



Ministry of Health & Population



NHSP-2 Logical Framework (2010-2015)

Achievements in 2011 against targets

NHSP II Logical Framework (2010-2015): *Achievements in 2011 against targets* was prepared by Nepal Health Sector Support (NHSSP) Programme under the aegis of the Ministry of Health and Population (MoHP). The opinions expressed herein are those of the authors and do not necessarily reflect the views of MoHP or NHSSP.

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**Ministry of Health and Population
Government of Nepal
Kathmandu, Nepal**

**Nepal Health Sector Support Programme
Kathmandu, Nepal**

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Foreword

The Ministry of Health and Population (MoHP) started to implement the Nepal Health Sector Programme (NHSP) II towards the end of 2010. It was greatly recognised the need to assess progress based on the results framework comprising key indicators and targets for the years 2011, 2013 and 2015.

In order to meaningfully monitor NHSP II, it was felt necessary to review the indicators to ensure that they were relevant, reliable and robust. The revision of the NHSP II result framework was initiated by Public Health Administration, Monitoring and Evaluation Division (PHAMED) of MoHP with technical support from Nepal Health Sector Support Programme (NHSSP) and the World Health Organisation (WHO), under the guidance of a NHSP II monitoring and evaluation (M&E) Technical Working Group (TWG). I am pleased to have approved a revised results framework, now called the logical framework. I recognize the importance of disaggregating key indicators by ethnicity/caste, wealth quintiles, age, sex and residence where data sources permit.

This document presents the findings for 2011, which are shaded according to whether the indicator has achieved the target (green), nearly achieved the target (amber) or achieved less than 90% of the target (red). Where possible NDHS data has been disaggregated for 2006 and 2011 and shaded to highlight the level of inequality.

I believe that this report will be useful to the programme directors, regional health directorates and district (public) health offices in preparing annual plans to meet the goals and targets of NHSP II.

I am happy to note that this report of the findings for 2011 has been prepared by PHAMED, MoHP with extensive support from NHSSP. I would like to thank Mr. Shri Krishna Bhatta, Chief Public Health Administrator and Mr. Ram Chandra Khanal, Sr. Public Health Administrator in PHAMED, MoHP. I appreciate the input from Dr. Sarah Barnett, Maternal and Newborn Health Specialist, Options, Mr. Ajit Pradhan, Monitoring and Evaluation Strategic Adviser, NHSSP and Ms. Namita Bohra, Consultant, NHSSP for conceptualizing this document and collating the necessary data.

Dr. Praveen Mishra
Secretary
Ministry of Health and Population

ACRONYMS

AIDS	acquired immunodeficiency syndrome
ANC	ante natal care
AR	administrative records
AWPB	annual work plan and budget
BEONC	basic emergency obstetric and neonatal care
CEONC	comprehensive emergency obstetric and neonatal care
CPR	contraceptive prevalence rate
DoHS	Department of Health Services
EDP	external development partner
EHCS	essential health care services
EOC	essential obstetric care
EPP	Estimation and Projection Package
F	female
FCHV	Female Community Health Volunteer
FHD	Family Health Division
FMIS	Financial Management Information System
FSW	female sex worker
FY	fiscal year
GoN	Government of Nepal
HIV	human immunodeficiency virus
HMIS	Health Management Information System
HDMC	Hospital Development Management Committee
HFMOC	Health Facility Management and Operation Committee
HP	health post
IBBS	Integrated Biological and Behavioural Surveillance survey
ICD	International Classification of Diseases
IFA	Iron Folic Acid
JAR	Joint Annual Review
Ktm	Kathmandu
LMD	Logistics Management Division
LMIS	Logistics Management Information Systems

M	male
M&E	monitoring and evaluation
MDGP	Doctor of Medicine in General Practice
MLM	male labour migrants
MoF	Ministry of Finance
MoHP	Ministry of Health and Population
MSM	men who have sex with men
MSW	male sex workers
NA	not available
NDHS	Nepal Demographic Health Survey
NHSP	Nepal Health Sector Programme
NHSP II	Second Nepal Health Sector Programme
NHSSP	Nepal Health Sector Support Programme
NLSS	Nepal Living Standards Survey
NS	not specified
ORS	oral rehydration solution
PHCC	Primary Health Care Centre
PHC-RD	Primary Health Care Revitalisation Division
PPICD	Policy, Planning and International Cooperation Division (MoHP)
PWID	people who inject drugs
SBA	Skilled Birth Attendant
STS	Service Tracking Survey
U5	under 5 years of age

SECTION 1: BACKGROUND

A results framework was developed and approved by the Ministry of Health and Population (MoHP) in 2010 to monitor the three objectives of NHSP II, which are:

1. To increase access to and utilisation of quality essential health care services.
2. To reduce cultural and economic barriers to accessing health care services and harmful cultural practices in partnership with non-state actors.
3. To improve the health system to achieve universal coverage of essential health services.

