M&E 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).

Government of Nepal
Ministry of Health and Population

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ABBREVIATION

AHW	Auxiliary Health Worker
AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care
ANM	Auxiliary Nurse Midwife
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 Biding 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
DoHS	Department of Health Services
DOTS	Directly Observed Treatment Short course
EDP	External Development Partner
EHCS	Essential Health Care Services
EOC	Emergency Obstetric Care
FCHV	Female Community Health Volunteer
FHD	Family Health Division
FMIS	Financial Management Information System
FY	Fiscal Year
GAAP	Governance and Accountability Action Plan
GESI	Gender Equality and Social Inclusion
GoN	Government of Nepal
HCWM	Health Care Waste Management
HEFU	Health Financing Unit
HFOMC	Health Facility Operation and Management Committee
HRFMD	Human Resource and Finance Management Division
HF	Health Facility
HH	Household

HEIC	Health Education Information and Communication
HIIS	Health Infrastructure Information System
HIV	Humane Immuno Deficiency Virus
HMIS	Health Management Information System
HP	Health Post
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&E	Monitoring and Evaluation
MCH	Maternal and Child Health
MCHW	Maternal and Child Health Worker
MD	Management Division
MDGP	Medical Doctorate in General Practice
MG	Mothers Group
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
NCASC	National Centre for AIDS and STD Control
NDHS	Nepal Demographic Health Survey
NHA	National Health Accounts
NHEICC	National Health Education Information Communication Centre
NHSP	Nepal Health Sector Programme
NHSSP	Nepal Health Sector Support Programme
NHTC	National Health Training Centre
NPC	National Planning Commission
NPHL	National Public Health Laboratory
NTC	National Tuberculosis Centre
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 mother-to-Child Transmission
PNC	Postnatal Care
PPICD	Policy Planning and International Cooperation Division
PPP	Public-private Partnership
PWID	People Who Inject Drugs
QA	Quality Assurance
RHD	Regional Health Directorate
SBA	Skilled Birth Attendant
SHP	Sub Health Post
STH	Soil-transmitted Helminths
STS	Service Tracking Survey
FSW	Female Sex Workers
TV	Television
VCT	Voluntary Counselling and Testing
WHO	World Health Organization

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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.

