS

ANNEX 1 - NOTES ON CHANGES MADE FROM ORIGINAL RESULT FRAMEWORK INDICATORS

Original Result Framework indicators		M&E framework indicators		Reason for change
Impact/MDG				
Im1	Maternal Mortality Ratio	G6	Maternal Mortality Ratio	No change
Im2	Total Fertility Rate	G1	Total Fertility Rate	No change
Im3	Adolescent Fertility Rate 15-19 years per 1000 women	G2	Adolescent Fertility Rate (women aged 15-19 years)	No change
Im4	CPR (modern methods)	P7	Contraceptive Prevalence Rate (modern methods) - disaggregated by (rural/urban, wealth quintile, caste/ethnicity)	No change
Im5	Under-five Mortality Rate	G3	Under-five Mortality Rate	No change
Im6	Infant Mortality Rate	G4	Infant Mortality Rate	No change
Im7	Neonatal Mortality Rate	G5	Neonatal Mortality Rate	No change
Im8	% of underweight children	G10	% of children under five years of age, who are underweight	To make more specific
Im9	HIV prevalence among aged 15-49 years	G7	HIV prevalence among men and women aged 15-24 years	Aligned with MDG and program indicator.
Im10	TB case detection and success rates (%)	OC1.7	Tuberculosis treatment success rates (%)	Split to make more specific and measurable
		OC2.7	Tuberculosis case detection rate (%)	
Im11	Malaria annual parasite incidence per 1,000	G8	Malaria annual parasite incidence per 1,000	No change
objective 1: Increase access to and utilization of quality essential health care services				
1.1	% of children under 12 months of age immunised against DPT 3 (PENTA) and measles (or fully immunised per HMIS scale up) disaggregated by all wealth quintiles and castes/ethnicities	P3	Proportion of one-year-old children immunised against measles (%) - disaggregated by (rural/urban, wealth quintile, caste/ethnicity)	Proxy to full immunisation, data available routinely from HMIS
1.2	Contraceptive prevalence rate (modern methods) (disaggregated by method, age, caste/ethnicity, wealth and region)	P7		Repeated
1.3	% of women who took iron tablets or syrup during the pregnancy of their last birth	P9	% of pregnant women receiving IFA tablets or syrup during their last pregnancy - disaggregated by (rural/urban, wealth quintile, caste/ethnicity)	To make more specific
1.4	% of deliveries by SBAs - disaggregated by all wealth quintiles and castes/ethnicities	P10	% of deliveries conducted by a skilled birth attendant - disaggregated by (rural/urban, wealth quintile, caste/ethnicity)	No change
1.5	% of institutional deliveries - disaggregated by all wealth quintiles and castes/ethnicities	OC2.4	% of institutional deliveries - disaggregated by (rural/urban, wealth quintile, caste/ethnicity)	No change
1.6	% of EOC met need	OC1.5	Met need for emergency obstetric care (%)	No change as such, standard definition adopted
1.7	% of Caesarean Section rate	OC1.6	% of deliveries by Caesarean Section	No change as such, standard definition adopted
1.8	Obstetric case fatality rate (%)	P14	Obstetric case fatality rate (%)	No change
1.9	% knowledge of safe abortion sites	OP5.1	% of women of reproductive age (15 – 49) aware of safe abortion sites	To make more specific

