

Nepal Health Sector Strategy Implementation Plan 2016 - 2021



Government of Nepal
Ministry of Health
2017

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Background of NHSS

Under the auspices of National Health Policy 2014, Nepal Health Sector Strategy (NHSS) 2016/17-2020/21 is the primary instrument to guide the health sector for the next five years. It adopts the vision and mission set forth by the National Health Policy and carries the ethos of Constitutional provision to guarantee universal access to basic health services.

NHSS places health at the centre of overall socio-economic development. It guides the health sector's response in realizing government's vision to graduate Nepal from 'Least Developed Country' to 'Middle Income Developing Country' by 2022. Developed within the context of Sector Wide Approach (SWAp), it sees partnership as a cornerstone for health development in Nepal. The strategy was developed jointly by the government and its development partners and commit to align their efforts to NHSS priorities and are jointly accountable to achieve the results. NHSS also harnesses multi sectoral approach to address social determinants of health.

Scope of NHSS Implementation Plan

The NHSS Implementation Plan (IP) and subsequent Annual Work Plan and Budget (AWPB) will translate the NHSS into action. The MoH will lead the implementation, monitoring and evaluation of this strategy with participation of line ministries, development partners, non-governmental agencies, civil society, private sector, cooperatives and local communities. The implementation plan is developed to achieve the outputs of NHSS and ultimately its outcome and goals. There are sub-sectoral implementation plans or chapters for each of the three Departments, Centres, Social Health Security Development Committee and National Health Research Council. Seven divisions, under Department of Health Services, and five Centres, each have their own chapter, followed by a results framework to monitor their performance. The NHSS Results Framework will be the basis to monitor its overall performance. Annual reviews and a Mid Term Review (MTR) will measure progress across the sector and make necessary adjustments.

While there were calls for reforms to the ministry's organogram to effectively implement the NHSS-IP, Ministry of Health has not included such reforms in this document as the country is imminently being re-organised through federal form of governance outlined by the Constitution of Nepal (2015). The ministry felt, however, that proposed new structures should be used to inform the restructuring of the sector and has retained it in the Annex of this document (See Annex 1). The functions of different departments, divisions and centres within the Ministry will be reviewed and realigned as applicable during the restructuring process.

As agreed in the Joint Annual Review (2016), this plan will be implemented between the fiscal years 2016/17 to 2020/2021; the MoH will submit the revised NHSS timeframe accordingly to the Council of Ministers. In this NHSS IP, year 1 refers to fiscal year 2073/74 (2016/17) and consecutively year 5 refers to 2077/78 (2020/21).

Year	Year 1 (Y1)	Year 2 (Y2)	Year 3 (Y3)	Year 4 (Y4)	Year 5 (Y5)
Nepali Fiscal Year	2073/2074	2074/2075	2075/2076	2076/2077	2077/2078
English Fiscal Year	2016/2017	2017/2018	2018/2019	2019/2020	2020/2021

Costing of NHSS

The costing of the strategy was undertaken in 2015 using broad health sector inputs: human resources, drugs and commodities, capital investment and programme activities with varying cost scenarios¹. Using this approach, the total cost (middle scenario) over the five years of implementation is estimated to be NPR 266 billion, an increase of approximately 150% of the MoH's budget compared to the preceding five years. Outcome 1 of NHSS, consisting of key system components of the health sector namely infrastructure, human sources and supply chain demands over half of the total funding requirement while other outcomes, equitable utilization of health care services (outcome 3) and improved quality of care at point-of-delivery (outcome 2) require 27%. This implementation plan, developed primarily in 2016, may need some adjustments to these initial estimates.

Ministry of Health (MoH)

Ministry of the Health plays a dual role of regulating the health sector and delivering health services. Regulatory function has been carried out mainly by divisions within the MoH and through central level professional and institutional councils, such as, Nepal Medical Council. Besides these, Department of Drug Administration also functions as a regulatory body for production and supply of drugs and other medical products. The other two departments of the MoH, namely Department of Health Services and Department of Ayurveda, manage delivery of the health services at the central level while district level (public) health offices and wide network of public health facilities including autonomous and semi-autonomous hospitals deliver health services to the people. Further, national level centres deliver health services in coordination with district offices.

NHSS is guided by the following over-arching objectives.

Vision, Mission and Goal

In accordance to the National Health Policy (2014), vision, mission and goal for the health sector for five years' period as outlined in the Nepal Health Sector Strategy are as follows.

Vision: All Nepali citizens have productive and quality lives with highest level of physical, mental, social and emotional health.

Mission: Ensure citizens' fundamental rights to stay healthy by utilizing available resources optimally and through strategic cooperation between service providers, service users and other stakeholders.

Goal: The overall goal for the health sector is improved health status of all people through accountable and equitable health service delivery system. There are 10 national level indicators defined in NHSS to measure the progress toward this goal as listed in the table below. These indicators are to be monitored in disaggregated level.

¹ Gautam, G., Azzam, O. "Nepal Health Sector Strategy 2015 – 2020 Estimation of the Implementation Cost" (2015). World Health Organization: Kathmandu, Nepal.

Table 1: Goal Level Indicators

Table 1: Goal-level indicators					
Code	Indicators	Baseline		Target	
		Data	Year	2017	2020
G1	Maternal mortality ratio (per 100,000 live births)	190	2013	148	125
G2	Under five mortality rate (per 1,000 live births)	38	2014	34	28
G3	Neonatal mortality rate (per 1,000 live births)	23	2014	21	17.5
G4	Total fertility rate (births per 1,000 women aged 15–19 years)	2.3	2014	2.2	2.1
G5	% of children under-5 years who are stunted	37.4	2014	34	31
G6	% of women aged 15-49 years with body mass index less than 18.5	18.2	2011	13	12
G7	Life lost due to road traffic accidents per 100,000 population	34	2013	23	17
G8	Suicide rate per 100,000 population	16.5	2014	15	14.5
G9	Disability adjusted life years lost due to communicable, maternal & neonatal, non-communicable and injuries	8,319,695	2013	7,487,726	6,738,953
G10	Incidence of impoverishment due to out of pocket expenditure in health	na		Recue by 20%	
Note: For details on the source of information for baseline and means of verification for the targets, please refer to the NHSS RF.					

Outcomes

Nepal Health Sector Strategy spells out nine outcome statements as presented below which will be measured through 29 outcome level indicators. These outcomes are further split into 26 output statements and corresponding 56 output level indicators.

- Outcome 1** Rebuilt and strengthened health systems: Infrastructure, HRH management, Procurement and Supply chain management
- Outcome 2** Improved quality of care at point-of-delivery
- Outcome 3** Equitable utilization of health care services
- Outcome 4** Strengthened decentralized planning and budgeting
- Outcome 5** Improved sector management and governance
- Outcome 6** Improved sustainability of health sector financing
- Outcome 7** Improved healthy lifestyles and environment
- Outcome 8** Strengthened management of public health emergencies
- Outcome 9** Improved availability and use of evidence in decision-making processes at all levels

The matrix below presents the results chain of the goal, nine outcomes and 26 outputs of the NHSS. Please refer to NHSS results framework for details on indicators.

Nepal Health Sector Strategy (NHSS), Results Chain						
Code		Output		Code	Outcome	Goal
OP1a1	Health infrastructure developed as per plan and standards		OC1	Rebuilt and strengthened health systems: Infrastructure, HRH management, Procurement and Supply chain management	Improved health status of all people through accountable and equitable health delivery system	
OP1a2	Damaged health facilities are rebuilt					
OP1a3	Improved management of health infrastructure					
OP1b1	Improved staff availability at all levels with focus on rural retention and enrolment					
OP1b2	Improved human resource education and competencies					
OP1c1	Improved procurement system					
OP1c2	Improved supply chain management					
OP2.1	Health services delivered as per standards and protocols		OC2	Improved quality of care at point-of-delivery		
OP2.2	Quality assurance system strengthened					
OP2.3	Improved infection prevention and health care waste management					
OP3.1	Improved access to health services, especially for unreached population		OC3	Equitable utilization of health care services		
OP3.2	Health service networks including referral system strengthened					
OP4.1	Strategic planning and institutional capacity enhanced at all levels		OC4	Strengthened decentralized planning and budgeting		
OP5.1	Ministry of Health and Population (MoHP) structure is responsive to health sector needs		OC5	Improved sector management and governance		
OP5.2	Improved governance of private sector					
OP5.3	Development cooperation and aid effectiveness in the health sector improved					
OP5.4	Multi-sectoral coordination mechanisms strengthened					
OP5.5	Improved public financial management					
OP6.1	Health financing system strengthened		OC6	Improved sustainability of health sector financing		
OP6.2	Social health protection mechanisms strengthened					
OP7.1	Healthy behaviours and practices promoted		OC7	Improved healthy lifestyles and environment		
OP8.1	Improved preparedness for public health emergencies		OC8	Strengthened management of public health emergencies		
OP8.2	Strengthened response to public health emergencies					
OP9.1	Integrated information management approach practiced		OC9	Improved availability and use of evidence in decision-making processes at all levels		
OP9.2	Survey, research and studies conducted in priority areas; and results used					
OP9.3	Improved health sector reviews with functional linkage to planning process					

NHSS Outputs and Key Interventions

OP1a1: Health infrastructure developed as per plan and standards								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Develop standards for e-health infrastructure	PHAMED	Event	X	X			
2	Enforce standards for e-health infrastructure	PHAMED	Event		X	X	X	X
3	Build a well-equipped central data ware house	PHAMED	Event	X	X			
4	Operationalize the central data ware house	PHAMED	Event		X	X	X	X

OP1a2: Damaged health facilities are rebuilt								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Assess damaged health facilities in earthquake affected districts	PPICD	District	17				
2	Establish Project Implementation Unit (PIU) and Project Coordination Unit (PCU)	PPICD	Event	X				
3	Develop standard reconstruction guideline	PPICD	Event	X				
4	Design of proposed health facilities for medium-term in 31 earthquake affected districts as required	PPICD	Event	X	X	X		
5	Retrofit and repair health institutions to be earthquake-resilient in earthquake affected 31 districts	PPICD	Event		X	X	X	X
6	Reconstruct (408) pre-fabricated health facilities damaged by earthquake in 31 earthquake affected districts	PPICD	Event	X	X	X		
7	Reconstruct of damaged health facilities with permanent structures in 31 earthquake affected districts	PPICD	Event	X	X	X	X	X
8	Monitoring and evaluation of reconstruction of health facilities	PPICD	Event	X	X	X	X	X
9	Procure medicines, medical and non-medical equipment in 31 earthquake affected districts	LMD	Event	X	X	X	X	X
10	Develop Post-disaster nutrition plan	PPICD	Event		X	X		

OP1a3: Improved management of health infrastructure								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Develop database of all tertiary hospitals in Nepal	CSD	Event		X			
2	Develop guideline for routine renovation and maintenance of health facilities	CSD	Event	X	X			
3	Develop orientation manual for members of HDC	CSD	Event		X	X		

OP1b1: Improved availability of human resource at all levels with focus on rural retention and enrolment								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Form a unit at MoH to oversee/establish	CSD	Event		X			

OP1b1: Improved availability of human resource at all levels with focus on rural retention and enrolment								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
	linkage with academic institutions / other pre-service entities							
2	Review deployment procedures of post-graduate and MBBS graduates	CSD	Event	X				
3	Develop a guideline to deploy recent medical graduates	CSD	Event	X				
4	Develop standards to recruit HR by HDC and other independent organizations	CSD	Event	X				
5	Customize and update software for preparing and updating of existing human resource database	HRFMD	Event	X	X			
6	Update human resource strategy	HRFMD	Event		X			
7	Project human resources needed in the sector based on the updated HR strategy	HRFMD	Event		X			
8	Develop an HR master plan based on improved knowledge-base of existing health sector staff (including staff mix and task-shifting)	HRFMD	Event		X	X		

OP1b2: Improved medical and public education and competencies								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Prepare database for timely updating of existing human resource	HRFMD/Gen. Admin	Event		X			
2	Develop a scientific and transparent guideline/regulation for staff management (promotion, transfer)	Gen. Admin	Event		X			
3	Standardize incentive packages for retention of health workers across the health system	Gen. Admin	Event	X				
4	Sanction and recruitment of new HR to fulfil sanctioned posts as per soon-to-be developed Health Resources Strategy	Gen Admin	Event		X	X		
5	Review and revise academic courses/curricula for different health cadres and support them in their effective implementation	CSD	Event	X	X			
6	Offer specialist courses at regional and zonal hospitals	CSD	Event	X	X	X	X	X
7	Establish partnerships with academia to better align HR needs with production, particularly for health workers in remote and rural areas	CSD	Event	X	X			
8	Review, revise and implement regulations governing health profession education institutions	CSD	Event		X	X		
9	Revise, standardize and implement the academic curricula with focus on national public health Programme, gender and equity, information system and health emergencies	CSD/ PHAMED	Event		X	X		
10	Develop e-learning environment for pre and in service medical education	CSD	Event		X	X		
11	Establish at least one medical academic	CSD	Event		X	X	X	X

OP1b2: Improved medical and public education and competencies								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
	institution in each province							
12	Gradually make provisions to impart specialized medical education free of charge to the citizens with mandatory service obligation	CSD	Event		X	X		
13	Strengthen and expand midwifery education and incorporate professional midwives in health workforce, recruitment, deployment and retention plan	CSD	Event	X	X	X	X	X
14	Develop projections of mid-wives required in the sector and deploy them	CSD	Event		X	X		
15	Develop Acts and guidelines required for midwifery services	CSD	Event		X	X		

OP1c1: Improved procurement system								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Establish procurement centre	HRFMD	Event		X	X		

OP1c2: Improved supply chain management								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Develop guideline for logistics management	PPICD/ HRFMD	Event		X	X		

OP2.1: Quality health service delivered as per protocols/standards								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Update package of services provided by secondary/tertiary level hospitals and develop/revise protocols for implementation	CSD	Event		X	X	X	
2	Develop capacity for hospital management	CSD	Event		X	X	X	
3	Develop database of authorised drugs and herb supplies with clear guidelines for quality assurance	CSD	Event		X	X		

OP2.2: Quality assurance system strengthened								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Form autonomous body for accreditation mechanism for public and private (including NGO) institutions	PHAMED	Event		X	X		
2	Strengthen interdepartmental coordination between DDA, DoHS, NPHL and Dept. of Nepal Bureau of Standards and Metrology for standardization of medical devices, laboratory reagents etc.	PHAMED	Event		X	X	X	X
3	Build capacity of quality improvement functions at all levels (tools, measurement criteria)	CSD	Event	X	X	X		

OP2.2: Quality assurance system strengthened								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
4	Develop guidelines and protocols for quality service delivery of Ayurveda and alternative medicines	CSD	Event		X	X	X	
5	Develop minimum service standards for tertiary hospitals	CSD	Event		X			
6	Bring all private health service providers under licensing framework	CSD	Event	X				
7	Implement e-submission for licensing of private providers	CSD	Event	X	X			
8	Publicize licensing status of private providers through publication of web-site	CSD	Event		X			

OP2.3: Improved infection prevention and health care waste management practices								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Review and revise infection prevention and health care waste management	CSD	Event	X	X			
2	Promote state non-state partnership models for waste management	CSD	Event	X	X	X		

OP3.1: Improved access to health services, especially for unreached population								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Conduct a study to inform expansion of health services to achieve Universal Health Coverage (UHC)	PPICD	Event		X			
2	Develop a scope for Universal Health Coverage (UHC)	PPICD	Event		X	X		
3	Formulate regulations for basic health services	PPICD	Event	X				
4	Expand Extended Health Services in public hospitals	CSD	Event		X			
5	Improve capacity of district hospitals to deliver specialized services in partnership with public and private academic institutions	CSD	Event		X			
6	Establish in-house pharmacies in public hospitals	CSD	Event	X	X	X		
7	Designate satellite clinics for referral level hospitals	CSD	Event		X	X		
8	Integrate Ayurveda and Yoga with mainstream health in the community, particularly for NCDs	CSD	Event		X	X		
9	Establish herb's collection and processing centre in each province with community participation	CSD	Event		X	X	X	X
10	Enforce 10% free-subsidy for poor citizens with private hospitals and monitor scheme	CSD	Event	X				

OP3.2: Health service networks, including referral system, strengthened								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5

OP3.2: Health service networks, including referral system, strengthened								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Develop guideline for National Ambulance Service with a unified telephone number, including networking and standardization of emergency response services	PPICD	Event	X				
2	Revise/update referral guidelines (include air ambulance)	CSD	Event		X			
3	Expand technology for improved service delivery and referrals (telemedicine)	CSD	Event		X			

OP4.1: Strategic planning and institutional capacity enhanced at all levels								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Review and revise the e-AWPB planning framework to make it consistent with LMBIS and to achieve NHSS outcomes	PPICD	Event	X	X			
2	Develop framework for formula-based block grants for districts	PPICD	Event	X	X			
3	Study on annual planning, budgeting and review process in provincial level	PPICD	Event	X				
4	Enhance the capacity on Planning and Budgeting functions of central and district levels (LMBIS, eAWPB, TABUCS)	PPICD	Event	X	X	X	X	X
5	Standardize the system of hospital and other institutional block grant in line with the proposed plan	PPICD	Event		X			

OP5.1: Ministry of Health (MoH) structure is responsive to health sector needs								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Develop a restructuring and transition plan for MoH	PPICD	Event	X				
2	Support GoN for phase-wise implementation in federal system as required	PPICD	Event	X	X	X	X	X
3	Develop a comprehensive capacity development plan for MoH	PPICD	Event	X				
4	Establish SMART Health Unit in PHAMED with adequate human resources	PHAMED	Event	X				
5	Develop components and specifications for SMART Health and prepare roll-out plan	PHAMED	Event	X				
6	Review and revise Council Acts and Regulations	PHAMED	Event	X	X			

OP5.2: Improved governance and accountability								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Develop and adopt a state non-state partnership policy	PPICD	Event	X	X			
2	Enhance capacity in PPP in the areas such as, infrastructure, human resources and service delivery functions, and production of medicinal herbs	PPICD	Event		X	X		

OP5.2: Improved governance and accountability								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
3	Promote the domestic production of medicinal products	PPICD/DDA/DoA	Event	X	X	X	X	X
4	Develop regulations for blood transfusion, organs or other body transplants	CSD	Event	X				
5	Develop legal provisions to facilitate organ donations and selection of recipients by developing scientific and management definitions of "brain-dead"	CSD	Event	X				
6	Introduce regulatory mechanism for equitable presence of private health intuitions throughout the country	CSD	Event		X	X		
7	Develop public health act to protect citizen's rights enshrined by the Constitution of Nepal	PPICD	Event	X				
8	Determine mechanisms to ensure transparency in key decision at MoH and proactively identify and publish data through web portal	PHAMED	Event	X	X			
9	Define and implement mechanisms for effectively collecting, managing and timely responding to grievances by public and private health facilities and ministry	PHAMED	Event	X	X			
10	Revise GESI strategy and its operational guideline	PHAMED	Event	X	X			
11	Adopt and operationalize gender responsive budgeting guidelines	PHAMED	Event	X				
12	Revise SSU guidelines	PHAMED	Event	X				
13	Develop Geriatric Strategy and guideline	PHAMED	Event	X				
14	Revise the SOP for National Integrated Guidelines for GBV survivors	PHAMED	Event	X	X			
15	Scale up GESI targeted interventions (OCMC, SSU, Geriatric services)	PHAMED	Event	X	X	X	X	X
	OCMC	PHAMED	Hospital	8	11	10		
	SSU	PHAMED	Hospital	8	11	10		
	Geriatric Services	PHAMED	Hospital	4	4	3		
16	Revise Mental Health Policy (1997), develop mental health strategy and action plan	CSD	Event	X	X			

OP5.3: Development cooperation and aid effectiveness improved								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Establish Nepal Health Sector Development Partners Forum to better harmonize and align development cooperation in health	PPICD	Event	X				
2	Establish an effective and transparent database of development assistance to the health sector, including off-budget funding	PPICD	Event		X			
3	Establish regular meetings of NHSS coordination committee and an annual policy dialogue	PPICD	Event		X	X		
4	Establish periodic review mechanism for	PPICD	Event		X	X		

OP5.3: Development cooperation and aid effectiveness improved								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
	INGOs involved in health sector, jointly with MSWCW							

OP5.4: Multi-sectoral coordination mechanisms strengthened								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Assess multi-sector mechanisms and propose revisions:	PPICD	Event		X	X		
	Multi-sectoral framework on WASH	PPICD	Event		X			
	Multi-sectoral Nutrition Plan	PPICD	Event		X			
	Multi-sectoral NCD action plan	CSD	Event		X			
	Nepal Road safety Action Plan (2011-2020)	PPICD	Event		X			
	Multi-sectoral coordination on Health promotion	PPICD	Event		X			
2	Establish provincial set-up of operational water quality surveillance	CSD	Event	X	X			
3	Operationalize water quality surveillance at provincial level	PPICD			X	X	X	X

OP5.5: Improved public financial management								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Effectively implement TABUCS nationwide and align with LMBIS	HRMFD, PPICD	Event	X	X			
2	Improve predictability of health sector budget, including EDP funding	PPICD	Event	X	X	X	X	X
3	Assess accounting, reporting, monitoring and audit arrangements in autonomous hospitals	HRFMD	Event	X	X	X	X	X
4	Roll-out TABUCS in all autonomous hospitals	HRFMD	Event	X	X			
5	Review piloting and include framework for health facilities to report all revenues and expenditures data from hospitals and health institutions to allow for timely reporting of financial transactions and effective monitoring of funds utilization	HRFMD	Event	X	X			
6	Produce National Health Accounts (NHA) / System of Health Accounts to track public and private sector expenditure	HRFMD	Event		X			X
7	Conduct economic analysis of Community and private hospitals	HRFMD	Event		X			
8	Study cost benefit analysis of major health programmes	HRFMD	Event	X	X			
9	Improve budget allocation for timely treasury allocation and monitoring of expenditure practices	HRFMD	Event	X	X	X	X	X
10	Develop capacity of financial authorities for budget allocation and expenditure practice and reducing financial irregularities	HRFMD	Event	X	X	X	X	X
11	Monitor and evaluate of TABUCS/Financial discipline	HRFMD	Event	X	X	X	X	X

OP6.1: Health financing system strengthened								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Enhance capacity of HEFU to develop and manage performance based agreement	PPICD/ HRFMD	Event	X	X			
2	Develop medium term expenditure framework for three years and update it annually	PPICD	Event	X	X	X	X	X
3	Establish a medium-term financing framework for the health sector and a health financing strategy	PPICD/ HRFMD	Event		X	X		
4	Review health sector expenditure through National Health Accounts	HRFMD	Event		X			X
5	Develop and introduce resource allocation formula for budgetary allocation and absorption of districts and hospitals	PPICD/ HRFMD	Event		X	X		
6	Expand performance-based resource allocation practices particularly for autonomous hospitals and non-governmental service providers	PPICD/ HRFMD	Event		X	X		
7	Develop a budget preparation manual that clearly defines the role of involved institutions and individuals.	PPICD/ HRFMD	Event	X	X			
8	Build capacity of MoH to develop and manage performance based agreement	PPICD/ HRFMD	Event	X	X			
9	Conduct public expenditure review	HRFMD	Event		X			
10	Develop capacity of public and private sector for regular production of system of health account (SHA)	HRFMD	Event	X	X			
11	Develop framework for annual reporting of health expenditure data including public and private sector	HRFMD	Event	X	X			
12	Develop framework for annual reporting of health revenue including public and private sector	HRFMD	Event	X	X			
13	Estimate resource need for delivering service packages, including those to be provided free of charge at the point of delivery (e.g. Free health, Aama Surakshya Programme, TB, HIV, Health Insurance etc.)	HRFMD	Event	X				
14	Develop and introduce resource allocation formula for budgetary allocation for districts and hospitals (Minimum grants)	PPICD/ HRFMD	Event	X	X			
15	Expand performance-based resource allocation practices particularly for autonomous hospitals and non-governmental service providers	PPICD/ HRFMD	Event	X	X	X	X	X

OP6.2: Social health protection mechanisms strengthened								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Assessment of existing social protection scheme for efficiency gains	HRFMD	Event	X	X			
2	Develop and implement a plan for harmonization and integration of different social health protection schemes	HRFMD	Event			X	X	X

OP7.1: Healthy behaviours and practices promoted								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Develop regulations against advertising of harmful products	PPICD	Event	X				
2	Promote enforcement of Tobacco Act and improve public awareness of its hazards	PPICD	Event		X	X	X	
3	Enhance capacity of MoH on environmental and occupational health	PPICD	Event		X	X		
4	In collaboration with Ministry of Education, review/revise current approaches for School Health Programme emphasizing health promotion, nutrition, sports, resilience from substance-use and sexual health	PPICD	Event		X	X		
5	Implement surveillance of road traffic accidents	PPICD	Event		X	X	X	
6	Collaborate with other sectors to enforce standards for air, water and food quality	PPICD	Event		X	X	X	X
7	Generate evidences on impact of climate change on human health	PPICD	Event		X	X		
8	Monitor changes in vector and disease pattern	PPICD	Event		X	X		
9	Expand water quality surveillance	PPICD	Event		X	X		
10	Gradually recruit and deploy community health inspectors	HRFMD	Event				X	X

OP8.1: Public health emergencies and disaster preparedness improved								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Develop inter-ministerial protocol for implementing the hospital safety initiatives	CSD	Event	X	X			
2	Update national level protocols and operational guidelines for emergency situations with clear roles and responsibilities	CSD	Event	X	X			
3	Establish emergency response funds at federal, provincial and local levels	CSD	Event	X	X			
4	Establish provincial emergency health management centres	CSD	Event	2	2	2	1	
5	Develop human resources mobilization plan during emergencies	CSD	Event		X			
6	Establish trauma management capacity in hospitals near highways and in major urban centres	CSD	Event	2	4	4	2	2

OP8.2: Strengthened response to public health emergencies								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Implement National Adaption Programme of Action (NAPA) to climate change for planning and preparedness climate change induced disaster	CSD	Event	X	X			

2	Capacitate Rapid Response Teams (RRTs), at all levels, to respond to public health emergencies	CSD	Event	X	X			
3	Develop Mass Casualty Management plan for all hospitals above 50 beds and test those plans periodically	CSD	Event	2	2	2	2	2
4	Mobilize and manage trained human resources during emergencies with financial and non-financial incentives	CSD	Event	X	X	X	X	X

OP9.1: Integrated information management approach practiced

SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Develop routine data quality assessment frameworks and tools and promote use by information systems and Programme division and centres	PHAMED	Framework	X	X	X	X	X
2	Collaboration with MoFALD to strengthen vital events registration system, including cause of death	PHAMED	No. of districts		10	15	20	25
3	Implement SMART Health strategy particularly legal, policy and standard framework components	PHAMED	Event	X	X			
4	Establish health work force information system consisting of all health workers in public sector (including scholarship doctors), while ensuring scientific basis for transfers	HRFMD	Event	X				
5	Roll out unified codes to ensure interoperability of different information systems	PHAMED	Event	X				
6	Create central data repository to house data generated from routine information systems and national surveys	PHAMED	Event	X				
7	Identify the data gaps to monitor NHSS RF and support updating and/or establishment of data sources	PHAMED	Event	X	X	X	X	X

OP9.2: Survey, research and studies conducted in priority areas

SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Harmonize and conduct national level surveys - NDHS, NHFS etc.	PHAMED	Event		X	X		X
2	Prepare survey plan for and conduct: NDHS, NMICS, NHFS	PHAMED	Event	X		X		X

OP9.3: Improved health sector reviews with functional linkage to planning process

SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Improve health sector reviews – quality of review, participatory, alignment of existing reviews, linkage with planning	PHAMED	Guidelines		X			
2	Inform policy and planning process – synthesizing evidences and information from different sources	PHAMED	Synthesis papers		5	5	5	5
3	Perform programme evaluations	PHAMED	Number		2	2	2	2

4	Develop hospital and health facility assessment checklists and perform regular assessment, compile and share findings (prepare report)	PHAMED	Number of hospitals		20	25	35	50
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Department of Ayurveda (DoA)

Background and scope

Department of Ayurveda (DoA) primarily manages the delivery of Ayurveda services and promotes healthy lifestyles through its network facilities all across the country. The Department of Ayurveda, one of the three departments of the Ministry of Health (MoH) and is responsible for programming, management of information, and supervision, monitoring and evaluation of the Ayurveda Service programmes.

Ayurveda is an ancient medical system and indigenous to Nepal with deep roots. The sources of Ayurvedic medicine are medicinal herbs, minerals and animal products. The system works through simple and therapeutic measures along with promotive, preventive, curative and rehabilitative health of people. Ayurveda health services are being delivered through 2 Ayurveda Hospitals, 14 Zonal Ayurveda Dispensaries, 61 District Ayurveda Health Centres and 305 Ayurveda dispensaries across the country. The Ayurveda and Alternative Medicine unit in the Ministry of Health (MoH) is responsible for formulating policies and guidelines for Ayurveda and other traditional medical system.

Various national and international policies have highlighted the importance of Ayurveda services in primary health care and for prevention of NCDs. The Constitution of Nepal has called for the prevention and promotion of traditional Ayurveda medicines along with naturopathy and homeopathy. The National Health Policy (2014) has called for expansion of Ayurvedic services as have the National Ayurveda Health Policy (1995) and National Urban Health policy (2015).

The plan approach paper (2016/17-2018/19) for fourteenth plan of government of Nepal has guided the government to better preserve, manage and utilize the herbs available in the country. More specifically, it says: 1) suitable structure will be developed and extended for effective implementation of Ayurveda system; 2) Ayurvedic production will be increased along with monitoring malpractices in the name of Ayurveda and herbs and 3) Ayurvedic, Homeopathy, Unani and other complementary medical systems will be preserved, developed and preserved with long-term planning.