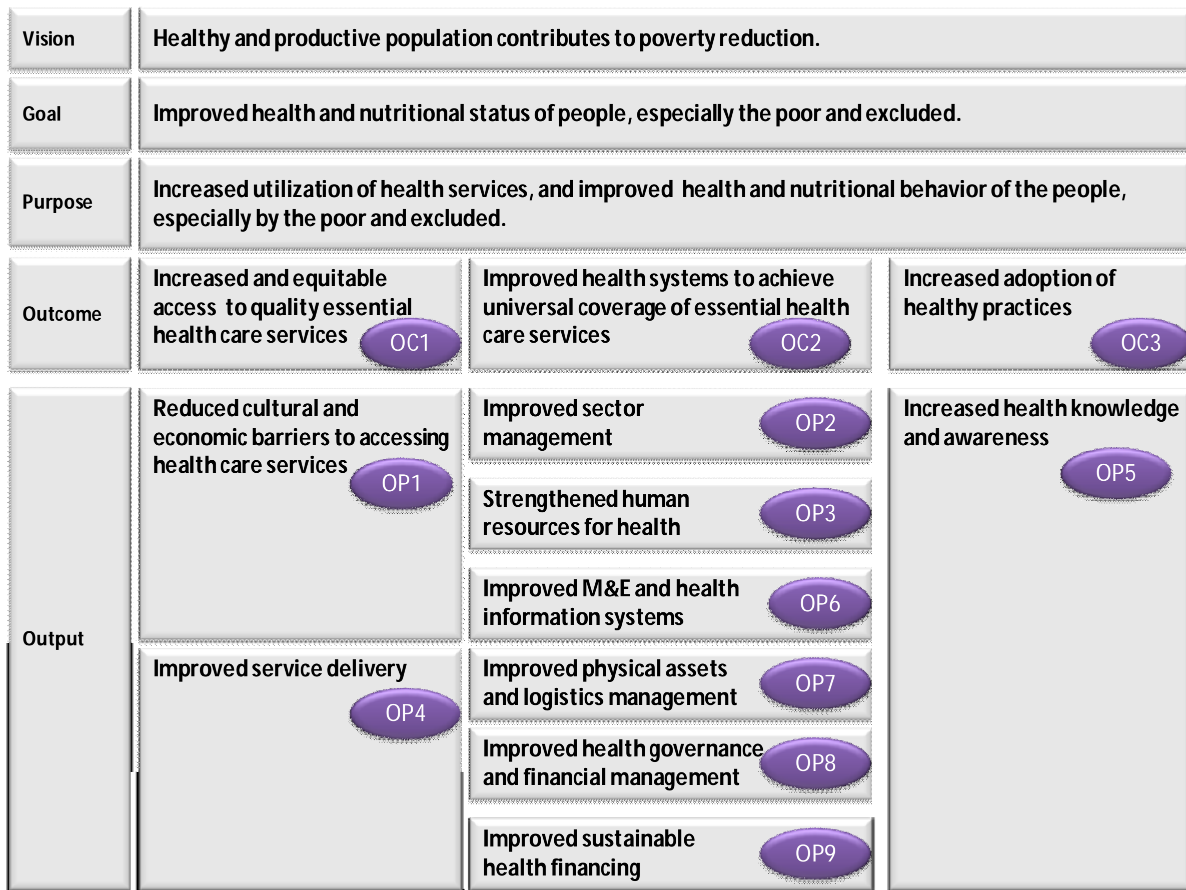
- The NHSP II has given special attention to the partnership with non-state actors. So one of the major outputs of the NHSP becomes strengthened partnership which is largely related with improved sector management. Therefore, Output 2 **improved sector management** covers strengthened partnership with 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 2011	
	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 behavior.
	P2	% of infants, exclusively breast fed for 0 – 5 months	NDHS	
	P3	Proportion of one-year-old children immunized 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, HH Survey	
	P5	% of children 6 – 59 months suffering from anaemia	NDHS	
	P6	% of households using adequately iodized salt	NDHS	
	P7	Contraceptive Prevalence Rate (modern methods) - disaggregated by (rural/urban, wealth quintile, caste/ethnicity)	NDHS, HMIS	
	P8	% of pregnant women attending at least 4 ANC visits	NDHS, HH Survey, HMIS	
	P9	% of pregnant women receiving IFA tablets or syrup during their last pregnancy - disaggregated by (rural/urban, wealth quintile, caste/ethnicity)	NDHS, HMIS, HH Survey	

LEVEL	CODE	INDICATORS	MEANS OF VERIFICATION	ASSUMPTIONS
	P19	% of deliveries conducted by a skilled birth attendant - disaggregated by (rural/urban, wealth quintile, caste/ethnicity)	NDHS, HMIS, HH Survey	
	P11	PNC coverage (3 visits during the postnatal period as % of expected live births)	HMIS, HH Survey	
	P12	% of women of reproductive age (15-49) experiencing abortion complications	NDHS, HH Survey	
	P13	Prevalence rate of Leprosy	HMIS	
	P14	Obstetric 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	
	OC1.3	% population utilising inpatient services at district hospitals - disaggregated by sex and caste/ethnicity	HMIS	
	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, HH Survey	
	OC1.6	% of deliveries by Caesarean Section	NDHS, EOC, HMIS	
	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	
	OC2.2	% of children, under 5 with pneumonia, who received antibiotics	NDHS, HMIS	
	OC2.3	Unmet need for family planning, disaggregated by age (15 – 19 yrs)	NDHS, HH Survey	
	OC2.4	% of institutional deliveries - disaggregated by (rural/urban, wealth quintile, caste/ethnicity)	NDHS, HH Survey, HMIS	
	OC2.5	Percentage of women who received post abortion contraceptives	HMIS	
	OC2.6	% of clients satisfied with their health care provider at public facilities - age, sex and caste/ethnicity	STS	
	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		NDHS, HH Survey	
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	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		Program record (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 (Red Book)	
		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		STS, HuRIS	
		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 additional Female Community Health Volunteers (FCHVs) in the mountain region and remote districts		FCHV Database, HMIS	
	Output 4 Improved service delivery	OP4.1	Number of one stop crisis centres to support victims of gender based violence		Program record (Population Division)	
		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 facility providing all CEONC signal functions		STS, HMIS	