Original Result Framework indicators		M&E framework indicators		Reason for change
1.10	% knowledge of safe abortion legalisation			Removed, to have only one knowledge indicator and still has four indicators to monitor abortion program.
1.11	Abortion complications	P12	% of women experiencing complication after Safe Abortion Care (SA and MA)	To make more specific
1.12	% of women 15-49 with comprehensive knowledge about AIDS	OP5.4	Proportion of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS by sex	Aligned with MDG indicator, and to make more specific
1.13	% of children with symptoms of ARI treated with antibiotic	OC2.2	% of children, under 5 with pneumonia, who received antibiotics	To make more specific
1.14	% of underweight children under five years of age	G10		Repeated
1.15	% of low birth weight (or small) babies	G12	% of low birth weight babies	No change as such
1.16	% of children exclusively breastfed in the first 6 months	P2	% of infants, exclusively breast fed for 0 – 5 months	To make more specific
1.17	% of pregnant women attending at least 4 visits during pregnancy	P8	% of pregnant women attending at least 4 ANC visits	No change as such
1.18	% vitamin A coverage maintained for children aged 6-59 months	P4	% of children aged 6-59 months that have received vitamin A supplements	To make more specific
1.19	% of diarrhoea cases among under-5 children treated with zinc (and ORS)	OC2.1	% of children under 5 with diarrhoea treated with Zinc and ORS	Zinc and ORS combined and also as per treatment protocol
1.20	% coverage of IDU, MSM, and FSW populations with prevention services increased from 76%, 54%, and 65% in 2009 to 80%, 60% and 70% respectively	OP4.11	% of key populations at higher risk (people who inject drugs, sex workers, men who have sex with men, male labour migrants) reached with HIV prevention programmes	Target separated from indicator, standard definition aligned with national programme
1.21	% of households with soap and water at a hand washing station inside or within 10 paces of latrines	OC3.4	% of households with hand washing facilities with soap and water nearby the latrine	Revised considering the local context and data availability
Objective 2: Reduce cultural and economic barriers to accessing health care services and harmful cultural practices in partnership with non-state actors				
2.1	Contraceptive prevalence rate (modern methods) for the poor (lowest and second wealth quintiles) and excluded castes	P7		Repeated in original results framework
2.2	% of women who took iron tablets or syrup during the pregnancy of their last birth for women who are poor (lowest and second wealth quintiles) and excluded caste (Dalit)	P9		Repeated in original results framework
2.3	% of deliveries by SBAs for lowest and second wealth quintiles by 2015 and excluded caste (Dalits)	P10		Repeated in original results framework
2.4	Utilisation of essential health care services (outpatient, inpatient, especially deliveries, and emergency) by targeted groups, and disadvantaged castes and ethnicities at least proportionate to their populations by 2015	OC1.2	% population utilising outpatient services at SHP, HP, PHCC and district hospitals - disaggregated by sex, and caste/ethnicity	Split to make more specific and measurable
		OC1.3	% population utilising inpatient services at district hospitals - disaggregated by sex and caste/ethnicity	
		OC1.4	% population utilising emergency services at district hospitals - disaggregated by sex and caste/ethnicity	