Table 2: Programme components and Scope of Department of Ayurveda

SN	Programme components	Scope /Key functions
1	Ayurveda Services	Provide promotive and Preventive services through Out-Reach Clinic and Services, Dispensaries and Ayurvedic District Hospitals and curative services through Ayurvedic District Hospitals, Regional/Federal Ayurveda Hospitals, Central Ayurveda Hospitals, Ayurveda specialty hospitals. Rehabilitation services from Regional/Federal Ayurveda Hospitals/Centres, Central and Specialized Ayurveda Hospitals
2	Ayurveda herbs and medicines	Promote production, preservation and research of Ayurvedic herbs; procurement & supply chain; quality assurance of herbs and medicines, pharmacies and analytical laboratories
3	Quality Assurance of Ayurveda herbs	Enforcement of regulatory provisions for Ayurvedic herbs, pharmacies and analytical laboratories

NHSS Outputs and Key Interventions

OP1a1: Health infrastructure developed as per plan and standards

SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Establish district level Ayurveda Hospitals by upgrading existing DAHC & ZAD	Ayurveda Services	District		3	3	3	4
2	Establish Regional/Provincial Ayurveda Hospitals	Ayurveda Services	Count		2	2	2	1
3	Establish Ayurveda Dispensaries/Health Centres based on population and geography	Ayurveda Services	Count		25	40	50	60
4	Establish Ayurvedic Specialty Service Centre (Panchakarma, Yoga and Lifestyle, Processing Centre and Central Lab etc)	Ayurveda Services	Count			1		

OP1a2: Damaged health facilities are rebuilt

SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Rebuild damaged Ayurveda institutions	Ayurveda Services	%	20	50	50		
2	Repair partially damaged and unsafe Ayurveda institutions	Ayurveda Services	%	30	30	40		

OP1a3: Improved management of health infrastructure

SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Engage local management committee of Ayurved for reconstruction, repair and upgrading of Ayurveda institutions	Ayurveda Services	Event		X	X		
2	Establish provision for suitable modern and traditional equipment, techniques in Ayurvedic institutions	Ayurveda Services	Event	10	20	20	20	30

OP1b1: Improved availability of human resource at all levels with focus on rural retention and enrolment

SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Develop skilled and semi-skilled manpower required for various health facilities as per master plan of HRH	Ayurveda Services	Person	30	50	100	130	150
2	Recruit and deploy Ayurvedic and other complementary service consultants at provincial levels	Ayurveda Services	Event	X	X	X		
3	Strengthen partnerships with academia to better align HR needs with production as well as retentions in rural areas	Ayurveda Services	Event		X	X		
4	Develop incentive package for health workers in remote areas	Ayurveda Services	Time	X	X			

OP1b2: Improved medical and public health education and competencies								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Produce quality HR for each Ayurveda health and other complementary health services	Ayurveda Services	Persons	6	50	100	107	120
2	Build capacity of health workers on GESI	Ayurveda Services	Event	X	X			
3	Build capacity of health workers of “one door” pilot facilities on national Programmes	Ayurveda Services	Event	X	X	X		
4	Enhance procurement capacity of facilities	Ayurveda Services	Event		X	X		
5	Establish formal channels of communication to facilitate CME and services via public and private institutions.	Ayurveda Services	Event		X	X	X	

OP1c1: Improved procurement system								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Enhance the process of procurement as well as quality assurance of EAM and biomedical equipment through central and peripheral cost centres	Ayurveda Services	%	50	55	60	70	75
2	Decentralize the procurement process and enhance the procurement capacity of the respective facilities	Ayurveda Services	%	50	55	60	70	75

OP1c2: Improved supply chain management								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Promote production and marketing of herbs through local partnership in district	Ayurvedic herbs and medicine	Districts		3	5	5	5
2	Establish herb cultivation, collection and processing centres in all regions/provinces	Ayurvedic herbs and medicine	Regions/ Federal states			1	1	5
3	Strengthen and establish well-stocked rural Ayurveda pharmacy in each regions/province	Ayurvedic herbs and medicine	Count			1	1	5
4	Improve supply chain of Ayurvedic drugs/medicines in coordination with central and regions/provinces medical stores.	Ayurvedic herbs and medicine	Regions/ Federal states		1	1	2	3
5	Develop Logistic Management Information System of Ayurveda (LMIS)	Ayurveda Service	Regions/ Federal states		1	1	1	3

OP2.1: Health services delivered as per standards and protocols								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Develop standard norms and treatment protocol for NCD (Disease wise as per Ayurveda)	Ayurveda Services	Event		X	X		
2	Provide basic level educational trainings for the post (job descriptions	Ayurveda Services	Event		X	X	X	X

OP2.1: Health services delivered as per standards and protocols								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
	changed) and will be promoted.							
3	Implement standard norms and treatment protocol for Ayurvedic treatments	Ayurveda Services	Event		X	X	X	
4	Develop and implement standards, norms, and treatment and fee structures for private institutions of traditional and alternative medical system along with Ayurveda.	Ayurveda Services	Event		X			
5	Develop National and Federal level Steering committee for monitoring and evaluation of Ayurvedic services from private and public facilities.	Ayurveda Services	Event		X			
6	Strengthen the monitoring, supervision and evaluation system of services, Ayurvedic HRH	Ayurveda Services	Event		X	X	X	

OP2.2: Quality assurance system strengthened								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Upgrade Singhadurbar Vaidyakhana Bikas Samiti (SDVKBS) according to WHO GMP standard and enhance the skill and technical capabilities of the HR.	Ayurvedic herbs and medicine	Activities	X	X	X	X	X
2	Establish an accredited lab for testing and research of ayurveda commodities at SDVKBS (raw material, pre/post-testing of medicines)	Ayurvedic herbs and medicine	institution			1		
3	Establish quality assurance mechanism for Ayurvedic medicine production and supply	Ayurvedic herbs and medicine	Mechanisms		1			
4	Develop National and Federal level Steering committee for monitoring and evaluation of herbs and herbal products.	Ayurvedic herbs and medicine	Committee		1	1	1	1
5	Develop mechanisms to control and regulate advertising and claims about products and services.	Ayurveda Services	Mechanism		X	X		
6	Develop and upgrade Essential Ayurvedic Drugs Lists (EADL)	Ayurveda Services	Event	X				
7	Set standards and indicators for monitoring performance of a comprehensive health system	Ayurveda Services	Event			X		
8	Implement GMP for all pharmacies	Ayurveda Services	Event		X	X	X	
9	Develop mechanism for third party audit for the quality of Ayurvedic services and production	Ayurveda Services	Event		1			
10	Initiate the development of benchmark, standards of regulations for education, trainings, accreditation and reimbursement	Ayurveda Services	Event		X	X		

OP2.2: Quality assurance system strengthened								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
11	Develop training database to identify trainings received	Ayurveda Services	Event	X	X			
12	Upgrade and publish National Ayurvedic Pharmacopeia	Ayurveda Services	Event		1	1	1	1

OP2.3: Improved infection prevention and health care waste management practices								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Improve management to prevent expiry of drugs, handling of expire drugs and non-functional equipment	Ayurveda Service	Event	X	X	X		
2	Conduct refreshment trainings for infection prevention and health care waste management practices.	Ayurveda Service	persons		20	40	40	40

OP3.1: Improved access to health services, especially for unreached population								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Establish and operate Ayurveda and alternative health care unit in Central Level hospitals (Bir, Civil, Army and Police etc)	Ayurveda Services	Event				X	X
2	Pilot “one door” Ayurvedic and other complementary service integration in select hospitals	Ayurveda Services	Event		X	X		
3	Upgrade Naradevi Central Ayurveda Hospital with specialized Ayurvedic and other complementary services	Ayurveda Services	Event	X	X			
4	Extend community based Ayurveda Out-Reach Clinic (Gaun Ghar Clinic)	Ayurveda Services	Count		20	30	30	30
5	Modify free “basic” health service package for Ayurvedic services	Ayurveda Services	Event		X			
6	Implement NCD prevention (PEN package) through Ayurvedic facilities	Ayurveda Services	Event	X	X			

OP3.2: Health service networks, including referral system, strengthened								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Coordinate and collaborate with multinational, bilateral, international and national organizations	Ayurveda Services	Institutions		2	2	2	2
2	Develop and strengthen referral system in Ayurvedic services	Ayurveda Services	Event		X	X	X	

OP5.2: Improved governance and accountability								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Conduct regular monitoring and supervision of public and private sector collection, storage and manufacturing facilities of Ayurvedic medicine	Quality Assurance of Ayurvedic herbs	Event		X	X	X	X

2	Develop mechanisms/guidelines for consumer education & protection, complaint channels and proper use of products, practices and services.	Quality Assurance of Ayurvedic herbs	Event		X	X	X	X
3	Develop Crude Medicinal plant regulation	Quality Assurance Ayurvedic herbs	Event		X			

OP5.3: Development cooperation and aid effectiveness improved

SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Develop focal person and unit in Department of Ayurveda for coordination with EDP and conducts its functions to meet these targets of NHSS-IP	Ayurveda Services	Unit			1		

OP5.4: Multi-sectoral coordination mechanisms strengthened

SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Develop mechanism for inter sectoral co-ordination with Ministry of Education, Forestry, Agriculture and local development sector & other NGO's & INGO's	Ayurveda Services	Event	X	X			

OP5.5: Improved public financial management

SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Develop risk/benefit profile, including cost-effectiveness	Ayurveda services	Profile		1		1	1

OP6.1: Health financing system strengthened

SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Add Ayurveda services in health insurance districts	Ayurveda Services	Event	X	X	X	X	X

OP6.2: Social health protection mechanisms strengthened

SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Upgrade and extension of Geriatric Ayurvedic Service programmes	Ayurvedic service	Event	X	X	X	X	X
2	Upgrade and extension of Lactating mother Ayurvedic Service programmes	Ayurvedic service	Event	X	X	X	X	X

OP7.1: Healthy behaviours and practices promoted

SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Establish yoga hall in ayurveda district level health facilities (for promote activities for prevention of NCDs)	Ayurveda Services	Count	15	15	15	15	15
2	Prepare awareness materials for different forms of media	Ayurveda Services	Event	X	X	X	X	X
3	Expand awareness activity for	Ayurveda	Event	X	X	X	X	X

OP7.1: Healthy behaviours and practices promoted								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
	Ayurveda promotion	Services						

OP9.1: Integrated information management approach practiced								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Develop information, education & communication centre at the central level	Ayurveda Services	Centre			1		
2	Develop Ayurveda Information Management System (AIMS) and integrate with national health information system along with align to different national and international information system	Ayurveda Services	Event	X	X	X	X	X
3	Implement Ayurveda Information Management System	Ayurveda Services	Districts		15	30	60	75

OP9.2: Survey, research and studies conducted in priority areas; and results used								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Upgrade capacity of NARTC for research of ayurvedic raw material and drugs	National Ayurveda Research and Training Centre	Event	X	X	X	X	X
2	Develop suitable legal provision and related mechanisms for Intellectual property right of Ayurveda medical system, herbs and other indigenous medical knowledge.	National Ayurveda Research and Training Centre	Event				X	X
3	Identify priority areas for Ayurveda research	National Ayurveda Research and Training Centre	Event	X	X			
4	Conduct a study to establish links between health outcomes and ayurvedic services	National Ayurveda Research and Training Centre	Event		X	X		
5	Develop Act for National Academy of Ayurveda to deliver academic Programmes	Ayurveda Services	Event	X	X			

OP9.3: Improved health sector reviews with functional linkage to planning process								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Strengthen monitoring & supervision activities	Ayurveda Services	Event	X	X	X	X	X
2	Conduct integrated review of Ayurvedic and other complementary health services	Ayurveda Services	Event	X	X	X	X	X

Department of Ayurveda: Results Framework

Code	Indicator	Baseline			Milestone				Target	Data source	Monitoring frequency	Responsible agency
		Data	Year	Source	2016	2017	2018	2019	2020			
Outcome 1: Rebuilt and strengthened health systems: Infrastructure, HRH management, Procurement and Supply chain management												
DOC1.1	Number of provinces with specialized Ayurveda hospitals	2		DoA			4		7	DoA	Annual	DoA
OP1c1: Improved Procurement System												
DOP1c1.1	% of Ayurved Health Centres preparing at least 5 Ayurveda medicines	50	2016	DoA	50	50	50	75	75	DoA	Annual	DoA
Outcome 3: Equitable utilization of health care services												
DOC3.1	% of population utilising Ayurveda OPD services	4.6	2016	DoA	4.6	6	7	8	10	DoA	Annual	DoA
OP7.1: Healthy behaviours and practices promoted												
DOP7.1.1	% of population reached with health promotion activities	2	2016	DoA	2	3	4	5	5	DoA	Annual	DoA
DOP7.1.2	% of District Ayurved Health Centres conducting yoga camps	NA	2016	DoA	5	20	30	50	100	DoA	Annual	DoA
OP9.1: Integrated information management approach practiced												
DOP9.1.1	% of health facilities reporting to electronic Ayurveda Information Management System (AIMS)	0	2016	DoA	0	0	30	50	70	AIMS	Annual	MD

Department of Drug Administration (DDA)

Background and scope

Department of Drug Administration (DDA), established in 1979, is the national drug regulatory authority mainly responsible for regulating production, import export, sale and distribution of medicines and other Health Technology Products (HTP) across the country. DDA governs all the regulatory functions relating modern, veterinary and traditional medicines. It functions to prohibit misuse and abuses of medicines and its raw materials, to prohibit false and misleading information related to the efficacy and use of medicine, and make available safe, efficacious and quality medicine to the public by regulating and controlling the production, marketing, distribution, sale, export-import, storage and use of medicines and HTP.

Overall scope of the DDA include regulation of manufacture, import/ export, sale and distribution of medicines and HTP, promotion of safety, efficacy and quality of medicines, prohibiting the misuse and abuse of medicines and promotion of rational use of medicines in accordance with Drug Act 1978 (2035BS). The following key regulatory instruments and codes are enforced by DDA for the regulations of the pharmaceutical production, import export and sales:

- Constitution of Drug Consultative Council and Drug Advisory Committee rules 2037BS
- Drug Registration Rules 2038 BS
- Drug Enquiry and Inspection Rules 2040 BS
- Drug Standard Rules 2043 BS
- Codes on sales and distribution 2071 BS
- Codes on good manufacturing practices 2072 BS

DDA accomplishes its functions through 3 Regional Offices and National Medicine Laboratory in addition to the central office in Kathmandu. Different Programme components of DDA are listed below including key functions.

Table 3: Programmeme Components of Department of Drug Administration

Programme components		Scope/Key functions
1	Ensuring safety, quality and efficacy of medicines	• Evaluation, Registration and licensing of medicines and health technology products, • Issuance of permit to conduct clinical trial, licenses to open pharmacy and recommendation letter to establish manufacturing unit, • Post marketing surveillance on medicines and health technology products, • Inspection and monitoring of facilities engaged in manufacture, sales, store and distribution of medicines and health technology products, • Testing of medicines and HTP before and after registration
2	Promotion of Rational Use of Medicines and health technology products	• Development and revision of national essential medicines list, • Development and revision of antibiotic prescription protocol, • Training of prescriber, health care providers, pharmacist/vyabasayi and consumer on rational use of medicines • Monitoring medicine use and quantification of therapeutics • Communication through different mass media on rational use of medicines and health technology products
3	Ensuring access to medicines and health care technology products	• Formulate medicine policies to ensure access to medicines • Price regulation and price transparency • Study of pharmacoepidemiology and pharmaco-economic • To issue permit for products in shortage(including orphan drugs)
4	Enforce provisions of drug law for regulatory	• Conduct medicine law awareness activities • Develop standards and guidelines on medicine registration, pharmacy

Programme components		Scope/Key functions
	compliances	operation (including hospital pharmacy) • Train drug inspector to effectively enforce drug law
5	Institutional development including HR	- To review organizational status and develop institutional development plan - Develop training material for regulatory and analytical staff at all level - Conduct capacity development activities like building/construction, renovation and training of HR - Develop capacity strengthening plan of professional in public as well as private sector engaged in medicines and health technology product manufacture, sales, storage and distribution. - Develop transparent, responsive service delivery system (including online registration, webpage and communication)

NHSS Outputs and Key interventions

OP1a1: Health infrastructure developed as per plan and standards								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Upgrade NML infrastructure for testing of biological, cytotoxic, <u>ayurvedic</u> and traditional medicine	Safety, Quality and Efficacy of Medicines	Event	X	X	X		
2	Establish 4 additional provincial offices of DDA	Registration and Licensing	Event			X	X	X

OP1a3: Improved management of health infrastructure								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Develop and outsource annual maintenance plan for preventative maintenance	Safety, Quality and Efficacy of Medicines	Event	X	X			
2	Develop replacement plan and procure laboratory instruments	Safety, Quality and Efficacy of Medicines	Event		X	X		

OP1b1: Improved availability of human resource at all levels with focus on rural retention and enrolment								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Recruit HR according to at least: approximately 280 technical staff for evaluation, registration, post-marketing surveillance, testing	Registration and Licensing	Event	X	X			

OP1b2: Improved medical and public education and competencies								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Conduct comprehensive needs assessment for capacity development for regulatory and testing professional staff	Registration and Licensing	Event	X	X			
2	Develop training module with defined competencies and materials required for enhancing capacity of DDA and NML staff	Capacity Development	Event		X	X		
3	Develop training effectiveness	Capacity	Event		X	X		

OP1b2: Improved medical and public education and competencies								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
	measurement standards	Development						
4	Formalize monitoring and on-site coaching and mentoring for quality improvement process	Registration and Licensing	Event		X	X	X	
5	Facilitate capacity enhancement of professionals involved in medicine supply chain for effective handling of medicines for quality and compliance, in collaboration with private sector	Capacity Development	Event		X	X	X	X
6	Develop database to manage competencies of DDA and NML staff	Capacity Development	Event	X	X			

OP1c1: Improved procurement system								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Develop and procure according to annual procurement plan for necessary instrument, chemicals and standards	Safety, Quality and Efficacy of Medicines	Event	X	X	X	X	X

OP2.2: Quality assurance system strengthened								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Update /revise, National Medicine Policy, Drug Act and other regulations	Registration & Licensing	Event	X	X			
2	Update regulatory standard documents and protocol	Registration & Licensing	Event		X	X		
3	Enhance monitoring of quality medicines and commodities (i.e. testing of pre-registration and post market drugs)	Inspection & Monitoring	Event		X	X		
4	Build capacity of National Medical Laboratory (NML) to meet ISO 17025 for reference lab as per international standards	Competency Development	Event	X	X	X		
5	Initiate certification of privately-owned quality or medicine testing laboratories	Registration & Licensing	Event		X	X		
6	Develop anti-microbial medicine resistance action plan, including expanding laboratory capacity	Competency Development	Event	X	X			
7	Review and implement regulatory system for combatting antimicrobial resistance	Competency Development	Event		X	X		
8	Review and implement price adjustment of essential medicine and ensure transparency	Registration & Licensing	Event		X	X		
9	Review and enhance regulatory capacity for rational use of	Competency Development	Event	X	X	X	X	

OP2.2: Quality assurance system strengthened								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
	medicines, including over-the-counter sales. Collaborate with Ministry of Agriculture to regulate the use of antibiotics in animals							
10	Implement Hospital Pharmacy Directives 2072	Ensure access to medicine	Event	X	X	X	X	X
11	Institutionalize medicine registration based on scientific facts	Competency Development	Event	X	X	X	X	
12	Strengthen inspection capacity to ensure the quality of marketed medicines	Quality Control	Event	X	X	X	X	X
13	Strengthen national industry to comply with WHO-Good Manufacturing Practices (GMP)	Quality Control	Event		X		X	
14	Enhance Medicine Analysis capacity to check the quality of post-marketed samples	Quality Control	Event		X		X	
15	Revise and update Nepalese National Formulary	Registration and Licensing	Event	X	X	X		
16	Revise and update National List of Essential Medicines	Rational Use of Medicines	Event	X		X		X
17	Revise and develop Standard Operating Procedures (SOPs) relevant medicine regulations and testing	Registration and Licensing	Event	X		X		X

OP5.2: Improved governance and accountability								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Establish media including online system and database information dissemination (DAMS, LIMS, price transparency etc.)	Safety, Quality and Efficacy of Medicines	Event		X	X		
2	Participate in good medicines regulatory management certification	Registration and Licensing	Event			X	X	X
3	Develop and implement a web-portal, searchable by generic names linked to registered brand name medicines with market prices	Registration and Licensing	Event	X	X	X	X	X

OP7.1: Healthy behaviours and practices promoted								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Develop and conduct awareness campaign on the rational use of medicines in the media	Rational use of medicines	Event	X	X	X	X	X

OP9.2: Survey, research and studies conducted in priority areas; and results used								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Develop client satisfaction survey firms and conduct field testing	Registration and Licensing	Event	X	X	X		
2	Conduct client gallop polls independently through consultant researcher firms or persons	Registration and Licensing	Event	10	10	10	10	10

Department of Drug Administration: Results Framework

Code	Indicator	Baseline			Milestone				Target	Data source	Monitoring frequency	Responsible agency
		Data	Year	Source	2016	2017	2018	2019	2020			
OP1b1: Improved staff availability at all levels with focus on rural retention and enrollment												
DDOP1b1.1	% of human resources working in DDA trained on regulatory science and testing	20	2016	DDA	30	40	60	80	100	DDA	Annual	DDA
DDOP1b1.2	% of technical positions filled	70	2016	DDA	70	80	90	100	100	DDA	Annual	DDA
OP1c2: Improved supply chain management												
DDOP1c2.1	% availability of reference standard for analysis of registered drugs	40	2015	DDA	40	60	80	90	100	DDA	Annual	DDA
OP2.2: Quality assurance system strengthened												
DDOP2.2.1	% registered pharmacies GPP certified	0	2016	DAMS	5	10	15	20	30	DAMS	Annual	DDA
DDOP2.2.2	% of domestic allopathic pharmaceutical companies with good laboratory practices (GLP) and good manufacturing practices (GMP)	60	2015	DDA	60	70	80	90	100	DDA	Annual	DDA
DDOP2.2.3	% of accreditation of independent drug testing laboratory	20	2015	DDA	20	40	60	80	100	DDA	Annual	DDA

Department of Health Services (DoHS)

Department of Health Services is one of three departments under Ministry of Health, responsible for delivery of health services through the district health system, from the District Hospital to the lowest health unit, Community Health Units. A wide array of public health programmes such as, Safe Motherhood Programme and Basic Health are designed by Divisions under DoHS and Centres and implemented through the District (Public) Health Office. Further, it responds to outbreaks and disasters in all corners of the country by working through sub-national offices at the local level and coordinating international efforts to mitigate future risk.

Beyond public health programming, the department is responsible for managing other important pillars of the district health system: human resources; procuring and supply chain of equipment, commodities and drugs; managing information systems; conducting inductive and continuous training activities; and planning construction activities. The department plays an important role in coordinating support provided through technical agencies, non-governmental, non-profit and for-profit organisations and partners. In addition, the department also provides technical inputs to the ministry on acts, policies and other long strategies relevant for Nepal.

The scope and Key interventions of each of the Divisions and Centres are listed below.

Child Health Division (CHD)

Background and scope

Child Health Division is mainly responsible for the management and delivery of health services targeting under five years of children. Over the next five years, CHD will work further to broaden its scope to include programmes for addressing health and nutrition issues of children <14 years of age. The overall goal of Child Health Division (CHD) is to reduce morbidity, disability and mortality among under five years of children and to improve the nutritional status of children and mothers. In recent years, Child Health Division has been instrumental to coordinate and link its interventions in line with the life cycle approach for maternal, adolescent and child health and nutrition. In order to achieve this goal, the division is implementing the following three national Programmes:

- National Immunization Programme aiming to reduce the burden of vaccine preventable diseases (VPDs) and child mortality;
- Community-Based Integrated Management of Neonatal and Childhood Illness (CB-IMNCI) focusing the reduction of morbidity and mortality among neonates and under-five children
- National Nutrition Programme for improving the nutritional status of children, pregnant women and adolescents

In addition to the management of above Programmes, CHD also carries out planning, programming, and monitoring and evaluation activities in relation to the implementation of those Programmes. Child Health Division is managing the delivery of child health and nutrition services for child survival and development through its four sections: (a) Immunization Section, (b) IMNCI Section, (c) Nutrition Section and (d) Planning and

Monitoring Section in close coordination with district (public) health offices. Key functions and service areas under each programme are presented in the table below.

Table 4: Programme components of Child Health Division

Programme components		Scope/Key functions
1	National Immunization Programme	Expanded programme for immunization, national immunisation campaign, mobile immunisation clinics
2	Integrated Management of Neonatal and Childhood Illness (IMNCI) Programme	Immediate and essential newborn care, assessment, classification and management of sick neonates, and ARI, diarrhoea, measles, malaria and malnutrition among children under five, hospital strengthening initiatives for management of sick newborns and detection and management of disability among children, mobilisation of female community health volunteers for preventive and promotional functions
3	National Nutrition Programme	Maternal, infant and young child nutrition, micronutrient supplementation, growth monitoring and promotion, integrated management of acute malnutrition, prevention and control of soil transmitted helminths, school health and nutrition and multisector nutrition plan (MSNP)

Outputs and Key Interventions

OP1a1: Health infrastructure developed as per plan and standards								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Construct CVS building as per standard with adequate space for dry and cold storage	Immunization	Central warehouse	0	1	0	0	0
2	Establish at least one state-level/provincial level vaccine store in each state.	Immunization	Regional warehouse	0	2	2	0	0
3	Establish referral pediatric centres in zonal/Regional/Central Hospitals	IMNCI	Hospital	0	2	4	4	4
4	Establish level III neonatal care services –NICU in Zonal/Regional/Central Hospitals	IMNCI	Hospital	6	6	4	0	0
5	Establish level II newborn care services-SNCU- (including district, community hospital)	IMNCI	Hospital	20	20	15	0	0
6	Establish level I neonatal care services –newborn care corner-(at PHCCs/HPs with BC)	IMNCI	Hospital	120	180	200	200	300
7	Establish Kangaroo Mother Care (KMCs) Unit in level II Hospital (SNCU)	IMNCI	Hospital	20	20	15	0	0
8	Establish Kangaroo Mother Care (KMCs) Unit in level III Hospital (NICU)	IMNCI	Hospital	6	6	4	0	0
9	Establish and strengthen IMNCI training site in RHTC with clinical site in Zonal, Sub-regional and	IMNCI	Training Site	1	2	2	0	0

OP1a1: Health infrastructure developed as per plan and standards								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
	Regional hospitals							
10	Establish Newborn Training Site in zonal and regional hospitals	IMNCI	Training Site	2	2	2	2	2
11	Establish National Nutrition Centre at central level	Nutrition	Event	0	1	0	0	0
12	Establish NRH in hospitals	Nutrition	Number	18	20	21	22	22

OP1b1: Improved availability of human resource at all levels with focus on rural retention and enrolment								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Ensure availability of trained Medical Officers and Nurses at level II Hospitals (SNCU)	IMNCI	Hospital	X	X	X	X	X
2	Ensure availability of Paediatrician and trained Nurse at Level III hospitals (NICU)	IMNCI	Hospital	-	X	X	X	X
3	Develop database of trainer and trained human resource	All/NHTC	Event	-	X	-	-	-
4	Nutrition capacity enhanced for human resources recruited under the NNC NRH and HWs at all levels	Nutrition	Health worker	6000	8000	4000	2000	-

OP1b2: Improved medical and public education and competencies								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Build capacity for cold chain and immunization staff on standard operating procedure for EVM	Immunization	Health worker	150	200	350	300	0
2	Enhance capacity of all staff responsible for immunization and cold chain to follow EVM SOPs	Immunization	Health worker	150	200	350	300	0
3	Develop capacity of health workers on measles and rubella surveillance and outbreak response	Immunization	Health worker	100	270	230	450	0
4	Integrate relevant newborn and child health content in induction training package (Link with NHTC)	IMNCI	Event	-	X	X	X	-
5	Introduce IMNCI in academic curricula of universities, CTEVT and NHTC; MBBS, public Health, Nursing and Paramedics (Link with NHTC)	IMNCI	Event	-	X	X	X	X
6	Introduce early detection of childhood disability in MBBS academic curricula (Link with NHTC and LCD)	IMNCI	Event	-	-	X	X	X
7	Develop/update standardized comprehensive nutrition package for capacity enhancing activities (new and refresher)	Nutrition	Event	X	X	X	X	X
8	Enhance capacity on nutrition at all levels- (new and refresher)	Nutrition	Event	X	X	X	X	X

OP1b2: Improved medical and public education and competencies								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
9	Review/develop/update in-service and pre-service nutrition curricula/manuals	Nutrition	Event	X	X	X	X	X
10	Provide technical support to universities and institutions for offering specific courses and/or including nutrition in curricula	Nutrition	Event	X	X	X	X	X

OP1c2: Improved supply chain management								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Review and update the pre-shipment and arrival procedures for vaccine supplies and cold chain equipment as per standard	Immunization /LMD	Event	X				
2	Enhance vaccine storage, stock management and distribution system at all levels	Immunization /LMD	Event	X	X	X	X	X
3	Conduct regular maintenance of vaccine storage building, cold-chain equipment	Immunization /LMD	Event	X	X	X	X	X
4	Conduct periodic orientation on 'sensitivity of vaccines and importance of timely release of vaccine and supplies' to officials of Customs, Ministry of Finance; Civil Aviation, Ministry of Tourism; Security, Ministry of Home Affairs; and Cargo Agencies.	Immunization /LMD	Workshop	X	X	X	X	X
5	Forecast and quantify for adequacy of vaccines, syringes, safety boxes and cold chain equipment	Immunization /LMD	Workshop	X	X	X	X	X
6	Enhance vaccine storage conditions by using electronic data logger at CVS and RVS and 30-day logger at DVS and vaccine sub-store	Immunization /LMD	District	10	20	30	15	0
7	Procure higher performing cold chain equipment (refrigerator, freezers, vaccine carrier, cold boxes, voltage regulators, temperature monitor, spare parts and other supportive equipments) as per Technical Specification of Cold Chain Equipment	Immunization /LMD	Cold chain equipment	400	450	550	700	0
8	Procurement and supply of the equipment and commodities for setting up level III neonatal care services –NICU in the hospitals	IMNCI	Equipment	6	6	4	0	0
9	Procurement and supply of the equipment and commodities for	IMNCI	Equipment	20	20	15	0	0

OP1c2: Improved supply chain management								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
	setting up level II new-born care services-SNCU in the hospitals							
10	Procurement and supply of the equipment and commodities for setting up level I neonatal care services for new-born care corner	IMNCI	Equipment	120	180	200	200	300
11	Procurement and supply of equipment and beds for setting up KMC in level II and III hospitals	IMNCI	Equipment	26	26	19	0	0
12	Preventive maintenance and repair of the equipment in the level I, II and III health facilities	IMNCI	Equipment	166	226	234	200	300
13	Resource allocation, coordination, monitoring and follow-up to ensure availability of nutrition supplies and commodities in Health Facilities at all Event	Nutrition	Event	X	X	X	X	X

OP2.1: Quality health service delivered as per protocols/standards								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Update vaccine related policies, strategy, guidelines on vaccine and cold chain management	Immunization	Event	X	-	-	-	-
2	Develop and update clinical protocol for management of sick new-born and children for different cadre in the level I, II and III health facilities (Link with FHD)	IMNCI	Workshop	3	4	4	3	3
3	Develop and update the training package for management of newborn in the level I, II and III health facilities (Link with FHD)	IMNCI	Workshop	3	4	4	3	3
4	Capacity building of health workers for management of new-borns in the level I health facilities (Link with NHTC)	IMNCI	Training	120	180	200	200	300
5	Capacity building of health workers for management of sick newborn in the level II health facilities (Link with NHTC)	IMNCI	Training	100	100	75	75	75
6	Capacity building of health workers for management of sick newborn in the level III health facilities (Link with NHTC)	IMNCI	Training	40	40	30	30	30
7	Develop medical standard of IMNCI for district hospital, PHC and HP	IMNCI	Event	x	x	-	-	-
8	Develop the capacity of hospitals for making baby friendly hospital	IMNCI	Workshop	6	6	4	0	0
9	Orientation on the standard clinical protocol to provide services for sick newborn and children in private sector service delivery point (hospitals and	IMNCI	District	5	10	15	20	25

OP2.1: Quality health service delivered as per protocols/standards								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
	pharmacies)							
10	Build capacity of HWs and FCHVs on early detection and management of birth defect and child disability	IMNCI	District	-	1	5	2	2
11	Implement on-the-job skills enhancement for IMNCI services (clinical mentoring and onsite coaching)	IMNCI	District	26	36	48	61	75
12	Develop quality of care standards for nutrition interventions (assessment, counselling, care and support)	Nutrition	Event	x	x	-	-	-
13	Standardized comprehensive nutrition training package (IMAM, GMP, MIYCN, Micronutrient supplementation, Nutrition counselling, SHN)(new and refresher) developed/updated	Nutrition	Event	x	x	-	-	-
14	Strengthen the capacity of service providers and volunteers on comprehensive nutrition interventions at all levels (national, regional/state, district and community)	Nutrition	Event	x	x	x	x	x
15	Strengthen quality service delivery – assessment, counselling, care, support and referral - at all levels (central, regional/state, district, community)	Nutrition	Event	x	x	x	x	x
16	Expand/Strengthen multisector nutrition plan	Nutrition	Event	x	16	28	40	75

OP2.2: Quality assurance system strengthened								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Conduct immunization and EVM regional/sub-national review annually	Immunization	Event	X	X	X	-	-
2	Conduct EVM assessment every two years	Immunization	Event	X	X	X	-	-
3	Develop and implement district wise EVM improvement plan on quarterly basis as per the recommendation of the assessment	Immunization	Event	X	X	X	-	-
4	Undertake supportive supervision and monitoring of child health programmes in both public and private sector	IMNCI	Visits	56	56	56	56	56
5	Strengthen quality Improvement mechanism at HFs and Hospitals	IMNCI	Event	-	X	X	X	X
6	Develop and implement the system for accreditation of the SNCU (level II) and NICU (Level III)	IMNCI	Event	0	0	26	26	19

OP2.2: Quality assurance system strengthened								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
	health facilities							
7	Revise integrated supervision and monitoring checklist and periodic monitoring/supervision of the programme activities	Nutrition	Event	X	X	-	-	-

OP2.3: Improved infection prevention and health care waste management practices								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Monitor hand washing practices before handling newborn and children at HF	IMNCI	HF	150	150	150	150	150
2	Community mobilization to improve infection prevention practices to handle newborn at community	IMNCI	Districts	75	75	75	75	75

OP3.1: Improved access to health services, especially for unreached population								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Assess and introduce school-based immunization to provide tetanus containing vaccine	Immunization	Event	X	-	-	-	-
2	Include lessons on vaccines and immunization in primary school health education curriculum.	Immunization/NHEICC	Event	X	X	-	-	-
3	Update course on vaccines and immunization in vocational and pre-service training.	Immunization/NHTC	Event	X	X	-	-	-
4	Expand IMNCI Programme in all districts up to community level	IMNCI	District	25	45	65	75	75
5	Introduce and scale up facility-based IMNCI	IMNCI	District	0	5	10	15	20
6	Develop and Implement remote area guideline for management of pneumonia and early treatment of neonatal infection	IMNCI	District	9	20	20	20	6
7	Integrate early detection and community based management for child with disability in Remote Area Guideline	IMNCI	District	-	-	X	-	-
8	Coordinate with municipalities for provision of IMNCI and newborn care services from urban health clinics/centres	IMNCI/PHCRD	Municipalities	0	10	15	25	50
9	Maintain and strengthen ongoing nutrition interventions (GMP, Vitamin A Supplementation, Deworming tablet distribution, IFA supplementation to PLW, nutrition education and counselling, 2 child logo salt promotion, SHN)	Nutrition	Event	x	x	x	x	x
10	Expand nutrition interventions (IMAM, MNP, adolescents IFA	Nutrition	Event	x	x	x	x	-

OP3.1: Improved access to health services, especially for unreached population								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
	supplementation)							
11	Expand targeted nutrition interventions (fortified flour distribution in highly food insecure areas, unreached and poor urban population, IYCF linked with child cash grant)	Nutrition	Event	x	x	x	x	x

OP3.2: Health service networks, including referral system, strengthened								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Strengthen referral mechanism for newborn and child health	IMNCI/FHD	District	20	30	35	10	
2	Conduct Bi-annual Nutrition Week (Vit A, deworming, screening, MNP, IFA, education and counselling)	Nutrition	Event	x	x	x	x	x
3	Strengthen nutrition assessment, counselling and support in all service outlets including PHC/ORC/UHC	Nutrition	Activities	x	x	x	x	x

OP4.1: Strategic planning and institutional capacity enhanced at all levels								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Engage with Health facility Operation and Management Committee (HFOMC) members for advocacy/ awareness/ behaviour change and social mobilization and programme monitoring/maintenance	IMNCI	District	55	75	-	-	
2	Expand review and planning process to increase resource allocation at local level (HFOMC) for strengthening HF readiness and QoC using the Local Health Governance and Collaborative framework (expand VDC Coverage)	IMNCI/MD	District	0	75	75	75	75
3	Assign a focal person for nutrition at district level	Nutrition	Event	X	X	X	X	X
4	Assign a focal person for nutrition in each health facility (hospitals, PHCs, HPs)	Nutrition	Event	X	X	X	X	X
5	Finalize and/or revise of national policy, strategy and guidelines (<i>National Nutrition Policy and Strategy, National IYCF Strategy, Food Based Dietary Guidelines, National IMAM Guidelines, Adolescent Girls IFA Supplementation, National Anaemia Prevention and Implementation Strategy and multi sector nutrition plan</i>)	Nutrition	Event	X	X	X	X	X
6	Enhance capacity of DPHOs for district level multi-sector planning for nutrition	Nutrition	Event	X	X	X	X	X
7	Strengthen and update mapping of interventions stakeholder, interventions and resources at district and VDC levels	Nutrition	Event	X	X	X	X	X

OP5.1: Ministry of Health (MoH) structure is responsive to health sector needs								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Organize multi-stakeholder coordination meeting (intra departmental, inter departmental and related stake holders) to review National Childhood Disability Management Strategy 2064	IMNCI	Event	X	-	-	-	-
2 PD	Execute organizational structure of National Nutrition Centre at central level	Nutrition	Event	-	X	-	-	-
3	Revitalize existing legislations and standards(BMS, BFHI) and development of new legislations, standards and regulations (Maternity Protection, National Standards for Processed Foods, Salt regulation)	Nutrition	Event	-	X	X	-	-
4	Advocate, coordinate and develop partnership with line ministries, agencies and private entities for increased resource allocation; scaling up nutrition interventions and enforcement of legislations and standards	Nutrition	Event	X	X	X	X	X

OP5.4: Multi-sectoral coordination mechanisms strengthened								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Build strong links between ministries of health, finance, education, and local development for sustainable programme implementation	Immunization	Event	X	X	-	-	-
2	Functionalize nutrition and food security committees at sub-national levels with clarity on roles and responsibilities of members	Nutrition	Event	X	X	X	-	-
3	Provide technical support to other sectors to incorporate and strengthen nutrition sensitive interventions	Nutrition	Event	X	X	X	X	X
4	Scale Up Nutrition (SUN) movement coordinator	Nutrition		X	X	X	X	X
5	Support the child friendly local governance campaign and declaration	IMNCI	VDC/ munic ipality	5	15	15	15	15