LEVEL	CODE	INDICATORS	MEANS OF VERIFICATION	ASSUMPTIONS
	OP4.6	% of PHCCs providing all BEONC signal functions	STS, HMIS	
	OP4.7	% of health posts with birthing centre	STS, HMIS	
	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 (NCASC)	
	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 service sites	NDHS, HH Survey	
	OP5.2	% of women of reproductive age (15 –49) who know at least three pregnancy related danger signs	HH Survey	
	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	HH Survey	
	OP5.4	Proportion of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS by sex	NDHS, HH Survey	
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	Proportion 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	Activity Report (PHCRD), STS	
	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	Proportion of health sector budget as % of total national budget	MoF (Red Book)	
	OP9.3	Proportion 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
Output 2 - Improved sector management		

ACTIVITIES PLANNED IN NHSP II	RESPONSIBLE AGENCY	AREA
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 immunizations	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
Additional HA and upgrading MCHWs to ANMs in all HPs	DoHS/HRFMD/MoHP	Curative service

ACTIVITIES PLANNED IN NHSP II	RESPONSIBLE AGENCY	AREA
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 Anesthetists, 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
Output 4 - Improved service delivery		
Establish regional hospitals with 30 bed and medicine production branch in each	DoA	Ayurveda

ACTIVITIES PLANNED IN NHSP II	RESPONSIBLE AGENCY	AREA
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 diarrhea	CHD	Child health
Introduction of new vaccines into routine immunization - rubella, rotavirus and pneumococcal disease, typhoid, human papilloma virus and others	CHD	Child health
A policy on immunization in municipalities to ensure immunization 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 immunized	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 upto 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
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

ACTIVITIES PLANNED IN NHSP II	RESPONSIBLE AGENCY	AREA
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
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

ACTIVITIES PLANNED IN NHSP II	RESPONSIBLE AGENCY	AREA
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
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 PLANNED IN NHSP II	RESPONSIBLE AGENCY	AREA
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
Behavior 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
Establisha 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)
Timely advance discussions on how the performance audit can supplement regular ongoing process	PHAMED/PPICD	M&E (from GAAP)
Develop and implement a monitoring and evaluation plan	PHAMED	M&E, HIS

ACTIVITIES PLANNED IN NHSP II	RESPONSIBLE AGENCY	AREA
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
StrengtheningHuRIS 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, deamand 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)
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

ACTIVITIES PLANNED IN NHSP II	RESPONSIBLE AGENCY	AREA
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)H O	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
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)

ACTIVITIES PLANNED IN NHSP II	RESPONSIBLE AGENCY	AREA
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)
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

ACTIVITIES PLANNED IN NHSP II	RESPONSIBLE AGENCY	AREA
		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			Target			Data source	Reporting frequency	Responsible agency (data collection)	Reporting	
			Data	Year	Source	2011	2013	2015				Whom	When
Goal	G1	Total Fertility Rate	3.0	2010	NHSP II*	3.0	2.8	2.5	NDHS	5 Yrs.	MoHP	NPC, EDPs	HMIS will report trimesterly to PHAMED, MoHP.
	G2	Adolescent Fertility Rate (women aged 15-19 years)	98	2006	NDHS	-	85	70	NDHS	5 Yrs.	MoHP	NPC, EDPs	
	G3	Under-five Mortality Rate	55	2010	NHSP II*	55	47	38	NDHS	5 Yrs.	MoHP	NPC, EDPs	
	G4	Infant Mortality Rate	44	2010	NHSP II*	44	38	32	NDHS	5 Yrs.	MoHP	NPC, EDPs	
	G5	Neonatal Mortality Rate	30	2010	NHSP II*	30	23	16	NDHS	5 Yrs.	MoHP	NPC, EDPs	
	G6	Maternal Mortality Ratio	250	2010	NHSP II*	250	192	134	NDHS	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	0.10	0.08	0.06	EPP/ Spectrum modeling	2 Yrs.	NCASC	MoHP, NPC, EDPs, UN	NCASC, EDCD, and other agencies will align their survey schedule to provide data to ministry before JAR and planning preparation.
	G8	Malaria annual parasite incidence per 1,000	0.28	2006/07	HMIS	halt & reverse			HMIS	Trimesterly	HMIS	MoHP, NPC, EDPs	
	G9	% of children under five years of age, who are stunted	49.3	2006	NDHS	40	35	28	NDHS	5 Yrs.	MoHP	NPC, EDPs	
	G10	% of children under five years of age, who are underweight	39.7	2009	NHSP II*	39	34	29	NDHS	5 Yrs.	MoHP	NPC, EDPs	
	G11	% of children under five years of age, who are wasted	13	2006	NDHS	10	7	5	NDHS	5 Yrs.	MoHP	NPC, EDPs	
	G12	% of low birth weight babies											
		Original result framework (not correct)	33	2006	NDHS	32	27	25	NDHS	5 Yrs.	MoHP	NPC, EDPs	
		Corrected baseline and target (proposed)	14.3	2006	NDHS	-	13	12					
Purpose	P1	% of neonates breast fed within one hour of birth	35.4	2006	NDHS	-	55	60	NDHS	5 Yrs.	MoHP	NPC, EDPs	
	P2	% of infants, exclusively breast fed for 0 – 5 months	30.6	2006	NDHS	35	48	60	NDHS	5 Yrs.	MoHP	NPC, EDPs	
	P3	Proportion of one-year-old children immunized against measles (%) - disaggregated by (rural/urban, wealth quintile, caste/ethnicity)	86	2009/10	HMIS	88	90	90	NDHS, HMIS	5 Yrs. (NDHS), Trimesterly (HMIS)	HMIS, MoHP	MoHP, NPC, EDPs	Agencies conducting survey and other studies should report preliminary findings of IBBS and other surveys within two months of data collection and final report within five months to PHAMED, MoHP.
		Hill Dalit	87.2	2009	A Mid-term Survey for NFHP II	-	90	90	NDHS, HH Survey, HMIS	5 Yrs. (NDHS), Bi-annual (HHS), Annual (HMIS)	MoHP, HMIS	MoHP, NPC, EDPs	
		Terai/Madhesi Dalit	79.7			-	85	90					
		Hill Janjati	94.8				≥ 90						
		Terai Janajati	96.9				≥ 90						
		Muslim	93.5				≥ 90						
		Urban	88.9	2006	NDHS		≥ 90		NDHS, HH Survey	5 Yrs. (NDHS), Bi-annual (HHS)	MoHP	NPC, EDPs	
		Rural	84.5			-	88	90					
		Highest wealth quintile	94.5				≥ 90						
		Second lowest wealth quintile	84.9			-	88	90					
		Lowest wealth quintile	73.2			-	85	90					