Original Result Framework indicators		M&E framework indicators		Reason for change
2.5	% of clients satisfied with their health care at district facilities among targeted groups, and disadvantaged castes and ethnicities by 2015	OC2.6	% of clients satisfied with their health care provider at public facilities - age, sex and caste/ethnicity	To make more specific
2.6	% use of available community-based emergency funds by the poor, and socially excluded groups (District with Equity and Access Programme)	OP1.1	% of women utilizing FCHV fund (among Women of Reproductive Age)	The emergency fund is not universal while FCHV fund is implemented throughout the country.
2.7	# of cases recorded and treated related to gender-based violence in health facilities	OP4.1	Number of one stop crisis centres to support victims of gender based violence	No such regular data collection mechanism in place and NHSP II has emphasised establishment of one stop crisis centres
Objective 3: To improve health systems to achieve universal coverage of essential health care services				
3.1	Availability of post-abortion family planning services in facilities increased	OP4.8	% of safe abortion (surgical and medical) sites with long acting family planning services	To make more specific
3.2	% of hospitals that have at least 2 ob/gyns, 2 anaesthesiologists, 10 staff nurses and blood service, including Voluntary Sterilization Care (VSC)	OP3.2	% of district hospitals that have at least 1 MDGP or Obstetrician/Gynaecologist; 5 SBA trained nurses; and 1 Anaesthesiologist or Anaesthetic Assistants	To make more specific, removed service from human resource part, service included in OP4.5
		OP4.5	% of districts with at least one facility providing all CEONC signal functions 24/7	
3.3	% of PHCCs that provide BEOC, including SAC and at least 5 FP methods	OP4.6	% of PHCCs providing all BEONC signal functions	To make more specific and measurable
3.4	% of health posts that operate 24/7, including delivery services and at least 5FP methods	OP4.7	% of health posts with birthing centre	To make more specific and measurable
		OP4.9	% of health posts with at least five family planning methods	
3.5	Zinc supplementation for treatment of diarrhoea cases available at district facilities			Availability of zinc to be monitored at program level. OP7.1 includes Zinc as well
3.6	At least 90% of households with at least 1 long lasting insecticide treated bed net per 2 residents in all high-risk districts and areas by 2015	OP4.10	% of households with at least 1 long lasting insecticide treated bed net per 2 residents in all high-risk areas	Separated target, and to make more specific
3.7	At least 80% of children under 5 years who slept under a long lasting insecticide treated bed net the previous night	OC3.1	% of children under 5 years who slept under a long lasting insecticide treated bed net the previous night in high-risk areas	Separated target, and to make more specific
3.8	At least 86% of the MoHP budget is spent by 2015	OP8.2	% of the MoHP budget spent annually	Separated target, and to make more specific
3.9	At least 75% of the MoHP budget has been allocated to EHCS by 2015	OP9.1	% of the MoHP budget that has been allocated to EHCS	Separated target, and to make more specific
3.10	% of filled posts at PHCCs and district hospitals by doctors and staff nurses	OP3.1.1	% of sanctioned posts that are filled - doctors at PHCC	Split to make more specific and measurable
		OP3.1.2	% of sanctioned posts that are filled - doctors at district hospitals	
		OP3.1.3	% of sanctioned posts that are filled - nurses at PHCC	
		OP3.1.4	% of sanctioned posts that are filled - nurses at district hospitals	
3.11	One health facility per 3,000-5,000 population: 1 HP (with 2 SBAs) per 5,000 population; PHCC (with 4 SBAs) per 50,000 population; and 1 district hospital bed per 5,000 population	OP4.2	Number of HPs per 5,000 population	Split to make more specific and measurable
		OP4.3	Number of PHCCs per 50,000 population	
		OP4.4	Number of district hospital beds per 5,000 population	

Original Result Framework indicators		M&E framework indicators		Reason for change
3.12	% of sub-health posts that have sufficient space per MoHP standard (need baseline)	OP4.13	% of public hospitals, PHCCs, and HPs that have infrastructure as per GoN standard	To make more specific and measurable
3.13	% of district facilities will have no stock outs of tracer drugs/commodities for more than one month per year by 2015	OP7.1	% of public health facilities with no stock out of the listed free essential drugs in all four quarters	To make more specific, and listed free drugs are important for wider coverage of health services
3.14	Number of additional Female Community Health Volunteers (FCHVs) will have been recruited and deployed in the mountain region and remote districts	OP3.4	Number of additional Female Community Health Volunteers (FCHVs) in the mountain region and remote districts	No change but simplified, FCHVs in mountain and remote will be identified after additional information is available.
3.15	% of actions identified in the governance and accountability action plan have been implemented			Removed, indicator not specific, to be reviewed during MTR. GAAP activities included in the corresponding outputs.
3.16	% of district facilities will have been subjected to social audits	OP8.1	% of health facilities that have undertaken social audits as per MoHP guideline in the last fiscal year	To make more specific and measurable
3.17	A comprehensive health care finance strategy will be approved by 2012			Removed, activity aligned with output no. 9.
3.18	5,000 SBAs by 2012 and 7,000 by 2015	OP3.3	Number of production and deployment of SBA-7000, MDGPs-56, Anesthetists-44, Psychiatrists-56, Radiologists-55, Physiotherapists-20, Physiotherapy assistants-70, Radiographers-100, Assistant anaesthetists-62, Procurement specialists-7, Health legislation experts-3, Epidemiologists-7, Health economists-7, Health governance experts-3	Covered all categories of health workforce mentioned in NHSP II.