The results framework contained various indicators for monitoring the progress of NHSP II. However, MoHP and the external development partners (EDPs) agreed that some of these needed revising to provide a clearer, sounder basis for monitoring and evaluating NHSP II. MoHP and the EDPs agreed that the results framework should be reviewed and revised. Following several Technical Working Group (TWG) meetings and workshops in 2012, a Monitoring and Evaluation (M&E) framework was drafted and shared with the Government of Nepal (GoN) and external development partners. During this process the results framework was renamed 'the logical framework' and was endorsed by the government on 17 May 2012. However, the revision process did not review whether or not the targets required changing, and so it has been agreed to revisit these during the mid-term review (MTR). It is hoped that this document as well as showing progress against NHSP II targets will help to highlight where targets do not exist, where targets exist but will not realistically be achieved in 2013 or 2015, and where targets exist but are not ambitious enough (for example, if the 2015 target has already been achieved).

NHSP II started in August 2010 and the first Joint Annual Review (JAR) was held in January 2012. This meeting was attended by representatives from GoN and EDPs. Progress was reviewed at the JAR, but relevant data, including that from the Nepal Demographic and Health Survey (NDHS), the Health Management Information System (HMIS), and the Department of Health Services' (DoHS) Annual Report were not available at that time.

The objectives of this report are:

- To assess the progress of the second Nepal Health Sector Programme (NHSP II) logical framework indicators against the 2011 targets.
- To present disaggregated data (where possible) highlighting levels of inequalities for 2006 and 2011.
- To assist with reviewing the NHSP II logical framework targets for 2013 and 2015.

Section 2 of this document shows all 2011 data against the log frame targets. To illustrate the progress, indicators where the 2011 targets have been achieved are shaded in green, those where 90% of the 2011 target have been achieved are shaded in amber, and those where less than 90% of the target have been met are shaded in red (Table 1). Not all indicators have targets for all years and these gaps needs to be reviewed. Where there is no target for 2011 the achievements have been shaded in purple. If it has not been possible to obtain 2011 data the cell is shaded grey.

Table 1: Key for shading of tables in Section 2

	Colour
Achieved 100% of 2011 target	Green
Achieved at least 90% of 2011 target	Amber
Not achieved at least 90% of 2011 target	Red
No data for 2011	Grey
No target for 2011	Purple

In line with NHSP II's aim to improve the situation for the poor and excluded, Section 3 shows logframe indicators, disaggregated by caste/ethnic group, sex, age, and wealth quintile for 2006 and 2011, where data sources permit. Indicators with less than 10% difference between the highest and the lowest disaggregated categories have been shaded in green; those where the difference is between 10% and 20% are shaded in amber; and those where the difference is greater than 20% are shaded in red (Table 2). Those for which no data is available in 2006 are shaded in grey and those for which no data are available in 2011 are shaded in purple. A comparison of the shading for 2006 and 2011 shows not only the level of inequality for each indicator for each year, but also whether levels of inequality are increasing or decreasing over time.

Table 2: Key for shading of tables in Section 3

	Colour
≤10%	Green
10% > to ≤ 20%	Amber
>20%	Red
No data for 2006	Grey
No data for 2011	Purple

SECTION 2: PROGRESS AGAINST THE 2011 TARGETS

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

Code	Indicator	Baseline			Achieved	Target			Data source 2011	Notes
		Data	Year	Source	2011	2011	2013	2015		
G1	Total Fertility Rate (per woman)	3.1	2006	NDHS	2.6	3.0	2.8	2.5	NDHS	
G2	Adolescent Fertility Rate (women aged 15-19 years, per 1,000 women in that age group)	98	2006	NDHS	81	-	85	70	NDHS	
G3	Under-five Mortality Rate (per 1,000 live births)	61	2006	NDHS	54	55	47	38	NDHS	
G4	Infant Mortality Rate (per 1,000 live births)	48	2006	NDHS	46	44	38	32	NDHS	
G5	Neonatal Mortality Rate (per 1,000 live births)	33	2006	NDHS	33	30	23	16	NDHS	
G6	Maternal Mortality Ratio (per 100,000 live births)	281	2006	NDHS	TBC	250	192	134	Census	Census data entry ongoing. MMR expected in Dec 2012
G7	HIV prevalence among men and women aged 15-24 years (per 100,000 population)	All= 0.12 M=0.20 F=0.05	2010	EPP/ Spectrum modelling	NA	0.1	0.08	0.06	No data available for 2011	No data collected in 2011 on HIV prevalence by age
G8	Malaria annual parasite incidence (per 1000 population in a year)	0.15	2009/10	HMIS	0.16	halt & reverse	halt & reverse	halt & reverse	HMIS	
G9	% of children under five years of age, who are stunted	49.3	2006	NDHS	40.5	40	35	28	NDHS	
G10	% of children under five years of age, who are underweight	39	2006	NDHS	28.8	39	34	29	NDHS	
G11	% of children under five years of age, who are wasted	13	2006	NDHS	10.9	10	7	5	NDHS	
G12	% of low birth weight babies	14.3	2006	NDHS	12.4	-	13	12	NDHS	