Results level	Code	Indicator	Baseline			Target			Data source	Reporting frequency	Responsible agency (data collection)	Reporting	
			Data	Year	Source	2011	2013	2015				Whom	When
	P4	% of children aged 6-59 months that have received vitamin A supplements	90	2009/10	HMIS	≥ 90			HMIS, NDHS, HH Survey	Bi-annual (HMIS), 5 Yrs. (NDHS), Bi-annual (HHS)	HMIS, MoHP	MoHP, NPC, EDPs	MoHP will report EDPs during JAR, JCM, and other regular meetings. MoHP will report to NPC in the trimesterly basis for routine informations and during planning meetings for survey, surveillance and other studies.
	P5	% of children 6 – 59 months suffering from anemia	48	2006	NDHS	45	44	43	NDHS	5 Yrs.	MoHP	NPC, EDPs	
	P6	% of households using adequately iodized salt	77	2010	NHSP II*	80	84	88	NDHS, HH Survey	5 Yrs. (NDHS), Bi-annual (HHS)	MoHP	NPC, EDPs	
	P7	Contraceptive Prevalence Rate (modern methods) - disaggregated by (rural/urban, wealth quintile, caste/ethnicity)	48	2010	NHSP II*	48	52	67	NDHS, HMIS	5 Yrs. (NDHS), Annual (HMIS)	HMIS, MoHP	MoHP, NPC, EDPs	
		Poor	35.5	2006	NDHS	43	46	49					
		Dalit	44			52	55	58					
		Janajati	47			55	58	61					
		Muslim	17			25	28	31					
		Urban	54.2			-	65	67					
		Rural	42.5			-	53	55					
		Highest wealth quintile	53.9			-	65	67					
		Second lowest wealth quintile	40.6			-	52	55					
		Lowest wealth quintile	30.3			-	41	44					
	P8	% of pregnant women attending at least 4 ANC visits	35.2	2008	NHSP II*	45	65	80	NDHS, HH Survey, HMIS	5 Yrs. (NDHS), Bi-annual (HHS), Trimesterly (HMIS)	MoHP	NPC, EDPs	
	P9	% of pregnant women receiving IFA tablets or syrup during their last pregnancy - disaggregated by (rural/urban, wealth quintile, caste/ethnicity)	59.3	2006	NDHS	82	86	90	NDHS, HMIS, HH Survey	5 Yrs. (NDHS), Trimesterly (HMIS) for aggregated, Annual (HMIS) for disaggregated, Bi-annual (HHS)	HMIS, MoHP	MoHP, NPC, EDPs	
		Poor	N/A	2009	A Mid-term Survey for NFHP II	77	81	85					
		Dalit	78 for Hill Dalits & 90 Terai Dalits			82	85	88					
		Janajati	70.7 for Hill Janajati& 85.9 for Terai Janjati			74	77	81					
		Muslim	82.4			-	86	88					
		Urban	N/A			-	87	90					