ANNEX 2 - INDICATORS ADDED IN THIS FRAMEWORK

M&E framework has identified nine outputs, original frameworks lacks adequate indicators to monitor these outputs. To fill the gap, this exercise reviewed NHSP II and developed necessary indicators based on the major activities outlined in the document. Indicators have been derived based on relevancy of indicator, data availability and possibility to integrate with forthcoming surveys and routine information systems. The following are the added indicators:

1. % of children under five years of age, who are stunted ***(G9)***
2. % of children under five years of age, who are wasted ***(G11)***
3. % of neonates breast fed within one hour of birth ***(P1)***
4. % of children 6 – 59 months suffering from anaemia ***(P5)***
5. % of households using adequately iodised salt ***(P6)***
6. % of women who had three postnatal check-ups as per protocol(1^{st} within 24 hours of delivery, 2^{nd} within 72 hours of delivery and 3^{rd} within 7 days of delivery) ***(P11)***
7. Prevalence rate of Leprosy (%) ***(P13)***
8. % of the population living within 30-minutes travel time to a health or sub-health post - disaggregated by urban/rural ***(OC1.1)***
9. % of eligible adults and children currently receiving antiretroviral therapy ***(OC1.8)***
10. Unmet need for family planning ***(OC2.3)***
11. % of women who received contraceptives after safe abortion (surgical and medical) ***(OC2.5)***
12. % of key populations at higher risk (sex workers, men who have sex with men, people who inject drugs, male labour migrants) reporting the use of condom at last sex ***(OC3.2)***
13. % of people who inject drugs reporting the use of sterile injecting equipments the last time they injected ***(OC3.3)***
14. Number of health facilities providing adolescent-friendly health services ***(OP1.2)***
15. % of HFOMC with at least 3 number of female members and at least 2 members from Janajati and Dalit ***(OP1.3)***
16. % EDPs providing Official Development Assistance (ODA) on rolling 3-year period basis ***(OP2.1)***
17. % of EDP support to the health sector that is reflected in the national budget (red book) ***(OP2.2)***
18. % of actions documented in the action plan of aid-memoire completed by next year ***(OP2.3)***
19. % of EDPs reporting to JAR their contribution to the health sector (including expenditure) aligned to the agreed Annual Reporting format for EDPs as developed by MoHP ***(OP2.4)***
20. % of PHCC with functional laboratory facilities ***(OP4.12)***
21. % of women of reproductive age (15 – 49) who know at least three pregnancy related danger signs ***(OP5.2)***
22. % of women of reproductive age (15 – 49) who know at least three danger signs of newborn ***(OP5.3)***
23. % timely and complete data on annually reportable M&E framework indicators reported within end of December of the following year ***(OP6.1)***
24. % of health information systems implementing (using) uniform standard codes ***(OP6.2)***
25. % of tertiary and secondary hospital (public and private) implementing ICD 10 and reporting coded information to health information system ***(OP6.3)***
26. % of health facilities (public and private) reporting to national health information system (by type or level) ***(OP6.4)***
27. % of the budget allocated for operation and maintenance of the physical facilities and medical equipments ***(OP7.2)***

28. % of budget allocated to district and below facilities (including flexible health grant) ***(OP8.3)***
29. % of irregularities (Beruju) among the total public expenditures ***(OP8.4)***
30. % of district health offices receiving budgeted amount within one month of budget disbursement to MoHP/DoHS with clear-cut guidance for expenditure ***(OP8.5)***
31. % of health sector budget as % of total national budget ***(OP9.2)***
32. % of government allocation (share) in total MoHP budget ***(OP9.3)***