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

Code	Indicator	Baseline			Achieved	Target			Data source 2011	Notes
		Data	Year	Source	2011	2011	2013	2015		
P1	% of neonates breast fed within one hour of birth	35.4	2006	NDHS	44.5	-	55	60	NDHS	
P2	% of infants, exclusively breast fed for 0 – 5 months	53.0	2006	NDHS	69.6	35	48	60	NDHS	
P3	% of one-year-old children immunised against measles	85.0	2006	NDHS	88.0	88.0	90.0	90.0	NDHS	
P4	% of children aged 6-59 months that have received vitamin A supplements	87.5	2006	NDHS	90.4	≥ 90	≥ 90	≥ 90	NDHS	
P5	% of children aged 6-59 months suffering from anaemia	48.4	2006	NDHS	46.2	45	44	43	NDHS	
P6	% of households using adequately iodised salt	NA	NA	NA	80	80	84	88	NDHS	NDHS did not collect data in 2006
P7	Contraceptive Prevalence Rate - modern methods (%)	44.2	2006	NDHS	43.2	48	52	67	NDHS	
P8	% of pregnant women attending at least four ANC visits	29.4	2006	NDHS	50.1	45	65	80	NDHS	
P9	% of pregnant women receiving IFA tablets or syrup during their last pregnancy	59.3	2006	NDHS	79.5	82	86	90	NDHS	
P10	% of deliveries conducted by a skilled birth attendant	18.7	2006	NDHS	36.0	-	40	60	NDHS	
P11	% 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, as % of expected live births)	NA	NA	NA	35.8	-	43	50	HMIS	2011 was first year this data was collected
P12	% of women of reproductive age (15-49) with complications from safe abortions (surgical and medical)	58.4	2006	NDHS	49	<2	<2	<2	NDHS	NDHS reports on complication after any abortion
P13	Prevalence rate of leprosy (%)	0.77	2009/10	HMIS	0.79	halt & reverse	halt & reverse	halt & reverse	HMIS	
P14	Obstetric direct case fatality rate (%)	0.4	2009/10	EOC monitoring	0.17	< 1	< 1	< 1	EOC monitoring	

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

Code	Indicator	Baseline			Achieved	Target			Data source 2011	Notes
		Data	Year	Source	2011	2011	2013	2015		
OC1.1	% of population living within 30-minutes travel time to a health or sub-health post	NA	2003/04	NLSS	61.8	60	70	80	NLSS	NLSS 2003/04 did not collect data
OC1.2	% population utilising outpatient services at SHP, HP, PHCC and district hospitals	76.0	2009/10	HMIS	70.4	Proportionate to population size			HMIS	
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	
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	
OC1.5	Met need for emergency obstetric care (%)	29	2009/10	EOC monitoring	23	-	43	49	EOC monitoring	
OC1.6	% of deliveries by caesarean section	3.3	2009/10	EOC monitoring	4.6	4	4.3	4.5	EOC monitoring	
OC1.7	Tuberculosis treatment success rates (%)	89.7	2009/10	HMIS	90	90	90	90	HMIS	
OC1.8	% of eligible adults and children currently receiving antiretroviral therapy	NA	NA	EPP/Spectrum modelling & routine ART monitoring report	NA	24	55	80	EPP/Spectrum modelling & routine ART monitoring report	

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

Code	Indicator	Baseline			Achieved	Target			Data source 2011	Notes
		Data	Year	Source	2011	2011	2013	2015		
OC2.1	% of children under 5 with diarrhoea treated with Zinc and ORS	0.4*	2006	NDHS	5.2	7	25	40	NDHS	*NDHS 2006 provides data for Zinc but not ORS and Zinc together
OC2.2	% of children, under 5 with pneumonia, who received antibiotics	25.1	2006	NDHS	35.1	30	40	50	NDHS	
OC2.3	Unmet need for family planning (%)	24.6	2006	NDHS	27	-	20	18	NDHS	
OC2.4	% of institutional deliveries	18	2006	NDHS	35.3	27	35	40	NDHS	
OC2.5	% of women who received contraceptives after safe abortion (surgical and medical)	50.8	2009/10	HMIS	41	55	60	60	HMIS	
OC2.6	% of clients satisfied with their health care provider at public facilities	94*	2009	Examining the Impact of Nepal's Free Health Care Policy, 2009	96	68	74	80	STS	* Re-calculated 2009 figure as incorrect denominator used