Results level	Code	Indicator	Baseline			Target			Data source	Reporting frequency	Responsible agency (data collection)	Reporting	
			Data	Year	Source	2011	2013	2015				Whom	When
		Rural	76.7			-	84	87					
		Highest wealth quintile	97.5			≥ 90							
		Second lowest wealth quintile	81.5			-	88	90					
		Lowest wealth quintile	66.0			-	73	75					
	P10	% of deliveries conducted by a skilled birth attendant - disaggregated by (rural/urban, wealth quintile, caste/ethnicity)	18.7	2006	NDHS	-	40	60	NDHS, HMIS, HH Survey	5 Yrs. (NDHS), Trimesterly (HMIS) for aggregate, Annual (HMIS) for disaggregated, Bi-annual (HHS)	HMIS, MoHP	MoHP, NPC, EDPs	
		Poor	7.5			20.3	25.3	30					
		Dalit	11			23	27	32					
		Janajati	14			25	30	35					
		Muslim	13			24	29	34					
		Other terai/madhesi	13			24	29	34					
		Urban	50.6			-	67	70					
		Rural	14.3			-	30	35					
		Highest wealth quintile	57.8			-	65	70					
		Second lowest wealth quintile	10.1			-	27	32					
		Lowest wealth quintile	4.8			-	22	27					
	P11	PNC coverage (3 visits during the postnatal period as % of expected live births)	35.8	2010/11	HMIS	-	43	50	HMIS, HH Survey	5 Yrs. (NDHS), Trimesterly (HMIS), Bi-annual (HHS)	HMIS, MoHP	MoHP, NPC, EDPs	
	P12	% of women of reproductive age (15-49) experiencing abortion complications	14	2009	NHSP II*	14	10	7	NDHS, HH Survey	5 Yrs. (NDHS), Bi-annual (HHS)	MoHP	NPC, EDPs	
	P13	Prevalence rate of Leprosy	0.77	2009/10	HMIS	halt & reverse			HMIS	Trimesterly (HMIS)	HMIS	MoHP, NPC, EDPs	
	P14	Obstetric case fatality rate	N/A	-	-	< 1			HMIS	Trimesterly (HMIS)	HMIS	MoHP, NPC, EDPs	
Outcome 1	OC1.1	% of the population living within 30-minutes travel time to a health or sub-health post - disaggregated by urban/rural	50	2010	NHSP II*	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	Proportionate to population size			HMIS	Trimesterly (HMIS)	HMIS	MoHP, NPC, EDPs	
	OC1.3	% population utilising inpatient services at district hospitals - disaggregated by sex and caste/ethnicity	9.15	2009/10	HMIS	Proportionate to population size			HMIS	Trimesterly (HMIS)	HMIS	MoHP, NPC, EDPs	
	OC1.4	% population utilising emergency services at district hospitals - disaggregated by sex and caste/ethnicity	16.14	2009/10	HMIS	Proportionate to population size			HMIS	Trimesterly (HMIS)	HMIS	MoHP, NPC, EDPs	