ANNEX 3 - OPERATIONAL DEFINITIONS

Vision	Vision here indicates how improvement in the health status of the people will contribute for the overall developmental goal of the state.
Goal	The goal here refers statement of intent of NHSP II. Goal here is a higher-order program or sector objective to which NHSP II intends to contribute.
Purpose	The situation for which NHSP II is accountable to achieve.
Outcome	Outcome here refers the results achieved which directly contribute for the purpose. It also means the intended or achieved short and medium-term effects of NHSP II. Outcomes represent changes in development conditions which occur between the completion of outputs and the achievement of impact.
Output	The tangible (easily measurable and practical) immediate and intended results to be produced through sound management of the agreed inputs and activities. Outputs are the products which results from the completion of activities proposed in NHSP II.
Activity	Actions taken or work performed in the program to produce specific outputs by using different types of resources.
Input	Input here means the financial, human and other physical resources required to achieve the desired and necessary outputs through the planned activities.
Indicator	Indicator means the basis of monitoring and evaluation to measure quantity and quality of development or the changes.
Service Delivery	Service Delivery is conceptualized as the relationship between policy makers, service providers, and citizens. It encompasses services and their supporting systems. Pro-poor service delivery refers to interventions that maximize the access and participation of the people by strengthening the relationships between policy makers, providers, and service users.
Service Providers	It includes state organizations (ministries, departments, regional/district/ municipal/village level organizations including local government units), frontline professionals (doctors, nurses, teachers, engineers, extension workers, etc.), and other partners that support these organizations and professionals (training institutes for example).
Public-private partnership	Public-private partnership means partnership between public and private sector institutions. Private sector includes for profit and not-for-profit non-state actors.
Service delivery	Service delivery means the link between people, providers and policy makers. This is more concerned with the overall processes to deliver different services.

ANNEX 4 - INDICATORS BY SOURCE

Nepal Demographic Health Survey (NDHS)

G1	Total Fertility Rate
G10	% of children under five years of age, who are underweight
G11	% of children under five years of age, who are wasted
G12	% of low birth weight babies
G2	Adolescent Fertility Rate (women aged 15-19 years)
G3	Under-five Mortality Rate
G4	Infant Mortality Rate
G5	Neonatal Mortality Rate
G6	Maternal Mortality Ratio
G9	% of children under five years of age, who are stunted
OC1.6	% of deliveries by Caesarean Section
OC2.1	% of children under 5 with diarrhoea treated with Zinc and ORS
OC2.2	% of children, under 5 with pneumonia, who received antibiotics
OC2.3	Unmet need for family planning (%)
OC2.4	% of institutional deliveries
OC3.4	% of households with hand washing facilities with soap and water nearby the latrine
OP5.1	% of women of reproductive age (15 – 49) aware of safe abortion sites
OP5.4	% of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS by sex
P1	% of neonates breast fed within one hour of birth
P10	% of deliveries conducted by a skilled birth attendant
P12	% of women of reproductive age (15 - 49) with complications from safe abortion (surgical and medical)
P2	% of infants, exclusively breast fed for 0 – 5 months
P3	% of one-year-old children immunised against measles
P4	% of children aged 6-59 months that have received vitamin A supplements
P5	% of children 6 – 59 months suffering from anaemia
P6	% of households using adequately iodised salt
P7	Contraceptive Prevalence Rate - modern methods (%)
P8	% of pregnant women attending at least four ANC visits
P9	% of pregnant women receiving IFA tablets or syrup during their last pregnancy

Health Management Information System (HMIS)

G8	Malaria annual parasite incidence (per 1000 population)
OC1.2	% population utilising outpatient services at SHP, HP, PHCC and district hospitals - disaggregated by sex, and caste/ethnicity
OC1.3	% population utilising inpatient services at district hospitals (all level of hospitals)
OC1.4	% population utilising emergency services at district hospitals (all level of hospitals)
OC1.5	Met need for emergency obstetric care (%)
OC1.6	% of deliveries by Caesarean Section
OC1.7	Tuberculosis treatment success rates (%)
OC2.1	% of children under 5 with diarrhoea treated with Zinc and ORS

OC2.2 % of children, under 5 with pneumonia, who received antibiotics
OC2.4 % of institutional deliveries
OC2.5 % of women who received contraceptives after safe abortion (surgical or medical)
OC2.7 Tuberculosis case detection rate (%)
OP1.1 % of women utilizing FCHV fund (among women of reproductive age)
OP3.4 Number of Female Community Health Volunteers (FCHVs)
OP4.2 Number of HPs per 5,000 population
OP4.3 Number of PHCCs per 50,000 population
OP4.4 Number of district hospital beds per 5,000 population
OP4.5 % of districts with at least one public facility providing all CEONC signal functions
OP4.6 % of PHCCs providing all BEONC signal functions
OP4.7 % of health posts with birthing centre
OP4.8 % of safe abortion (surgical and medical) sites with long acting family planning services
OP4.9 % of health posts with at least five family planning methods
OP6.2 % of health information systems implementing (using) uniform standard codes
OP6.3 % of tertiary and secondary hospital (public and private) implementing ICD 10 and reporting coded information to health information system
OP6.4 % of health facilities (public and private) reporting to national health information system (by type or level)
P10 % of deliveries conducted by a skilled birth attendant
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)
P12 % of women of reproductive age (15 - 49) with complications from safe abortion (surgical and medical)
P13 Prevalence rate of Leprosy (%)
P14 Obstetric direct case fatality rate (%)
P3 % of one-year-old children immunised against measles
P4 % of children aged 6-59 months that have received vitamin A supplements
P7 Contraceptive Prevalence Rate - modern methods (%)
P8 % of pregnant women attending at least four ANC visits
P9 % of pregnant women receiving IFA tablets or syrup during their last pregnancy