OP5.5: Improved public financial management								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Financial tracking of nutrition budget (allocation and expenditure) for nutrition specific and sensitive sectors	Nutrition	Event	X	X	X	X	X
2	Implement nutrition sensitive budget code	Nutrition	Event	-	X	X	X	-
3	Monitor and improve the financial disbursement process of free sick newborn care programme	IMNCI	Hospital	5	-	-	-	-

OP6.1: Health financing system strengthened								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y 5
1	Use TABUCS system to estimate total budget allocation, disbursement and spending on routine Programmes	CHD	Event	X	X	X	X	X
2	Initiate high level policy dialogue to develop tax exemption policy for those who pledge donation for	PPICD	Event	X	X	-	-	-

OP6.1: Health financing system strengthened								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
	immunization fund							
3	Engage domestic private partners including business/corporate houses and civil societies for exploring innovative source of financing	PPICD	Event	X	X	-	-	-
4	Ensure the budget allocation in the district level to procure and distribute the key IMNCI commodities/equipment	CB-IMNCI	District	75	75	75	75	75
5	Ensure budget allocation for local contracting of human resources to manage sick newborn and children at special newborn care unit and NICU	IMNCI	Hospital	-	5	10	10	10
6	Ensure budget allocation for increasing clinical trainer and trained service provider in the newborn and IMNCI training sites	IMNCI	Training Site	0	1	20	20	20

OP6.2: Social health protection mechanisms strengthened								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Continue free sick newborn care with AMA programme	CB-IMNCI/FHD	Person	50000	50000	50000	50000	50000
2	Intensive monitoring of free newborn care programme	IMNCI/FHD	District	75	75	75	75	75

OP7.1: Healthy behaviours and practices promoted								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Sensitize the general public, media and civil society and lawmakers on Immunization Act and Regulation, and immunization programme through public forum	Immunization	Event	X	X	X	X	X
2	Use of e-Health for programme monitoring and behaviour change communication	IMNCI	District	1	5	10	10	10
3	Identify and minimize existing harmful social practices for newborn and child health and utilize inter-personal communication and mass communication for improved health practices	IMNCI	District	54	75	75	75	75
4	Community mobilization including Mother's Group, pregnant women group, Watch groups, local CBOs and NGOs for birth registration and behaviour change focusing in hard to reach and marginalized communities	IMNCI	District	55	20	75	75	75
5	Engage with schools to discuss about newborn and child health, including disability issues and interventions through school health education programmes (in collaboration with MoE/DoE)	IMNCI	District	55	20	75	75	75
6	Initiate/identify local champions for promoting newborn and child health care behaviours in hard to reach/disadvantaged communities	IMNCI	District	55	20	75	75	75
7	Implement Social Behaviour Change Communication through mass media, social media, group, interpersonal and technologies (promotion of MIYCN, adolescents nutrition,)	Nutrition/NHEICC	Event	X	X	X	X	X
8	Promote diversified nutrient dense and culturally appropriate complementary foods and recipes based on Food-based Dietary Guidelines	Nutrition/NHEICC	Event	X	X	X	X	X

OP8.1: Public health emergencies and disaster preparedness improved								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Develop contingency plan and respond effectively to vaccine-preventable diseases outbreaks.	Immunization	Event	X	X	X	X	X
2	Develop and update guidelines for providing newborn and child health services in emergency situation	IMNCI	Work shop	-	2	1	1	1
3	Update/develop strategies, guidelines, standards and plans on NiE, DRR	Nutrition	Event	X	X	X	X	X
4	Strengthen Nutrition Cluster and inter-cluster coordination mechanisms at national and district levels	Nutrition	Event	X	X	X	X	X
5	Capacity building on comprehensive NiE at national, district (including paediatric wards of hospitals) and community levels	Nutrition	Event	X	X	X	X	X
6	Prepositioning of nutrition supplies in identified strategic locations	Nutrition	Event	X	X	X	X	X

OP8.2: Strengthened response to public health emergencies								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Functionalize Nutrition Cluster coordination mechanism and inter-cluster coordination	Nutrition	Event	X	X	x	x	x
2	Conduct initial/rapid assessments	Nutrition	Event	x	-	x	-	x
3	Implement Five Building Blocks (Management of SAM and management of MAM in children and PLW, micronutrient supplementation/fortification, MIYCF promotion, food supplementation)	Nutrition	Event	x	x	x	x	x
4	Integrate and link with regular nutrition interventions from health sector and with multi-sector interventions in line with MSNP	Nutrition	Event	X	X	x	x	x
5	Allocate annual flexible budget to deliver newborn and child health services during emergency situation	IMNCI	Supplies/ commodities	1	1	1	1	1

OP9.1: Integrated information management approach practiced								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Develop and implement performance based monitoring and evaluation plan	IMNCI	Workshop	0	2	1	0	0
2	Introduce updated child health card and evaluate its availability, utilization and retention	IMNCI	Study	1	1	0	0	0
3	Conduct periodic evaluation of MNCH programme to provide evidence for revision	IMNCI	Study	1	0	1	0	1
4	Joint supportive supervision to improve the recording and reporting of new born and IMNCI services at health facilities	IMNCI/MD	Visits	6	6	6	6	6
5	Improve data quality and use at all level for better performance on newborn and IMNCI programme through periodic RDQA	IMNCI/MD	District	0	10	10	10	10
6	Strengthen recording, reporting and feedback from private sector to DPHO	IMNCI	District	2	2	3	5	7

OP9.1: Integrated information management approach practiced								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
	(Link with HMIS section, MD)							
7	Periodic programmematic assessment to identify gaps and improve programme performance for newborn and IMNCI services	IMNCI	Workshop/ Travel	2	2	2	2	2
8	Use electronic monitoring technology in immunization and cold chain monitoring	Immunization	Event	X	X	X	X	X
9	Implement and expand Online Inventory Management System at all vaccine store level	Immunization	Event	X	X	X	X	X
10	Develop and implement current manual based vaccine and cold chain information system into web-based platform	Immunization	Event	X	X	X	X	X
11	Integrate the online IMS system and cold chain information management system into DHIS-2	Immunization	Event	X	X	X	X	X
12	Enhance capacity to generate, processing, analysis and use of nutrition information at all levels	Nutrition	Event	X	X	X	X	X
13	Establish nutrition data quality assurance mechanism	Nutrition	Event	X	X	X	X	X
14	Utilize Nepal Nutrition Portal as the platform for nutrition data repository	Nutrition	Event	X	X	X	X	X

OP9.2 Survey, research studies conducted in priority areas								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Conduct studies to identify non-JE etiologies of AES	Immunization	Event	X	-	-	-	-
2	Conduct Nepal Micronutrient status survey,	Nutrition	Event	X	-	-	-	-
3	Update nutrition questionnaire and indicators in key national surveys	Nutrition	Event	X	-	-	-	-
4	Conduct Impact Evaluations (adolescent IFA, SBCC interventions)	Nutrition	Event	-	X	X	-	-
5	Conduct research and studies (food fortification, assessment and research on maternal and child feeding practices, implementation research on taking nutrition interventions to disadvantaged groups, urban areas)	Nutrition	Event	X	X	-	-	-
6	Implement Nutrition Surveillance for nutrition	Nutrition	Event	X	X	X	X	X
7	Conduct national level study on quality of neonatal infection management in private sector	IMNCI	Event	-	X	-	-	-
8	Conduct national level study on quality of in-patient sick newborn care in hospitals	IMNCI	Event	-	X	X	-	-
9	Conduct study to assess care seeking behaviour and health workers attitude towards management of neonatal sepsis	IMNCI	Event	X	-	-	-	-
10	Conduct operational research and use evidence based practice on newborn and IMNCI	IMNCI	Event	-	X	X	X	-

OP9.3: Improved health sector reviews with functional linkage to planning process								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Conduct annual review on NNT status and take corrective actions in high risk districts.	Immunization	Workshop	1	1	1	1	1
2	Regular joint reviews with all nutrition partners, in integrated sectoral reviews	Nutrition	Event	X	X	X	X	X
3	Conduct annual IMNCI review (together with health programme review) at regional and central level	IMNCI	Event	5	6	6	6	6

Child Health Division: Results Framework

Code	Indicator	Baseline			Milestone				Target	Data source	Monitoring frequency	Responsible agency
		Data	Year	Source	2016	2017	2018	2019	2020			
Outcome 1: Rebuilt and strengthened health systems: Infrastructure, HRH management, Procurement and Supply chain management												
CHOC1.1	% of HFs with no stock out of any essential IMNCI commodities (Amoxicillin/Cotrim, Gentamicin, ORS, Zinc, CHX) in last quarter	27	2015	LMIS		90	90	90	100	LMIS	Annual	LMD
CHOC1.2	Number of secondary and tertiary level hospitals with functional Nutrition Rehabilitation Homes (NRH)	18	2015	HMIS		20			22	HMIS	Annual	CHD
CHOC1.3	Number of public hospitals with functional SNCUs	NA		NA	20	20	15	0	55	HMIS	Annual	CHD
CHOC1.4	Number of public hospitals with NICUs	NA		NA	6	6	4	0	16	HMIS	Annual	CHD
OP1b1: Improved availability of human resource at all levels with focus on rural retention and enrolment												
CHOP1b1.1	% of Level II hospitals (SNCU) with at least one medical officer trained in providing newborn care services	NA		NA	10	40	75	100	100	TMIS	Annual	CHD
OP1c2: Improved supply chain management												
CHPOP1c2.1	% of EVM score in CVS/RVS/DVS and LD in all attributes	64	2014	EVM assessment	70		80%	80		EVM assessment	2 years	UNICEF
Outcome 2: Improved quality of care at point of delivery												
CHOC2.1	Number of hospitals (Level II) with functioning SNCU (as per protocol	NA		NA	15	15	10	15	55	HMIS	Annual	CHD
CHOC2.2	Number of hospitals (Level III) with functioning SNCU (as per protocol)	NA		NA	2	4	4	6	16	HMIS	Annual	CHD
CHOC2.3	% of BCs with functioning Newborn care corner	NA		NA	13	22	30	38	43	BC Assessment	Every three years	CHD/FHD
CHOC2.4	% of newborn receiving CHX	49	2015	HMIS	60	80	85	90	90	HMIS	Annual	CHD/FHD
CHOC2.5	Recovery rates among children aged 6-59 months with SAM and MAM (%)	74	2015	HMIS		80			85	HMIS	Annual	CHD
CHOC2.6	Defaulter rates among children aged 6-59 months with SAM and MAM (%)	16	2016	HMIS		12			5	HMIS	Annual	CHD
CHOC2.7	Death rates among children aged 6-59 months with SAM and MAM (%)	0.4	2017	HMIS		0.3			<0.1	HMIS	Annual	CHD
CHOC2.8	% of PSBI cases treated with full dose Gentamycin	67	2015	HMIS		NA			90	HMIS	Annual	CHD
CHOC2.12	% of diarrheal cases among children under five treated with ORS and zinc	87	2015	HMIS	90	90	90	90	90	HMIS	Annual	

Code	Indicator		Baseline			Milestone				Target	Data source	Monitoring frequency	Responsible agency
			Data	Year	Source	2016	2017	2018	2019	2020			
Outcome 3: Equitable utilization of health care services													
OC3.2	% of children fully immunized		84.5	2015	NMICS		>90			>90	NMICS HMIS	3 yrs	CHD
	Wealth quintile	Lowest quintile	83.1	2015	NMICS		>90			>90	NMICS	3 yrs	CHD
		Highest quintile	92.7	2015	NMICS		>90			>90		3 yrs	CHD
		Equity gap	9.6	2015	NMICS		>90			>90		3 yrs	CHD
	Eco region	Mountain	81.9	2015	NMICS		>90			>90	NMICS HMIS	3 yrs	CHD
		Hills	85.4	2015	NMICS		>90			>90		3 yrs	CHD
		Terai	84.3	2015	NMICS		>90			>90		3 yrs	CHD
		Equity gap	3.5	2015	NMICS		>90			>90		3 yrs	CHD
	Earthquake affected 14 districts		86.9	2015	NMICS		>90			>90	NMICS HMIS	3 yrs	CHD
	Antigen	DPT 3	88	2015	NMICS		>90			>90	NMICS HMIS	3 yrs	CHD
		Measles	93	2015	NMICS		>90			>90		3 yrs	CHD
	% of districts with >90% fully immunized children		NA	2014	HMIS					80	HMIS	Annual	CHD
	% of districts with >80% DPT3 coverage		64	2014	HMIS					100	HMIS	Annual	CHD
CHOC3.1	% of 6-59 months children provided with Vitamin A capsules		90.4	2011	NDHS		95			>95	NDHS, NMICS	3 yrs	CHD
CHOC3.2	% of 12-59 months children provided with deworming tablet in last 6 months		83.7	2011	NDHS		85			90	NDHS, NMICS	3 yrs	CHD
CHOC3.3	% pregnant and lactating women provided with IFA tablets		55.8	2011	NDHS		65			>80	NDHS, NMICS	3 yrs	CHD
CHOC3.4	% of pregnant women provided with deworming tablet		55.1	2011	NDHS		70			>80	NDHS, NMICS	3 yrs	CHD
CHOC3.5	% of clients who received basic health services free of cost	IMNCI	NA	2015	NHFS		NA			100	NHFS	3 yrs	CHD
Outcome 7: Improved healthy lifestyles and environment													
CHOC7.1	Prevalence of anaemia in women of reproductive age (WRA) 15-49 (disaggregated by age)		35	2011	NDHS		33			30	NDHS, NMICS	3 yrs	MOH
CHOC7.2	Prevalence of anaemia among children <5 years of age (%)		46	2011	NDHS		37.6			29.1	NDHS, NMICS	3 years	MOH
CHOC7.3	Children under age 5 with diarrhoea in the last 2 weeks (%)		13.8	2011	NDHS		10			8	NDHS, NMICS	3 yrs	MOH
CHOC7.4	Prevalence of underweight children <5 years (-2SD) (%)		30.1	2011	NDHS		24.64			19.19	NDHS, NMICS	3 yrs	MOH
CHOC7.5	Prevalence of wasting children <5 years (-2SD) (%)		11.3	2011	NDHS		9.37			7.44	NDHS, NMICS	3 yrs	MOH

Code	Indicator	Baseline			Milestone				Target	Data source	Monitoring frequency	Responsible agency
		Data	Year	Source	2016	2017	2018	2019	2020			
CHOC7.6	Prevalence of children <5 years overweight (%)	1.4	2011	NDHS		1			<1	NDHS, NMICS	3 yrs	MOH
CHOC7.7	% of children with Pneumonia who seek services from Health providers/health facilities	80	2015	NDHS MICS		90			95	NDHS, MICS	3 yrs	MOH
CHOC7.8	Annual Incidence of diarrhoea (per 1,000 children <5 y) (%)	578	2015	HMIS		470			361	HMIS	Annual	CHD
CHOC7.9	Annual Incidence of Pneumonia (per 1,000 children <5 year (%))	148	2015	HMIS		145	140	140	138	HMIS	Annual	CHD
CHOC7.10	Prevalence of soil transmitted helminthes among school-going children (%)	15	2014	DoHS		12.19			9.38	DoHS	Annual	CHD
OP7.1: Healthy behaviours and practices promoted												
CHOP7.1.1	Children consuming Minimum Acceptable Diet (%)	32	2014	MICS	32	36	40	45	50	NDHS, NMICS	3 yrs	CHD MOH
CHOP7.1.2	Children aged 6-23 months receiving iron-rich or iron fortified foods (%)	24.1	2011	NDHS	24	35	40	45	50	NDHS, NMICS	3 yrs	CHD MOH
CHOP7.1.3	Mean number of food groups consumed by women aged 15-49 years (Women Dietary Diversity Score)	NA	2014	NA	3.9	4	5	6	>6	NDHS, NMICS	3 yrs	CHD MOH

Family Health Division (FHD)

Background and scope

Family Health Division (FHD) is responsible for implementing reproductive, maternal health and population related activities. It aims to reduce maternal and neonatal mortality and morbidity so as to improve the population's health status and quality of life, with a special focus on poor, marginalized and vulnerable populations. FHD also focuses on coverage, quality and contemporary improvement in the services to support achieving universal health coverage.

Family Health Division also supports the districts for the implementation of demand side financing schemes mainly on safe motherhood, New Born Care, family planning and RH morbidity management areas. Regular improvement in standards and quality of maternal and new born health services is also the concern of FHD. Following table summarizes different Programme components of FHD. These Programme components are directly linked to some of goal level indicators of the NHSS such as maternal, infant and child mortalities, and fertility rate. Its scope also lies on Family Planning and ASRH programmes addresses improving quality of life that support other development agenda including Gender Equity and Social Inclusion (GESI) and GBV and multi sector approach for development.

Table 5: Programme components of Family Health Division

Programme components		Key functions
1	Safe Motherhood and Newborn Health (SMNH)	Reduce maternal and neonatal mortality by addressing complications of pregnancy and childbirth for all women, including the poor and excluded
2	Safe Abortion Services (SAS)	Ensure the availability of SAS to terminate unwanted pregnancies through appropriate technology, post-procedure FP information and services, pain management, management of complication and strengthen referral system
3	Family Planning (FP)	The programme contributes to ensure the reproductive right through helping the individuals and couples to regulate their fertility. Expand equitable access and utilization of high quality FP services, strengthening public and private sector health system and social franchising approach, increase availability of modern FP methods to enable couples and individuals to exercise informed choice through FP counselling and satisfy the demand for FP and attain the desired family size, have healthy timing and spacing of pregnancy and infertility management.
4	Adolescent and sexual reproductive health (ASRH)	Create a conducive environment in public health facilities for adolescents to access adolescent reproductive health services
5	Primary Health Care Outreach Clinics	Improve access to basic health services, including FP and safe motherhood, for rural households
6	Demography and Reproductive Health Research	Estimate annual targets for FHD Programmes, conduct and monitor research and studies on SMNH, FP, ASRH, SAS, FCHV, GBV, RH Morbidity and PHC-ORC
7	GBV	Strengthen institutional capacity on health response to GBV victims/survivors to ensure quality services including multi-sectoral coordination and support for legal aid support, protection, safe homes, psychosocial counselling, referral and rehabilitation.
8	RH Morbidity	Ensure access to and use of quality services for RH Morbidities, including Pelvic Organ prolapse, Obstetric Fistula and Cervical cancer through identification and management (conservative and surgical).
9	FCHV	The Female Community Health Volunteer (FCHV) programme aims to support national health goal through mobilization of community in public health activities. The specific objectives of FCHV Programme includes improving knowledge and skills for empowerment of women, increasing awareness on health-related issues and involvement of local institutions in promoting health care.

NHSS Outputs and Key interventions

OP1a1: Health infrastructure developed as per plan and standards								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Construct birthing centres within or in proximity of overcrowded referral hospitals, for nurses/midwives led birthing unit functioning under the referral hospital	SMNH/ MD	Birthing Centre	5	2	2	2	1
2	Construct newborn stabilization units at CEONC sites (district or below) –	SMNH/ CHD/ MD	Number		18	19	19	19
3	Construct NICU in 15 referral hospital – include in design of new construction	SMNH/ CHD/MD	Number		3	4	4	4
4	Construct maternity waiting home as per need	SMNH/ MD	Number	X	X	X	X	X
5	Construct 100 health huts to run the ORC clinic	ORC/ MD	District	2	23	25	25	25
6	Establish private counselling room in each health facilities for multi-purposes (new, existing)	SMNH/ MD	HF	200	200	200	200	200

OP1a3: Improved management of health infrastructure								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Standardize equipment, instrument for MNH services	SMNH	Event	X	X	X	X	X
2	Identify annual need and programming for equipment, commodities by district and distribution plan	SMNH/RH/S AS/FP...	Event	X	X	X	X	X

OP1b1: Improved availability of human resource at all levels with focus on rural retention and enrolment								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Identify and fulfill HR needs for MNH, FP and RH services	SMNH/RH/S AS/FP...	Event	X	X	X	X	X
2	Develop multi-year contract arrangement plan for HR for MNH services	SMNH/ MoH	Event	X	X		X	
3	Mid-wifery education and services	SMNH/ MoH	Event	X	X	X	X	X
4	Identify in-service capacity enhancement needs for MNH, FP, RH services (in collaboration with NHTC)	SMNH/FP/R H..	Event	X	X	X	X	X
5	Identify and initiate task shifting for select MNH/FP services	SMNH/FP HRFMD	Event	X	X	X	X	X
6	Identify need for academic curriculum amendments with respect to MNH services	SMNH	Event	X	X	X	X	X
7	Develop and implement mechanism for retention of health workers	SMNH/ HRFMD	Event	X	X	X	X	X
8	Develop and conduct modular training on early detection, referral and follow up for disabled women and children	SMNH/ NHTC	Event	X	X	X	X	X
9	Incorporate basic pelvic floor assessment, ergonomic care and pelvic floor exercises in SBA training	RH Morbidity / NHTC	Event	X	X			
10	Enhance OCMC capacity including forensic training of doctors, training in psycho-social counselling for focal nurses, roll out of the MIS	GBV/ NHTC	Person	X	X	X	X	X

OP1b1: Improved availability of human resource at all levels with focus on rural retention and enrolment								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
11	Review existing GBV programme implementation guidelines for delivering health services to GBV survivors and implement	GBV/NHTC	Event	X	X	X	X	X
12	Expand implementation of national GBV Clinical Protocol	GBV	District	12	24	40	60	75

OP1b2: Improved medical and public education and competencies								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Integrate relevant RH Morbidity and ASRH contents in relevant health training packages and pre-service curriculum	RH Morbidity/AS RH /NHTC	Event	X	X	X	X	X

OP1c1: Improved procurement system								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Timely develop procurement plan annually	All	Event	X	X	X	X	X
2	Review and update specifications for equipment, instruments and commodities for MNH services	SMNH	Event	X	X	X	X	X
3	Develop multi-year procurement plan for, equipment and commodities for MNH services	SMNH	Event		X			X

OP1c2: Improved supply chain management								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Review the current pilot on PPP for strengthening supply chain management of RH Commodities and scale up with relevant modifications	All /LMD	District		3	5		
2	Capacity building at local level for quantification, forecasting, ordering, and pull system	All/LMD	District		10	30	35	

OP2.1 Quality health service delivered as per protocols/standards								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Finalize and endorse a strategy for long acting and permanent methods on FP	FP	Event		X			
2	Revise Provider Incentives (FP, SAS, SMNH, RH Morbidities)	All	Event	X				
3	Develop, update and ensure availability of standards, protocol and guidelines at points of delivery	SMNH	Document	X	X	X	X	X
4	Implement on-the-job skills enhancement (mentoring, rotation, onsite coaching, MNH update, SAS, GBV)	All	District	X	X	X	X	X
5	Draft Comprehensive Safe and Reproductive Health bill	All	Bill	X				
6	Implement QI initiatives	All	HF	X	X	X	X	X
7	Expand and strengthen lab services up to health post for RH service in collaboration with NPHL	SMNH/RH/NPHL	Health Post	X	X	X	X	X
8	Establish newborn stabilization units/ special new born care in district hospitals/CEONC sites	SMNH	District		18	19	19	19

OP2.1 Quality health service delivered as per protocols/standards								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
9	Develop and implement the basic pelvic floor rehabilitation protocol	SMNH/RH Morbidity	District			X	X	X
10	Develop and implement a prolapses screening protocol	MNH/RH Morbidity	District		X	X	X	X
11	Review and revise Safe Abortion Implementation Guidelines 2068	SAS	Event	X				
12	Regulation of safe Abortion Services	SAS	Event	X	X	X	X	X
13	Update clinical RH protocols, standards and guidelines	FP	Document	X	X	X	X	X
14	certification of existing health services delivery sites (e.g. SAS, EoC, FP, AFS)	ASRH	HF	X	X	X	X	X
15	Scale up integrated Adolescent Sexual and Reproductive Health (ASRH) services in all HFs of 75 districts (Baseline:1134 AFS centres in 2015)	ASRH	HF	1250	1350	1500	1750	2000
16	Enhance Capacity of HWs on MNH, FP , MPDSR, ASRH, GBV, etc ,	ASRH	HW	0	0	100	150	200
17	Update and develop strategy, guidelines, clinical protocols, implementation plans on RH	RH Morbidity	Event	X	X	X	X	X
18	Regularise POP surgical services in health facilities	RH Morbidity	District	30	40	45	50	55

OP2.2: Quality assurance system strengthened								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Expand and strengthen MPDSR	DRHR	District	6	X	X	X	X
2	Birth defect surveillance and prevention programme (Birth Defect Implementation Plan)	DRHR	District	X	X	X	X	X
3	Establish quality of care unit in FHD	All	Event		X			X

OP2.3: Improved infection prevention and health care waste management practices								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Support waste management and infection prevention practices in RH service delivery	All/MD	Health facilities	X	X	X	X	X

OP3.1: Improved access to health services, especially for unreached population								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Revitalize BPP programme including misoprostol	SMNH	District		20	20	20	15
2	Revive, regularize and strengthen discussion of health issues in health mothers group meeting	FCHV	District		20	20	15	15
3	Expand and ensure functionality of BEONC, CEONC, and PMTCT sites	SMNH	HF	X	X	X	X	X
4	Develop and implement nurse/midwife-led birthing unit within referral hospital vicinity for normal delivery	SMNH	Hospitals		X	X	X	X
5	Expand and strengthen blood transfusion services in hospitals (HR,	SMNH	Hospital	X	X	X	X	X

OP3.1: Improved access to health services, especially for unreached population								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
	supply, equipment, trainings)							
6	Continue Aama programme, free new born care, Nyano jhola for newborn, and free blood transfusion services	SMNH	HF	X	X	X	X	X
7	Develop and implement approach to provide RH services to seasonal mobile population	SMNH	Event		X	X	X	X
8	Expand antenatal USG in remote VDCs of remote districts	SMNH/RH morbidity	District	X	X	X	X	X
9	Provide Obstetric first aid training to staff especially in remote areas	SMNH/NHTC	Health Workers	X	X	X	X	X
10	Develop 1-2 model PHC/ORC in each VDC (location, client comfort, safety) and strengthen outreach clinics	ORC	Number		X	X	X	X
11	Expand integration of PMTCT and GBV services in ANC/PNC services	SMNH	Facilities		X	X	X	X
12	Support in development of reproductive health related IEC materials	All	Event	X	X	X	X	X
13	Establishment for maternity waiting homes in referral and district hospitals, and shelter home near CCE	SMNH	Number	X	X	X	X	X
14	Expand Equity access programme in the remote districts through local NGOs to increase access for excluded communities	All	District		X	X	X	X
15	Evidence based planning for reaching unreached groups, Using data from QI process and mentoring	All	District		X	X	X	X
16	Review and revise FCHV strategy based on FCHV survey findings and strengthen FCHV especially in remote areas	FCHV	Event	X	X			
17	Expand accessibility of FP services (all method) at medical college/urban health clinic, EPI clinic, IFPSC	FP	Number	130	200	250	300	350
18	Conduct functional assessment of PHC-ORC and strengthen	ORC	Event	X	X	X	X	X
19	Condom boxes stationed at appropriate places (HFs, public places)	FP	District	18	40	17		
20	Mobilize Visiting service providers for (FP, RH services) in rural/hard to reach districts for service delivery	FP	District	23	40	50		
21	Make available at least one type voluntary surgical contraception (VSC) in all districts year round	FP	District	26	30	35	75	75
22	Develop integrated or institutional ? FP service centres (IFPSC)-new	FP	District	10	15	21		
23	Conduct comprehensive FP camps in hard to reach areas	FP	District	75	75	75	75	75
24	Expand PPP and social marketing in low CPR,rural and hard to reach areas	FP	District	5	10	15	20	30
25	Expand PPIUCD in selected BCs	FP	HFs	100	200	300	350	400
26	Continue micro planning, and interventions after microplanning	FP & SAS	District	17	35	50		
27	Integrate FP into immunization clinic,	FP	District	5	8	10	15	20

OP3.1: Improved access to health services, especially for unreached population								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
	post-partum care, post-abortion care, HIV-intervention programme sites, programmes for migrants couples, and FP for adolescents, urban health, nutrition P							
28	Revive approaches for social franchising in FP including through networks of private practices e.g. Gynecologists	FP	Event	X	X	X	X	X
29	Reactivate health mothers' group	FP/FCHV	Mothers group	3,000	20,000	25, 000	5,000	
30	Implement Targeted interventions in FP to serve the unreached population (Urban poor, youth, migrants and their couples, Muslims and other marginalized populations) to provide FP services	FP/ASRH	DDistrict		5	15		
31	Expand Medical Abortion Service in additional districts (at PHC and HP level)	SAS	District	42	50	58	66	75
32	Expand 2 nd trimester safe abortion service in government hospitals	SAS	Hospital	25	28	31	35	40
32	Continue providing MVA/MA services at district hospitals	SAS	HF	75	80	90	100	116
33	Strengthen orientation on safe abortion for FCHVs based on the findings from study 2016	SAS	Persons	X	X	X	X	X
34	Integrate safe abortion in existing Adolescent Friendly Service and implement in programme intervention districts	SAS	HF	X	X	X	X	X
35	Purchase and supply essentials drugs and equipment required for SAS	SAS		X	X	X	X	X
36	Celebrate SA day to increase awareness on SAS	SAS	Event	X	X	X	X	X
37	Strengthen and ensure safe abortion service in available in Comprehensive Centre of Excellence implemented districts	SAS	HF	X	X	X	X	X
38	Support and Implement comprehensive abortion services pilots	SAS	District	2	2	3	3	5
39	Establish effective linkage between OCMC and safe homes for GBV survivors (WCO)	GBV	district	X	X	X	X	X
40	Scale up services to GBV services in district hospitals and PHCC (OCMC and Non OCMC sites; SSU)	GBV	HF	X	X	X	X	X
41	Develop guidelines for delivering health services to GBV survivors	GBV	Event	X	X	X	X	X
42	Designate and strengthen free obstetric Fistula treatment service sites at selected tertiary level hospitals	RH Morbidity	Tertiary Hospital	2	1	1		
43	Provide free management (including complication) of pelvic organ prolapse	RH morbidity	HF	X	X	X	X	X
44	Expand cervical cancer prevention screening and treatment programme	RH morbidity	District	X	X	X	X	X
45	Expand HPV vaccine in routine immunization programme (in	RH morbidity	District	X	X	X	X	X

OP3.1: Improved access to health services, especially for unreached population								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
	coordination with CHD)							
46	Expand medical abortion services (PHC/HP)	SAS	HF	X	X	X	X	X
47	Implement demand generation activities for RH services (m-health , adolescent participation)	RH morbidity	Activities	X	X	X	X	X

OP3.2: Health service networks, including referral system, strengthened								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Ensure the availability of appropriate transportation arrangement for emergency referral (ambulance and local transport) at all service points	SMNH	HF	X	X	X	X	X
2	Fund air lifting for remote district without road access by providing seed money to establish fund at district level	SMNH	Region/ Province	X	X	X	X	X
3	Establish referral system for maternal and newborn complications as per national MNH referral guideline including communication and transport	SMNH	District	X	X	X	X	X
4	Expand Innovative approaches using technology (eg. E-health) to improve communications with community and service providers, and between service sites	SMNH	District	X	X	X	X	X
5	Expand and strengthen community networks like pregnant women groups, watch groups, health mothers group etc to create awareness through various approaches	SMNH	District	X	X	X	X	X
6	Expand obstetric first aid services through training of paramedics in remote districts	SMNH	District	X	X	X	X	X
7	Conduct integrated review meeting with FCHVs at health facilities	FCHV	District	X	X	X	X	X
8	Develop plan for referral hospitals and strengthen referral hospitals for complication management	SMNCH/RH Morbidity	District		20	30	25	
9	Conduct client interaction using existing forums (mother's groups) targeting hard to reach	FP/FCHV	District	15	30	40	50	75
10	Initiate recanalization service -HR production -Service site strengthening and other	FP/NHTC	Province		X			
11	Prepare policies and laws regarding use of Assisted Reproductive Technology (ART) including donor ovum/sperm, adoption, surrogacy, third gender parenting and cryopreservation	FP	Event	X				
12	Review, revise and endorse the National Guideline for the Management of Infertility, 2013 ensuring it culturally sensitive and evidence-based	FP	Event			X		
13	Advocacy and awareness raising activities for key stakeholders, policy makers and health care providers on importance of infertility as a public health issue and the need of infertile couples through NHEICC	FP	Event	X	X	X	X	X
14	Raise public awareness, provide information and better public education to improve preventive behaviours, reduce risk factors that might lead to infertility, diminish stigmatization and social exclusion of infertile women through NHEICC	FP	District	X	X	X	X	X

OP3.2: Health service networks, including referral system, strengthened								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
15	Provide support and easy access of simplified low cost infertility diagnosis, treatment and referral at different levels of health care facility	FP	Hospital	X	X	X	X	X
16	Establish Adolescent Friendly Information corner (AFIC) in schools nearby AFS centres/HFs (Baseline: 100 AFICs in School) along with Capacity building of FCHV, community leaders, parents and teachers on Adolescent health and development issues	ASRH	School	200	300	400	500	600
17	Adolescents (in/out school) participation, engagement in planning, implementation and monitoring in ASRH Programme including their capacity building in district level plan	ASRH	District	10	10	10	10	10
18	Develop, finalize and endorse mHealth app on ASRH for increasing access and utilisation of ASRH services	ASRH/ NHEICC	Event	X			X	
19	Implement advocacy events on emerging issues of ASRH and Adolescent Development at central level for policy makers , e.e.,(i) NFPPD (II) Journalists (iii) Health Managers/ Academicians	ASRH	Event	X	X	X	X	X
20	Implement advocacy events at district and community level along with district and facility level ASRH review using QI tool and certification	ASRH	Event	X	X	X	X	X
21	Design and develop ASRH programme for hard to reach adolescents (including out-of-school adolescents) through Kishwori Bikash Karyakrum (KBK)	ASRH	Event	X	X	X	X	X
22	Strengthen the capacity and functioning of OCMC including forensic training, psycho social counselling to doctors, nurses, and paramedics	GBV/ NHTC	District	X	X	X	X	X
23	Review referral protocol and implement based on clinical protocol for health response to GBV survivors.	GBV	Event			X		
24	Improve district coordination and monitoring of GBV services across sectors and agencies in districts with and without an OCMC.	GBV	District	X	X	X	X	X
25	Roll out of clinical protocol from district to HF level	GBV	HF	X	X	X	X	X
26	Strengthen existing referral system for treatment of RH morbid conditions from community/local level health facilities to designated Hospitals	RH morbidity	District	X	X	X	X	X