OUTCOME 3: Increased adoption of healthy practices

Code	Indicator	Baseline			Achieved	Target			Data source 2011	Notes
		Data	Year	Source	2011	2011	2013	2015		
OC2.7	Tuberculosis case detection rate (%)	75	2009/10	HMIS	73	75	80	85	HMIS	
OC3.1	% of children under 5 years who slept under a long lasting insecticide treated bed net the previous night in high-risk areas	94.2	2010	PSI-TRaC study	67.8	70	80	80	NA	Study conducted in 13 high-risk districts
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									
	Female sex workers (FSWs)	NA	NA	IBBS survey on Ktm valley FSW cluster	82.6	82.6	-	85	IBBS	IBBS did not collect data on MSW in 2011
	Male sex workers (MSWs)	37.8	2009	IBBS Survey	NA	-	-	80		
	Men who have sex with men (MSM)	75.3	2009	IBBS survey on Ktm Valley MSM cluster	NA	-	75	80	IBBS	IBBS did not collect data in 2011 on MSM
	People who inject drugs (PWIDs)	NA	NA	IBBS survey on Ktm valley PWID cluster	46.5	46.5	60	80		
	Male labour migrants (MLM) to India	53	2010	IBBS survey on mid and far-western Nepal MLM cluster	NA	-	65	80	IBBS	IBBS did not collect data in 2011 on MLM
OC3.3	% of people who inject drugs reporting the use of sterile injecting equipments the last time they injected	NA	NA	IBBS	95.3	≥ 95	≥ 95	≥ 95		
OC3.4	% of households with hand washing facilities with soap and water nearby the latrine	NA	2006	NDHS	47.8	-	65	85	NDHS 2011: % of households observed having a place for hand washing with soap with water	NDHS does not record whether soap etc. is nearby (10 paces) from latrine

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

Code	Indicator	Baseline			Achieved	Target			Data source 2011	Notes
		Data	Year	Source	2011	2011	2013	2015		
OP1.1	% of women utilising FCHV fund (among women of reproductive age)	NA	NA	NA	5	-	8	10	HMIS	
OP1.2	Number of health facilities providing adolescent-friendly health services	0	2010	FHD	78	-	500	1,000	FHD	
OP1.3	% of HFMOC/HDMC with at least 3 number of female members and at least 2 members from Janajati and Dalit	NA	NA	NA	42	-	70	100	STS	

OUTPUT 2: Improved Sector Management

Code	Indicator	Baseline			Achieved	Target			Data source 2011	Notes
		Data	Year	Source	2011	2011	2013	2015		
OP2.1	% EDPs providing Official Development Assistance (ODA) on rolling 3-year period basis	NA	NA	NA	NA	-	50	90	PPICD	
OP2.2	% of health sector aid reported by the EDPs on national health sector budgets	NA	NA	NA	NA	-	50	85	MoF (Red Book), JAR	
OP2.3	% of actions documented in the action plan of aid-memoire completed by next year	NA	NA	NA	NA	-	100	100	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	NA	NA	NA	NA	-	100	100	JAR	

OUTPUT 3: Strengthened human resources for health

Code	Indicator	Baseline			Achieved	Target			Data source 2011	Notes
		Data	Year	Source	2011	2011	2013	2015		
OP3.1.1	% of sanctioned posts that are filled - doctors at PHCC	NA	NA	NA	50	85	88	90	STS	
OP3.1.2	% of sanctioned posts that are filled - doctors at district hospitals	NA	NA	NA	69	85	88	90	STS	
OP3.1.3	% of sanctioned posts that are filled - nurses at PHCC	NA	NA	NA	74	85	88	90	STS	
OP3.1.4	% of sanctioned posts that are filled - nurses at district hospitals	NA	NA	NA	83	85	88	90	STS	
OP3.2	% of district hospitals that have at least 1 MDGP or Obstetrician/Gynaecologist; 5 nurses (SBA); and 1 Anaesthetist or Anaesthetist Assistant	NA	NA	NA	13	-	60	80	STS	
OP3.3	Number of production and deployment of:									

Code	Indicator	Baseline			Achieved	Target			Data source 2011	Notes
		Data	Year	Source	2011	2011	2013	2015		
	Skilled birth attendants (SBA)	NA	NA	NA	2,562	4,000	6,000	7,000	HMIS	
	Medical doctors general practice (MDGPs)					28	56			
	Anaesthetists					22	44			
	Psychiatrists					28	56			
	Radiologists					27	55			
	Physiotherapists					10	20			
	Physiotherapy assistants					35	70			
	Radiographers					50	100			
	Assistant anaesthetists					31	62			
	Procurement specialists					3	7			
	Health legislation experts					1	3			
	Epidemiologists					3	7			
	Health economists					3	7			
	Health governance experts					1	3			
OP3.4	Number of Female Community Health Volunteers (FCHVs)	48,489	2009/10	FHD	48,680	50,000	52,000	53,514	HMIS	

OUTPUT 4: Improved service delivery

Code	Indicator	Baseline			Achieved	Target			Data source 2011	Notes
		Data	Year	Source	2011	2011	2013	2015		
OP4.1	Number of one stop crisis centres to support victims of gender based violence	0	2010	Population Division	6	5	10	20	Population Division	
OP4.2	Number of HPs per 5,000 population	0.13	2010	HMIS	0.12	-	0.5	1	HMIS	
OP4.3	Number of PHCCs per 50,000 population	0.38	2010	HMIS	0.37	-	0.7	1	HMIS	
OP4.4	Number of district hospital beds per 5,000 population	NA	NA	NA	1.06	-	0.6	1	HMIS	HMIS did not record data prior to 2011
OP4.5	% of districts with at least one public facility providing all CEONC signal functions	44.0	2009/10	AR	39	-	68	76	STS	
OP4.6	% of PHCCs providing all BEONC signal functions	27.9	2009/10	AR	14	-	50	70	STS	
OP4.7	% of health posts with birthing centre	60.1	2009/10	AR	79	≥ 80			STS	
OP4.8	% of safe abortion (surgical and medical) sites with post abortion long acting family planning services	NA	NA	NA	91	≥ 90			STS	
OP4.9	% of health posts with at least five family planning methods	NA	NA	NA	13	-	35	60	STS	
OP4.10	% of households with at least 1 long lasting insecticide treated bed net per 2 residents in all high-risk areas	99.9	2010	PSI, TRaC study	NA	≥ 90	≥ 90	≥ 90		Study in 13 high-risk districts