Household Survey (HHS)

OC1.1 % of the population living within 30-minutes travel time to a health or sub-health post
OC1.2 % population utilising outpatient services at SHP, HP, PHCC and district hospitals - disaggregated by sex, and caste/ethnicity
OC1.3 % population utilising inpatient services at district hospitals (all level of hospitals)
OC1.6 % of deliveries by Caesarean Section
OC2.1 % of children under 5 with diarrhoea treated with Zinc and ORS
OC2.2 % of children, under 5 with pneumonia, who received antibiotics
OC2.4 % of institutional deliveries
OC2.6 % of clients satisfied with their health care at public facilities
OC3.4 % of households with hand washing facilities with soap and water nearby the latrine
OP1.1 % of women utilizing FCHV fund (among women of reproductive age)
OP5.1 % of women of reproductive age (15 – 49) aware of safe abortion sites
OP5.2 % of women of reproductive age (15 – 49) who know at least three pregnancy related danger signs
OP5.3 % of women of reproductive age (15 – 49) who know at least three danger signs of newborn
P10 % of deliveries conducted by a skilled birth attendant

P12	% of women of reproductive age (15 - 49) with complications from safe abortion (surgical and medical)
P2	% of infants, exclusively breast fed for 0 – 5 months
P3	% of one-year-old children immunised against measles
P4	% of children aged 6-59 months that have received vitamin A supplements
P6	% of households using adequately iodised salt
P7	Contraceptive Prevalence Rate - modern methods (%)
P8	% of pregnant women attending at least four ANC visits
P9	% of pregnant women receiving IFA tablets or syrup during their last pregnancy

Service Tracking Survey (STS)

OC2.6	% of clients satisfied with their health care at public facilities
OP1.3	% of HFOMC/HDMC with at least 3 number of female members and at least 2 members from Janajati and Dalit
OP3.1.1	% of sanctioned posts that are filled - doctors at PHCC
OP3.1.2	% of sanctioned posts that are filled - doctors at district hospitals
OP3.1.3	% of sanctioned posts that are filled - nurses at PHCC
OP3.1.4	% of sanctioned posts that are filled - nurses at district hospitals
OP3.2	% of district hospitals that have at least 1 MDGP or Obstetrician/Gynaecologist; 5 nurses (SBA); and 1 Anaesthesiologist or Anaesthetic Assistants
OP4.5	% of districts with at least one public facility providing all CEONC signal functions
OP4.6	% of PHCCs providing all BEONC signal functions
OP4.7	% of health posts with birthing centre
OP4.8	% of safe abortion (surgical and medical) sites with long acting family planning services
OP4.9	% of health posts with at least five family planning methods
OP8.1	% of health facilities that have undertaken social audits as per MoHP guideline in the last fiscal year

Other Surveys

OC1.1	% of the population living within 30-minutes travel time to a health or sub-health post	NLSS
OC3.1	% of children under 5 years who slept under a long lasting insecticide treated bed net the previous night in high-risk areas	Malaria Survey
OC3.2	% of key populations at higher risk (sex workers, men who have sex with men, people who inject drugs, male labour migrants) reporting the use of condom at last sex	IBBS
OC3.3	% of people who inject drugs reporting the use of sterile injecting equipments the last time they injected	IBBS
OP4.10	% of households with at least 1 long lasting insecticide treated bed net per 2 residents in all high-risk areas	Malaria Survey
OP4.11	% of key populations at higher risk (people who inject drugs, sex workers, men who have sex with men, male labour migrants) reached with HIV prevention programmes	IBBS