OP4.1: Strategic planning and institutional capacity enhanced at all levels								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Review and planning workshop of HFOMC/D(P)HOs including district stakeholder as preparation for VDC/District Council to include address MNH issues as a part of LHG/CF	SMNH	Percent of VDC	NA	15	30	45	60
2	Review and planning workshop of Hospital Development Committee/D(P)HOs including district stakeholder as preparation for VDC/District Council to include address MNH issues as a part of LHG/CF	SMNH	sDistrict	NA	20	40	65	75
3	Support to generate resources for MNH services using LHG/CF framework	SMNH	District	NA	20	40	65	75
4	Review service provision from PHC ORC to unreached	ORC/	VDC	NA	15	30	45	60

OP4.1: Strategic planning and institutional capacity enhanced at all levels								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
	population involving HFOMC and re-locate per guideline in VDCs	PHCRD						
5	Revise FCHV strategy and strengthen FCHV Programme	FCHV	Event	X	X	X	X	X
6	Revise safe-motherhood policy, RH strategy and get endorsement	SMNH	Event		X			
7	Strengthen HFOMC-PHC/ORC committee capacity for local planning and management	All	District	20	30	25		
8	Finalize and endorse long acting and permanent methods of FP (LAMP strategy)	FP	Event		X			

OP5.2: Improved governance and accountability								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Continue of public hearing activities to discussed MNH issues	SMNH	Event	X	X	X	X	X
2	Review and address MNH issues raised during Social Audit though local/VDC planning process	SMNH	Event	X	X	X	X	X
3	Conduct rapid assessment of Aama, free new born care and SAS and take appropriate action based on findings	SMNH	Event	X	X	X	X	X
4	Monitor private sector delivering Aama, FP, RH programme programme	All	HF	X	X	X	X	X

OP5.4: Multi-sectoral coordination mechanisms strengthened								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Mobilize various line agencies and service providers for improving MNH service delivery (e.g. ambulance service providers for referral, blood transfusion, airlines, telecom, road/bridge construction)	SMNH	District	X	X	X	X	X
2	Mobilize local organizations and networks (youth groups, user group – water, forestry, agriculture) for awareness and mobilization of the community to improve MNH service utilization	SMNH	District	X	X	X	X	X
3	Collaborate with MoFALD to establish an unified data base for vital registration and use of data for health and other planning	DRHR/ PHAMED	District	X	X	X	X	X
4	Collaborate with MoFALD in all levels (community, ward, VDC/Municipality, province and central) to ensure quality MNH services	SMNH	District	X	X	X	X	X
5	Regularize RHCC meetings at the district level and include FP as a standing agenda in these meetings.	FP	District	X	X	X	X	X
6	Review/update the scope of work of national level RHCC, and regularize RHCC and Sub-committees meetings.	All	Event	X	X			
7	Strengthen multi sector coordination of GBV services - Contribute to development of national plans to eliminate GBV, and the design of the health sector's responsibility based on evidence of what works in Nepal. - Participate in national policy forums and coordination bodies. - Undertake operational research and evidence gathering to inform the multisectoral response to	GBV	Event	X	X	X	X	X

OP5.4: Multi-sectoral coordination mechanisms strengthened								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
	GBV. • Improve district coordination and monitoring							
8	Contribute to multi-sector coordinating mechanism, Prime Minister framework on Gender Based Violence (GBV)	GBV	Event	X	X	X	X	X

OP5.5: Improved public financial management								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Monitor use of Aama, newborn and SAS free services reimbursement fund for availability and quality improvement of MNH services	SMNH	HF	X	X	X	X	X

OP6.1: Health financing system strengthened								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Fund made available for local recruitment of C-section providers/team (CEONC fund) and SN/ANMs for birthing centres	SMNH	District	X	X	X	X	X
2	Fund made available for contracting nurses to be deployed at district and referral hospital as clinical mentors for BEONC/BC - starting with one per district	SMNH	District	X	X	X	X	X
3	Fund made available for contracting OBGYN to be deployed at FHD as clinical mentors for DH and referral hospitals (CEONC and RH morbidity)	SMNH	Event	X	X	X	X	X
4	Organize advocacy events for FP and sustainable financing (FP2020 Commitments) and CIP	FP	Event	2	2			
1	Develop a resource mobilization plan for implementation of the CIP	FP		X				
2	Establish Safe Motherhood Fund at National Level	SMNH	Event		X			

OP6.2: Social health protection mechanisms strengthened								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Review and revise 'Aama tatha nawajaat shishu surakshya' programme implementation guideline	SMNH	Event	x				x
2	Implement 'Aama tatha nawajaat shishu surakshya' guideline	SMNH	Event	X	X	X	X	X
3	Develop detail plan and implement proper transition of 'Aama tatha nawajaat shishu surakshya' programme in social health insurance in appropriate time frame.	SMNH	District	X	X	X	X	X

OP7.1: Healthy behaviours and practices promoted								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Implement different district specific programmes e.g. pregnant mothers gathering, quiz, song/ dance competition to increase awareness for utilizing the available MNH services	SMNH	District	4	4	4	4	4
2	Celebrate MNH related days – SM Day, International women day, Teej, World pre-mature day, breast feeding week, etc	SMNH	FHD	4	4	4	4	4

OP7.1: Healthy behaviours and practices promoted								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
3	Conduct 'No Home Delivery', 'End Early (adolescent) Marriage', 'Chaupadi' and other relevant MNH campaigns	SMNH/ASRH/FP	District	X	X	X	X	X
4	Carry out BCC activities to promote healthy behaviours and reduce harmful practices related to MNH including targeting to MDAG population	SMNH/NHEICC	District	2	2	2	2	2
5	Increase demand of family planning services by implementing various behaviour change communication activities.	FP	District	75	75	75	75	75
6	Celebrate FP day (September 18)	FP	District	75	75	75	75	75
7	Comprehensive sexuality education incorporated in school curriculum	FP/ASRH	Event		X			
8	Communication tools developed to reach vulnerable poor and marginalized groups including newly married couples, youth (m health and hotline telephone)	FP/ASRH	Event	X	X			
9	Develop and collaborate with concerned sectors to develop a GBV prevention and BCC strategy	GBV/NHEICC	Event			X		
10	Develop and implement GBV prevention and BCC activities by health sector including those targeted at adolescents, men, women's groups, and community and social leaders.	GBV/NHEICC	Event	X	X	X	X	X
11	Establish linkage with academic institutions and other pre service entities to include health response to GBV survivors	GBV	Event	X	X	X	X	X
12	Develop and implement curriculum for school based health education (include mental health, ayurveda, nutrition, sexual and reproductive health, gender based violence)	GBV	Event			X		
13	Develop, produce and disseminate IEC/BCC materials on NCD, CD, tobacco and alcohol prevention/control, RH, ASRH , GBV and CH, environmental and occupational health and health promotion to target audience	ASRH/NHEICC	Type of material	X	X	X	X	X
14	Develop Behaviours Change communication/IEC materials focusing on Adolescent particularly on consequences of adolescent pregnancy; HIV/ STI; GBV; mental health, Accident.	ASRH/NHEICC	Type of material	X	X	X	X	X
15	Update school curricula on Comprehensive Sexuality Education (CSE) in line with ITGSE (in coordination with MoE) and also develop text book accordingly with capacity building of the teachers	ASRH	Event	X				
16	Develop BCC/IEC package on awareness raising of various morbidities	RH Morbidity	Package	X	X			
17	Implement BCC interventions and utilization of existing grass root level structure for prevention and awareness raising on various RH Morbidities through (CAC, ward citizenship forum, WATCH group etc) and MoH (FCHV, mother group).	RH morbidity	Event	X	X	X	X	X

OP8.1: Public health emergencies and disaster preparedness improved								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Develop guidelines for providing MNH services in emergency situation	SMNH	Event		X			
2	Develop minimum quality standard for MNH service during public health emergencies	SMNH	Event		X			
3	Pre-positioning of emergency supplies in central and provincial level for MNH services	SMNH	Event	X	X	X	X	X
4	Incorporate Disaster Risk Reduction component related to MNH programme in regular programme guideline	SMNH	Event	X	X			
5	Review MoH emergency response plan to include RH preparedness and response	SMNH	Event		X			

OP8.2: Strengthened response to public health emergencies								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Develop a mechanism and allocate annual flexible resources including 'disaster respond fund ' to respond for continued MNH/RH services in emergency situation	MNH	District, Region/ province	X	X	X	X	X

OP9.1: Integrated information management approach practiced								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Use ICT (e.g. e-health) for awareness/BCC and increase access to and use of MNH services and monitoring	SMNH	Event	X	X	X	X	X
2	Integrate the disability service data in HMIS	SMNH	event		X			
3	Pilot m-health approaches to encourage women for ANC, Institutional delivery and PNC follow up	SMNH	District		X	X	X	X
4	Scale up implementation of MNCH booklet through ANC clinics with m-health for information and reporting, and involving families	SMNH	District		X	X	X	X
5	Integrate the pelvic floor rehabilitation service data in HMIS	SMNH	Event		X			
6	Initiate registration of birth of children with VDCs/municipalities based on certificate issued by health institutions	SMNH	VDC/municipality	NA	X	X	X	X
7	Develop and use ICT (e.g. e-health) for the awareness/BCC and increase access to and use of MNH services and monitoring	SMNH	Event		X			
8	Integrate the disability service data in HMIS	DRHR	Event		X			
9	Scale up implementation of MNCH booklet through ANC clinics with m-health for information and reporting, and involving families	SMNH	Event			X		
10	Integrate the pelvic floor rehabilitation service data in HMIS	DRHR	Event			X		
11	Strengthen reporting from private sector (Develop M&E tools for private/NGO service providers in line with HMIS)	FP/MD	Event	X	X			
12	Conduct regular review of financial expenditure and progress on activities against Costed Implementation plan and FP2020	FP	Event	X	X	X	X	X
13	Review HMIS and LMIS FP data for linking FP	FP/MD	Event	X	X	X	X	X

OP9.1: Integrated information management approach practiced								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
	service and commodity consumption data both from private and public health facilities							
14	Generate strategic information, investment on research, structured supervision and monitoring, reporting of age specific data, analyses and evaluation of ASRH thematic Programme	ASRH	Number	X	X	X	X	X
15	Strengthen, revise existing recording and reporting system to record and track RH Morbidities cases at community and health facility level.	RH morbidity	Time	X	X	X	X	X

OP9.2: Survey, research and studies conducted in priority areas; and results used								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Identify different health risks and needs of men (also which are related to masculinity – accidents, sexual, Gender Based Violence (GBV) and develop programme	Demography and RH research	Event		X			
2	Conduct study to assess care seeking behaviour and health workers attitude towards GBV survivors	GBV	Event		X			
3	Pilot service providers skill retention practices - NBC skill retention using neo-natalie simulation exercise - KMC using different types of bag - Mentoring simulation on CEONC services	Demography and RH research	District	X	X	X	X	X
4	Conduct research to assess the effectiveness of newborn care interventions on reducing newborn morbidity and mortality	Demography and RH research	Event			X		X
5	Conduct feasibility study of folic acid intake in 'pre-conception period' by potential mother to prevent birth defect	Demography and RH research	Event		X			
6	Conduct research to identify different health risks and needs of men (also which are related to masculinity – accidents, sexual, Gender Based Violence (GBV) and develop programme	Demography and RH research	Event		X			
7	Conduct pilot to establish functional surveillance system for people with disability of reproductive age group and birth defect in health facilities	Demography and RH research				X		
8	Pilot community based FP programme	FP	Event	X	X	X	X	X
9	Conduct studies : barrier analysis among low CPR and high unmet need groups, continuation rate, and new FP methods Conduct research on areas such as evidence of utilization of Adolescent-Friendly Health Services (AFS), various healthcare and non-healthcare contributors in reducing fertility rates, etc.	FP	Event		X			
10	Conduct operational studies on FP to reach unreached groups	FP	District	5	5			
11	Conduct further analysis of NMICS 2014 and NDHS 2016 on relevant issues	FP	Event	X				
12	Conduct study on effectiveness of micro planning and other initiatives	FP	Event	X			X	

OP9.2: Survey, research and studies conducted in priority areas; and results used								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
13	Study of prevalence of infertility in Nepal and its correlates.	FP	Event			X		
14	Design appropriate intervention for new emerging Morbidities	RH Morbidity	Event		X			
15	Generate evidence on RH morbidities including through existing data analysis/further analysis for advocacy and informed programming	RH Morbidity	Event	X	X	X	X	X

OP9.3: Improved health sector reviews with functional linkage to planning process								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Integrated RH review and planning meeting at district/regional level/federal level /central level	All	Event	X	X	X	X	X

Family Health Division: Results Framework

Code	Indicator		Baseline			Milestone				Target	Data source	Monitoring frequency	Responsible agency
			Data	Year	Source	2016	2017	2018	2019	2020			
Outcome 1: Rebuilt and strengthened health systems: Infrastructure, HRH management, Procurement and Supply chain management													
OC1.4	% of HF with no stock out of tracer drugs by level of facility(oxytocin, dexamethasone, MgSo4)		NA	2015	NA	NA	NA	NA	NA	NA	NA	Annual	FHD
	District hosp						90			95		Annual	FHD
	PHC						90			95		Annual	FHD
	HP						90			95		Annual	FHD
OP1a3 Improved management of health infrastructure (including equipment)													
FHOP1a3.1	% of birthing centre with equipment and instruments as per the standards		NA	2015	NA	-	50	60	70	80	FHD/ NHFS	Annual/ 3 yrs	FHD
FHOP1a3.2	% of CEONC sites with equipment and instruments as per the standards		NA	2015	NA	NA	50	80	90	100	FHD	Annual	FHD
OP1b1. Improved staff availability at all levels with focus on rural retention and enrolment													
FH1b1.1	% of birthing centre with at least 2 SBAs		NA	2015	NA		50	60	70	80	FHD	Annual	FHD
FH1b1.2	% of CEONC site with at least two doctors with relevant health professionals (ASBA or DGO or OBGYN or MDGP and AA and nurses)		NA	2015	FHD	30	40	60	80	100	FHD	Annual	FHD
FH1b1.3	% HPs (Health Post) with LARC provider		NA	2015	NA	40	50	60	70	80	FHD/ NHFS	Annual/3 yrs	FHD
Outcome 2: Improved quality of care at point of delivery													
OC2.1	% of health facilities meeting minimum standards of quality of care at point of delivery		NA	2015	NHFS					90	NHFS	3 years	MoH
	Type of facility	Public	NA	2015	NHFS					90	NHFS	3 years	MoH
		Private	NA	2015	NHFS					90	NHFS	3 years	MoH
	Level of public facility	Zonal & above hospitals	NA	2015	NHFS					90	NHFS	3 years	DoHS
		District level hospitals	NA	2015	NHFS					90	NHFS	3 years	DoHS
		PHCs	NA	2015	NHFS					90	NHFS	3 years	DoHS
		HPs	NA	2015	NHFS						NHFS	3 years	DoHS
OC2.2	% of clients provided with quality services as per national standards												
	FP		NA	2015	NA		80			90	NHFS	3 years	FHD
	ANC		NA	2015	NA		80			90	NHFS	3 years	FHD
FHOC2.3	% of newborn initiated immediate (within 1 hr of birth) breast feeding		48.7	2014	NMICS		60			80	NMICS/ NDHS	5 years	FHD

Code	Indicator	Baseline			Milestone				Target	Data source	Monitoring frequency	Responsible agency
		Data	Year	Source	2016	2017	2018	2019	2020			
FHOC2.4	% of newborn received all four essential newborn care (immediate breastfeeding, drying and wrapping, delayed bathing and STS before placenta was delivered)	55.2	2014	NMICS		65			70	NMICS/NDHS	5 years	FHD
FHOC2.5	% of CS among institutional delivery	15.6	2015	HMIS		15			15	HMIS	Annual	FHD
FHOC2.6	% of birth asphyxia among institutional delivery	1.4	2015	HMIS		1.2			1	HMIS	Annual	FHD
FHOC2.7	Still birth rate	18.4	2015	HMIS	NA	18			17	HMIS	Annual	FHD
FHOC2.8	Direct obstetric case fatality rate	≤ 1	2015	HMIS	NA	≤ 1			≤ 1	HMIS	Annual	HMIS
FHOC2.9	FP discontinuation rate at 12 months of use (Method specific)											
	IUCD	22	2011	NDHS		15			10	NDHS	5 years	FHD
	Implant	12	2011	NDHS		10			7	NDHS	5 years	FHD
	DMPA	56	2011	NDHS		40			24	NDHS	5 years	FHD
	Pill	NA	2011	NDHS		NA			NA	NDHS	5 years	FHD
OP2.1: Health services delivered as per standards and protocols												
OP2.1.1	% of health facilities complying service delivery standard protocols/guidelines for tracer services											
	ANC	NA	2015	NHFS					90	NHFS	3 yrs	FHD
	Family planning	NA	2015	NHFS					90	NHFS	3 yrs	FHD
OP2.2: Quality assurance system strengthened												
OP2.2.1	% of hospital based maternal deaths reviewed	38	2015	FHD		100			100	FHD	Annual	FHD
FHOP2.2.2	Number of districts implementing community based MPDSR	5	2015	FHD	6	10	14	16	20	FHD	Annual	FHD
Outcome 3: Equitable utilization of health care services												
OC3.3	% of institutional delivery	55.2	2014	NMICS		65			70	NDHS	3 years	FHD
FHOC3.1	% of births attended by SBA	55.6	2014	NMICS		62.1			68.5	NDHS	3 years	FHD
FHOC3.2	% of women attending four antenatal care (ANC) check-up as per protocol	54	2015	HMIS		60			70.9	HMIS	Annual	FHD
FHOC3.3	% of women attending three PNC check-up as per protocol	20	2015	HMIS		30			50	HMIS	Annual	
FHOC3.4	% of newborn who received three PNC visits as per protocol	20	2015	HMIS		30			50	HMIS	Annual	
FHOC3.5	Contraceptive prevalence rate (modern methods)	47.1	2014	NMICS		50			55	NMICS	5 years	FHD
FHOC3.	Method mix of FP										3 years	

Code	Indicator		Baseline			Milestone				Target	Data source	Monitoring frequency	Responsible agency
			Data	Year	Source	2016	2017	2018	2019	2020			
5	Male sterilization		18	2014	NMICS		18			18	NDHS	3 years	FHD
	Female sterilization		30.9	2014	NMICS		29.9			27	NDHS	3 years	FHD
	IUCD		4.5	2014	NMICS		4.8			5.7	NDHS	3 years	FHD
	Implant		5.3	2014	NMICS		5.8			7.3	NDHS	3 years	FHD
	Injectable		21.5	2014	NMICS		21.6			21.9	NDHS	3 years	FHD
	Pills		9.7	2014	NMICS		9.7			9.7	NDHS	3 years	FHD
	Condom		10.2	2014	NMICS		10.3			10.4	NDHS	3 years	FHD
FHOC3.6	Unmet need for family planning (%)												
	Wealth quintile	Lowest quintile	27.2	2015	NMICS		22.4			19.5	NDHS	3 years	FHD
		Highest quintile	24.3	2015	NMICS		22.4			19.5	NDHS	3 years	FHD
			Equity gap		2015	NMICS		22.4			19.5	NDHS	3 years
	Ecological region	Mountain		2015	NMICS		22.4			19.5	NDHS	3 years	FHD
		Hills		2015	NMICS		22.4			19.5	NDHS	3 years	FHD
		Terai		2015	NMICS		22.4			19.5	NDHS	3 years	FHD
		Equity gap		2015	NMICS		22.4			19.5	NDHS	3 years	FHD
	Couples living together			2015	NMICS		22.4			19.5	NDHS	3 years	FHD
	Couples living separately			2015	NMICS		22.4			19.5	NDHS	3 years	FHD
Post partum mothers			2015	NMICS		22.4			19.5	NDHS	3 years	FHD	
FHOC3.7	Adolescent Fertility Rate (births per 1000 women aged 15-19)		71	2014	NMICS		66.3			55.6	NDHS	3 years	FHD
	Wealth quintile	Lowest quintile		2014	NMICS		66.3			55.6	NDHS	3 years	FHD
		Highest quintile		2014	NMICS		66.3			55.6	NDHS	3 years	FHD
			Equity gap		2014	NMICS		66.3			55.6	NDHS	3 years
	Ecological region	Mountain		2014	NMICS		66.3			55.6	NDHS	3 years	FHD
		Hills		2014	NMICS		66.3			55.6	NDHS	3 years	FHD
		Terai		2014	NMICS		66.3			55.6	NDHS	3 years	FHD
		Equity gap		2014	NMICS		66.3			55.6	NDHS	3 years	FHD
FHOC3.8	% of women who received post abortion family planning		75	2015	NA		80			80		3 years	FHD
FHOC3.9	Prevalence of Pelvic Organ prolapse (Uterine Prolapse) among women who have ever given birth (15-49 years)		6	2011	NDHS		5.7			4.4	NDHS	5 years	FHD
FHOC3.10	% of women aged 30-60 years who report they were screened for cervical cancer		NA	2015	HMIS		5			20	FHD	Annual	FHD
OP3.1: Improved access to health services, especially for unreached population													
OP3.1.3	% of districts with at least one CEONC site		81	2014	HMIS	84		100		100	HMIS	Annual	FHD
FHOP3.1.4	% of health facilities with a 24/7 hours BC		50	2015	FHD	55		65		75	FHD	3 yrs	FHD

Code	Indicator	Baseline			Milestone				Target	Data source	Monitoring frequency	Responsible agency
		Data	Year	Source	2016	2017	2018	2019	2020			
FHOP3.1.5	% of public hospitals and PHCCs offering all seven FP services	NA	2015	NHFS			70			NHFS	3 yrs	FHD
FHOP3.1.6	% of facilities providing all 5 temporary methods of FP											
	Health posts	NA	2015	NHFS			80			NHFS	3 yrs	FHD
	Private hospitals	NA	2015	NHFS			60			NHFS	3 yrs	FHD
FHOP3.1.7	% of safe-abortion sites (surgical and medical) providing long acting FP services	NA	2015	NHFS			100			NHFS	3 yrs	FHD
FHOP3.1.8	% of districts offering 2 nd trimester abortion services	25	2015	FHD			40		40	FHD	Annual	FHD
OP3.2: Health service networks including referral system strengthened												
FHOP3.2.1	% of referral hospitals providing fast track services for referred clients	NA	2015	NA	90	90	90	90	90	FHD	Annual	CSD
Outcome 5: Improved sector management and governance												
FHOC5.1	% of women who delivered in health facility and received transportation incentive	71	2011	NDHS			100		100	HMIS/ NDHS	Annual	FHD
OP6.2: Social health protection mechanisms strengthened												
FHOP6.2.1	% of pregnant women who received free services among the institutional delivery	60	2011	NDHS		80			80	NDHS	5 yrs	FHD
FHOP6.2.2	% of sick newborn who received free services among admitted case (at least for 3 days)	NA	2015	NA		50			60	NDHS	5 yrs	FHD
Outcome 7: Improved healthy lifestyles and environment												
FHOC7.1	% of MWRA who are currently smoking	9.2	2015			8			7	MICS	3 yrs	
FHOC7.2	% of MWRA who drank at least 1 alcohol drink during last month	9.5	2015			9			8	MICS, NDHS	3 yrs	FHD
FHOC7.3	% of low birth weight infants	24	2015			22			20	MICS	3 yrs	FHD
OP7.1: Healthy behaviours and practices promoted												
FHOP7.1.1	% of women of reproductive age who have heard about at least three methods of family planning	NA	2015	NA		90			95	NDHS	5 yrs	FHD
FHOP7.1.2	% of SAS clients who left the facility with a contraceptive method	60	2015	HMIS	70	85	90	92	95	HMIS	Annual	FHD
FHOP7.1.3	% of women aged 15-49 who have experienced GBV in the last one year	17	2015	NDHS		15			12	NDHS	5 yrs	MOH
FHOP7.1.4	Women aged 15-19 years who are married or in union (%)	24.5	2014	NMICS	20	15	12	8	0	NDHS, NMICS	3 yrs	MoH
OP9.2: Survey, research and studies conducted in priority areas; and results used												
FHOP9.2.1	No of district carrying out MPDSR as per guideline	5	2015	FHD	6	12	18	24	30	MNH	Annual	FHD
FHOP9.2.2	% of children below one year, whose births are registered at local level	32.8	2015			37			41	MoFALD	3 years	PHAMED

Epidemiology and Disease Control Division (EDCD)

Background and Scope

Due to geographical and ecological diversifications, there are perpetual instances of diseases' epidemics in Nepal. It has been plagued by periodic epidemics of communicable diseases, epizootics and natural disasters. Millions of population is at the risk of infection and thousands of people dies of communicable diseases and other health related events, which are affecting the people particularly the poor and deprived living in rural and remote areas.

Epidemiology and Disease Control Division (EDCD) is the central level agency under ministry of health, department of health services, for prevention and control of diseases outbreak including disaster and unwanted health related events.

Particular focus of this division is on prevention and management of outbreak potential diseases for example, vector-borne diseases, air borne diseases, waterborne diseases and zoonoses. The division is also responsible for the preparedness and response of disaster and other public health emergencies as the focal point for international health regulation in Nepal. Arrangement for providing emergency and humanitarian assistance and medical support during disasters and natural calamities is also the core business of EDCD. To combat the epidemics, the greater portions of the financial as well as technical resources have been mobilized by the Government of Nepal, which has been working in collaboration with bilateral and international agencies like WHO, GFATM, USAID, DFID, UNFPA, UNICEF, etcetera to curtail the impacts of the epidemics.

In the light of frequent epidemics of communicable diseases, epizootics and natural disasters, this division plays a major role in preparedness and management of public health emergencies, epidemics and disease control. This division is also the focal division for prevention and control of public health epidemics and disasters.

Scope

Following are the working areas of EDCD:

- Identification, investigation and response of outbreaks and untoward health events in the country
- Preparedness and response activities for disaster events
- Surveillance for monitoring the disease trends and early detection of potential disease outbreaks
- Establishment and operation of health desk at cross boarder point as focal point of International Health Regulation (IHR) related activities
- Design and execution of plan, policies and strategies for prevention and control of vector-borne diseases (Malaria, Kala-azar, Dengue) and Zoonotic diseases (rabies, brucellosis, plague, scrub typhus etc.,)
- Design and execution of plan, policies and strategies for Elimination of Lymphatic Filariasis
- Identification, investigation and management of emerging and reemerging infectious disease

Table 6: Programme components of Epidemiology and Disease Control Division

SN	Programme components	Scope/Key functions
1	Surveillance and monitoring	Early case detection, diagnosis and management of communicable diseases, early warning reporting system, prevention and control of immunization-preventable vector-borne diseases; EWARS sentinel sites, establish IDSS, Strengthen Water quality Surveillance-minimize water borne disease

SN	Programme components	Scope/Key functions
2	Management of public health emergencies/Disaster Management(Public health emergencies)	Health sector contingency planning, multi-sector collaboration and coordination for preparedness and response, prepositioning of essential drugs and supplies including reproductive health, facilitate access for post exposure treatment, capacity building of service providers and Rapid response team on Integrated Training Package of Rapid Response Teams (RRT) on Emergency Preparedness and Response, ASRH humanitarian settings, update and formulate disaster assessment tools, psychosocial health in emergencies.
3	Disease control and management of zoonosis	Prevention and control Malaria, Dengue, Kala-azar; enhancing access to post exposure treatment (PET) for rabies exposure in humans; management of snakebites to prevent mortality
4	Epidemiology & outbreak response	Ensuring the preparedness for outbreak, Investigation of outbreak, response, evidence generation through scientific activities.

NHSS Outputs and Key interventions

OP1a1: Health infrastructure developed as per plan and standards								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Implement building codes for disaster-resilient health infrastructure	Management of public health emergencies	Event	X	X	X	-	-

OP1b2: Improved medical and public education and competencies								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Build programmematic, technical and managerial capacities for malaria control	Disease control and management of zoonosis	Health workers	100	125	150	125	100
2	Build capacity for diagnostic and case management of kala-azar	Disease control and management of zoonosis	Health workers	100	75	75	50	50
3 PD	Build capacity for case detection and treatment capacity of dengue	Disease control and management of zoonosis	Health workers	400	300	300	200	200
4	Build capacity of health worker for mass casualty management facilities (zonal and regional) within one hour along major highways	Management of public health emergencies	Health facility	5	10	10	15	15
5	Build capacity of Health workers (public and private facilities) for surveillance	Surveillance and Monitoring	Health workers	20	25	25	25	25
6	Capacitate Rapid Response Teams (RRTs) on Integrated Training Package of RRT on Emergency Preparedness and Response at all level.	Management of public health emergencies	Event	X	X	-	-	-
7	Capacitate health service providers on Minimum Initial Service Package (MISP) for RH in emergencies, ASRH in emergencies, Health Response to GBV and disaster assessment tools	Management of public health emergencies	Event	X	X	X	-	-

OP2.1: Quality health service delivered as per protocols/standards								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Update clinical protocols for emerging and re-emerging diseases	Disease control and management of zoonosis	Event	X	X	X	-	-
2	Update guidelines for Case management	Disease control and management of zoonosis	Event	X	X	-	-	-
3	Develop standards for diagnosing emerging and re-emerging disease	Disease control and management of zoonosis	Event	-	X	X	-	-
4	Develop Health facilities and Hospitals having infection prevention and control (IPC) guidelines	Management of public health emergencies/MD	Event	-	X	X	-	-

OP2.2: Quality assurance system strengthened								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Formalize monitoring and on-site coaching and mentoring for quality improvement process	Surveillance and monitoring	Event	20	25	30	30	30
2	Develop certification process for treatment sites	Epidemiology	Event	-	-	-	-	-

OP2.3: Improved infection prevention and health care waste management practices								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Support hospitals and health facilities to create and maintain decontamination area	Management of public health emergencies	Event	X	X	X	-	-

OP3.1: Improved access to health services, especially for unreached population								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Expand diagnostic service sites for malaria, kala-azar, dengue	Disease control and management of zoonosis	Service site	50	50	50	50	50
2	Establish Integrated Vector Management Programme	Disease control and management of zoonosis	Event	X	X	-	-	-
3	Further reduce malaria transmission and eliminate the foci	Disease control and management of zoonosis	VDCs	255	255	255	255	255
4	Improve quality of and access to early diagnosis and effective treatment of malaria	Disease control and management of zoonosis	District	75	75	75	75	75
5	Improve quality of and access to early diagnosis and effective treatment of other emerging and re-emerging diseases	Disease control and management of zoonosis	Event	-	X	X	-	-
6	Carry out early case detection and treatment for kala-azar	Disease control and management of zoonosis	Districts	17	17	17	17	17
7	Carry out preventive chemotherapy/mass drug administration for LF elimination (LF)	Disease control and management of zoonosis	Districts	36	20	10	5	2
8	Establish Morbidity management and disability prevention Programme at district	Disease control and management	Districts	75	75	75	75	75

OP3.1: Improved access to health services, especially for unreached population								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
	level	of zoonosis						
9	Establish diagnostic facilities for Sickle cell disease and Thalacemia (in at least >50 bedded hospitals)	Disease control and management of zoonosis	Event	X	X	X	X	-
10	Conduct for dengue prevention and control activities in priority districts, including search and destroy operations (dengue vector breeding sites & larvae)	Disease control and management of zoonosis	Districts	57	57	57	57	57
11	Implement control of zoonotic diseases of public health importance	Disease control and management of zoonosis	Districts	75	75	75	75	75

OP5.4: Multi-sectoral coordination mechanisms strengthened								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Enhance cross-border cooperation/collaboration, including data/information sharing and synchronization of interventions.	Disease control and management of zoonosis	District	26	26	26	26	26
2	Continue inter-sectoral collaboration to control Lymphatic Filariasis	Disease control and management of zoonosis	Event	150	125	100	50	25

OP7.1: Healthy behaviours and practices promoted								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Conduct advocacy, social mobilisation and BCC activities in the communities for emerging and re-emerging diseases	Disease control and management of zoonosis	District	75	75	75	75	75
2	Raise awareness and BCC/IEC on Lymphatic Filariasis	Disease control and management of zoonosis	District	40	30	20	15	5

OP8.1: Public health emergencies and disaster preparedness improved								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Develop required protocols to address immediate health emergencies for specific disaster-types and intensities (this includes emergency and disaster preparedness response training manuals)	Management of public health emergencies	Event	X	X	X	-	-
2	Revise and update surveillance standards, guidelines and protocol for services	Surveillance and monitoring	Number	4	4	4	4	4
3	Improve readiness of health emergency operation centre (HEOC) in coordination with line ministries	Management of public health emergencies /MoH/CSD	Event	X	X	X	-	-
4	Develop multi-sector action plan to address immediate health emergencies (this includes emergency and disaster preparedness response training manuals)	Management of public health emergencies /MoH/CSD	Event	-	X	X	X	-
5	Establish of public health emergency centre at provincial levels	Management of public health emergencies	Event	X	X		-	-

OP8.1: Public health emergencies and disaster preparedness improved								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
6	Expand rapid response team (RRT) teams at district and communities	Management of public health emergencies	Event	X	X	X	-	-
7	Develop protocols and operational guidelines for emergency operations (health clusters, Rapid Response Teams; intra- and inter cluster/ sectoral coordination and mechanisms)	Management of public health emergencies	Event	-	X	X	X	-
8	Conduct vulnerability assessment of public health emergencies across the country	Management of public health emergencies	Event	-	X	X	-	-
9	Preposition buffer stocks of essential supplies and medicines for RH and other public health services	Management of public health emergencies	Event	-	X	X	X	-
10	Enforce compliance of emergency preparedness plans for all health facilities through agreed SOPs	Management of public health emergencies	Event	-	X	X	X	-
11	Scale-up hospital reporting on early warning system	Surveillance and monitoring	Number	50	60	70	80	90
12	Finalise and implement integrated disease surveillance system(IDSS)	Surveillance and Monitoring e	District	2	5	7	10	15
13	Establish trauma management capacity in hospitals near highways and in major urban centres	Management of public health emergencies	Event	-	X	X	X	-
14	Endorse the operational guidelines to create and mobilise emergency response funds at national, regional and district levels	Management of public health emergencies	Event	-	-	X	X	-
15	Mandate public and private hospitals to prepare hospital emergency preparedness plans and mass casualty management plan (50bedded hospitals)	Management of public health emergencies	Event	-	X	X	-	-
16	Facilitate hospitals to set-up Triage system	Management of public health emergencies	Event	-	X	X	-	-
17	Establish outbreak investigation lab at central and provincial level.	Epidemiology and outbreak/ NPHL	Event	-		X	X	-
18	Establish entomological lab at central and provincial level.	Epidemiology and outbreak/ NPHL	Event	X	X	-	-	-
19	Establish Health desk and operation	Epidemiology and outbreak	Event	X	X	X	X	-
20	Establish Human Health Quarantine post at all ground crisis points in borders and Airport	Epidemiology and outbreak	Event	X	X	X	-	-