Code	Indicator	Baseline			Achieved	Target			Data source 2011	Notes
		Data	Year	Source	2011	2011	2013	2015		
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									
	People who inject drugs (PWIDs)	NA	2011	IBBS survey	71.4	71.4	75	80	IBBS Survey	IBBS survey conducted only on PWIDs and FSWs from Kathmandu valley cluster IBBS survey did not include MSWs, MSM and MLM in 2011
	Female sex workers (FSWs)	NA	2011	IBBS survey	60	60	-	80		
	Male sex workers (MSWs)	93.3	2009	IBBS survey	NA	93	95			
	Men who have sex with men (MSM)	77.3	2009	IBBS survey of Ktm valley cluster		80	80			
	Male labour migrants (to India, MLM)	22.9	2010	IBBS survey of mid and far-western Nepal cluster		50	80			
OP4.12	% of PHCC with functional laboratory facilities	87.2	2010	HMIS	97.6	90	95	100	HMIS	Data does not specify whether 'functional' or not
OP4.13	% of public hospitals, PHCCs, and HPs that have infrastructure as per GoN standard	NA	NA	NA	NA	50	65	80		

OUTPUT 5: Increased health knowledge and awareness

Code	Indicator	Baseline			Achieved	Target			Data source 2011	Notes
		Data	Year	Source	2011	2011	2013	2015		
OP5.1	% of women of reproductive age (15 – 49) aware of safe abortion sites	50*	2006	NDHS	58.8	-	35	50	NDHS	*NDHS 2006-based on knowledge of a place where abortion is carried out not — necessarily a safe site
OP5.2	% of women of reproductive age (15 – 49) who know at least three pregnancy related danger signs	NA	NA	NA	NA	-	40	50		
OP5.3	% of women of reproductive age (15 – 49) giving birth in the last two years aware of at least three danger signs of newborn	NA	NA	NA	NA	-	40	50		
OP5.4	% of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS by sex	M=44 F=28	NDHS	2006	M=33.9 F=25.8	M=33.9 F=25.8	M=40 F=25.8	M=50 F=40	NDHS	Data not recorded on comprehensive and correct knowledge

OUTPUT 6: Improved M&E and health information systems

Code	Indicator	Baseline			Achieved	Target			Data source 2011	Notes
		Data	Year	Source	2011	2011	2013	2015		
OP6.1	% timely and complete data on annually reportable M&E framework indicators reported within end of December of the following year	NA	NA	NA		-	100	100	HMIS	
OP6.2	% of health information systems implementing (using) uniform standard codes	0	2010	HMIS	0	-	100	100	HMIS	Uniform coding system yet to be developed
OP6.3	% of tertiary and secondary hospitals (public and private) implementing ICD 10 and reporting coded information to health information system	NA	NA	NA	65*	-	75	100	HMIS	*Only public hospitals, Private = NA
OP6.4	% of health facilities (public and private) reporting to national health information system (by type or level)	NA	NA	NA		-	80	100	HMIS	

OUTPUT 7: Improved physical assets and logistics management

Code	Indicator	Baseline			Achieved	Target			Data source 2011	Notes
		Data	Year	Source	2011	2011	2013	2015		
OP7.1	% of public health facilities with no stock out of the listed free essential drugs in all four quarters	75.6	2010	LMIS unit/LMD	79.2	70	80	90	LMIS	LMIS records= for just 9 essential drugs
OP7.2	% of the budget allocated for operation and maintenance of the physical facilities and medical equipments	NA	NA	NA	NA	at least 2			AWPB	

OUTPUT 8: Improved health governance and financial management

Code	Indicator	Baseline			Achieved	Target			Data source 2011	Notes
		Data	Year	Source	2011	2011	2013	2015		
OP8.1	% of health facilities that have undertaken social audits as per MoHP guidelines in last fiscal year	0	2010	PHC-RD	31	5	15	25	STS	
OP8.2	% of MoHP budget spent annually	81.4	2007	e-AWPB	76.3	83	84.5	86	FMIS	
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	
OP8.4	% of irregularities (<i>Beruju</i>) among the total public expenditures	NA	NA	NA	6.2	6	5	4	Office of the Auditor General(audit report)	
OP8.5	% of district health offices receiving budgeted amount within one month of budget disbursement from MoHP/DoHS with clear-cut guidance for expenditure	NA	NA	NA	100	-	100	100	Finance Section DoHS/ MoHP	Data is for 'sent' not received