Results level	Code	Indicator	Baseline			Target			Data source	Reporting frequency	Responsible agency (data collection)	Reporting	
			Data	Year	Source	2011	2013	2015				Whom	When
	OC1.5	Met need for emergency obstetric care	31	2008/09	HMIS	-	43	49	HMIS, HH Survey	Trimesterly (HMIS), Bi-annual (HHS)	MoHP	NPC, EDPs	
	OC1.6	% of deliveries by Caesarean Section	3.6	2008/09	HMIS	4.0	4.3	4.5	EOC, NDHS, HMIS	Trimesterly (EOC), 5 Yrs. (NDHS), Bi-annual (HHS)	HMIS, MoHP	MoHP, NPC, EDPs	
	OC1.7	Tuberculosis treatment success rates	89	2009/10	HMIS	89	90	90	HMIS	Trimesterly (HMIS)	HMIS	MoHP, NPC, EDPs	
	OC1.8	% of eligible adults and children currently receiving antiretroviral therapy	24	2011	EPP/Spectrum modeling	24	55	80	EPP/Spectrum modeling & Routine ART monitoring report	2 Yrs.	NCASC	MoHP, NPC, EDPs, UN	
Outcome 2	OC2.1	% of children under 5 with diarrhea treated with Zinc and ORS	7	2009	NHSP II*	7	25	40	NDHS, HMIS	5 Yrs. (NDHS), Trimesterly (HMIS)	HMIS, MoHP	MoHP, NPC, EDPs	
	OC2.2	% of children, under 5 with pneumonia, who received antibiotics	29.2	2009	NFHP Survey	30	40	50	NDHS, HMIS	5 Yrs. (NDHS), Trimesterly (HMIS)	HMIS, MoHP	MoHP, NPC, EDPs	
	OC2.3	Unmet need for family planning	25	2006	NDHS	-	20	18	NDHS, HH Survey	5 Yrs. (NDHS), Bi-annual (HHS)	MoHP	NPC, EDPs	
		disaggregated by age (15 – 19 yrs)	37.9			30	25	20					
	OC2.4	% of institutional deliveries - disaggregated by (rural/urban, wealth quintile, caste/ethnicity)	18	2006	NDHS	27	35	40	NDHS, HMIS, HH Survey	5 Yrs. (NDHS), Trimesterly (HMIS) for aggregate, Annual (HMIS) for disaggregated, Bi-annual (HHS)	HMIS, MoHP	MoHP, NPC, EDPs	
		Dalit	9			-	26	31					
		Janajati	14			-	31	36					
		Muslim	12			-	29	34					
		Urban	47.8			-	65	70					
		Rural	13.5			-	23	28					
		Highest wealth quintile	55.0			-	72	75					
		Second lowest wealth quintile	9.3			-	26	31					
		Lowest wealth quintile	4.3			-	21	26					
	OC2.5	Percentage of women who received post abortion contraceptives	50.8	2009/10	HMIS	55	60	60	HMIS	Trimesterly	HMIS	MoHP, NPC, EDPs	
	OC2.6	% of clients satisfied with their health care provider at public facilities - age, sex and caste/ethnicity	68.4	2008	NHSP II*	68	74	80	STS	Annual	MoHP	NPC, EDPs	
	OC2.7	Tuberculosis case detection rate (%)	75	2009/10	HMIS	75	80	85	HMIS	Trimesterly	HMIS	MoHP, NPC,	

Results level	Code	Indicator	Baseline			Target			Data source	Reporting frequency	Responsible agency (data collection)	Reporting	
			Data	Year	Source	2011	2013	2015				Whom	When
												EDPs	
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		NHSP II*	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	82.6	2011	IBBS surveys	82.6		85					
		MSWs	37.8	2009				80					
		MSM	75.3	2009			75	80					
		PWIDs	46.5	2011		46.5	60	80					
		MLM	53	2010			65	80					
	OC3.3	% of people who inject drugs reporting the use of sterile injecting equipments the last time they injected	95.3	2011	IBBS survey	≥ 95			IBBS survey among PWIDs	2 Yrs.	NCASC	MoHP, NPC, EDPs	
	OC3.4	% of households with hand washing facilities with soap and water	47.8	2011	NDHS	-	65	85	NDHS, HH Survey	5 Yrs. (NDHS), Bi-annual (HHS)	MoHP	NPC, EDPs	
Output 1	OP1.1	% of women utilizing FCHV fund (among Women of Reproductive Age)	5	2010/11	DoHS (Annual Report)	-	8	10	HMIS	Trimesterly	HMIS	MoHP, NPC, EDPs	
	OP1.2	Number of health facilities providing adolescent-friendly health services	0	2010	FHD	-	500	1000	FHD	Trimesterly	FHD	MoHP, NPC, EDPs	
	OP1.3	% of HFOMC with at least 3 number of female members and at least 2 members from Janajati and Dalit	42	2011	STS	-	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	0	2011	PPICD	-	50	90	PPICD	Annual	MoHP	NPC, EDPs, IHP+	
	OP2.2	% of health sector aid reported by the EDPs on national health sector budgets	N/A	-	-	-	50	85	MoF (Red Book), JAR	Annual	MoHP	NPC, EDPs, IHP+	
	OP2.3	% of actions documented in the action plan of aid-memoire completed by next year	N/A	-	-	-	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	N/A	-	-	-	100	100	JAR	Annual	MoHP	NPC, EDPs, IHP+	
Output 3	OP3.1.1	% of sanctioned posts that are filled - doctors at PHCC	50	2011	STS	85	88	90	HuRIS, STS	Trimesterly (HuRIS), Bi-annual (HHS)	MoHP	NPC, EDPs	
	OP3.1.2	% of sanctioned posts that are filled - doctors at hospitals	96			85	88	90	HuRIS, STS	Trimesterly (HuRIS), Bi-annual (HHS)	MoHP	NPC, EDPs	