OP8.2: Strengthened response to public health emergencies								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Develop human resources mobilization plan during emergencies (including financial and non-financial incentives package)	Management of public health emergencies	Event	X	X	-	-	-
2	Capacitate Rapid Response Teams (RRTs) on Integrated Training Package of RRT on Emergency Preparedness and Response at	Management of public health emergencies	Event	-	X	X	X	X

OP8.2: Strengthened response to public health emergencies								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
	all level							
3	Capacitate health service providers on Minimum Initial Service Package (MISP) for RH in Emergencies, ASRH in emergencies, Health Response to GBV and disaster assessment tools	Management of public health emergencies	Event	X	X	X	X	X
4	Implement disease surveillance and response mechanism through sentinel sites	Surveillance and Monitoring	Sentinel sites	50	60	70	80	90
5	Enhance capacity of Integrated Vector Management	Disease control and management of zoonosis	District	65	65	65	65	65
6	Institutionalise outbreak investigation and response mechanisms	Surveillance and Monitoring	Event	X	X	X	X	X

OP9.1: Integrated information management approach practiced								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Expand and scale-up Integrated Disease Surveillance	Management of public health emergencies	Event	X	X	X	X	X

OP9.2: Survey, research and studies conducted in priority areas; and results used								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Conduct case based surveillance and response (IRS)	Disease control and management of zoonosis	District	25	50	75	75	75
2	Conduct post mass drug administration (MDA) surveillance	Disease control and management of zoonosis	District	25	41	51	61	61
3	Implement surveillance activities of public health events of mass concern, including Birth defect surveillance	Surveillance and monitoring	Event	X	X	X	X	X

OP9.3: Improved health sector reviews with functional linkage to planning process								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Prepare dossier for elimination of neglected tropical diseases	Disease control and management of zoonosis	Number	2	2	2	2	2
2	Align programme reviews with integrated sector reviews	EDCD/MD	Event	X	X	X	X	X

Epidemiology and Disease Control Division: Results Framework

Code	Indicator	Baseline			Milestone				Target	Data source	Monitoring frequency	Responsible agency
		Data	Year	Source	2016	2017	2018	2019	2020			
Outcome 3: Equitable utilization of health care services												
EDOC3.1	Number of Active Trachoma cases	136	2015	NNJS	125	111	98	90	85	NNJS	3 Years	EDCD
EDOC3.2	Number of confirmed cases of Hepatitis A	174	2014	NPHL	160	141	125	120	109	NPHL	3 Years	EDCD
EDOC3.3	Number of unspecified cases of viral Hepatitis	173	2015	NPHL	156	141	125	114	108	NPHL	3 Years	EDCD
EDOC3.4	Number of confirmed cases of Japanese Encephalitis (JE)	118	2015	NPHL	110	96	85	80	74	NPHL	3 Years	EDCD
EDOC3.5	Number of confirmed cases of Influenza (H1N1)	204	2015	NPHL	190	166	150	135	128	NPHL	3 Years	EDCD
EDOC3.6	Number of people died annually due to snakebite	200	2015	HMIS	200	180	175	168	150	HMIS	3 Years	EDCD
EDOC3.7	Number of people died annually due to rabies	75	2015	HMIS	< 30	< 20	< 15	< 10	<10	HMIS	Annual	EDCD
EDOC3.8	Annual Blood Examination Rate (ABER)	0.75	2015	HMIS	0.77	0.79	0.81	0.83	0.85	HMIS	3 Years	EDCD
Outcome 7. Improved healthy lifestyle and environment												
EDOC7.1	Annual Parasite Incidence of Malaria (per 1000 risk population)	0.1	2015	HMIS	0.12	0.09	0.06	0.05	0.04	HMIS	Annual	EDCD
EDOC7.2	Percentage of PF (malaria) cases	20.26	2015	HMIS	20	18	16	15	14	HMIS	Annual	EDCD
EDOC7.3	Incidence of indigenous malaria cases (per 1000 risk population)	0.05	2015	HMIS	0.02	0.02	0.01	0.01	< 0.01	HMIS	Annual	EDCD
EDOC7.4	Incidence of kala-azar	0.25	2015	HMIS	< 1	< 1	< 1	< 1	< 1	HMIS	Annual	EDCD
EDOC7.5	Prevalence of Lymphatic Filariasis	5	2015	EDCD	3	2	< 1	< 1	< 1	EDCD	Annual	EDCD
EDOC7.6	Number of Dengue cases	302	2015	HMIS	290	250	200	180	150	HMIS	Annual	EDCD
Outcome 8: Strengthened management of public health emergencies												
OC8.1	Case fatality rate per 1000 reported cases due to public health emergencies	7	2013/14	DSS	7	6	5	4	3	DSS	3 Years	EDCD
OC8.2	% of natural disasters and disease outbreaks responded within 48 hours	92.6	2015	NHSS	93	100	100	100	100	NHSS	3 Years	EDCD
OP8.1: Improved preparedness for public health emergencies												
EDOP8.1.1	Number of district having health emergency response plan	61	2015	EDCD	75	75	75	75	75	EDCD	Annual	EDCD
EDOP8.1.4	Number of district with functional RRT at district and communities	75	2015	75	75	75	75	75	75	EDCD	Annual	EDCD
OP8.2: Strengthened response to public health emergencies												
EDOP8.2.1	Number of hospitals with trauma management and emergency response capacity	5	2015	EDCD/MoH	5	8	10	15	20	EDCD/MoH	Annual	EDCD
EDOP8.2.	Percentage of public health emergency events and	40	2015	EDCD	60	80	90	100	100	EDCD	Annual	EDCD

Code	Indicator	Baseline			Milestone				Target	Data source	Monitoring frequency	Responsible agency
		Data	Year	Source	2016	2017	2018	2019	2020			
2	outbreak notified at least within 24 hours											
OP9.1: Integrated information management approach practiced												
EDOP9.1.1	Number of districts with functional integrated disease surveillance system(IDSS)	0	2015	EDCD	0	2	2	4	6	EDCD	Annual	EDCD

Leprosy Control Division (LCD)

Background and Scope

The main functions of Leprosy Control Division (LCD) are the prevention, early detection, treatment, referral, rehabilitation, management, and follow-up through community-based rehabilitation of all types of disability including leprosy through the development and the implementation of policies and actions with collaboration among various Health Divisions/Department of MoH and DoHS.

Specifically, the main activities for leprosy are early detection of new cases and the provision of timely and complete treatment with multi drug therapy (MDT) through integrated health services. The Programme has a major target for achieving district level elimination and to reduce grade II disability (visible disability) below 1 per million populations by 2020. After meeting the elimination target at national level, the national strategy was revised to "Sustain Quality Leprosy Services and Further Reduce the Disease Burden due to Leprosy in Nepal: 2011-2015" based on the "Enhanced Global Strategy for Further Reducing the Disease Burden Due to Leprosy: 2011-2015" and the updated national Operational Guideline was developed based upon WHO guideline. The activities are focused on early detection of leprosy cases so as to prevent disability and reduce transmission. LCD coordinates with various organizations to mainstream leprosy issues in the disability movement

The Ministry of Health has designated the Leprosy Control Division as the focal unit for overall disability. Persons with disability include children, women and men who have trouble in functioning due to physical, intellectual, mental or sensorial impairments. Those impairments include the consequences of conditions such as non-communicable diseases, birth defects, injuries from giving birth, infectious diseases, neurological disorders, injuries due to disaster and accidents and conditions that result from the ageing process.

This implementation plan is in line with the principles and intended outcomes of the NHSS and the Global Disability Action Plan 2014-2021, WHO. The strategy for the division to address disability is three-fold: 1) to improve access to health services and programmes; 2) to strengthen and extend rehabilitation, support services and community-based rehabilitation; and 3) to strengthen collection of disability data per international standards and support research on disability and related services.

Programme components and illustrative intervention areas are presented in the table below.

Table 7: Programme components and Scope of Leprosy Control Division

SN	Programme components	Scope/Key functions
1	Leprosy	Early case detection, management, disability prevention, rehabilitation, capacity building, reducing stigma and discrimination, coordination, partnership and monitoring and evaluation
2	Disability	Prevention, early detection and enhancing access to health related rehabilitation services for all kind of disabilities ; increase awareness; reduce stigma and discrimination; capacity development, coordination, partnership and monitoring and evaluation

NHSS Outputs and Key interventions

OP1a1: Health infrastructure developed as per plan and standards								
S N	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Construct new health facility following accessibility guideline of GoN	Disability /MD(DoHS)	Event		x	x	x	x
2	At least construct ramp and one accessible toilet on existing health structures	Disability MD(DoHS)	Event		x	x	x	x

OP1a1: Health infrastructure developed as per plan and standards								
S N	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
3	Establish/strengthen rehabilitation department in district (earthquake affected), zonal, regional and central hospitals	Disability MD(DoHS)	Department		x	x	x	x

OP1a2: Damaged health facilities are rebuilt								
S N	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Reconstruct referral centres (Anandban hospital)	Disability	Event		X	X		
2	Reconstruct Khokana leprosy clinic	Leprosy	Event		X	X		
3	Reconstruct damaged facilities as per accessibility guideline of GON	Disability	Health facility		X	X	X	X

OP1a3: Improved management of health infrastructure								
S N	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Upgrade, repair and maintain rehabilitation equipment supplies and physical infrastructure in earthquake-affected districts, as well as in zonal, regional and central hospitals	Disability	Equipment		X	X	X	X

OP1b1: Improved availability of human resource at all levels with focus on rural retention and enrolment								
S N	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Create and fulfil the posts of DTLA in 8 districts	Leprosy	Event		X	X	X	X
2	Add technical human resource at central level (leprosy control division)	Leprosy/Disability	Event		X	X	X	X
3	Map rehabilitation services and HR	Disability	Event		X			
4	Conduct rapid organization needs assessment surveys (O&M) to define the human resource needs in rehabilitation services	Disability	Event			X		
5	Recruit rehabilitation workforce (PTs in most earthquake affected districts, additional PTs in zonal and regional hospitals, and specialized (muscular, skeletal, neurological, cardio respiratory, obstetrics and gynaecological) PTs in central hospitals)	Disability	Event				X	X
6	Special provision for decent remuneration and additional benefit for those working in rural districts	Leprosy/disability	Event		X	X	X	X
7	Develop (within 2017) and implement policy to deploy recent graduates to rural areas	Leprosy/disability	Event		X	X	X	X
8	Make available expert and specialized invasive /non-invasive services /care and resources in zonal, regional and central hospitals for all the type of disability including leprosy management	Leprosy/disability	Event		X	X	X	X

OP1b2: Improved medical and public education and competencies								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Deliver continued medical education to various level service providers for all the type of disabilities including leprosy	Leprosy/disability	Event	2	5	5	5	5
2	Implement public awareness activities/campaigns for all the type of disabilities including leprosy	Leprosy/disability	Event	3	3	3	3	3

OP1b2: Improved medical and public education and competencies									
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5	
3	Develop and implement the scope of practice for rehabilitation professional (PTs, OTs and P&Os and speech therapists) in collaboration with Nepal health professional council,	Disability	Event		X	X	X		X
4	Build capacity of HP and PHCC in CBR	Disability	Event	X	X	X	X		X
5	Provide scholarships for rehabilitation professionals (P&O, OT and specialized PTs, Physical Medicine and Rehabilitation Doctors, speech therapists)	Disability	Event			X	X		X
6	Promote continuous rehabilitation education (including E-learning) among health professionals	Disability	Event			X	X		X
7	Integrate disability prevention and rehabilitation component in curricula for doctors, nurses and paramedics in government-owned universities/teaching hospitals	Disability	Event			X	X		X
8	Develop training manual for all type of disability (including Leprosy and birth defect) prevention, early detection and referral for rehabilitation and specialized care for Health personnel (primary health care facilities staff) and FCHVs.	Disability	Event			X			
9	Integrate training (early detection, referral for rehabilitation and long term rehabilitation follow up) for Health personnel in existing regional training Centres	Disability	Event				X		X

OP1c1: Improved procurement system									
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5	
1	Timely develop annual procurement plan	Leprosy/disability	Event		X	X	X		X
2	Build capacity and implement procurement of mobility aids, rehabilitation therapeutics equipment (in most earthquake affected districts, as well as in zonal, regional and central hospitals)	Leprosy/disability	Event		X	X	X		X

OP1c2: Improved supply chain management									
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5	
1	Re-visit supply chain to ensure quarterly supply of MDT drugs and other supplies, such as mobility aids and rehabilitation therapeutics equipment (in coordination with the programme for provision of disability devices by MWCSW)	Leprosy/disability	Event		X	X	X		X

OP2.1: Quality health service delivered as per protocols/standards									
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5	
1	Update national strategic guideline, operation guideline and treatment protocols for all type of disability including leprosy	Leprosy/disability	Event		X				
2	Develop and institutionalise national standard for quality in rehabilitation, including SOPs and protocols for rehabilitation services in districts, as well as zonal, regional and central hospitals)	Disability	Event		X				
3	Develop and institutionalise the guidelines for public	Disability	Event		X				

OP2.1: Quality health service delivered as per protocols/standards								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
	private partnership to ensure quality rehabilitation services at non-state service providers at central and regional level							

OP2.2: Quality assurance system strengthened								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Initiate monitoring and on-site coaching for quality services	Leprosy/Disability	Event	3	3	3	3	3
2	Conduct periodic case validation and verification	Leprosy	Event	3	3	3	3	3
3	Expand and strengthen referral centres in all endemic districts	Leprosy	Number		5	10		
4	Initiate daily diary keeping and strengthen surveillance (at least in all endemic districts)	Leprosy	District		20			
5	Form national level steering committee for policy decision, monitoring and revision of quality assurance system with divisions, councils, professional associations, service providers and disable people's organizations	Leprosy/Disability	Event		X			
6	Annual regional review/supervision by the steering committee to ensure the quality of service delivered by public and private facilities for all the type of disability including leprosy	Leprosy/Disability	Event		X	X	X	X
7	Revisit Policy on Quality Assurance in Health Care Services-2064 BS for all the type of disability and rehabilitation perspective (including leprosy)	Leprosy/Disability	Event			X		

OP2.3: Improved infection prevention and health care waste management practices								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Review and update occupational health and safety guideline for public and private rehabilitation service providers integrated with national guideline	Disability	Guide line		X			
2	Develop waste management guideline for public and private rehabilitation service providers and integrated with national waste management guideline	Disability	Guide line			X		

OP3.1: Improved access to health services, especially for unreached population								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
123	Conduct Enhance contact (family/community) examination of index patients	Leprosy	Number (index cases)	200	200	200	200	200
4	Conduct active case search in high risk//unreached populations/slums	Leprosy	Event	2	2	2	2	2
5	Conduct mini leprosy elimination campaign in endemic districts	Leprosy	Districts	5	5	5	5	5
6	Expand leprosy post exposure prophylaxis in endemic districts	Leprosy	Districts	2	3	4		
7	Strengthen quality service through integrated approach	Leprosy	Event	X	X	X	X	
8	Form technical team at central level to support endemic districts	Leprosy	Events		1	1	1	1
9	Include more female health workers in leprosy services and case detection activities	Leprosy	Events	3	10	20	20	20

OP3.1: Improved access to health services, especially for unreached population								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
10	Develop targeted Programme for disadvantaged groups	Leprosy	Events		75	75	75	75
11	Add rehabilitation services (PTs and P&Os) in integrated health camps organized by district public/health office	Leprosy/ Disability	Event		X	X	X	X
12	Through Public Private Partnership with existing non-state rehabilitation service providers, deliver rehabilitation services (PT, P&O, referral for specialized surgery) by organising separate outreach camps, targeting unreached population	Leprosy/ Disability	Event		X	X	X	X
13	Regular financial support to non-state actors through Public Private Partnership approach to deliver rehabilitation services, especially for people with disabilities affected by conflict, NCD's, accidents, disasters, birth defect and leprosy	Leprosy/ Disability	Event		X	X	X	X

OP3.2: Health service networks, including referral system, strengthened								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Strengthen and expand referral centres for complications management in all 20 terai districts	Leprosy/ Disability	District		6	11	16	20
2	Develop referral and cross referral mechanism among primary, secondary and tertiary level health service providers and public and private medical/rehabilitation service providers for all type of disability including leprosy	Leprosy/ Disability	Event		X	X	X	X

OP4.1: Strategic planning and institutional capacity enhanced at all levels								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Conduct micro-planning at district level in endemic districts	Leprosy	District	16	16	16	16	16
2	Support districts to map hot spots	Leprosy	District	16	16	16	16	16
3	Develop and implement national rehabilitation policy	Leprosy/ Disability	Policy		X	X		
4	Capacity building of regional health directorates/district public/ health offices on monitoring quality and outcomes of rehabilitation services delivered by public and private service providers in the region	Leprosy/ Disability	Session		1	1	1	1
5	District Tuberculosis Leprosy Officer assigned as focal person for all type of disability prevention and rehabilitation activities of the district	Leprosy/ Disability	District		X			

OP5.1 Ministry of Health (MoH) structure is responsive to health sector needs								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Rename the Leprosy Control Division to Leprosy Control and Disability Management and Rehabilitation Division (LCDMRD)	Leprosy/ Disability	Event		X			
2	Define new scope of work (upgrade roles, responsibility and changed name)	Leprosy/ Disability	Event		X			
3	Strengthen HR and resources of LCDMRD	Leprosy/ Disability	Event			X	X	X

OP5.2 Improved governance and accountability								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Establish Public Private Partnership to strengthen and extend services for unreached population and ensure accountability of service providers	Leprosy/ Disability	Event		X	X	X	X

OP5.4 Multi-sectoral coordination mechanisms strengthened								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Establish and operate multi-sectoral technical groups for disability and rehabilitation in central and regional level	Leprosy/ Disability	Event		X	X	X	X

OP6.2 Social health protection mechanisms strengthened								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Continue travel allowance for treatment completion and complication management of leprosy	Leprosy	Event	X	X	X	X	X
2	Revise and update list of services covered by health insurance system to include rehabilitation services, assistive devices, specialized surgeries and implants	Leprosy/ Disability	Event			X		

OP7.1: Healthy behaviours and practices promoted								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Reduce stigma and discrimination through advocacy, social mobilization and IEC activities and address gender equality and social inclusion	Leprosy/ Disability	Event	0	5	5	5	5
2	Strengthen and expand self-care and self-help groups	Leprosy/ Disability	Number of groups	20	20	20	20	20
3	Develop IEC activities regarding disability management and rehabilitation via different media, using non-state actors	Leprosy/ Disability	Event		X	X	X	X
4	Promote the use of existing user groups to enhance community awareness on healthy life style, service availability and rights	Leprosy/ Disability	Event		X	X	X	X

OP8.1: Public health emergencies and disaster preparedness improved								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Develop roster of emergency trauma and rehabilitation experts from central to district level	Leprosy/ Disability	Event			X		
2	Ensure rehabilitation supplies (assistive devices, and transitional/temporary health and rehabilitation equipment and material) in health emergency stock piling	Leprosy/ Disability	Event		X	X	X	X
3	Integrate specific care and facilities for vulnerable people including people with disabilities in the existing plan for health emergency response	Leprosy/ Disability	Event		X	X	X	X
4	Establish contingency funds at HEOC in central and regional for rehabilitation in emergencies	Leprosy/ Disability	Event		X	X	X	X

OP9.1: Integrated information management approach practiced								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Strengthen surveillance and reporting	Disability	Event		X	X	X	X
	Revise and update HMIS format with inclusion of disability and rehabilitation information field as per international classification diseases /functioning	Disability	Event		X	X		
2	State and non-state service providers trained and authorised for HMIS data entry on disability and rehabilitation information	Disability	Event		X	X	X	X
3	Add HMIS reporting to include birth defects, referral to higher level facilities and reconstructive surgeries	Disability	Event	X	X			

OP9.2: Surveys, research and studies conducted in priority areas								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Strengthen surveillance and monitoring (line listing, mapping etc)	Disability	Event		X	X	X	X
2	Strengthen linkage of data and information on disability and rehabilitation service providers with HMIS	Disability	Event		X			
3	Conduct operational researches/studies on following topics: - early detection and referral of children with selected disabilities; assess DoHS readiness to roll-out such training - financial access to rehabilitation services analysis (out-of-pocket expenditure and its determinants in the context of healthcare sector expansion) - NCD & Lymphatic filariasis management linked with rehabilitation - causes of club foot - causes of cerebral palsy	Disability	Event		X		X	
4	Initiate first national sample "International Classification Functioning" survey	Disability	Event		X			
5	Establish research approval committee has multidisciplinary team	Disability	Event		X			
6	Conduct research study to estimate prevalence of differently abled population	Disability	Event		X			

Leprosy Control Division: Results Framework

Code	Indicator	Baseline			Milestone				Target	Data source	Monitoring frequency	Responsible agency
		Data	Year	Source	2016	2017	2018	2019	2020			
OP1c1: Improved procurement system												
LCOP1c1.1	% of district stores with stock of MDT drugs	100	2015	District Store Stock Book	100	100	100	100	100	Evaluation report	Annual	LCD
	Anti-reaction medicines and	25			30	40	50	60	70			
	Assistive devices	10			15	20	25	30	35			
Outcome 2: Improved quality of care at point of delivery												
LCOC2.1	Number of children diagnosed with leprosy	236	2015	Annual Report	220	195	180	175	150	Annual report	3 yrs	LCD
LCOC2.2	Number of children diagnosed visible deformities	NA	2015	Annual Report	10	6	4	2	0	Annual report	3 yrs	LCD
LCOC2.3	Rate of newly diagnosed leprosy patients with visible deformities (per million)	4.42	2015	Annual Report	3.57	3.0	2.5	1.5	<1	Annual report	3 yrs	LCD
OP3.1: Improved access to health services, especially for unreached population												
LCOP3.1.1	Number of new cases detected through early case detection activities by sex											
	Female	1100	2015	Annual Report	1169	1227	1240	1154	1096	Annual report	Annual	LCD
	Male	1953			1881	1918	1930	1737	1615			
LCOP3.1.2	Number of hospitals with Physiotherapy/ Rehabilitation (PT/Rehab) Units by level	12	2016	LCD	12	12	17	25	37	LCD	Annual	LCD
	Central	4	2016	LCD	4	4	5	6	7	LCD	Annual	LCD
	Regional	2	2016	LCD	2	2	2	2	3	LCD	Annual	LCD
	Sub Regional	2	2016	LCD	2	2	2	2	3	LCD	Annual	LCD
	Zonal	4	2016	LCD	4	4	4	7	10	LCD	Annual	LCD
	District	0	2016	LCD	0	0	4	8	14	LCD	Annual	LCD
OP3.2: Health service networks including referral system strengthened												
LCOP3.2.1	Number of public disability rehabilitation sites available (at least 1 per province)	0	2017	NA			4		7	HMIS	Annual	LCD
LCOP3.2.2	% of children with birth defect detected (congenital) who are referred to rehabilitation department	NA	2017	NA	none		5	10	15	HMIS	Annual	LCD
LCOP3.2.3	% differently abled receiving corrective & reconstructive surgeries	NA	2017	NA	none		5	7	10	HMIS	Annual	LCD

Code	Indicator	Baseline			Milestone				Target	Data source	Monitoring frequency	Responsible agency
		Data	Year	Source	2016	2017	2018	2019	2020			
OP4.1: Strategic planning and institutional capacity enhanced at all levels												
LCOP4.1.1	Number of district with micro-planning and hot spots mapped	16	2015	Annual Report (District / DoHS/ HMIS)	none	16	16	16	16	Annual Report (District/ DoHS/ HI MS	Annual	LCD

Primary Health Care Revitalization Division (PHCRD)

Background and Scope

Primary Health Care Revitalization Division (PHCRD), established in 2009, functions for expanding the coverage of primary health services in an equitable manner particularly by addressing the needs of disadvantaged and unreached population groups. Basic health services delivered through primary health care providers are generally cost effective by nature and can directly contribute for improved health status and higher life expectancy. Areas of concern that the primary health care has to address are: growing burden of non-communicable diseases, inequitable access to healthcare services, limited range of service availability at lower tier of health facilities and rapid commercialization of the basic health services.

PHCRD strives to strengthen the gate keeping functions at the lower level of public health facilities while enhancing the capacity of District Health Offices and Municipalities to develop local health systems that are responsive and accountable to clients' needs. As mandated by the Constitution of Nepal, the division plays an instrumental role in expanding the reach of basic health services across the country, particularly focusing on urban areas while also introducing service packages that are focused on prevention of NCDs. The division also facilitates continuum of care across preventive, promotive, curative and rehabilitative components of health services.

Table 8: Programme components of Primary Health Care Revitalization Division

SN	Programme components	Scope/Key functions
1	National free health	Expand outreach services, free basic health services; community health units
2	Social health protection	Promote good governance in health through social audit
3	Urban and environmental health	Expand and strengthen primary care to people living in urban areas in collaboration with MoFALD and municipalities
4	Non-communicable disease	Pilot and expand PEN package for NCD focusing on cardiovascular diseases, cancer, diabetes, chronic obstructive pulmonary diseases and mental health

NHSS Outputs and Key interventions

OP1a1: Health infrastructure developed as per plan and standards								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Develop package of services for Urban Health Promotion Centres and roll out nationwide	Urban and environmental health	Number of UHPC		10			
2	Establish municipal/urban hospital at least 15 bed	Urban and environmental health	Number of hospitals			3	10	15
3	Establish new Urban Health Centre	Urban and environmental health	Number of UHC	366	100	100	90	80

OP1a1: Health infrastructure developed as per plan and standards								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
4	Establish new Municipal Hospital	Urban and environmental health	Number of UHC	0	3	5	5	5

OP1a3: Improved management of health infrastructure								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Perform annual maintenance of urban health facilities	Urban and environmental health	Health facility	50	100	100	100	100

OP1b1: Improved availability of human resource at all levels with focus on rural retention and enrolment								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Prepare a detailed workforce plan of each municipality for the implementation of urban health Programmes in coordination with MoFALD.	Urban and environmental health	% of municipality		20	30	40	50
2	Conduct training for human resource of Urban health facilities	Urban and environmental health	Event	X	X	X	X	X
3	Create and fulfill sanction post for urban health facilities	Urban and environmental health	Event		X	X	X	X
4	Fulfill the sanctioned position of doctors in PHC, district, zonal and regional hospitals	NCDs	Person		X	X	X	X

OP1b2: Improved medical and public education and competencies								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Develop and implement capacity enhancement packages for urban health facilities (basic training, on-site coaching, mentoring, supportive supervision)	Urban and environmental health	Event		X	X	X	X
2	Develop training package for health workers on PEN package	NCDs	Event		X			
3	Capacity building of health workers on PEN package	NCDs	Event	X	X	X	X	X
4	Expand PHCRD capacity for prevention and Control of NCDs	NCDs	Event	X	X	X		
5	Plan and conduct training on revised Standard Treatment Protocols	NCDs	Event	X	X	X	X	X
6	Prepare standard and accredit curricula for psycho-social counselling	NCDs	Event	X	X			

OP1c1: Improved procurement system								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Prepare annual procurement plan for procuring essential drugs and commodities for basic health services	PHCRD	Event	X	X	X	X	X
2	Set-up a periodic review system of free essential drug list	NCDs	Drug		X			

OP1c1: Improved procurement system								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
3	Conduct rational planning and estimation of budget for procurement (based on morbidity, quantity of drugs and cost estimation)	NCDs	Time	X	X	X	X	X

OP1c2: Improved supply chain management								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Develop and implement supply chain management system at each urban health facility level in collaboration with MoFALD and respective municipality	Urban and environmental health	%		100	100	100	100
2	Develop and conduct joint (MoFALD/MoH/MoUD and relevant stakeholder) monitoring and supervision mechanism from central, regional and district level.	Urban and environmental health	Event		X	X	X	X

OP2.1: Quality health service delivered as per protocols/standards								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Formalise basic health package	National free health care services	Event	X				
2	Set-up a review mechanism for periodic review of basic health services	National free health care services	Event		X	X		
3	Revise STP guideline, considering rational use of drugs	National free health care services	Event		X			
4	Development guidelines for establishing and operations of Community Health Units	National free health care services	Event		X	X		
5	Develop guidelines for establishing and operations of Urban Health facilities – UHC and Municipal Hospital	National free health care services	Event		X	X		
6	Revisit and update standards, guidelines and protocol for services delivery including UH facilities	All	Event		X	X		
7	Develop and endorse Urban Health Strategy implementation guideline.	Urban and environmental health	Event	X	X			

OP2.2: Quality assurance system strengthened								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Develop standard checklist for monitoring and supervision of basic health services	Urban and environmental health	Event		X	X	X	X
2	Promote practices of generic drugs	National free health care services	%			66	40	57
3	Prepare standard measurement system and criteria for basic health services (performance audit, financial audit)	National free health care services	Time		X			

OP3.1: Improved access to health services, especially for unreached population								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Establish functional network for basic health services in urban areas	Urban and environmental health	Event	X				
2	Establish Community Health Unit in appropriate locations	Social health protection	Num/ year		150	500	600	600
3	Implement PEN package in districts	NCDs	Event	10	30	50	70	75
4	Expand Equity access programme in the remote districts through local NGOs to increase access for excluded communities.	Social health protection	Event	X	X	X	X	X
5	Expand access to and ensure implementation of comprehensive basic health care services package	Social health protection	Event	X	X	X	X	X
6	Organize Health camps in rural and urban areas, particularly focusing on hard to reach areas	National free health care services	Time		X	X	X	X
7	Conduct NCDs screening camp in hard to reach areas	NCDs/PEN	Time		X	X	X	X
8	Support municipalities in deploying the Female Community Health Volunteers(FCHVs) as Municipal Health Volunteers in delivering basic health services	Urban and environmental health	Event		X	X	X	
9	Scale up psycho-social counselling nationwide	NCDs	Event	X	X	X	X	X

OP3.2: Health service networks, including referral system, strengthened								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Develop and implement a unified referral guideline among primary, secondary and tertiary level health care providers	NCDs	Event	X	X	X	X	X

OP5.2: Improved Governance and Accountability								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Establish and institutionalize coordinating mechanism to implement Urban Health Strategy at all levels	Urban and environmental health	Event		X	X	X	X
2	Support districts and municipalities to client needs for services and information	NCDs	Event	X	X	X	X	X
3	Expand social audits in health facilities, including in urban areas	NCDs	Event	X	X	X	X	X
4	Revise CHU guideline for establishing and their operations	Social health protection	Event	X	X			

OP5.4: Multi-sectoral coordination mechanism strengthened								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5

OP5.2: Improved Governance and Accountability								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Support municipalities in deploying the Female Community Health Volunteers(FCHVs) as Municipal Health Volunteers in delivering basic health services	Urban and environmental health	Event		X	X	X	X
2	Develop and conduct joint (MoFALD/MoH/ MoUD and relevant stakeholder) monitoring and supervision mechanism from central, regional and district level.	Urban and environmental health	Event	X	X			
3	Support municipalities in deploying and capacity enhancing of clinical health workers	Urban and environmental health	Event		X	X	X	X
4	Develop a partnership guideline to various national and local bodies, non-governmental bodies, private health sector and community for the implementation and scale up of PEN package	NCDs	Time	X	X	X	X	X
OP6.1: Health financing system strengthened								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Revise financial support to referral and treatment of chronic NCDs and impoverished patients	NCD/PEN	Person	X	X	X	X	X
OP6.2: Social health protection mechanisms strengthened								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Establish coordinating mechanisms for environmental health and social security	Urban and environmental health	Event			X	X	X
2	Conduct health programme to address senior citizen health needs at municipality level	Social health protection	Event			X	X	X
OP7.1: Healthy behaviours and practices promoted								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Generate IEC for integrated messages	Urban and environmental health	Event	X	X	X	X	X
2	Support municipalities to promote healthy lifestyles in the municipalities	Urban and environmental health	Event	X	X	X	X	X
OP9.1: Integrated information management approach practiced								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Support municipalities to establish and strengthen e-reporting and recording system in the urban health centres	Urban and environmental health	Event					100

2	Conduct trainings on health information system and electronic reporting to staff of urban health facilities and municipalities	Urban and environmental health	Event					100
3	Develop recording and reporting tools for NCDs	NCDs	Time	X				
4	Incorporate urban health reporting format to HMIS	NCDs	Time			X		
5	Conduct surveillance of NCDs	NCDs	Time		X	X	X	X
6	Conduct HMIS_NCD data management training to HF staffs	NCDs	Event			X	X	X

OP9.2: survey, research and studies conducted in priority areas

SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Assess the current government health centres in urban areas	Urban and environmental health	Event		X			
2	Assess implementation of PEN package	NCDs	Event			X	X	
3	Conduct research to determine the impact of the wider social determinants of health	Urban and environmental health	Event			X		
4	Conduct research studies to reduce the adverse effects of changing lifestyles and high risk behaviours on human health.	Urban and environmental health	Event			X	X	
5	Conduct periodic review in the district , regional and national level for assessment and improvement of NCDs prevention and control performance	NCDs	Event	X	X	X	X	X

OP9.3: Improved health sector reviews with functional linkage to planning process

SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Establish coordination committee of experts for monitoring and evaluation of health programmes, to ensure health service quality based on predetermined standards	Urban and environmental health	Event		X			

PHCRD: Results Framework

Code	Indicator	Baseline			Milestone				Target	Data source	Monitoring frequency	Responsible agency
		Data	Year	Source	2016	2017	2018	2019	2020			
Outcome 1: Rebuilt and strengthened health systems: Infrastructure, HRH management, Procurement and Supply chain management												
OC1.1	% of health facilities meeting MoH infrastructure standard											
	Urban health facilities	NA	2015	NHFS		20			30	NHFS	3 years	PHCRD
OC1.4	% of health facilities with no stock out of tracer drugs											
	CHU	NA	2015	LMIS		90	90	95	95	LMIS	Annual	PHCRD
OP1a1. Health infrastructure developed as per plan and standards												
PHOP1a1.1	% of municipal wards with urban health centre (UHC)	15	2016	PHCRD	15	19	23	26	29	PHCRD	Annual	PHCRD
PHOP1a1.2	% of municipalities with municipal hospitals	0	2016	PHCRD	0	1	4	6	8	PHCRD	Annual	PHCRD
OP1a2. Damaged health facilities are rebuilt												
OP1a2	% of damaged urban health facilities infrastructure rebuilt/strengthened											
	Urban health facilities	NA	2015	PHCRD	NA	14	41	68	96	PHCRD	Annual	PHCRD
Outcome 2: Improved quality of care at point of delivery												
OC2.1	% of health facilities meeting minimum standards of quality of care at point of delivery											
	UHC	NA	2015	NHFS			70		90	NHFS	3 Years	PHCRD
OC2.2	% clients provided with quality services as per national standards (composite indicator for tracer services)											
	UHC	NA	2015	NHFS		NA	70		90	NHFS	3 Years	PHCRD
OP2.3: Improved infection prevention and health care waste management												
OP2.3	% of health facility (UHC) dispose waste properly as per waste management guideline											
	UHC	NA	2015	NA	NA	14	27	41	55	PHCRD	Annual	PHCRD
Outcome 3: Equitable utilization of health care services												
OC 3.1	% clients attending UHC receiving basic health services free of cost (tracer services)	NA	2015	NA		50			100	NHFS	3 Years	PHCRD
OC 3.5	Number of new outpatient visits per 1,000 population disaggregated by sex, urban and rural	50.1	2015	HMIS		60			70	HMIS	3 Years	PHCRD
	Male	NA	2015	HMIS		60			70	HMIS	3 Years	PHCRD
	Female	NA	2015	HMIS		60			70	HMIS	3 Years	PHCRD

Code	Indicator	Baseline			Milestone				Target	Data source	Monitoring frequency	Responsible agency	
		Data	Year	Source	2016	2017	2018	2019	2020				
OP3.1: Improved access to health services, especially for unreached population													
OP3.1.1	% of health facilities providing all basic health services by level including UH facilities	NA	2015	HMIS	NA	3	16	44	71	HMIS	Annual	PHCRD	
	Hospital	NA	2015	HMIS					100	HMIS	Annual	PHCRD	
	PHCC	NA	2015	HMIS					100	HMIS	Annual	PHCRD	
	HP	NA	2015	HMIS					100	HMIS	Annual	PHCRD	
	Facility type in earthquake affected 14 districts	All facilities	NA	2015	HMIS					100	HMIS	Annual	PHCRD
		Hospital	NA	2015	HMIS					100	HMIS	Annual	PHCRD
		PHCC	NA	2015	HMIS					100	HMIS	Annual	PHCRD
		HP	NA										
PHOP3.1.2	No of districts implementing full Package of Non-communicable Diseases (PEN) in all health facilities	2	2016	PHCRD	10	30	50	70	75	PHCRD	Annual	PHCRD	
OP3.2: Health service networks including referral system strengthened													
NHSS OP3.1	Number of community health units established	100	2013/14	PHCRD	150	300	500	750	1000	PHCRD	Annual	PHCRD	
OP5.2: Improved governance of the sector													
PHOP5.1	% of HFs that carried out social audit	NA	2015	30	42	54	66	77	100	PHCRD	Annual	PHCRD	
OP6.1: Health financing system strengthened													
PHOP6.1.1	Number of impoverished citizens provided with financial support for treatment of listed diseases		2015/16	PHCRD						PHCRD	Annual	PHCRD	
Outcome 9: Improved availability and use of evidence in decision-making processes at all levels													
OC9.1	% of health facilities electronically reporting to national health - reporting system: HMIS and LMIS												
	Urban Health Facility	NA	2015	HMIS	10	30	60	80	100	HMIS	Annual	PHCRD	

Logistics Management Division (LMD)

Background and Scope

Logistics Management Division (LMD), established in 1993 AD (2050/51), is responsible for the procurement and supply chain management (SCM) of all healthrelated goods and technologies (Drugs, commodities, vaccine and equipment's) for the health facilities. It also carries out the functions of inventory management, auction, repair and maintenance of bio-medical and cold chain equipment, instruments and transport vehicles. Through an efficient management of logistic system, LMD aims to contribute in effective and efficient delivery of health services to ensure citizens' access to quality of health care services as envisioned in the NHSS.