OUTPUT 9: Improved sustainable health financing

Code	Indicator	Baseline			Achieved	Target			Data source 2011	Notes
		Data	Year	Source	2011	2011	2013	2015		
OP9.1	% of MoHP budget allocated to EHCS	75.4	2009	e-AWPB	76.8	75	75	75	AWPB	
OP9.2	% of health sector budget as % of total national budget	7	2009	MoF	7.1	7.5	8.5	10	MoF (Red Book)	
OP9.3	% of government allocation (share) in total MoHP budget	52.2	2009	e-AWPB	39.2	60	65	70	MoF (Red Book)	

SECTION 3: LEVELS OF INEQUALITY IN 2006 AND 2011

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

Code	Indicator	NDHS 2006	NDHS 2011	Target			Notes
				2011	2013	2015	
G1	Total Fertility Rate	3.1	2.6	3.0	2.8	2.5	
Caste-ethnic group:							
	Brahmin/Chhetri	2.9	2.2	NS			
	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	NS			
	Highest	1.9	1.5				
G2	Adolescent Fertility Rate (women aged 15-19 years)	98	81	-	85	70	
Caste-ethnic group:							
	Brahmin/Chhetri	74	52	NS			
	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	NS			
	Highest	71	32				
G3	Under-five Mortality Rate	61	54	55	47	38	
Caste-ethnic group:							
	Brahmin/Chhetri	76	54	NS			
	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	NS			
	Highest	47	36				

Code	Indicator	NDHS 2006	NDHS 2011	Target			Notes
				2011	2013	2015	
	Sex:						
	Male	80	63				
	Female	78	62	NS			
G4	Infant Mortality Rate	48	46	44	38	32	
	Caste-ethnic group:						
	Brahmin/Chhetri	59	45				
	Terai/Madhesi other castes	64	57				
	Dalit	68	65				
	Newar	36	62	NS			
	Janajati	59	50				
	Muslim	68	69				
	Other	43	85				
	Wealth quintile:						
	Lowest	71	61				
	Highest	40	32	NS			
	Sex:						
	Male	60	54				
	Female	61	52	NS			
G5	Neonatal Mortality Rate	33	33	30	23	16	
	Caste-ethnic group:						
	Brahmin/Chhetri	34	30				
	Terai/Madhesi other castes	44	45				
	Dalit	44	38				
	Newar	24	44	NS			
	Janajati	36	35				
	Muslim	56	37				
	Other	32	85				
	Wealth quintile:						
	Lowest	43	37				
	Highest	26	19	NS			
	Sex:						
	Male	39	37				
	Female	37	33	NS			
G9	% of children under five years of age, who are stunted	49.3	40.5	40	35	28	
	Caste-ethnic group:						
	Brahmin/Chhetri	47.1	37.9				
	Terai/Madhesi other castes	52.3	44.5				
	Dalit	56.6	47.8				
	Newar	33.1	28.8	NS			
	Janajati	48.0	40.1				
	Muslim	58.3	32.2				
	Other	32.2	63.0				

Code	Indicator	NDHS 2006	NDHS 2011	Target			Notes
				2011	2013	2015	
	Wealth quintile:						
	Lowest	61.6	56.0				
	Highest	31.0	25.8				
	Sex:						
	Male	49.0	41.4				
	Female	49.6	39.5				
G10	% of children under five years of age, who are underweight	39	28.8	39	34	29	
	Caste-ethnic group:						
	Brahmin/Chhetri	34.7	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	28.0				
G11	% of children under five years of age, who are wasted	13	10.9	10	7	5	
	Caste-ethnic group:						
	Brahmin/Chhetri	10.9	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				
G12	% of low birth weight babies	14.3	12.4	-	13	12	
	Caste-ethnic group:						
	Brahmin/Chhetri	11.7	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				

Code	Indicator	NDHS 2006	NDHS 2011	Target			Notes
				2011	2013	2015	
	Muslim	23.1	8.2				
	Other	28.4	10.5				
	Wealth quintile:						
	Lowest	16.8	16.8	NS			
	Highest	12.0	12.2				
	Sex:						
	Male	14.8	11.2	NS			
	Female	13.8	13.8				

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

Code	Indicator	NDHS 2006	NDHS 2011	Target			Notes
				2011	2013	2015	
P1	% of neonates breast fed within one hour of birth	35.4	44.5	-	55	60	
	Caste-ethnic group:						
	Brahmin/Chhetri	33.5	50.6	NS			
	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	NS			
	Highest	41.2	51.8				
	Sex:						
	Male	35.5	44.5	NS			
	Female	35.3	44.6				
P2	% of infants, exclusively breast fed for 0 – 5 months	53.0	69.6	35	48	60	
	Caste-ethnic group:						
	Brahmin/Chhetri	47.0	63.9	NS			
	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	NS			
	Highest	37.6	44.2				