Results level	Code	Indicator	Baseline			Target			Data source	Reporting frequency	Responsible agency (data collection)	Reporting	
			Data	Year	Source	2011	2013	2015				Whom	When
	OP3.1.3	% of sanctioned posts that are filled - nurses at PHCC	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 hospitals	41			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	0	2011	STS	-	60	80	HuRIS, STS	Trimesterly (HuRIS), Bi-annual (HHS)	MoHP	NPC, EDPs	
	OP3.3	Number of production and deployment of -							HuRIS	Trimesterly	MoHP	NPC, EDPs	
		SBA				4000	6000	7000					
		MDGPs				-	28	56					
		Anesthetists				-	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 additional Female Community Health Volunteers (FCHVs) in the mountain region and remote districts	48514	2007/08	HMIS	50000	52000	53514	FCHV Database, HMIS	Trimesterly, Annual	HMIS, FHD	MoHP, NPC, EDPs	
Output 4	OP4.1	Number of one stop crisis centres to support victims of gender based violence	0	2010	PD	5	10	20	Program record (Population Division)	Trimesterly	MoHP	NPC, EDPs	
	OP4.2	Number of HPs per 5,000 population	0.13	2011	HMIS/CBS	-	0.5	1	HMIS	Trimesterly	HMIS	MoHP, NPC, EDPs	
	OP4.3	Number of PHCCs per 50,000 population	0.39	2011	HMIS/CBS	-	0.7	1	HMIS	Trimesterly	HMIS	MoHP, NPC, EDPs	
	OP4.4	Number of district hospital beds per 5,000 population	0.31	2011	CSD/HMIS/CBS	-	0.6	1	HMIS	Trimesterly	HMIS	MoHP, NPC, EDPs	
	OP4.5	% of districts with at least one facility providing all CEONC signal functions	57.3	2010/11	DoHS (Annual Report)	-	68	76	STS, HMIS	Annual	MoHP	NPC, EDPs	

Results level	Code	Indicator	Baseline			Target			Data source	Reporting frequency	Responsible agency (data collection)	Reporting	
			Data	Year	Source	2011	2013	2015				Whom	When
	OP4.6	% of PHCCs providing all BEONC signal functions	53.6	2010/11	DoHS (Annual Report)	-	50	70	STS, HMIS	Annual	MoHP	NPC, EDPs	
	OP4.7	% of health posts with birthing centre 24/7	79	2010/11	DoHS (Annual Report)		≥ 80		STS, HMIS	Annual	MoHP	NPC, EDPs	
	OP4.8	% of safe abortion (surgical and medical) sites with long acting family planning services	91	2011	STS		≥ 90		STS, HMIS	Annual	MoHP	NPC, EDPs	
	OP4.9	% of health posts with at least five family planning methods	13	2011	STS	-	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		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	71.4	2011	IBBS surveys	71.4	75	80					
		FSWs	60.0	2011		60.0	-	80					
		MSWs	93.3	2009		-	93	95					
		MSM	77.3	2009		-	80	80					
		MLM	22.9	2010		-	50	80					
	OP4.12	% of PHCC with functional laboratory facilities	87.2	2010	HMIS (HFMS)	90	95	100	HMIS (HFMS), STS	Annual	HMIS	NPHL, MoHP	
	OP4.13	% of public hospitals, PHCCs, and HPs that have infrastructure as per GoN standard	N/A	-	-	50	65	80	STS, HIIS	Annual	MD, MoHP	MoHP, NPC, EDPs	
Output 5	OP5.1	% of women of reproductive age (15 – 49) aware of safe abortion sites	19	2006	NHSP II*	-	35	50	NDHS, HH Survey	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	N/A	-	-	-	40	50	HH Survey	Bi-annual	MoHP	NPC, EDPs	
	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	N/A	-	-	-	40	50	HH Survey	Bi-annual	MoHP	NPC, EDPs	
	OP5.4	Proportion of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS by sex	M=33.9 F=25.8	2011	NDHS	M=33.9 F=25.8	M=40 F=25.8	M=50.0 F=40.0	NDHS, HH Survey	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	N/A	-	-	-	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	