To systematize the management of logistics, this division has Logistics Management Information System (LMIS). LMIS Unit under LMD collects and analyze information on quarterly basis (three monthly) using LMIS reports from all the health facilities across the country and online Inventory Management System (IMS) up to districts level for real time LMIS, prepares report and provides feedback. This information system is used for forecasting and quantification for procurement; Supply Chain Management (SCM) and maintaining stock of drugs and other medical products; prepare/revise/ update different protocol and guideline to strength SCM. LMD has a network of central and five regional medical stores as well as district level stores to manage procurement and supply chain of the drugs and other medical products. Key Programme components and scope of LMD are presented in Table below.

Table 9: Programme components of Logistics Management Division

SN	Programme components	Scope/Key functions
1	Procurement (P)	Integration of Annual forecasting and quantification; Coordination with other Divisions on items and quantity for procurement; Development of consolidated annual procurement plan; approval of the procurement plan, Bidding, evaluation Use and endorsement of specifications; tendering; assessments of proposals; contracting, pre and post shipment inspection
2	Vaccine, Store and Distribution (VSD)	Vaccines and cold chain supplies transportation and distribution; cold chain management; inventory management; Capacity building, monitoring and evaluation; reverse logistics
3	Store and Distribution (S&D)	Essential medicines and other commodities transportation and distribution; central, regional and district warehouse management; inventory management; Capacity building, monitoring and evaluation; reverse logistics;
4	General Store and Maintenance (Gen. S&D)	Procure and distribute office supply to DoHS General Maintenance of vehicles and biomedical equipment.
5	Planning and LMIS	Preparation of annual work plan and budget , monitoring and evaluation, Quarterly Pipeling monitoring, Forecasting and Quantification, Human Resource Planning and Capacity Building: Operationalize LMIS

NHSS Outputs and Key Interventions

OP1a1: Health infrastructure developed as per plan and standards

SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Construct ware houses at the central and provincial, as per the master plan	Store and Distribution	Event	x	x	x	x	x

OP1a3: Improved management of health infrastructure

SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Develop preventive maintenance and corrective maintenance plan for existing equipment	VSD/S&D/ Gen. S&D	Event	x	x	x	x	x
2	Manage/maintain inventory of existing equipment, conduct rapid inventory for newly distributed equipment and provision for inventory of equipment to be distributed	VSD/S&D	Event	x	x	x	x	x
3	Develop storage guidelines (vaccines, medicines, and equipment) for all level	VSD/S&D	Event	x	x	x	x	x
4	Strengthen physical facilities at the district medical store level for the storage and distribution of health commodities	S&D	Event	-	x	x	x	x
5	Pre-qualify and standardize medical equipment by level of health facility	S&D	Event	-	x	x	x	x
6	Manage replacement plan of cold chain and medical equipment	VSD / S&D	Event	-	x	x	x	x

OP1b1: Improved availability of human resource at all levels with focus on rural retention and enrolment

SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Fulfill human resource need for procurement and supply chain management	Planning/Procurement	Event	x	x	x	x	x
2	Recruit pharmacists at district level and PHC level	Planning & LMIS/Procurement/VSD	Event	x	x	x	x	x

OP1b2: Improved medical and public education and competencies

SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Build capacity at provincial and district level to strengthen procurement and supply chain management	Procurement/S&D	Event	x	x	x	x	x
2	Train health personnel on online IMS and IMS mobile application	Planning&LMIS	Event	x	x	x	x	x

OP1c1: Improved procurement system

SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Prepare consolidated procurement plan	Procurement	Event	x	x	x	x	x
2	Build capacities in procurement and quality assurance at central and	Procurement	Event	x	x	x	x	x

OP1c1: Improved procurement system								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
	decentralized levels							
3	Widen the scope of Multi-year contracts in health products (Drugs, Vaccine and FP commodities)	Procurement	Event	x	x	x	x	x
4	Implement framework contract system in procurement of selected health commodities	Procurement	Event		x	x	x	x
5	Develop and approve standard specification bank for medicine and equipment	Procurement	Event	x	x	x	x	x
6	Expand e-submission and use of e-procurement for all procurement in health sector	Procurement	Event	x	x	x	x	x
7	Identify gaps for management of procurement processes	Procurement	Event	x	x	x	x	x
8	Enhance forecasting of health goods at district, regional and central level to minimize gap between supply and demand	Procurement	Event	x	x	x	x	x

OP1c2: Improved supply chain management								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
2	Establish an efficient mode of transportation of procured materials to all levels	VSD/S&D	Event	x	x	x	x	x
3	Implement effective pull system for year round availability of essential drugs and other health commodities at all levels	S&D/Planning and LMIS	Event	x	x	x	x	x

OP2.1: Quality health service delivered as per protocols/standards								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Implementation of Effective Vaccine Management (EVM) Standard Operating Procedure (SOP)	VSD	Event	x	x	x	x	x

OP2.2: Quality assurance system strengthened								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Arrange for post shipment Quality Assurance	Procurement	Event	x	x	x	x	x

OP2.3: Improved infection prevention and health care waste management practices								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Improve management to prevent expiry of drugs and handling of expired drugs and non-functional equipment	S&D	Event	x		x		x

OP3.1: Improved access to health services, especially for unreached population								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
	Explore innovative approaches and technologies to improve availability of drugs and commodities up-to community level	VSD/S&D	Event		x	x	x	x

OP8.1 Public health emergencies and disaster preparedness improved								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Prepare buffer-stock of drugs and other commodities for emergency management	All	Event	x	x	x	x	x

OP9.1: Integrated information management approach practiced								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Develop Online operation of IMS for LMIS (Real time/live operation of IMS) at HFs, district, RMS, and central level to track expiry date, Lot No / batch no., VVM Status	Planning & LMIS	Event	x	x	x	x	x
2	Integrate cold chain equipment inventory (CCEI) with LMIS	VSD/ Planning & LMIS	Event	x	x	x	x	x
3	Expand online IMS at below district level HFs through mobile application	S&D/Planning&LMIS	Event	-	x	x	x	x
4	Conduct data quality assessment of IMS	S&D	Event	x		x		x
5	Expand the use of LMIS up-to facility level	Planning & LMIS	Event	x	x	x	x	x

Logistics Management Division: Results Framework

Code	Indicator	Baseline			Milestone			Target	Data source	Monitoring frequency	Responsible agency	
		Data	Year	Source	2016	2017	2018	2019				2020
Outcome 1: Rebuilt and strengthened health systems: Infrastructure, HRH management, Procurement and Supply chain management												
OC1.3	% of procurements completed within the planned timeline as per consolidated procurement plan	77	2015	LMD		90			100	LMD	3 years	MoH/LMD
OC1.4	% of health facilities with no stock out of tracer drugs	70	2013/14	LMD		90			95	LMIS	3 years	MoH/LMD
LMOC1.5	% of free BHS drugs procurement completed using standard specifications	36	2016	LMD	36	70	80	90	100	LMD	Annual	LMD
OP1c1: Improved procurement system												
OP1c1.1	% of procurement contracts awarded against consolidated annual procurement plan	48	2014/2015	LMD	100	100	100	100	100	LMD	Annual	LMD
LMOP1c1.2	% of procurement contracts managed using online/offline PPMO portal	30	2015	LMD	50	60	70	80	90	LMD	Annual	LMD
OP1c2: Improved supply chain management												
OP1c2.1	% of health facilities receiving tracer commodities within less than two weeks of placing the order	NA	2015	NHFS	90	90	95	95	100	LMIS	Annual	LMD
OP1c2.2	% of health facilities complying good storage practices for health commodities	NA	NA	NHFS	100	100	100	100	100	LMIS	Annual	LMD
OP2.1: Health services delivered as per standards and protocols												
LMOP2.1.1	% of vaccines, family planning commodities and tracer drugs wasted due to expiration or damage at regional and district warehouse	NA	2016	IMS			<5	<5	<10	IMS	Annually	LMD
OC9.1 Improved availability and use of evidence in decision-making process at all levels												
OC9.1	% of health facilities electronically reporting to LMIS											
	Hospital	0	2013/14	LMIS		100			100	LMIS	Annual	LMD
	PHCC	0	2013/14	LMIS		100			100	LMIS	Annual	LMD
	HP	0	2013/14	LMIS		100			100	LMIS	Annual	LMD
	Districts	45	2013/14	LMIS		100			100			
OP9.1: Integrated information management approach practiced												
LMOP9.1.2	% of health institutions operating online IMS in practice	0	2016	IMS	60	70	80	90	100	IMS	Annual	LMD

Management Division (MD)

Background and Scope

Management Division (MD) is responsible for planning, integrated supervision, information management, building construction and maintenance of public health institutions, monitoring and evaluation of health programmes and quality assurance of health services. These functions are carried out in close coordination with each of the respective programme divisions within the DoHS.

Management Division aims to establish of a functional linkage among different information systems through appropriate use of technology to foster better use of information for monitoring and planning.

This Division is also responsible for the management of mental, oral and ENT health and nursing Programme. Impoverished Citizen Treatment Fund which has a provision for the free treatment to impoverished citizens is also managed by the MD and hence reimburses to the concerned health facilities for the services delivered. This division functions with its six sections and four units and it hosts the Secretariat of Impoverished Citizen Treatment Fund (ICTF). Different Programme components and scope of MD is presented in Table below.

Table 10: Programme components and Scope of Management Division

SN	Programme components	Scope/Key functions
1	Planning and Budgeting	Prepares an integrated planning of Department of Health Services and provides technical support to District Public Health Offices and District Health Offices as well as Regional Health Directorates in the planning process. Advocates on real data generation through updating through FCHVs. Supports DoHS in identifying status of health facility buildings. It supports construction, repair and maintenance of infrastructure of public health institutions.
2	Health Management Information System (HMIS)	This system provides service statistics for planning, monitoring and evaluation of health programmes and system at all levels. It manages health service information from the community – gathered by FCHVs – public and private health facilities to the districts (DHO/DPHO) and MoH.
3	Programme Monitoring & Evaluation	Monitors and evaluates health programmes performed and services delivered by DoHS, RHDs, DPHOs, DHOS and health institutions under the DoHS.
4	Health Facility Development and Quality Section (HFDQS)	This section is responsible for quality of care of health services delivered by public and private facilities. It facilitates quality improvement activities of District Hospitals, Primary Health Care Centre, Health Posts and other public health facilities. It is also responsible for regulating private hospitals between 51 to 200 beds. It also supports the Department at broader activities related health facility development.
5	Nursing Development	Supports capacity building of nursing staffs and co-ordination of activities related to nursing services
6	Oral Health	Supports oral health services through capacity building of health workers; preparation and distribution of IEC/BCC materials in

SN	Programme components	Scope/Key functions
		collaboration with NHEICC; and co-ordinates with stakeholders and national focal point for expanding and improving the services
8	Physical Asset Management	Identifies status of bio-medical equipment; and maintenance of the buildings; and equipment; management of HR (Civil Engineer, Computer Engineer and Biomedical Engineer). Outsource maintenance of Hospital medical equipment's and cold-chain equipment's and prepare PAM policy to self-sustain on maintenance.
9	ENT	Expands quality improvement of ENT services across the country
10	Impoverished Citizen Treatment (ICTF) [Bipanna Nagarik Upchar Kosh]	Provides free treatment and medication to the impoverished patients of the listed diseases (Kidney, Cancer, Heart, Head/Spinal injuries & Alzheimer/Parkinsons) through the listed hospitals following the protocols/terms and conditions as guided by the Government of Nepal.

NHSS Outputs and Key Interventions

OP1a1: Health infrastructure developed as per plan and standards								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Develop plan for construction of all health-related infrastructure to be completed in 5 years	Planning & Budgeting	Event	X				
2	Institutionalize standards for infrastructure development (appropriate location, construction, well designed, user friendliness, attractiveness)	Planning & Budgeting	Event	X	-	-	-	-
3	Add water and sanitation, plumbing and electrical designs to the existing standard architectural designs, including urban health facilities	Planning & Budgeting	Event	X	-	-	-	-
4	Introduce commissioning of health infrastructure before handover	Planning & Budgeting	Event	X	X	X	X	X
5	Prepare guidelines and implement small scale construction through community based organization	Planning & Budgeting	Event	-	X	X	-	-
6	Prepare guideline to mobilize central (DUDBC) and local technical offices (i.e. DTO) for construction	Planning & Budgeting	Event	X	X	X	X	X
7	Develop/implement guidelines for acquisition of land for health facilities	Planning & Budgeting	Event		X	X		
8	Develop coordination mechanisms to supervise and monitor construction work as per set standard (third party monitoring)	Planning & Budgeting	Event	X	X	X	X	X
9	Develop and implement construction, repair and maintenance plan for public health facilities	Planning & Budgeting	Event	X	X	X	X	X
10	Develop and implement plan for upgrade of health facilities as per National Health Policy (2071)	Planning & Budgeting	Event	X	X	X	X	X

OP1a2: Damaged health facilities are rebuilt								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Repair health facilities damaged by earthquake	Planning & Budgeting	Event	X	X	X	-	-
2	Replace equipment damaged by earthquake	Planning & Budgeting	Event	X	X	X	-	-
3	Retrofit health institutions to be earthquake-resilient	Planning & Budgeting /MoH/ PPICD	Event	X	X	X	-	-

OP1a3: Improved management of health infrastructure								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Prepare integrated approaches to provide health services under one umbrella infrastructure	Planning & Budgeting	Event	X	X	-	-	-
2	Institutionalise supervision and M&E of infrastructure construction	Planning & Budgeting, Programme M&E	Event	X	X	X	X	X
3	Develop and implement guideline for renovation and routine maintenance with defined roles for local bodies	Planning & Budgeting		-	X	X	-	-
4	Establish repair and maintenance fund for (fund HFOMC through D/PHO)	Physical Asset Management	Event	X	X	-	-	-

OP1b2: Improved medical and public education and competencies								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Develop/revise Nepal specific hospital biomedical equipment friendly curriculum in collaboration with academic institutions	Physical Asset Management	Event	X	X	-	-	-
2	Create sanctioned positions of Bio-medical engineers and fulfill in all hospitals to improve capacity for maintenance of biomedical equipment at local levels	Planning & Budgeting	Event	X	X	X	X	X

OP1c1: Improved procurement system								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Timely develop procurement plan annually	Planning and Budgeting	Event	X	X	X	X	X

OP2.1: Quality health service delivered as per protocols/guidelines								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Revise and/or develop treatment guidelines/protocols and standards for each level of health facility	HFDQS	Event	X	X	X	X	X
2	Revise and strictly implement guideline on integrated supervision and monitoring of health facilities	Programme M&E	Event	X	X	X	X	X

OP2.1: Quality health service delivered as per protocols/guidelines								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
3	Define standards for each level of health facility	HFDQS	Event	X	X	-	-	-

OP2.2: Quality assurance system strengthened								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Institutionalize regulation and approval system of non-state health institutions	HFDQS	Event	X	X	X	X	X
2	Develop quality tools and indicators to measure quality of health facilities at all levels including, including private sector	HFDQS	Event	X	X	X	X	X
3	Establish QIMS system to monitor quality of care indicators	HFDQS	Event	X	X	-	-	-
4	Institutionalize QIMS within DHIS-2 platform and develop dash-board	HFDQS	Event	-	X	-	-	-
5	Finalize quality of care indicators	HFDQS	Event	X	X			
6	Conduct patient safety assessment	HFDQS	Event	X	-	-	-	-
7	Establish reporting mechanism for patient-safety	HFDQS	Event	-	X	X	X	X
8	Develop a plan for patient-safety considering the findings of the assessment	HFDQS	Event	-	X	-	-	-
9	Implement patient-safety initiatives	HFDQS	Event	-	X	X	X	X
10	Publish annual report on quality of care	HFDQS	Event	X	X	X	X	X

OP2.3: Improved infection prevention and health care waste management practices								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Revise and strictly implement infection prevention standards and guideline for all levels of health facilities, including urban health facilities	HFDQS	Event	X	X	-	-	-
2	Promote state non-state partnership models for waste management	HFDQS	Event	-	X	X	X	
3	Develop and implement PPP module for "Central Treatment Facility" (CTF) of Health Care Waste Management for sustainable and safe disposal	HFDQS	Event	X	X	X	X	-

OP4.1: Strategic planning and institutional capacity strengthened at all levels								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Harmonize annual planning, budgeting and programme developing process	Planning and Budgeting	Event	X	X	-	-	-
2	Enhance the capacity on planning, monitoring and evaluation functions including its sub-ordinate authorities	Planning and Budgeting	Event	X	X	X	X	X
3	Provide result- based block grants through DDF and MDF in line with the Collaborative Framework	Planning and Budgeting	Event	X	X	X	X	X

OP4.1: Strategic planning and institutional capacity strengthened at all levels								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
4	Provide technical support bottom-up planning units to ensure evidence based planning	Planning and Budgeting	Event	X	X	X	X	X
5	Standardize the system of hospital and other institutional block grant in line with proposed plan	Planning and Budgeting	Event	X	X	X	X	X
6	Expand e-AWPB practices up to the district level	Planning and Budgeting	Event	-	X	X	X	X
7	Expand grant for district hospitals to meet Minimum Service Standard (MSSS) requirements	Planning and Budgeting	Event	X	X	X	X	X
8	Develop capacity of health workers as well as Management Committees	All components	Event	X	X	X	X	X

OP6.2: Social health protection mechanisms strengthened								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Expand the range of services and target groups of impoverished citizen fund	ICTF	Event	X	X	X	X	X

OP8.1: Public health emergencies and disaster preparedness improved								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Retrofit health institutions deemed at-risk for earthquakes	Planning & Budgeting	Event	X	X	X	X	X

OP9.1: Integrated information management approach practiced								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Expand digitized HMIS recording and reporting up to health facilities	HMIS	Event	X	X	X	X	X
2	Develop and initiate electronic health record (EHR) system using free open source software (FOSS)	HMIS	Event	X	X	X	X	X
3	Establish functional linkage of HMIS with other MISs	HMIS	Event	X	X	X	X	X
4	Develop, implement and institutionalize a standard Routine Data Quality Assessment (RDQA) tool	HMIS	Event	X	X	X	X	X
5	Initiate one door reporting and monitoring of quality improvement processes	HMIS	Event	X	X	X	X	

OP9.3: Improved health sector reviews with functional linkage to planning process								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Develop and implement guideline for bottom up evidence based planning and review	Planning and Budgeting, HMIS	Event	X	X	X	X	X
2	Revise the review modalities currently in practice at all levels and link the review	Planning and Budgeting, HMIS	Event	X	X	-	-	

OP9.3: Improved health sector reviews with functional linkage to planning process								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
	with planning process							

Management Division: Results Framework

Code	Indicator		Baseline			Milestone				Target	Data source	Monitoring frequency	Responsible agency
			Data	Year	Source	2016	2017	2018	2019	2020			
OP1a1 Health infrastructure developed as per plan and standards													
OP1a1.1	% of health institution buildings completed as planned for the year		NA	2013/14	HIIS	100	100	100	100	100	HIIS	Annual	MD
	District Hospital		NA	2013/14	HIIS	100	100	100	100	100	HIIS	Annual	MD
	PHCC		NA	2013/14	HIIS	100	100	100	100	100	HIIS	Annual	MD
	Health Post		NA	2013/14	HIIS	100	100	100	100	100	HIIS	Annual	MD
	Ayurvedic facilities		NA	2013/14	HIIS	100	100	100	100	100	HIIS	Annual	MD
	Other		NA	2013/14	HIIS	100	100	100	100	100	HIIS	Annual	MD
OP1a2 Damaged health facilities are rebuilt													
OP1a1.1	% of damaged health institutions rebuilt		NA	2015/16	HIIS	40	50	60	70	80	HIIS	Annual	MD
OP1a1 Improved management of health infrastructure													
OP1a3.1	% of health buildings maintained annually as per the maintenance plan		NA	2015/16	HIIS	100	100	100	100	100	HIIS	Annual	MD
	District Hospital		NA	2015/16	HIIS	100	100	100	100	100	HIIS	Annual	MD
	PHCC		NA	2015/16	HIIS	100	100	100	100	100	HIIS	Annual	MD
	Health Post		NA	2015/16	HIIS	100	100	100	100	100	HIIS	Annual	MD
	Ayurvedic facilities		NA	2015/16	HIIS	100	100	100	100	100	HIIS	Annual	MD
Outcome 2: Improved quality of care at point of delivery													
OC2.1	% of health facilities meeting minimum standards of quality of care at point of delivery		NA	2015	NHFS					90	NHFS	3 Years	MD/MoH
	Type of facility	Public facility	0.7	2015	NHFS					90	NHFS	3 Years	MoH
		Private facility	0	2015	NHFS					90	NHFS	3 Years	MoH
	Level of public facility	Public hospital	0	2015	NHFS					90	NHFS	3 Years	MoH
		PHCC	0.5	2015	NHFS					90	NHFS	3 Years	MD
		Health Post	0.7	2015	NHFS					90	NHFS	3 Years	MD
OC2.2	% of clients provided with quality services as per national standards (composite indicator for tracer services)												
	Antenatal care service	Public facility	5.8	2015	NHFS					90	NHFS	3 Years	MoH
		Private facility	3.3	2015	NHFS					90	NHFS	3 Years	MoH
		Public hospital	6.8	2015	NHFS					90	NHFS	3 Years	MD
		PHCC	7.4	2015	NHFS					90	NHFS	3 Years	MD
	Family planning service	Public facility	10.1	2015	NHFS					90	NHFS	3 Years	MoH
		Private facility	4.3	2015	NHFS					90	NHFS	3 Years	MoH
		Hospital	18.6	2015	NHFS					90	NHFS	3 Years	MD
		PHCC	7.6	2015	NHFS					90	NHFS	3 Years	MD

Code	Indicator		Baseline			Milestone				Target	Data source	Monitoring frequency	Responsible agency
			Data	Year	Source	2016	2017	2018	2019	2020			
	IMNCI service	Public facility	26.2	2015	NHFS					90	NHFS	3 Years	MoH
		Private facility	10.9	2015	NHFS					90	NHFS	3 Years	MoH
		Public hospital	29.3	2015	NHFS					90	NHFS	3 Years	MD
		PHCC											
		Health Post	30.7	2015	NHFS					90	NHFS	3 Years	MD
OC2.3	Inpatient mortality rate		NA	2015	HMIS					20% reduction	NHFS	3 Years	MoH
OC2.4	% of infection rate among surgical cases		NA	2014/15	HMIS						HMIS	Annual	MoH/MD
	Type of hospital	Public	NA	2014/15	HMIS						HMIS	Annual	MoH/MD
		Private	NA	2014/16	HMIS						HMIS	Annual	MoH/MD
	Level of public hospital	Zonal & above	NA	2014/17	HMIS						HMIS	Annual	MD
		District level hospital	NA	2014/17	HMIS						HMIS	Annual	MD
OP2.1 Health services delivered as per standards and protocols													
OP2.1.1	% of health facilities complying with service delivery standards protocols/guidelines for tracer services												
	Antenatal care service	Public	0.2	2015	NHFS					90	NHFS	3 Years	MoH/MD
		Private	0.0	2015	NHFS					90	NHFS	3 Years	MoH/MD
		District hospital	3.9	2015	NHFS					90	NHFS	3 Years	MD
		PHCC	1.5	2015	NHFS					90	NHFS	3 Years	MD
		HP	0.0	2015	NHFS					90	NHFS	3 Years	MD
	Family planning service	Public	0.8	2015	NHFS					90	NHFS	3 Years	MoH/MD
		Private	0.8	2015	NHFS					90	NHFS	3 Years	MoH/MD
		District hospital	6.6	2015	NHFS					90	NHFS	3 Years	MD
		PHCC	2.4	2015	NHFS					90	NHFS	3 Years	MD
		HP	0.5	2015	NHFS					90	NHFS	3 Years	MD
	IMNCI service	Public	0.9	2015	NHFS					90	NHFS	3 Years	MoH/MD
		Private	0.9	2015	NHFS					90	NHFS	3 Years	MoH/MD
		District hospital	0.0	2015	NHFS					90	NHFS	3 Years	MD
		PHCC	1.5	2015	NHFS					90	NHFS	3 Years	MD
		HP	0.9	2015	NHFS					90	NHFS	3 Years	MD
OP2.3 Improved infection prevention and health care waste management													
OP2.3.1	% of health facilities segregating health care waste at the time of collection		85.9	2015	NHFS					100	MD	3 Years	MD
	Type of hospital	Public	84.9	2015	NHFS		60			100	MD	3 Years	MD
		Private	95.1	2015	NHFS		60			100	MD	3 Years	MD

Code	Indicator		Baseline			Milestone				Target	Data source	Monitoring frequency	Responsible agency
			Data	Year	Source	2016	2017	2018	2019	2020			
	Level of public health facility	District hospital	92.1	2015	NHFS		60			100	MD	3 Years	MD
		PHCC	85.8	2015	NHFS		50			100	MD	3 Years	MD
		HP	84.5	2015	NHFS		20			100	MD	3 Years	MD
OP2.3.2	% of health facilities safely disposing health care waste		77.4	2015	NHFS					100	MD	3 Years	MD
	Type of hospital	Public	77.8	2015	NHFS		50			100	MD	3 Years	MD
		Private	73.4	2015	NHFS		50			100	MD	3 Years	MD
	Level of public health facility	District hospital	77.6	2015	NHFS		60			100	MD	3 Years	MD
		PHCC	74.8	2015	NHFS		50			100	MD	3 Years	MD
		HP	78.4	2015	NHFS		20			100	MD	3 Years	MD
OP9.1: Integrated information management approach practiced													
O9.1	% of health facilities reporting to national reporting system HMIS		NA	2015	NA	100	100	100		100	HMIS	Annual	MD
MDOP9.1.2	% of health facilities electronically reporting to HMIS									50	HMIS	Annual	MD
	Facility Type	HP	NA	2015	HMIS		10	17	30	50	HMIS	Annual	MD
		PHC	NA	2015	HMIS		10	17	30	50	HMIS	Annual	MD
		DH	NA	2015	HMIS		100	100	100	100	HMIS	Annual	MD
		ZH	NA	2015	HMIS		100	100	100	100	HMIS	Annual	MD
		RH	NA	2015	HMIS		100	100	100	100	HMIS	Annual	MD
	Central	NA	2015	HMIS		100	100	100	100	HMIS	Annual	MD	
MDOP9.1.3	% of health facilities reporting on time		NA	2015	NA	100	100	100	100	100	NHSS	Annual	MD
MDOP9.1.4	% of districts implementing RDQA		NA	2015	NA	13	13	13	13	100	NHSS	Annual	MD
MDOP9.1.5	% of health facilities (hospital, PHC) implementing electronic health record (EHR) system		3	2015	NA	10	20	30	40	50	MD Report	Annual	MD
OP9.3: Improved health sector reviews with functional linkage to planning process													
OP9.3.3	% of prioritized action points agreed during national review reflected in AWPB		NA	2015	NA	80	80	80	80	80	Annual Report	Annual	MD
MDOP9.3.4	% of health facilities with updated statistics displayed		27	2015	NHFS			50		100	NHFS	3 years	MD

National Tuberculosis Centre (NTC)

Background and scope

TB is a major public health programme in Nepal and a priority for the Government of Nepal. Despite being a low burden country, there are around 35,000 new cases reported every year. Childhood TB is on a rise (from 5% to 7%) as is MDR TB with nearly 400 cases reported every year.

Nepal piloted the DOTS strategy in 1996 and reached 100% institutional coverage by 2001. Nepal achieved the MDG goals for TB by halting and reversing the TB prevalence rate and TB death rate along with increasing the case detection rate up-to 85% and cure rates of 90%. With the application of DOTS and Stop TB Strategy the country expected an initial sharp rise in the notification of new cases, to be followed by a plateau and later by a decline in case notification. Unfortunately, to date this pattern has not materialized and case notifications have been essentially static for the past ten years.

Consistent with the goals of SDGs, Nepal's vision has moved beyond Stop TB strategy to End TB strategy, the vision from HALTING to ENDING of TB disease, by placing at centre all people vulnerable for TB. Community empowerment and private sectors involvement in TB management is a key strategy moving forward.