Code	Indicator	NDHS 2006	NDHS 2011	Target			Notes
				2011	2013	2015	
	Sex:						
	Male	56.5	65.3				
	Female	48.9	74.0				
P3	% of one-year-old children immunised against measles	85.0*	88.0	85.0	85.0	85.0	* The % of one year old children immunised against measles was 86% (HMIS, 2009/10)
	Caste-ethnic group:						
	Brahmin/Chhetri	89.9	92.4				
	Terai/Madhesi other castes	80.7	82.0				
	Dalit	71.3	89.3				
	Newar	96.2	93.0				
	Janajati	86.8	93.5				
	Muslim	77.3	57.4				
	Other	91.9	100.0				
	Wealth quintile:						
	Lowest	73.2	86.0				
	Highest	94.5	96.1				
	Sex						
	Male	87.1	89.7				
	Female	82.8	86.3				
P4	% of children aged 6-59 months that have received vitamin A supplements	87.5	90.4	≥ 90	≥ 90	≥ 90	
	Caste-ethnic group:						
	Brahmin/Chhetri	92.3	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 aged 6 -59 months suffering from anaemia	48.4	46.2	45	44	43	
	Caste-ethnic group:						
	Brahmin/Chhetri	43.0	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				

Code	Indicator	NDHS 2006	NDHS 2011	Target			Notes	
				2011	2013	2015		
	Muslim	55.9	55.3					
	Other	33.6	100.0					
	Wealth quintile:							
	Lowest	47.6	45.3	NS				
	Highest	39.3	37.5					
	Sex:							
	Male	48.1	43.4	NS				
	Female	48.6	49.1					
P6	% of households using adequately iodised salt	NA	80	80	84	88	NDHS did not collect data in 2006	
	Caste-ethnic group:							
	Brahmin/Chhetri	NS	79.6	NS				
	Terai/Madhesi other castes		64.1					
	Dalit		65.0					
	Newar		89.3					
	Janajati		70.6					
	Muslim		74.6					
	Other		100.0					
	Wealth quintile:							
	Lowest	NS	53.4	NS				
	Highest		96.6					
	Sex:							
	Male	NS	73.7	NS				
	Female		71.2					
P7	Contraceptive Prevalence Rate - modern methods (%)	44.2	43.2	48	52	67		
	Caste-ethnic group:							
	Brahmin/Chhetri	43.9	43.1	NS				
	Terai/Madhesi other castes	44.3	46.5					
	Dalit	40.5	40.0	52	55	58		
	Newar	56.0	55.2	NS				
	Janajati	47.2	44.5	55	58	61		
	Muslim	16.8	22.8	25	28	31		
	Other	52.1	57.4	NS				
	Wealth quintile:							
	Lowest	30.3	35.6	NS				
	Highest	53.9	48.9					
P8	% of pregnant women attending at least four ANC visits	29.4	50.1	45	65	80		
	Caste-ethnic group:							
	Brahmin/Chhetri	40.0	63.5	NS				
	Terai/Madhesi other castes	17.8	35.9					

Code	Indicator	NDHS 2006	NDHS 2011	Target			Notes	
				2011	2013	2015		
	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	NS				
	Highest	60.3	83.7					
P9	% of pregnant women receiving IFAtablets or syrup during their last pregnancy	59.2	79.5	82	86	90		
	Caste-ethnic group:							
	Brahmin/Chhetri	65.2	85.9	NS				
	Terai/Madhesi other castes	54.9	77.9					
	Dalit	56.1	76.0	82	85	88		
	Newar	78.6	92.2	NS				
	Janajati	54.1	74.8					
	Muslim	60.9	79.1					
	Other	66.6	89.0					
	Wealth quintile:							
	Lowest	34.3	61.8	NS				
	Highest	80.1	94.8					
P10	% of deliveries conducted by a skilled birth attendant	18.7	36.0	-	40	60		
	Caste-ethnic group:							
	Brahmin/Chhetri	25.6	45.5	NS				
	Terai/Madhesi other castes	15.9	39.3	24	29	34		
	Dalit	10.5	26.8	23	27	32		
	Newar	49.9	71.7	NS				
	Janajati	14.3	28.8	25	30	35		
	Muslim	13.1	32.9	24	29	34		
	Other	36.2	77.4	NS				
	Wealth quintile:							
	Lowest	4.8	10.7	NS				
	Highest	57.8	81.5					
P12	% of women of reproductive age (15-49) with complications from safe abortion (surgical and medical)	58.4	49	<2	<2	<2		
	Caste-ethnic group:							
	Brahmin/Chhetri	43.4	23.5	NS				
	Terai/Madhesi other castes	77.2	0.0					
	Dalit	40.6	32.7					
	Newar	10.7	0.0					
	Janajati	43.6	27.9					

Code	Indicator	NDHS 2006	NDHS 2011	Target			Notes
				2011	2013	2015	
	Muslim	100.0	8.7				
	Other	49.1	0.0				
	Wealth quintile:						
	Lowest	54.6	38.1	NS			
	Highest	33.2	19.4				