Results level	Code	Indicator	Baseline			Target			Data source	Reporting frequency	Responsible agency (data collection)	Reporting	
			Data	Year	Source	2011	2013	2015				Whom	When
	OP6.3	% of tertiary and secondary hospital (public and private) implementing ICD 10 and reporting coded information to health information system	Public - 65 Private - N/A	2011	HMIS	-	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)	N/A	-	-	-	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	2009	NHSP II*	70	80	90	LMIS	Trimesterly	LMD	MoHP, NPC, EDPs	
	OP7.2	Proportion of the budget allocated for operation and maintenance of the physical facilities and medical equipments (% cost of existing physical infrastructure and medical equipments)	N/A	-	-	at least 2			AWPB	Annual	MoHP	NPC, EDPs	
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	5	15	25	PHCRD (Activity Report), STS	Annual	MoHP	NPC, EDPs	
	OP8.2	% of the MoHP budget spent annually	81.37	2007	e-AWPB	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	60	65	70	AWPB	Annual	MoHP	NPC, EDPs	
	OP8.4	% of irregularities (Beruju) among the total public expenditures	6.2	2010/11	OAG	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	N/A	-	-	-	100	100	MD/D(P)HO	Annual	MD	NPC, EDPs	1st week of Bhadra each year
Output 9	OP9.1	% of the MoHP budget that has been allocated to EHCS	75.4	2009	e-AWPB	75	75	75	AWPB	Annual	MoHP	NPC, EDPs	
	OP9.2	Proportion of health sector budget as % of total national budget	7	2009	MoF	7.5	8.5	10	MoF (Red Book)	Annual	MoHP	NPC, EDPs, IHP+	
	OP9.3	Proportion of government allocation (share) in total MoHP budget	52.2	2009	e-AWPB	60	65	70	MoF (Red Book)	Annual	MoHP	NPC, EDPs, IHP+	

* The source is not well documented in the original result framework of NHSP IIdue to which the team could not found exact source during this exercise.

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.

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	2010	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	2010	NHSP II*
G4	Infant Mortality Rate	106	78.5	64	48		46	44	38	32	44	2010	NHSP II*
G5	Neonatal Mortality Rate		49.9	43	33		33	30	23	16	30	2010	NHSP II*
G6	Maternal Mortality Ratio	539	539	415	281			250	192	134	250	2010	NHSP II*
G7	HIV prevalence among men and women aged 15-24 years					0.12		0.10	0.08	0.06	0.49	2010	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 (from original result framework - not correct)	-	-	-	-		-	32.0	27.0	25.0	33	2006	NHSP II*
	% of low birth weight babies (corrected baseline and target – proposed)				14.3		12.4	-	13	12	-	-	-

* The source is not well documented in the original result framework of NHSP II due to which the team could not found exact source during this exercise.

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 immunized against DPT 3 (PENTA) and measles (or fully immunized per HMIS scale up) disaggregated by all wealth quintiles and castes/ethnicities	P3	Proportion of one-year-old children immunized against measles (%) - disaggregated by (rural/urban, wealth quintile, caste/ethnicity)	Proxy to full immunization, 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
1.10	% knowledge of safe abortion legalisation			Removed, to have only one knowledge indicator and still has four indicators to monitor abortion program.

Original Result Framework indicators		M&E framework indicators		Reason for change
1.11	Abortion complications	P12	% of women of reproductive age (15-49) experiencing abortion complications	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	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	
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.

Original Result Framework indicators		M&E framework indicators		Reason for change
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 hospitals	
		OP3.1.3	% of sanctioned posts that are filled - nurses at PHCC	
		OP3.1.4	% of sanctioned posts that are filled - nurses at 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	
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	OP3.4	Number of additional Female Community Health Volunteers (FCHVs) in the mountain region and remote districts	No change as such, simplified

Original Result Framework indicators		M&E framework indicators		Reason for change
	region and remote districts			
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 iodized salt ***(P6)***
6. PNC coverage (3 visits during the postnatal period as % of expected live births) ***(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. Percentage of women who received post abortion contraceptives ***(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) giving birth in the last two years aware of 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. Proportion 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. Proportion of health sector budget as % of total national budget ***(OP9.2)***
32. Proportion 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.

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