Table 12: Programme Components and Scope of National Tuberculosis Centre

SN	Programme Components	Scope, Key function
1	Planning, monitoring, evaluation and data	- Carry out prevalence survey, TB-HIV surveillance, DRS survey and other operation research on TB. - Evaluate and re-design surveillance system for TB required to timely monitor, evaluate and inform for planning to achieve the vision of elimination of TB. - Integration of specific information system into general health information system
2	Clinical	- Uninterrupted, timely and adequate supply of high quality anti-TB drugs Lab , X-ray, - Drug resistant TB (Expansion of diagnosis and Treatment services, decentralized services, psychological and rehabilitation support) - Expansion of Treatment and Microscopic Centres - Expansion of Newer diagnostic services like Genexperts and culture DST centres
3	Training	Training and capacity development activities

NHSS Outputs and Key Interventions

OP1a1: Health infrastructure developed as per plan and standards								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5

OP1a1: Health infrastructure developed as per plan and standards

SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Standardize physical infrastructure of TB diagnostic labs	Clinical	Event		X	X		
2	Complete construction of infrastructure for chest hospital at Thimi, Bhaktapur	Clinical	Event			X		
3	Continuation of infrastructure for DR-TB home at Bandipur	Clinical	Event			X	X	

OP1b1: Improved availability of human resource at all levels with focus on rural retention and enrolment

SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Fulfill vacant positions for TB services based on requirement	Clinical	Person (%)	35	45	55	65	75

OP1b2: Improved medical and public education and competencies

SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Conduct basic and refresher training for all staffs	Training	Event	64	73	0	0	0
2	Build capacity of TB/HIV co-infection training to health workers and vulnerable groups	Training	Event		X	X		
3	Vocational training for targeted groups	Training	TB-HIV co-infected patients	8262	14153	20337	26798	30490

OP1c1: Improved procurement system

SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Prepare consolidated procurement plan for all drugs and commodities	Clinical	Event	X	X	X	X	X
2	Procure number of First and second line drugs	Clinical	Event	36695	37452	38791	38884	39179

OP1c2: Improved supply chain management

SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Strengthen drug storage and distribution at peripheral level facilities	Clinical	No of Drug Store	1720	1100	675	1350	675

OP2.1: Quality health service delivered as per protocols/standards

SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Develop new guideline as per WHO guidelines	Clinical	Number of guidelines	1				
2	Introduce FNAC for the diagnosis of EP cases (e.g. lymph node), at least 1 in each district and link with the courier system	Clinical	No. of presumptive EP cases	320	263	312	277	437
3	Integrate TB care among other established services for children	Clinical	Number of consultative meetings	1				
4	Introduce induced sputum, bronchial and gastric lavage for childhood TB diagnosis	Clinical	Number of Gastric Lavage	3200	2818	3342	2973	4687

OP2.2: Quality assurance system strengthened

SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Establish a network of microscopy centres and a system of quality control of sputum smear examination	Clinical	Centre	600	620	640	660	680

OP2.3: Improved infection prevention and health care waste management practices

SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Implement infection control procedures	Clinical	No of policy	1		1		1

OP3.1: Improved access to health services, especially for unreached population

SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
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OP3.1: Improved access to health services, especially for unreached population

SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Develop and implement R&R system to track presumptive TB patients at OPD and tested at MC (OPD and Lab register)	Planning, M&E and data	No of copies	33867	34811	35728	35728	37496
2	Strengthen and Expand TB diagnostic services	Clinical	No of MCs	600	620	640	660	680
3	TB case detection in hard to reach population in hilly districts by establishing sputum courier system to Microscopic Centres	Clinical	No of places	50	100	200	200	200
4	Ensure adequate MDR and DR-TB case management	Clinical	No of cases	455	524	713	869	983
5	Pilot innovative approaches to improve communication between health workers and TB patients	Planning, M&E and data	Event	X	X	X	X	X
6	Use community systems for treatment	Clinical	District	10	20	25	4	5

OP3.2: Health service networks, including referral system, strengthened

SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Establish referral clinics at provincial level and Centres for Excellence	Clinical	No of referral clinics	1	1	1	1	1

OP4.1: Strategic planning and institutional capacity enhanced at all levels

SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Develop strategic plan to reduce mortality, morbidity and transmission of TB	Planning, M&E and data	Event	X	X	-	-	-

OP5.2: Improved governance and accountability

SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Develop TB Act	Planning, M&E and data	Document		X	-	-	-
2	Develop Policy for PPM	Planning, M&E and data approach	No of policy	1	-	-	-	-
3	Develop legislation for TB services in the private sector	Planning, M&E and data	No of legislation	1	-	-	-	-

OP5.4: Multi-sectoral coordination mechanisms strengthened

SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Establish collaboration mechanisms for improving diagnosis and treatment of TB/HIV patients, including National Network Group	Planning, M&E and data	Event		X	X		
2	Establish and provide support to operationalize support groups for TB/HIV co-infected client (self-help group)	Training	Groups	172	204	236	268	300
3	Conduct special training to doctors for diagnosis, management and prevention of TB in children-medical colleges/regional and zonal hospitals/certain district hospitals	Training	Event	12	10	10	10	10

OP6.2: Social health protection mechanisms strengthened

SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Provide financial and other subsidies for TB patients and their family members	Clinical	Patient	15,656	16,378	16,835	17,279	17,709

OP7.1: Healthy behaviours and practices promoted

SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Implement advocacy campaign to garner political commitment for TB	Clinical	Event	3	3	3	3	
2	Implement community awareness and IEC activities on TB	Clinical	Event	3	3	3	3	3

OP7.1: Healthy behaviours and practices promoted

SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
	(collaborate with NHEICC)							
3	Implement community awareness and IEC activities integrating with NHEICC	Clinical	Event	3	3	3	3	3
4	Promote psychosocial support system for all TB patients	Clinical	Patient	18500	19000	19500	20500	21000

OP8.1: Public health emergencies and disaster preparedness improved

SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Establish and functionalize a Rapid Response Committee at NTC	Clinical	Event	1	1	1	1	1
2	Develop protocols and SOPs for rapid response during disasters	Clinical	Event	2	2	2	2	2

OP9.1: Integrated information management approach practiced

SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Maintain a standard system for recording and reporting	Planning, M&E and data	No of report	600	620	640	660	680

OP9.2: Survey, research and studies conducted in priority areas

SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Identify stakeholders for TB/HIV collaboration and map service providers at district level	Planning, M&E and data	Event	8	8	8	8	8
2	Conduct TB Prevalence Survey	Planning, M&E and data	Event	X	X			

OP9.3: Improved health sector reviews with functional linkage to planning process

SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Pilot and expend health communication project to improve communication	Planning, M&E and data	Person	50	60	80	90	100

OP9.3: Improved health sector reviews with functional linkage to planning process								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
	between health workers and TB patients and to promote community awareness about TB.							
2	Supervision from all levels	Planning, M&E and data	No of visit	1	1	1	1	1
3	Conduct period reviews of NTC in line with sectoral reviews	Planning, M&E and data	Event	1	1	1	1	1

National Tuberculosis Centre: Results Framework

Code	Indicator	Baseline			Milestones				Target	Data source	Monitorin g frequency	Responsibl e agency
		Data	Year	Source	201 6	201 7	201 8	201 9	2020			
OC2: Improved quality of care at point of delivery												
NTOC2.1	Treatment Success Rate (TSR) of all forms of TB (%)	90	2015	TB Annual Report	90	90	90	90	90	TB Report	Annual	NTC
NTOC2.2	Prevalence of tuberculosis (TB) per 100,000 population	NA	NA	NA		171			132	TB Prevalence Survey	3 years	NTC
OP2.1: Health services delivered as per standards and protocols												
NTOP2.1.1	Percentage of health facilities providing quality TB services through Trained HR in TB	35	2015	NHFS		45	55	65	75	NHFS	Annual	NTC
NTOP2.1.3	% of FLDST among notified TB cases	16	2015	HMIS /TB Report		50			100	HMIS /TB Report	3 years	NTC
NTOP2.1.4	% of SLD ST among notified RR/MDR cases	100	2015	HMIS /TB Report		100			100	HMIS /TB Report	3 years	NTC
NTOP2.1.5	% of primary loss to follow up of RR/MDR case	16	2015	HMIS /TB Report		8			2	HMIS /TB Report	3 years	NTC
NTOP2.1.6	Case Notification Rate (all forms) per 100,000	123	2015	HMIS /TB Report	131	134	139	140	148	HMIS /TB Report	Annual	NTC
NTOP2.1.7	Case notification rate among childhood TB	7	2015	HMIS/TB Report	7	8	9	10	11	TB Report	Annual	NTC
OP2.3: Improved infection prevention and health care waste management												
NTOP2.3.1	% of DOT centre that have IC protection measures	0	2015	TB Report	6	6	6	6	6	TB Report	Annual	NTC
NTOP2.3.1	Proportion of tuberculosis cases detected (%)	81	2014	HMIS	85	86	87	88	90	HMIS	Annual	NTC
NTOC3.2	% of reported cases from Private Sector in TB control programme	19	2015	TB Report / HMIS		22			25	TB Report / HMIS	3 years	NTC
OP3.1: Improved access to health services, especially for unreached population												
OP3.1.1	% of case notification of DRTB	NA	2015	NA	50	55	70	80	85	TB Report	Annual	NTC
OP7.1: Healthy behaviours and practices promoted												
NTOOP7.1	% of DRTB Patients provided with Skill Development Training	15	2015	NA	20	30	40	50	60	TB Report	Annual	NTC
NTOP7.2	Number of MDR patients provided with care and support including cash incentive as per guideline/protocol	NA	2015	NA	647	747	998	1197	1336	TB Report	Annual	NTC

National Centre for AIDS and STD Control (NCASC)

Background and Scope

Nepal's HIV and STI response, recognised as a priority 1 Programme by Government of Nepal, is guided by the "UNAIDS Strategy 2016-2021", the Sustainable Development Goals, and the National Health Sector Strategy (2015-2020). NHSS-IP operationalises objectives of Fast-Tracking the HIV response to achieve ambitious 90-90-90 targets by 2020 and ending the AIDS epidemic as a public health threat by 2030. The current National TB Control Strategy and National HIV Strategic Plan 2016-21, consisting of components for the TB/HIV responses, inform this plan.

The Ministry of Health and National Centre for AIDS and STD Control (NCASC) are accountable for the implementation of the NHSS-IP for NCASC. This plan will be implemented through the public health service infrastructure at national, regional, district and village level with coordination with other public entities, the private sector, civil society and other non-government networks and organizations. Financing the HIV response in Nepal relies heavily on external funding that is rapidly declining, therefore, it is imperative that relevant and mutually beneficial public-private partnerships are established and maintained with evidence-informed investment choices.

Table 13: Programme components of National Centre for AIDS and STD Control

SN	Programme components	Scope/Key functions
1	Policy, planning, advocacy	All activities related to policy, planning and advocacy of HIV, STI, co-infections issues
2	Prevention	HIV testing and counselling, Prevention of mother to child transmission of HIV, targeted interventions, and Sexually transmitted infections management
3	Treatment, care and support	HIV treatment, care and support related all activities
4	Strategic information	All activities linked with information management including M&E, HMIS data, surveys and studies
5	Logistics management	HIV and STI prevention and management related logistics management

NHSS Outputs and Key Interventions

OP1b2: Improved medical and public education and competencies								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Ensure adequate trained HIV counsellors in a sustainable manner in all relevant service sites (CSO sites) focusing on KP.	Prevention	Site	134	134	134	134	134
2	Ensure adequate trained HIV counsellors in a sustainable manner in all relevant service sites (government sites)	Prevention	Site	1400	2500	4000	4000	4000
3	Ensure adequate CMT-trained paramedical staff and doctors in ART	Treatment, care and	Site	65	75	80	85	90

OP1b2: Improved medical and public education and competencies								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
	sites (coving all 75 districts by 2017)	support						

OP1c1: Improved procurement system								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Timely develop annual procurement plan of medicines and commodities, and quarterly requisition of medicines.	Logistics	Event	4	4	4	4	4
2	Procurement of ARV drugs from the government fund (increase per cent of government contribution)	Logistics	Percent	0	50	75	85	100

OP2.1: Quality health service delivered as per protocols/standards								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Revise and update HIV-related national guidelines and protocol by addressing new recommendations	Policy, planning, advocacy	Event	1	1	1	1	1
2	All ART sites have sanction posts to provide antiretroviral therapy and care based on case load.	Treatment, care and support	Number	0	50	50	50	30

OP2.2: Quality assurance system strengthened								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Formalize monitoring and on-site coaching and mentoring for quality improvement process	Strategic information	Site	25	35	50	65	75
2	Ensure blood safety mechanism by regular use of protocols (integrate with IP training)	Prevention	Site	600	700	700	700	700
3	Standardization of quality STI diagnosis and treatment up to health post level	Prevention	Site	600	700	700	700	700
4	Conduct regular and frequent monitoring and supervision (PMTCT, ART, HTC, TI, DIC, CCC sites)	Strategic information	Site	1500	2000	2000	2000	2000

OP3.1: Improved access to health services, especially for unreached population								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Increase access to/availability of HIV testing services through various methods i.e. facility-based, mobile and CBT	Prevention	Team	1400	2500	4000	4000	4000
2	Conduct screening and management of co-infections (TB)	Treatment, care and support	District	65	75	75	75	75
3	Conduct screening and management of co-infections (viral hepatitis B & C)	Treatment, care and support	Site	0	7	14	22	22
4	Increase access to and availability ARVs to the patients immediate	Treatment, care and	Site	0	75	75	75	75

OP3.1: Improved access to health services, especially for unreached population								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
	after diagnosis	support						
5	Expand services for prevention of mother to child transmission of HIV through CB-PMTCT	Prevention	Site	1400	3000	4000	4000	4000
6	Expand HIV programmes to hidden population (i.e. IDUs, MSM, female sex worker, clients of female sex worker, migrants, spouse of migrants)	Prevention/Treatment, care and support	Site	134	134	134	134	134
7	Effective roll out of IRRTR approach with strong monitoring system	Treatment, care and support	District	65	75	75	75	75
8	Increase access to CD4 count machine	Treatment, care and support	Site	32	35	40	40	40
9	Install Viral Load machine in each federal state Hospitals	Treatment, care and support	Hospital	1	1	2	2	1

OP3.2: Health service networks, including referral system, strengthened								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Institutionalise referral to social support and peer support for individual affected by HIV/AIDS	Treatment, care and support	Site	65	75	80	85	90

OP4.1: Strategic planning and institutional capacity enhanced at all levels								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Support in regularizing district AIDS coordination meeting with stakeholders (quarterly)	Policy, planning, advocacy	District	75	75	75	75	75
2	Encourage districts to develop HIV periodic plan to support to Nepal's fast-tracking targets	Policy, planning, advocacy	District	0	15	25	25	10

OP5.4: Multi-sectoral coordination mechanisms strengthened								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Regularize Cross-country collaboration for borders issues and migration	Prevention	HLM	0	1	1	1	1
2	Strengthen coordination between NCASC and NTC	Policy, planning, advocacy	Meeting	2	2	2	2	2

OP7.1: Healthy behaviours and practices promoted								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Upgrade to create enabling environment of zero tolerance for discrimination and human right	HIV treatment, care and support	Event	3	3	3	3	3
2	Continue targeted intervention through behaviour change activities, condom/lubricant promotion,	Prevention	Event	10	10	10	10	10

OP7.1: Healthy behaviours and practices promoted								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
	needle syringe exchange programme							
3	Strengthen mechanism to provide peer-led BCC activities in coordination with NHEICC	Prevention	Event	12	12	12	12	12
4	Conduct training on stigma and discrimination reduction at community and health institutions	HIV treatment, care and support	Number	10	10	10	10	10

OP9.1: Integrated information management approach practiced								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Develop and maintain electronic record keeping system through DHIS2	Strategic Information	Month	12	12	12	12	12
2	Conduct IBBS surveys as per national surveillance plan	Strategic Information	Year	7	0	8	0	10

OP9.2: Integrated information management approach practiced								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Develop consolidated SI Guidelines that incorporates all surveillance, research and monitoring aspects of HiV-response in Nepal	Strategic Information	Document	0	1	0	1	0

National Centre for AIDS and STD Control: Results Framework

Code	Indicator	Baseline			Milestone				Target	Data source	Monitoring frequency	Responsible agency
		Data	Year	Source	2016	2017	2018	2019	2020			
Outcome 1: Rebuilt and strengthened health systems: Infrastructure, HRH management, Procurement and Supply chain management												
NCOC1.1	Number of ART sites that have sanctioned posts to provide antiretroviral therapy and care	0	2015	HIV M&E	0	25	50	75	90	Annual Report	annual	NCASC
Outcome 2: Improved quality of care at point of delivery												
NCOC2.1	Percentage of people on ART tested for viral load (VL) who were virally suppressed in the reporting	44%	2015	GARP	50	65	75	85	90	GARP	Annual	NCASC
NCOC2.2	Estimated number who have died of AIDS-related illness	2263	2015	GARP	1980	1730	1390	975	560	GARP	Annual	NCASC
Outcome 3: Equitable utilization of health care services												
OC3.6	% of clients currently receiving anti-retroviral therapy (adults and children)	30.3	2015	GARP	30	45	60	70	80	GARP	Annual	NCASC
NCOC3.4	Percentage of HIV-positive pregnant women who received antiretroviral to reduce the risk of mother-to-child transmission	35	2015	GARP	50	65	80	85	90	GARP	Annual	NCASC
NCOC3.5	Percentage of infants born to HIV-infected women receiving a virological test for HIV within 2 months of birth	16	2015	GARP	30	50	70	80	90	GARP	Annual	NCASC
NCOC3.6	Number of facilities providing comprehensive HIV services including HIV testing and treatment as per national protocols	NA	NA	HIV M&E	65	75	80	85	90	Annual Report	Annual	NCASC
Outcome 7: Improved healthy lifestyles and environment												
NCOC7.1	% of women and men aged 15-49 who report discriminatory attitude towards PLHIV	27.2	2015	GARP	25	23	22	21	20	GARP	Annual	NCASC
OP7.1: Healthy behaviours and practices promoted												
NCOC7.2	% of people who inject drugs reporting the use of sterile injecting equipment the last time they injected	96	2015	GARP	96	96	96	96	96	GARP	Annual	NCASC
NCOC7.3	% of people who inject drugs and are on OST at a specified date continued treatment for at least 6 moths	38%	2015	GARP	45	60	70	80	100	GARP	Annual	NCASC
NCOC7.4	% of sex workers reporting the use of a condom with their most recent client	83%	2015	GARP	85	87	88	89	90	GARP	Annual	NCASC

Code	Indicator	Baseline			Milestone				Target	Data source	Monitoring frequency	Responsible agency
		Data	Year	Source	2016	2017	2018	2019	2020			
NCOC7.5	% of men reporting use of a condom the last time they had anal sex with a male partner	93%	2015	GARP	93	94	94	95	95	GARP	Annual	NCASC
NCOC7.6	% of people who inject drugs reporting the use of a condom the last time they had sexual intercourse	52%	2015	GARP	60	65	70	75	80	GARP	Annual	NCASC
Outcome 9: Improved availability and use of evidence in decision-making processes at all levels												
OP9.1: Integrated information management approach practiced												
NCOP9.1.1	Number of districts reporting HMIS relevant indicators as defined in the National M&E Guidelines on HIV Response in Nepal	75	2015	HIV M&E	75	75	75	75	75	Annual Report	Annual	NCASC
NCOP9.1.2	Number of IBBS Surveys conducted among key population as per Surveillance Plan	6	2015	HIV M&E	7	0	8	0	10	IBBS Report	Every two years	NCASC

National Health Education, Information and Communication Centre (NHEICC)

Background and Scope

National Health Education, Information and Communication Centre (NHEICC) is the responsible for planning, implementing monitoring and evaluating health promotion, education and communication programmes including periodic survey and research. The Centre is guided by National Health Sector Strategy (2015-2020), National Health Communication Policy (2012) and National Health Policy (2014) and operationalises its objectives through this implementation plan.

The centre uses advocacy, social mobilization and marketing, behaviour change and community led social change as approaches for health promotion. It designs and implements health promotion activities through District Health Offices and supports various health programmes and services to achieve national health goals. The centre is also utilising multi-sectoral platforms to promote health and well-being.

Table 14: Programme Components of National Health Education, Information and Communication Centre

SN	Programme components	Scope/Key functions
1	Health promotion and education (HPE)	• Standardize, regulate and update health promotion, education and communication related initiatives and contents. • Develop plan, directives and programme for health promotion • Develop, produce and disseminate messages, materials and tools. • Ensure target audience centric approach • Coordinate initiatives to promote healthy life style. • Conduct periodic formative studies for evidence based planning. • Provide strategic guidance to partner organization to plan evidence based promotion of intervention • Use modern/emerging communication technology for health promotion
2	Environmental Health, Hygiene and Communicable Disease Prevention (EHHCDP)	• Develop, implement and update framework and strategies for environmental health and community hygiene programme • Ensure multi-sectoral collaboration to improve environmental and occupational health, hygiene and communicable disease prevention. • Develop and implement community and school based health and hygiene programmes. • Ensure hygiene and sanitation practices in all health service delivery outlets with provisioning of appropriate facilities • Develop and update public health emergency communication preparedness and response plan. • Formulate public health emergency communication working group in collaboration with multi stakeholders. • Ensure allocation of contingency fund for health promotion during public health emergency. Develop, produce and stockpile communication materials for public health

SN	Programme components	Scope/Key functions
		emergencies.
3	Reproductive and Child Health Communication (RCHC)	- Standardize, regulate and update reproductive and Child health communication related initiatives and contents. - Develop, implement and update evidence based strategies and action plan to promote maternal, newborn, and child health, sexual and reproductive health - Develop, implement and update evidence based strategies and action plan to promote maternal, infant, young child and adolescent's nutrition. - Provide health promotion, education and communication technical support to standardize, regulate and update message and contents of maternal, newborn, child health, sexual and reproductive health and nutrition programmes
4	NCD and Tobacco Control (NCDTC)	- Standardize, regulate and update NCD and its risk factors related health promotion, education and communication initiatives. - Develop, produce and disseminate messages, materials and tools. - Collaborate with State and non-state partners to maximize and expand programme outreach. - Implement health promotion interventions to promote utilisation of Package of Essential Non-communicable Diseases (PEN)

NHSS Outputs and Key Interventions

OP1a1: Health infrastructure developed as per plan and standards								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Develop a standard guideline for the establishment of health promotion space in health facilities	HPE	Event	-	X	-	-	-

OP1b2: Improved medical and public education and competencies								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Develop health promotion package to be incorporated in the curriculum of training and academic courses	HPE	Event	-	X	-	-	-
2	Develop Interpersonal Communication training package with special section on catering the information/communication needs of the unreached population from specific geography	HPE	Event	-	X	-	-	-

OP1c1: Improved procurement system								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Develop yearly procurement calendar based on the programme requirements, seasonality of diseases and emergency for select geographic locations.	All	Event	X	X	X	X	X

OP1c2: Improved supply chain management								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Develop yearly IEC/BCC supply/dissemination plan based on the request from districts, programme requirements, disease burden, need assessments and emergency situations	HPE	Event	X	X	X	X	X
2	Develop apps/software to keep track of materials distribution and update the supply plan accordingly	HPE	Event	X	X	X	X	X

OP2.1: Quality health service delivered as per protocols/standards								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Integrate Interpersonal Communication and counselling components in all protocols and standards of health services.	HPE	Event	X	X	X	X	X

OP2.2: Quality assurance system strengthened								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Revise and implement the terms of reference of the health promotion and BCC Technical Committee reform to include more relevant areas	HPE	Event	X	X	X	X	X

OP4.1: Strategic planning and institutional capacity enhanced at all levels								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Develop and implement an umbrella health promotion and communication strategy to harmonize sectoral policies and plan	HPE	Event	X	X	X		
2	Revise and implement National Alcohol Policy and Act including other risk factor related policies and strategies	HPE	Event	X	X	X	X	X

OP5.1: Ministry of Health (MoH) structure is responsive to health sector needs								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Establish national health promotion bureau at federal level and divisionat provincial and local levels accordingly	All		X	X			

OP5.2: Improved governance and accountability								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Develop and implement reporting apps and formats to report on key behaviours/intervention by the health facilities and districts	HPE	Time	X	X	X	X	X

OP5.4: Multi-sectoral coordination mechanisms strengthened								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Establish information technology system at NHEICC as a common social media/Information Communication Technology (ICT) platform	HPE	Event	X	X			
2	Operate Interactive Voice Record and Response system interfaced with SMS services in partnership with Nepal Telecom	HPE		X	X	X	X	X
3	Develop and implement multi-sector health promotion, advocacy and communication plan.	RCHC	Even	X	X	X	X	X
4	Formulate multisector emergency communication working group with TOR and its implementation	EHHCDP	Event		X	X	X	X

OP7.1: Healthy behaviours and practices promoted								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Develop and implement community health promotion portal and apps to provide health promotion messages and information to the public	HPE	Event	X	X	X	X	X
2	Implement MPOWER (monitoring, protection, offer to quit, warning, enforcement and raising tax) package for tobacco control	NCDTC	District	X	X	X	X	X
3	Advocate and promote smoke free zones at work/public places	NCDTC	Places	X	X	X	X	X
4	Develop, produce and distribute education/information materials to educational institutions and people	HPE	Schools	X	X	X	X	X
5	Advocate and incorporate NCD related healthy behaviours and practices in multi sectoral national plan and strategies.	NCDTC	Event	X	X	X	X	X
6	Develop and implement massive public awareness Plan for health promotion with specific focus on controlling tobacco use, harmful use of alcohol, promoting dietary habits and physical activities, safe water, hygiene and sanitation	HPE/NCDTC	Communities		X	X	X	X
7	Develop and Implement BCC plan for communicable disease prevention with special focus on national hand washing programme, community hygiene and health facility sanitation	EHHCDP	Event	X	X	X	X	X

OP7.1: Healthy behaviours and practices promoted								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
8	Develop and implement activities for disseminating key messaging for adolescents, Women of Reproductive Age and pregnant women and relevant stakeholders to be delivered through mass/community media, ICT and IPCC	RCHC	Event	X	X	X	X	X
9	Develop and implement activities for disseminating key messaging for nutrition to be delivered through mass/community media, ICT and IPCC	RCHC	Event	X	X	X	X	X
10	Develop and implement activities for disseminating key messaging for Road Traffic Accidents to be delivered through mass/community media, ICT and IPCC	RCHC	Event	X	X	X	X	X
11	Consolidate develop and advocate to implement national School health education packages with structured lessons plan for teachers/health workers	RCHC	Event	X	X	X	X	X
12	Develop and implement specific health promotion and communication intervention to reach out to unreached population (framework)	HPE	Event	X	X	X	X	X

OP8.1: Public health emergencies and disaster preparedness improved								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Develop and update preparedness, response and post recovery emergency communication plan	EHHCDP	Event	X	X	X	X	X
2	Develop, design, produce and IEC/BCC materials on key-life saving messages for radio/TV, print, ICT and social media.	EHHCDP	Event	X	X	X	X	X

OP9.1: Integrated information management approach practiced								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Identify key behavioural indicators to be included/integrated in the HMIS and SMS/IVR interfaced with regular HMIS	HPE	Event		X	X	X	X

OP9.2: Surveys, research and studies conducted in priority areas								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Conduct formative Media reach and KAP studies every 5 years	HPE	Event		X			

National Health Education Information Communication Centre: Results Framework

Code	Indicator	Baseline			Milestone				Target	Data source	Monitoring frequency	Responsible agency
		Data	Year	Source	2016	2017	2018	2019	2020			
Outcome 7: Improved healthy lifestyles and environment												
NHOC7.1	% of people aged 15-69 years with raised blood pressure (above normal)	25.7	2013	STEPS		24			22	STEPS NDHS	3 years	MOH
NHOC7.2	Prevalence of raised blood glucose (plasma venous value ≥ 126 mg/dl) among adults aged 45-69	8.7	2013	STEPS		7			5	STEPS Survey	5 years	DoHS/NHEICC
NHOC7.3	Percentage of women aged 20-49 years who were first married or in union before age 18	48.5	2014	NMICS		45			40	NDHS NMICS	3 years	DoHS/NHEICC
OP7.1: Healthy behaviours and practices promoted												
OP7.1.1	Prevalence of tobacco use (smoking) among people aged 15 – 29 years	11.4	2013	STEPS	10.6		9.8		9.2	STEPS NDHS	3 years	DoHS/NHEICC
OP7.1.2	Prevalence of tobacco use (smokeless) among people aged 15-29 years	11.7	2013	STEPS			9.8		9.2	STEPS NDHS	3 years	NHEICC
OP7.1.2	% of households with a specific place for hand washing where water and cleansing agents are present	72.5	2014	NMICS		75			90	NDHS NMICS	3 years	DoHS/NHEICC
	Mountain											
	Hills											
	Terai											
	Earthquake affected 14 districts											
OP7.1.4	% of population using an improved drinking water source	93.3	2015	NMICS		95			95	NDHS NMICS	3 years	DoHS/NHEICC
	Mountain											
	Hills											
	Terai											
	In earthquake affected 14 districts	26.4										
NHOP7.1.5	% of people aged 15-69 who agree with the importance of lowering salt in diet is very important	40.5	2013	STEPS		35			30	STEPS	3 years	NHEICC
NHOP7.1.5	% of people aged 15-69 not engaging in vigorous physical activity	53.6	2013	STEPS		48			42	STEPS	3 years	NHEICC

Code	Indicator	Baseline			Milestone				Target	Data source	Monitoring frequency	Responsible agency
		Data	Year	Source	2016	2017	2018	2019	2020			
NHOP7.1.6	% of women who have comprehensive knowledge on HIV (Baseline: 36.4% young people 15-24 (MICS 2014)	26	2014	NMICS		30			30	NMICS NDHS	3 years	NHEICC
NHOP7.1.7	% of people aged 30-69 that have never measured blood glucose	77	2013	STEPS		70			60	STEPS	5 years	NHEICC
NHOP7.1.7	% of people (aged 15–69 years) who currently drink or drank alcohol in past 30 days	17.4	2013	STEPS		15.2			13.1	STEPS	5 years	NHEICC

National Health Training Centre (NHTC)

Background and Scope

The overall goal of National Health Training Centre (NHTC) is to build technical and management capacity of health service providers at all levels to deliver quality health care services. NHTC is the apex body for capacity development of all levels of health professionals. It caters to training needs of all departments, divisions and centres of the Ministry of Health (MoH), thus contributing to meet the targets envisioned in the National Health Policy 2071, National Health Sector Strategy (2015-2020) and Sustainable Development Goals. To fulfil the above goal, NHTC has set forward the following objectives:

- To organize training activities to address the need of quality health services providers in different level of health facilities.
- To enhance training capacities of government, non-government and private sectors training sites
- To ensure quality of training programmes using different mechanisms in adherence to national standards.
- To adopt and promote innovative training approaches
- To strengthen mechanism and capacity for post training follow-up and support.

NHTC aims to enhance its implementation capacity through optimal use of information technology, adopting new and evidence based training approaches and by post-training support of service providers so as to enable them to provide quality health care services. It also aims to strengthen pre service education so that health workers acquire basic knowledge and skills during their academic courses guided by the national standard, guidelines and protocol. It will reduce the burden of resources in providing in-service training.

Table 15: Programme components of National Health Training Centre

SN	Programme Components	Key functions
1	Designing of training	Need assessment, package/curriculum development, update/review,
2	Management of training	Planning, coordination, logistic, affiliation, budgeting, training data management
3	Conduction of training and orientation	Deliver training, orientation, refresher, recording and reporting of training
4	Post training support	Follow up, programmematic and clinical support, study/evaluation, CME
5	Quality improvement	Accreditation of training sites, certification, institutional capacity, Monitoring and supervision of training activities
6	New initiatives	IT based training, induction, clinical mentoring, self-paced, blended learning, alternative approaches, study and evaluation

NHSS Outputs and Key Interventions

OP1a1: Health infrastructure developed as per plan and standards								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Establish clinical training centres and training centres in each province	Management of Training	Training Site	1	1	1	2	2

OP1a2: Damaged health facilities are rebuilt								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5

OP1a2: Damaged health facilities are rebuilt								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Rebuild damaged training sites as per NHTC standard – Dhankuta, Pathlaiya, Sapahi	NHTC/MD	Site		1	1	1	

OP1a3: Improved management of health infrastructure								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Furnish, refurbish and equip all training sites including hostel as per national training management guidelines	Management of Trainings	Site	4	12	12	12	1
2	Enhance capacity for repair and maintenance of medical equipment at central and federal level	Management of Trainings	Site		1			

OP1b1: Improved availability of human resource at all levels with focus on rural retention and enrolment								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Assess capacity enhancement needs for the health sector	Training design	Event	X				
2	Revise and expand curriculum and training packages for health	Training design	Event	X				
3	Develop E-Learning package as per need	Training design	Event	X	X			
4	Build training capacity of NHTC/RHTC and other training sites for designing and managing trainings	Management of Trainings		X	X	X	X	X
5	Revise existing National Health Training Strategy 2004	Management of Trainings	Event	1				
6	Develop guidelines to define how trainings can be linked to career development	NHTC	Event		X			
7	Train services provider on ASRH basic (5 day) package from Adolescent Friendly Service Sites/Centres	NHTC	Persons	1000	1000	1000	1000	1000
8	Conduct review meeting for trainers on FP, SAS, SM, MLP, ASRH	NHTC	Batch	X	X	X	X	X
9	Develop ASRH advance training package	ASRH, NHTC, FHD	No	X				
10	Conduct advance ASRH training to services providers	ASRH, NHTC	No		100	100	100	100
11	Orient/Train HWs on MISP for ASRH	ASRH, NHTC	No	200	50	50	50	50
12	Update training packages of different trainings as per need	NHTC		X	X	X	X	X
13	Introduce Long Acting & Permanent FP Methods in pre-service curriculum of Nurses, MBBS, MDGP, and MD (Gynae/obs)	FP/NHTC	Times	1	1			
14	Develop E-Learning package on FP	FP/NHTC	Times	1	1			
15	Conduct Medico legal training for District Hospital and PHCs	NHTC	Persons	100	100	100	100	100
16	Conduct training on cervical cancer Screening	NHTC	Persons	150	150	150	150	150
17	Conduct training on obstetric fistula	NHTC	Persons	2	2	2	2	2
18	Conduct training on Pelvic Organ	NHTC	Persons	16	16	16	16	16

OP1b1: Improved availability of human resource at all levels with focus on rural retention and enrolment								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
	Prolapse							
19	Conduct induction training for newly recruited Medical Officers (As recruited by Public Service Commission)	NHTC	Batch	2	2	2	2	2
20	Conduct induction training for newly recruited Staff Nurse and Health Assistants (As recruited by Public Service Commission)	NHTC	Batch	7	7	7	7	7
21	Conduct induction training for newly recruited other human resources	NHTC	Batch	7	7	7	7	7
22	Conduct O&M survey to implement training programme at central and provincial level	NHTC		X				
23	Conduct Anaesthesia Assistant training	NHTC	Batch	X	X	X	X	X
24	Conduct basic health logistic training	NHTC	Person	1000	2000	2000	2000	1000
25	Conduct basic palliative care training	NHTC	Batch	4	4	5	5	5
26	Conduct biomedical equipment assistant technician (BMEAT) training	NHTC	Batch	1	2	2	2	2
27	Conduct psychosocial counseling for GBV survivors training for health workers of OCMC	NHTC	Persons	21	33	70	80	90
28	Conduct health response to GBV survivors including medicolegal training to medical officers	NHTC	Persons	40	60	60	60	60
29	Conduct health response to GBV survivors training to health workers	NHTC	Persons	100	100	100	100	100
30	Develop refresher training package on FP, SM, SAS.	NHTC		X				
31	Initiate Pre service training on safe abortion service to MD resident (Gyne/ Obs)- OJT	NHTC	Batch	*	*	*	*	*
32	Conduct Low birth weight babies care through Kangaroo Mother Care (KMC) training for nurses working at Kangaroo Mother Care Unit of PHCC and above health facilities	NHTC	Batch	50	50	75	75	100
33	Build training capacity of NHTC/RHTC/clinical training sites on IMNCI, advanced ASRH, CMT/HIV, neonatal care, MLP, RH morbidity, SAS, (link with comprehensive clinical training sites)	NHTC		X	X	X	X	X
34	Conduct CBIMNCI trainings (As per need of CHD)	NHTC	Batch	X	X	X	X	X
35	Conduct Clinical Skill Standardization of FP/MNH/SAS	NHTC	Batch	X	X	X	X	X
36	Conduct VCT training (based on NCASC plan)	NHTC	Batch	X	X	X	X	X
37	Conduct STI treatment training (based on NCASC plan)	NHTC	Batch	X	X	X	X	X
38	Conduct Clinical Management Training	NHTC	Batch	X	X	X	X	X