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

Code	Indicator	NDHS 2006	NDHS 2011	Target			Notes	
				2011	2013	2015		
OC1.1	% of population living within 30-minutes travel time to a health or sub-health post	NA	61.8	60	70	80	NLSS 2003/4 did not collect data on travel time to HP/SHP	
	Rural		59.0	NS				
	Urban		85.9					
OC1.6	% of deliveries by caesarean section	3.3 ¹	4.6 ²	4	4.3	4.5		
	Caste-ethnic group:							
	Brahmin/Chhetri	4.6	7.3	NS				
	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	NS				
	Highest	11.9	14.1					

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

Code	Indicator	NDHS 2006	NDHS 2011	Target			Notes
				2011	2013	2015	
OC2.1	% of children under 5 with diarrhoea treated with Zinc and ORS	0.4	5.2	7	25	40	NDHS 2006 provides estimates of Zinc supplements but not of ORS and zinc together
	Caste-ethnic group:						
	Brahmin/Chhetri	0.2	6.1				
	Terai/Madhesi other castes	0.0	1.3				

¹ EOC monitoring 2009/10

² EOC monitoring 2010/11

Code	Indicator	NDHS 2006	NDHS 2011	Target			Notes
				2011	2013	2015	
	Dalit	0.0	9.0	NS			
	Newar	0.0	2.2				
	Janajati	1.0	4.2				
	Muslim	0.0	4.0				
	Other	0.0	0.0				
	Wealth quintile:						
	Lowest	0.5	5.6	NS			
	Highest	0.0	5.4				
	Sex:						
	Male	0.4	6.5	NS			
	Female	0.4	3.4				
OC2.2	% of children, under 5 with pneumonia, who received antibiotics	25.1	35.1	30	40	50	
	Caste-ethnic group:						
	Brahmin/Chhetri	31.8	32.3	NS			
	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	NS			
	Highest	16.5	37.5				
	Sex:						
	Male	28.6	37.6	NS			
	Female	20.8	32.5				
OC2.3	Unmet need for family planning (%)	24.6	27	-	20	18	
	Caste-ethnic group:						
	Brahmin/Chhetri	25.8	26.2	NS			
	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	NS			
	Highest	19.3	22.0				
	Age:						
	15-19	37.9	41.5	30	25	20	
	20-24	32.9	36.8	NS			
	25-29	26.8	30.5				

Code	Indicator	NDHS 2006	NDHS 2011	Target			Notes
				2011	2013	2015	
	30-34	21.4	26.1				
	35-49	16.7	17.2				
OC2.4	% of institutional deliveries	18	35.3	27	35	40	
	Caste-ethnic group:						
	Brahmin/Chhetri	24.1	44.1	NS			
	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				
	Wealth quintile:						
	Lowest	4.3	11.4	NS			
	Highest	55.0	77.9				
OC2.5	% of women who received contraceptives after safe abortion (surgical and medical)	50.8 ³	41 ⁴	55	60	60	
	Caste-ethnic group:						
	Brahmin/Chhetri	NS	43.0	NS			
	Terai/Madhesi other castes		36.7				
	Dalit		29.7				
	Newar		17.5				
	Janajati		43.9				
	Muslim		25.1				
	Other		100.0				
	Wealth quintile:						
	Lowest	NS	35.3	NS			
	Highest		40.5				
OC2.6	% of clients satisfied with their health care at public facilities	94 ⁵	96 ⁶	68	74	80	Re-calculated 2009 figure as incorrect denominator used
	Caste-ethnic group:						
	Brahmin/Chhetri	NS	94	NS			
	Terai/Madhesi other castes		95				
	Dalit		99				
	Newar		94				
	Janajati		97				
	Muslim		94				
	Other		-				
	Sex:						
	Male	NS	93	NS			
	Female		97				

³ HMIS 2009/10

⁴ HMIS 2010/11

⁵ Examining the Impact of Nepal's Free Health Care Policy, 2009

⁶ Service Tracking Survey 2011

Code	Indicator	NDHS 2006	NDHS 2011	Target			Notes
				2011	2013	2015	
	Age:						
	<20		94				
	20-29	NS	96	NS			
	30-39		95				
	40+		96				

OUTPUT 5: Increased health knowledge and awareness

Code	Indicator	NDHS 2006	NDHS 2011	Target			Notes
				2011	2013	2015	
OP5.1	% of women of reproductive age (15-49) aware of safe abortion sites	50	58.8	-	35	50	In NDHS 2006 % is for a site not a safe site
	Caste-ethnic group:						
	Brahmin/Chhetri	65.5	65.6	NS			
	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	NS			
	Highest	68.5	70.8				
OP5.4	% of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS by sex	M=44	M=33.9	M=33.9	M=40	M=50	
		F=28	F=25.8	F=25.8	F=40	F=40	
	Caste-ethnic group:						
	Brahmin/Chhetri	M=63.1	M=43.5	NS			
		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	NS			

Code	Indicator	NDHS 2006	NDHS 2011	Target			Notes
				2011	2013	2015	
		F=11.6	F=7.7				
	Highest	M=59.4	M=50.3				
		F=49.3	F=48.3				
	Age:						
	15-19	M=45.3	M=32.7	NS			
		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				

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