Annual Work Planning and Budget (AWPB)

OP2.2	% of health sector aid reported by the EDPs on national health sector budgets

OP7.2	% of the budget allocated for operation and maintenance of the physical facilities and medical equipments
OP8.3	% of budget allocated to district and below facilities (including flexible health grant)
OP9.1	% of the MoHP budget that has been allocated to EHCS

Logistic Management Information System (LMIS)

OP7.1 % of public health facilities with no stock out of the listed free essential drugs in all four quarters

Financial Management Information System (FMIS)

OP8.2 % of the MoHP budget spent annually

Human Resource Information System (HuRIS)

OP3.1.1	% of sanctioned posts that are filled - doctors at PHCC
OP3.1.2	% of sanctioned posts that are filled - doctors at district hospitals
OP3.1.3	% of sanctioned posts that are filled - nurses at PHCC
OP3.1.4	% of sanctioned posts that are filled - nurses at district hospitals
OP3.2	% of district hospitals that have at least 1 MDGP or Obstetrician/Gynaecologist; 5 nurses (SBA); and 1 Anaesthesiologist or Anaesthetic Assistants
OP3.3	Number of production and deployment of - SBA, MDGPs, Anesthetists, Psychiatrists etc.

Other

G6	Maternal Mortality Ratio	Census
OP1.2	Number of health facilities providing adolescent-friendly health services	FHD
OP1.3	% of HFOMC/HDMC with at least 3 number of female members and at least 2 members from Janajati and Dalit	PHCRD
OP2.1	% EDPs providing Official Development Assistance (ODA) on rolling 3-year period basis	PPICD
OP2.2	% of health sector aid reported by the EDPs on national health sector budgets	JAR
OP2.3	% of actions documented in the action plan of aid-memoire completed by next year	JAR
OP2.4	% of EDPs reporting to JAR their contribution to the health sector (including expenditure) aligned to the agreed Annual Reporting format for EDPs as developed by MoHP	JAR
OP3.3	Number of production and deployment of - SBA, MDGPs, Anesthetists, Psychiatrists etc.	FHD
OP3.3	Number of production and deployment of - SBA, MDGPs, Anesthetists, Psychiatrists etc.	HR Profile
OP3.4	Number of Female Community Health Volunteers (FCHVs)	FCHV Database
OP4.1	Number of one stop crisis centres to support victims of gender based violence	PHCRD
OP4.13	% of public hospitals, PHCCs, and HPs that have infrastructure as per GoN standard	HIIS

OP6.1	% timely and complete data on annually reportable M&E framework indicators reported within end of December of the following year	PHAMED
OP6.2	% of health information systems implementing (using) uniform standard codes	PHAMED
OP7.2	% of the budget allocated for operation and maintenance of the physical facilities and medical equipments	HIIS
OP8.1	% of health facilities that have undertaken social audits as per MoHP guideline in the last fiscal year	PHCRD
OP8.4	% of irregularities (Beruju) among the total public expenditures	OAG (audit report)
G7	HIV prevalence among men and women aged 15-24 years	EPP/Spectrum Modeling
OC1.8	% of eligible adults and children currently receiving antiretroviral therapy	EPP/Spectrum Modeling
OP2.2	% of health sector aid reported by the EDPs on national health sector budgets	MoF Red Book
OP4.1	Number of one stop crisis centres to support victims of gender based violence	PD
OP4.12	% of PHCC with functional laboratory facilities	HFMS
OP8.5	% of district health offices receiving budgeted amount within one month of budget disbursement to MoHP/DoHS with clear-cut guidance for expenditure	MD
OP8.5	% of district health offices receiving budgeted amount within one month of budget disbursement to MoHP/DoHS with clear-cut guidance for expenditure	D(P)HO
OP9.2	% of health sector budget as % of total national budget	MoF Red Book
OP9.3	% of government allocation (share) in total MoHP budget	MoF Red Book

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