OP1b1: Improved availability of human resource at all levels with focus on rural retention and enrolment								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
	on HIV/AIDS (based on NCASC plan)							
39	Conduct ICU/CCU training for nurses	NHTC	Person	25	25	25	25	25
40	Conduct mid-level practicum (MLP) training to paramedics	NHTC	Persons	1000	1500	1500	2000	2000
41	Conduct Operation Theatre Technique and Management (OTTM) training for OT nurses	NHTC	Persons	100	150	150	100	100
42	Conduct Pediatric Nursing Care Training to nurses (75*2+1*200)	NHTC	Person	100	100	100	100	100
43	Conduct rural USG training(as per programmematic division)	NHTC	Persons	X	X	X	X	X
44	Conduct TABUCS training for Accountants	NHTC	Persons	X	X	X	X	X
45	Conduct competency based training (CBT) on vaccination to health workers (As per plan of CHD)	NHTC	Persons	X	X	X	X	X
46	Number of health workers trained on NSV	NHTC	Persons	50	60	60	60	50
47	Number of health workers trained on ML (Doctor and Nurse)	NHTC	Persons	50	60	60	60	60
48	Number of health workers trained on IUCD (Total HF-3325, IUCD exit in 35 % of HFs-Number of SP needs to be trained 1300)	NHTC	Persons	200	200	250	300	300
49	Number of health workers trained on Implant	NHTC	Persons	200	200	250	250	250
50	Develop training package for NSV Recanalization	NHTC	Times	1				
51	Develop Training site for NSV Recanalization	NHTC	Times	1				
52	Conduct NSV Recanalization training to doctors	Nhtc	Persons	0	2	4	4	4
53	Conduct training for health workers trained on Medical abortion service (New and old districts)	NHTC	Persons	150	200	200	225	225
55	Conduct SBA training for health workers (nurses, doctors)	NHTC	Persons	1600	1600	1600	1600	1600
56	Conduct ASBA training for doctors	NHTC	Persons	50	50	50	50	50
57	Conduct training for nurses trained on CAC	NHTC	Persons	50	50	50	50	50
58	Conduct training for doctors trained on CAC	NHTC	Persons	50	50	50	50	50
59	Conduct training for Ob& Gyne trained on CAC	NHTC	Persons	10	10	10	10	10
60	Conduct training for Ob& Gyne/ MDGP on 2nd trimester abortion service	NHTC	Persons	5	10	10	10	10
61	Conduct refresher training on safe abortion service (Providers trained before 5 years)	NHTC	Persons	30	30	30	30	30
62	Conduct orientation for Clinical mentors on safe abortion service	NHTC	Persons	30	30	30	30	30
63	Conduct training on early detection management and referral of women	NHTC	Persons					

OP1b1: Improved availability of human resource at all levels with focus on rural retention and enrolment								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
	and children with disability (As per plan of programme division)							
64	Develop GBV orientation package for FCHVs	NHTC	Event	X	X			
65	Update/revise GBV programmes and interventions in pre-service curriculum (CTEVT) and other academics/institutions	NHTC	Event	X	X			
66	Develop training package for NCD	NHCTC	Event	X	X			
67	Develop training package for primary trauma care	NHTC	Event	*				
68	Conduct training on NCD to Health workers	NHTC	Persons	800	800	1000	800	700
69	Conduct training on NCD to Medical officers (PHC and district hospital)	NHTC	Persons	50	100	100	100	50
70	Conduct primary trauma care to health workers(doctors/paramedics)	NHTC	Persons	400	400	400	400	400
71	Conduct Emergency Trauma Management training to health workers (specialists, medical officers, staff nurses, physiotherapist)	NHTC	Persons	200	200	200	200	200
72	Conduct ICU/NICU training to health workers (as per need)	NHTC	Persons	40	50	50	50	30

OP1b2: Improved medical and public education and competencies								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Develop pool of trainers for each thematic/technical subject at national and provincial level (including all training sites)	Delivering training and orientation	Event	X	X	X	X	X
2	Develop roster of trainers in each thematic area	Management of training	Event	X	X	X	X	X
3	Update and certification of trainers and trainees	Quality of training	Event	X	X	X	X	X
4	Develop subject specific technical groups for planning, curricula development and accreditation of trainers and training sites	Quality of training	Event	X	X	X	X	X
5	Revise training curricula for each cadre of health worker in different level of health facilities	Delivering training and orientation	Event	X	X			
6	Conduct assessment of existing pre-service curriculum and update/redesign curriculum in coordination of Universities and CTEVT	Quality assurance of training/MoH/CSD	Event	X	X	X		
7	Introduce Continuous Medical Education (CME) in district and above health facilities; develop guidelines	Delivering training and orientation	Event	X	X	X	X	X
8	Develop an implementation plan to execute the revised national health training strategy	Management of training	Event		X			

OP1b2: Improved medical and public education and competencies								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
9	Develop pool of trainers for each thematic/technical subject at national and provincial level (including all training sites)	Delivering training and orientation	Event	X	X	X	X	X
10	Develop roster and certification of trainers in each thematic area	Management of training	Event	X	X	X	X	X
11	Develop subject specific technical groups for planning, curricula development and accreditation of trainers and training sites	Quality of training	Event	X	X	X	X	X
12	Develop and update training curricula for each thematic/technical subjects as per need	Designing of training	Event	X	X	X	X	X
13	Develop training curricula for each cadre of health worker in different level of health facilities	Delivering training and orientation	Event	X	X	X	X	X
14	Conduct assessment of existing pre service curriculum and update/redesign curriculum in coordination of Universities and CTEVT	Quality assurance of training	Event	X	X	X	X	X
15	Organize upgrading training (Sr. ANM, Sr. AHWs etc.)	Delivering training and orientation	Persons	200	175	150	125	100
16	Organize non clinical trainings; Clinical Training Skills (CTS), logistic management, effective vaccine management, nutrition, health management, General Training of Trainers (GTOT), Health Facility Operation and Management Committee (HFOMC), Hospital Management, Health Insurance, disaster management, mental health	Delivering training and orientation	Event	X	X	X	X	X
17	Organize biomedical equipment technician trainings; Diploma in biomedical equipment engineering, biomedical assistance technician training	Delivering training and orientation	Event	X	X	X	X	X
18	Organize orientations and trainings programmes as per need	Delivering training and orientation	Event	X	X	X	X	X
19	Develop guidelines to introduce Continuous Medical Education (CME)	Delivering training and orientation	Event		X			
20	Introduce induction training for each cadre of health service providers	Planning and development of training curricula	Event		X	X		
21	Conduct Instructional Design (ID) training for capacity building of NHTC Trainers for package development	Management and delivering of training	Event	X				
22	Conduct Clinical Training Skill (CTS) training as per need	Delivering training and orientation	Batch	5	5	5	5	5
23	Conduct pelvic organ prolapsed (POP) training(MTOT/TOT/Training) for	Conduction of training	Batch	1	1	1	1	1

OP1b2: Improved medical and public education and competencies								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
	doctors							
24	Conduct Health Response to GBV TOT	Conduction of training	Batch	5	5	5	5	5

OP1c1: Improved procurement system								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Procure training tools (e.g. anatomic models, projectors, laptops)	Management of training	Event	X	X	X	X	X
2	Procure printing of training guidelines, curriculum and packages	Management of training	Event	X	X	X	X	X
3	Timely procurement of all anatomic models and other teaching learning equipment and instruments	Management of training	Event	X	X	X	X	X

OP1c2: Improved supply chain system								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Distribute training materials (training equipment, guidelines, curriculum and packages) to related training sites	Management of training	Event	X	X	X	X	X
2	Distribute anatomic models, equipment and instruments needed for teaching learning activities to training sites or skill practice sites	Management of training	Event	X	X	X	X	X

OP2.1: Quality health service delivered as per protocols/standards								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Prepare consolidated training capacity development plan/activity to enhance quality of training	Planning and development of training curricula	Event	X				
2	Develop mentoring and onsite coaching modules	Planning and development of training curricula	Event	X				
3	Develop on the job training package for MNH	Planning and development of training curricula	Event	X				
4	Introduce Clinical Mentoring approach in different types of health services to strengthen quality health services: develop guidelines, prepare pool of Clinical Mentors for different levels	Planning and development of training	Event	X	X			
5	Develop training curricula for management training to health workers for managerial positions	Planning and development of training	Event	X				

OP2.1: Quality health service delivered as per protocols/standards								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
		curricula						
6	Conduct management training to health workers for managerial positions	Conduction of training	batch	2	2	2	2	2
7	Develop standards for different types of trainings Clinical and non-clinical trainings	Planning and development of training curricula	Times	1				
8	Assess, standardize and accredit of training as well as training sites	Quality assurance of training	Times	1	1	1	1	1
9	Strengthen supervision and mentoring to build capacity of trainers and training sites to ensure quality of training	Planning and development of training curricula	Event	X				
10	Strengthen post training follow up system; introduce concept of post training follow up by trainers to trainees/service providers posted in their nearby service providers, follow up enhancement programme from NHTC based on sampling, introduce during and post training follow up through telephone calls, e-mails etc	Quality Assurance of trainings	Event	X	X			
11	Strengthen overall management of hospital to enhance quality of services, working in team, collaboration/ coordination between hospital staff, management committee and users, resource mobilization,	Planning and development of training curricula	Event	X	X			

OP2.2: Quality assurance system strengthened								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Conduct Follow-up Enhancement Programme (FEP) to improve quality of care at point of delivery through district, regional and central level	Planning and development of training curricula	Event	X	X	X	X	X
2	Formalize monitoring and on-site coaching and mentoring for quality improvement process	Planning and development of training curricula	Event	X	X			
3	Provide certification to clinical and non-clinical competency based trainings	Quality assurance of training	Event	X	X	X	X	X
4	Form/reactive training quality improvement committee in each training sites-meet quarterly	Quality Assurance of training	Event	3	3	3	3	3
5	Conduct annual meeting/workshop to review and plan NHTC related activities	Management of training	Event	X	X	X	X	X
6	Establish unit to monitor quality of training at NHTC	Quality Assurance of training	Event	X				

OP2.2: Improved infection prevention and health care waste management practices								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Prepare facilitators for infection prevention at district, zonal, regional and central level hospitals for continuation of infection prevention practices	Delivering training and orientation	Number	50	100	100	75	50
2	Build capacity of all categories of health institutions on infection prevention practices and health care waste management (using whole site infection prevention training approach)	Quality assurance of training	Event	X	X	X	X	X
3	Update IP and HCWM packages (using coaching and demonstration) for peripheral health facilities and hospital	Designing of training	Number	2				

OP8.1: Public health emergencies and disaster preparedness improved								
SN	Key interventions	Programme Component	Unit	Y1	Y2	Y3	Y4	Y5
1	Design and conduct trainings on public health emergencies and disaster management	Conduction of training	Health workers	1000	1000	1000	1000	500

OP9.1: Integrated information management approach practiced								
SN	Key interventions	Programme Component	Unit	Y1	Y2	Y3	Y4	Y5
1	Expand Training Management Information System (TMIS)	Management of training	Event	X	X	X	X	X
2	Establish link between TMIS and PIS	Management of training	Event		X	X		

OP9.2: Survey, research and studies conducted in priority areas								
SN	Key interventions	Programme Component	Unit	Y1	Y2	Y3	Y4	Y5
1	Perform operational research and needs assessment on the effectiveness and cost benefit of different trainings approaches	Planning and development of training curricula	Event	1				

National Health Training Centre: Results Framework

Code	Indicator	Baseline			Milestone				Target	Data source	Monitoring frequency	Responsible agency
		Data	Year	Source	2016	2017	2018	2019	2020			
OP1a1. Health Infrastructure developed as per plan and standards												
NHTCOP1a1.1	% of training sites with adequate physical infrastructure as per MOH standards	NA	NA	NHTC	50	60	70	80	90	NHTC	Annual	NHTC
OP1b2. Improved human resource educational competencies												
NHTCOP1a1.1	% of newly enrolled health workers receiving induction training	NA		TIMS/HuRIS		80	80	90	100	TIMS/HuRIS	Annual	NHTC
NHTCOP1a1.2	% of persons trained as per plan	NA		TIMS		70	70	80	90	NHTC Report	Annual	NHTC
OP2.2: Quality assurance system strengthened												
NHTCOC1.1	% of clinical training sites performing self-assessment	9		NHTC			80		100		Annual	NHTC
NHTCOC1.1	% of clinical training sites accredited by NHTC	NA		NHTC			80		100		Annual	NHTC

National Public Health Laboratory (NPHL)

Background

Laboratory services are essential to identify and confirm the agents involved in public health threats, including those which may cause public health emergencies of international concern (PHEIC). Nepal's healthcare system consists of laboratories involved in diagnostic services as well as those involved in public health activities (surveillance, research). National Public Health Laboratory (NPHL) is a national level referral lab which also regulates the laboratory services in the country. Along with the routine and specialized diagnostic facilities, NPHL conducts laboratory-based surveillance and plays a crucial role during the outbreaks of various emerging and re-emerging diseases for laboratory confirmation of outbreaks. It also operates as a quality assurance body, responsible for registration and licensing of private sector laboratories and blood centres as a focal point for blood safety in the country. NPHL conducts wide ranging programmes, including routine diagnostic test, specialized diagnostic test, National Influenza Centre, HIV referral laboratory along with the ARV monitoring facilities, Antimicrobial resistance (AMR) programme, JE/Measles/Rubella surveillance, Molecular diagnostic laboratory, NEQAS.

NPHL's aspirations for the next five years are operationalised through the NHSS-IP (2016-2021). As a part of new initiative, molecular diagnostic laboratory for molecular characterization and genotyping of the pathogenic organisms and early infantile diagnosis of HIV in infants below 18 months using the molecular PCR technology have been started. A BSL-3 lab has been constructed with the capacity to diagnose emerging and re-emerging infectious diseases certified by expert members from American society of bio-safety. Besides these for diagnosis of communicable disease, NPHL will be strengthened as reference centre for non-communicable diseases like oncology, autoimmune diseases, specialized histopathology, immuno-histochemistry and hematological disorders.

Table 16: Programme components of National Public Health Laboratories

SN	Programme components	Scope/Key functions
1	Diagnostic and Public Health Laboratory services	• Function as National Reference Laboratory for clinical diagnosis of non-communicable diseases like cancer, autoimmune diseases, cardiovascular diseases, kidney diseases, specialized haematological disorders and other diseases given priority by the government. • Reference centre for communicable diseases including emerging and re-emerging infectious diseases.
2	Laboratory based surveillance and outbreak investigation	• Laboratory surveillance activities of various disease pathogens and facilitate provincial laboratories in establishment and capacity enhancement of diseases surveillance. • Outbreak investigation of emerging and re-emerging infectious diseases.
3	Quality assurance of laboratories and blood centres	• Registration and licensing of laboratories and blood centres. • Biannual independent internal quality auditing of all levels of labs • NPHL to function as national reference centre for laboratory diagnosis of the diseases, QA and regulatory authority
4	Research	• NPHL undertakes laboratory based research activities
5	Training and Education	• Provide, or facilitate, training courses and workshops for laboratory staff in government and private sectors to continually upgrade the knowledge and skills essential for providing quality laboratory services.

NHSS Outputs and Key Interventions

OP1a1: Health infrastructure developed as per plan and standards

SN	Key Intervention	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Establish functioning 7 provincial public health laboratories to achieve A level requirements	Diagnostic & Lab Services	No.	3	4	5	6	7
2	Expand laboratory testing capacity of zonal hospital based laboratories to achieve B level requirement	Diagnostic & Lab Services	%		70	80	90	100
3	Expand laboratory testing capacity district hospital based laboratories to achieve C level requirement	Diagnostic & Lab Services	%		70	80	90	100
4	Expand laboratory testing capacity of PHC laboratories to achieve D level requirement	Diagnostic & Lab Services	%		70	80	90	100
5	Expand laboratory testing capacity HP laboratories	Diagnostic & Lab Services	%		70	80	90	100

OP1a2: Damaged health facilities are rebuilt

SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Re-build earth quake resilient health laboratories in EQ affected districts/PHCs, HPs	Diagnostic & Lab Services	Total number	0	10	20	30	39

OP1a3: Improved management of health infrastructure

SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Renovate and refurbish laboratories to satisfy bio-safety and bio-security standards/norms	Diagnostic & Lab Services	Event	X	X	X	X	X
2	Provide Annual maintenance Contract (AMC) for maintenance of laboratory equipment's	Diagnostic & Lab Services	% equipment with AMC	5		30		50

OP1b1: Improved availability of human resource at all levels with focus on rural retention and enrolment

SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Identify requirement of various positions to upgrade laboratories at all levels	Diagnostic & Lab Services	Event	X	X	X	X	X
2	Recruit technical staff positions for different level of laboratories as per need	Diagnostic & Lab Services/MoH/H RFMD	Event	X	X	X	X	X

OP1b2: Improved medical and public education and competencies

SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Update and develop in-service and refresher training for all categories of laboratory technical staff	Training & Education	%	20	40	60	80	100
2	Improve environmental and occupational health competencies of the lab staffs	Diagnostic & Lab Services	Event	X	X	X	X	X

OP1c1 Improved procurement system								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Revise guidelines and mechanisms for procurement of standard laboratory equipment, reagents and chemicals	Diagnostic & Lab Services /LMD	Event	X	X	X	X	X

OP1c2: Improved supply chain management								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Develop and implement guideline for laboratory supply chain and monitored through LSC auditing (first come first out, bin cards)	Diagnostic & Lab Services /LMD	Event	X	X			

OP2.2: Quality assurance system strengthened								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Develop framework for laboratory regulations, including QA guideline	Quality assurance	Event		X	X	X	X
2	Perform quality audit at all levels of laboratories	Quality assurance	%	0	40	60	80	100
3	Develop and implement accreditation system for independent labs	Quality assurance	Event	X	X	X	X	X
4	Form national independent expert groups for QA auditing & accreditation in health labs	Quality assurance	Event	X	X			
5	Develop a database for licensed laboratories	Quality assurance	Event		X	X		
6	Update Laboratory Information Management System to include all laboratories and accreditation status	Quality assurance	Event		X	X		

OP2.3: Improved infection prevention and health care waste management practices								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Develop, update and implement SOP and national guidelines for laboratory bio-safety and bio-security	Diagnostic & Lab Services	%	25	45	65	85	100
2	Establish laboratory Waste disposable system at all levels	Diagnostic & Lab Services	Event		X	X	X	

OP3.1: Improved access to health services, especially for unreached population								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Establish functioning 7 provincial public health laboratories to achieve A level requirements	Diagnostic & Lab Services	No.	3	4	5	6	7
2	Expand laboratory testing capacity of zonal hospital based laboratories to achieve B level requirement	Diagnostic & Lab Services	%		70	80	90	100
3	Expand laboratory testing capacity district hospital based laboratories to achieve C level requirement	Diagnostic & Lab Services	%		70	80	90	100
4	Expand laboratory testing capacity of PHC laboratories to achieve D level requirement	Diagnostic & Lab Services	%		70	80	90	100

OP3.1: Improved access to health services, especially for unreached population								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
5	Expand testing capacity of laboratories at Health Posts	Diagnostic & Lab Services	%		70	80	90	100
6	Develop guideline for mobile laboratory services to unreached populations	Diagnostic & Lab Services	%	0	25	50	75	100
7	Develop standard package of laboratory services for NCDs at all levels	Diagnostic & Lab Services	Event	X	X			

OP3.2: Health service networks, including referral system, strengthened								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Expand capacity of provincial level reference laboratories to effectively function as network labs for AMR, AES, EIDs, NCDs, etc	Laboratory based surveillance and outbreak investigation	%	0	28	28	28	100
2	Expand number of sentinel sites for communicable disease surveillance in all districts	Laboratory based surveillance and outbreak investigation	%	20	40	60	80	100

OP4.1: Strategic planning and institutional capacity enhanced at all levels								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
	Develop legislative framework/guideline for regulatory control of health labs nationwide (Registration)	Quality assurance	Event		X	X	X	X
	Develop, update and implement national laboratory standard policy	Quality assurance	Event		X	X	X	X

OP5.4: Multi-sectoral coordination mechanisms strengthened								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Establish/Regularize Multi-sectorial coordination meetings organized with participation of EDCC, DWSS, MOHA, MOE, MOAC, MOLS in laboratory based investigation of diseases of human-animal-environment-food-water interface	Diagnostic & Lab Services	Event	X	X	X	X	X

OP6.2: Social health protection mechanisms strengthened								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Revise and update list of laboratory services covered by health insurance system	Diagnostic & Lab Services	Event	X	X	X	X	X

OP8.1: Public health emergencies and disaster preparedness improved								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5

OP8.1: Public health emergencies and disaster preparedness improved								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Expand NPHL capacity to diagnose EID's PHEICs	Diagnostic & Lab Services	%	28	28	14	14	100
2	Establish provincial labs with BSL-2 certification, capable of investigating CD, EID outbreaks	Diagnostic & Lab Services	Event		X	X	X	
3	Enhance capacity of laboratory professionals to effectively perform laboratory testing during public health emergencies	Training	Event	X	X	X	X	X
4	Establish NPHL capacity to operate BSL 3 for emerging and existing diseases	Diagnostic & Lab Services	Event	X	X	X	X	X

OP8.2: Strengthened response to public health emergencies								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Establish mobile laboratory services (BSL-2 vans) with equipment and supplies in all 7 province	Diagnostic & Lab Services	Event	0	25	50	75	100
2	Establish laboratory based surveillance of all communicable and non- communicable diseases	Diagnostic & Lab Services	Event	X	X	X	X	X

OP9.1: Integrated information management approach practiced								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Develop laboratory information systems and link with national HMIS and surveillance system	Diagnostic & Lab Services	Event	X	X	X	X	X
2	Expand laboratory based surveillance of all communicable and non-communicable diseases	Laboratory based surveillance and outbreak investigation	Event		X	X	X	
3	Expand LMIS to most peripheral levels of the health system and to patients/treating doctors for accessing their lab results	Diagnostic & Lab Services	Event	X	X	X	X	X
4	Develop mobile application as an access point of national surveillance systems.	Laboratory based surveillance and outbreak investigation	Event	X	X	X	X	X

OP9.2: Surveys, research and studies conducted in priority areas								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Conduct research/study for publication in national and international journals	Research	Event	X	X	X	X	X

OP9.3: Improved health sector reviews with functional linkage to planning process								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Conduct joint annual/biannual reviews of NPHL and provincial laboratories, aligned with sectoral reviews	NPHL/MD	Event	X	X	X	X	X

National Public Health Laboratory: Results Framework

Code	Indicator		Baseline			Milestone				Target	Data source	Monitoring frequency	Responsible agency
			Data	Year	Source	2016	2017	2018	2019	2020			
OP2.1: Health services delivered as per standards and protocols													
OP2.1.3	% of health facilities with capacity to provide selected laboratory services as per standard		NA	2015	NHFS	20	40	60	80	90	NHFS	3 Years	NPHL
	Type of hospital	Public	NA	2015	NHFS			60		90	NHFS	3 Years	NPHL
		Private	NA	2015	NHFS			60		90	NHFS	3 Years	NPHL
	Level of public health facility	PHC	NA	2015	NHFS			60		90	NHFS	3 Years	NPHL
		HP	NA	2015	NHFS			60		90	NHFS	3 Years	NPHL
OP2.2: Quality assurance system strengthened													
OP2.2.2	% of laboratories licensed		NA	2016	NPHL	40	70	80	100	100	NPHL	Annual	NPHL
NPOP2.2.1	% of health laboratories with extended National External Quality Assurance System (NEQAS)		25	2015	NPHL	40	50	80	100	100	NPHL	Annual	NPHL
NPOP2.2.2	% of District hospitals with standard NCD package of laboratory services		0	2015	NPHL					100	NPHL	Annual	NPHL
NPOP2.2.3	% of District hospitals with bacteriology services		4	2015	NPHL					100	NPHL Report	Annual	NPHL
NPOP2.2.4	% of Zonal hospital based laboratory with microbiology services		90	2015	NPHL					100	NPHL Report	Annual	NPHL
NPOP2.2.5	Number of provincial laboratories having molecular diagnostic capacity		1	2015	NPHL					7	NPHL Report	Annual	NPHL

Nepal Health Research Council (NHRC)

Background and Scope

The Nepal Health Research Council (NHRC) was formed by Government of Nepal (GoN) to promote scientific study and quality research in health in Nepal. It started as Nepal Medical Research Committee under the Ministry of Health, chaired by the Secretary of Health in 1982 AD (BS 2039). On 12 April 1991 (29 Chaitra 2047 BS), the committee was developed into the Nepal Health Research Council, a statutory and autonomous body as promulgated by the NHRC Act No. 129 of the year 1991 of GoN. With the consent of the Council of Ministers pursuant of Article 129 of the constitution of the GoN, 1991 enacted the NHRC.

The major objectives of the NHRC are to regulate health research in Nepal to ensure highest ethical standards in health research within the country; to generate and/or collate evidences for translation into policy and practices; to enhance the research capacity of health professionals/researchers in the country.

Table 17: Programme components of Nepal Health Research Council

SN	Programme components	Scope/Key functions
1	Research regulation	1. Screening, reviewing and providing ethical approval of research proposals 2. Quality assurance of approved research 3. Promoting establishment and strengthening of IRCs 4. Monitoring of research centres in collaboration with MoH
2	Capacity building	1. Capacity building of health professionals on quality evidence generation through education, training workshops, and providing sponsorship for young researchers 2. Capacity building of health professionals on evidence synthesis and translation
3	Evidence generation	1. Update the national priority areas for health research in concurrence with MoH and Divisions and centres of DoHS 2. Conduct and promote primary researches on national priority areas 3. Generate and provide grants to document evidence on national priority areas
4	Promoting the use of evidences	1. Dissemination of health research evidences through workshops, media, summit, journals etc 2. Developing policy briefs from national and sub national level surveys and research 3. Strengthen/Support use of research evidences to translate knowledge into policy and practice through meetings, workshops and availability of context specific recommendations

NHSS Outputs and Key interventions

OP1a1: Health infrastructure developed as per plan and standards								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Create/expand infrastructures including buildings and research laboratories for health research at national and provincial level	Research	Event	-	X	X	X	-

OP1b1: Improved availability of human resource at all levels with focus on rural retention and enrolment								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Conduct needs assessment for HR required for research	Research	Event	-	X	X	-	-
2	Expand Human Resource for Research	Research	Event	-	X	X	X	-
3	Recruit human resource as needed	Research	Event	-	X	X	X	-
4	Create a pool of key resource persons for appraisal, synthesis and translation of evidences for policies and practice	Research	Event	X	X	-	-	-

OP9.1: Integrated information management approach practiced								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Quality Assurance of Approved Research	Regulation	Event	X	X	X	X	X
2	Update the quality assurance protocols, manuals and SoPs for research projects	Regulation	Event	X	X	-	-	-
3	Conduct periodic review of research conducted according to national priority	Regulation	Event	X	-	X	-	X
4	Update curricula and manuals for research related trainings	Capacity building	Event	-	X	-	X	-
5	Build capacity on Research methodology, data analysis, report writing & publications, writing policy briefs	Capacity building	Event	X	X	X	X	X
6	Build capacity on research synthesis including systematic review and meta-analysis	Capacity building	Event	X	X	X	X	X
7	Develop a mechanism to commonly engage in priority setting and evidence generation with MoH and its departments, divisions and centres	Evidence generation	Event	X	X	-	-	-
8	Support strengthening data capturing capacity of HMIS to include other important health conditions (such as mental health)	Evidence generation	Event	-	-	X	X	X
9	Create central data repository for routine information, national surveys and research	Evidence generation	Event	X	X	X	-	-
10	Support to establish health and demographic surveillance system	Evidence generation	Event	X	X	-	-	-
11	Establish mechanism to ensure quality of medical and health journals publishing scientific articles in Nepal	Research	Event	X	X	X	X	X
12	Develop and implement research uptake strategy (stakeholder engagement, capacity building, communication and monitoring & evaluation of uptake)	Research	Event	-	X	X	X	-
13	Enhance capacity of policy makers and programme managers on appraisal and translation of evidences into practice	Research	Event	-	X	X	X	X
14	Develop and/or support development of contextual national guidelines using available evidence in areas of national importance	Use of evidences	Event	X	X	X	X	X

OP9.2: Survey, research and studies conducted in priority areas								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Strengthen and update the capacity for screening, reviewing and providing ethical approval of research proposals	Research	Event	X	X	X	X	X
2	Support to establish and strengthen Institutional Review Committees (IRCs)	Research	Event	X	X	X	X	X
3	Update the national priority areas for health research	Evidence generation	Event	X		X		X
4	Support to develop health sector survey and research plan	Evidence generation	Event	X		X		X
5	Produce policy briefs of national level surveys and research	Evidence generation	Event	X	X	X	X	X
6	Conduct research synthesis (Secondary data analysis & Systematic Review) on areas of national importance	Evidence generation	Event	X	X	X	X	X
7	Develop functional collaboration for evidence generation and synthesis (national and international; academia & national level research organizations)	Evidence generation	Event	X	X	X	X	X
8	Conduct impact evaluation, cost effectiveness and efficiency of priority public health Programmes	Evidence generation	Event	-	X	X	X	X
9	Include Health Technology Assessment for key public health interventions	Evidence generation	Event	-	-	X	X	X
10	Develop capacity for Health Impact Assessment	Evidence generation	Event	-	-	X	X	X

National Health Research Council: Results Framework

Code	Indicator	Baseline			Milestone				Target	Data source	Monitoring frequency	Responsible agency
		Data	Year	Source	2016	2017	2018	2019	2020			
OP9.1: Integrated information management approach practiced												
NHOP9.1.1	Number of national level studies (as reflected in the priority areas) with data stored in the repository	0	2015	NHRC	0	4	8	12	16	NHRC	Annual	NHRC
OP9.2: Survey, research and studies conducted in priority areas; and results used												
NHOP9.1.1	Number of policy briefs produced from surveys and research of national priorities	11	2016	NHRC	10	10	10	10	10	NHRC	Annual	NHRC

Social Health Security Development Committee (SHSDC)

Background and Scope

Starting in fiscal year 2068/69 BS (2011/12), Government of Nepal has been allocating funds for implementation of health insurance. In 2071 BS (2013), it adopted the National Health Insurance Policy as one of the pillars to ensure universal coverage of healthcare and it established a semi-autonomous body, Social Health Security Development Committee (SHSDC), to roll out health insurance nation-wide. The committee is chaired by the Secretary of the Ministry of Health with representatives from the Ministry of Finance, Ministry of Health, Department of Health Services and other experts.

The committee launched health insurance in 2072/73 BS (2015/16) in three districts: Kailali, Baglung and Ilam and plans to scale it up nation-wide by fiscal year 2071/72 BS.

Table 18: Programme components of Social Health Security Development Committee

SN	Programme components	Scope/Key functions
1	Social Health Insurance	Implementation of Health Insurance across the country

NHSS Outputs and Key interventions

OP1b1: Improved availability of human resource at all levels with focus on rural retention and enrolment								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Prioritise fulfilment of sanctioned positions in districts with health insurance	NHI	Event	X	X	X	X	X
2	Implement non-practice allowances guidelines for retention of deputed staff for a minimum of 1-2 years (As per Health Act, 2053/ 1996)	NHI	Event	X	X	X	X	X

OP1b2: Improved medical and public education and competencies								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Develop capacity staff from health facilities on HI in insurance implemented districts	NHI	Event	X	X	X	X	X

OP1c1: Improved procurement system								
S N	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Prioritise regular supply of free drug in insurance implemented districts	NHI	Event	X	X	X	X	X

OP1c2: Improved supply chain management								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Provide support to establish pharmacy at all levels of service providers in implementing districts	NHI	Event	100	100	100	100	100

OP2.1: Quality health service delivered as per protocols/standards								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Develop, revise and update Standard Treatment Protocols	NHI	Event	X	X	X	X	X

OP2.2: Quality assurance system strengthened								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Develop and revise medical audit guideline for health insurance	NHI	Event	X		X		
2	Develop M & E framework for health insurance	NHI	Event	X				

OP3.1: Improved access to health services, especially for unreached population								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Undertake IEC/BCC intervention for demand creation of health insurance	NHI	Event	X	X	X	X	X
2	Institutionalize processes to channelize subsidy for the poor strata	NHI	Event	X	X	X	X	X
3	Continue to provide cashless health service to the insured members	NHI	Event	X	X	X	X	X

OP3.2: Health service networks, including referral system, strengthened								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Develop and implement memorandum of understanding to empanel public and private health facilities	NHI	Event	X	X	X	X	X
2	Channelize system of having first service contract point and referral	NHI	Event	X	X	X	X	X

OP5.2: Improved governance and accountability								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Introduce toll-free phone number for grievance handling in central office and phase wise introduction health insurance implementing districts	NHI	Event	X	X	X	X	X
2	Publish and share Annual Report, Policy Brief, Monitoring sheet, audit report and other documents (Official Website)	NHI	Event	X	X	X	X	X

OP5.4: Multi-sectoral coordination mechanisms strengthened								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Form National advisory group for SHS	NHI	Event	X				
2	Form District SHS coordination committee in implemented districts	NHI	Event	100	100	100	100	100

OP6.1: Health financing system strengthened								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Support to develop health financing strategy, focusing on integration of social health protection scheme (CBHI, Free	NHI	Event	X	X	X	X	X

OP6.1: Health financing system strengthened								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
	Health Care, AAMA programme, Social Security Services covering for ten diseases, free catastrophic illness for poor and vulnerable) with social health insurance							
2	Expand health insurance Programme in other districts and formal sector	NHI	Event	11	31	51	71	75

OP6.2: Social health protection mechanisms strengthened								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Formulate national health insurance act	NHI	Event		X			

OP7.1: Healthy behaviours and practices promoted								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Build in yearly screening of enrolled members (40 or above years) into the insurance Programme	NHI	Event	80	85	90	95	100

OP9.2: Integrated information management approach practiced								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Introduce and use of insurance management information system (IMIS), making it compatible with HMIS and DHIS2	NHI	Event	X	X	X	X	X

OP9.3: Improved health sector reviews with functional linkage to planning process								
SN	Key interventions	Programme component	Unit	Y1	Y2	Y3	Y4	Y5
1	Conduct periodic reviews of SHI and align with sectoral reviews	NHI	Event	X	X	X	X	X

Social Health Security Development Committee: Results Framework

Code	Indicator	Baseline			Milestone				Target	Data source	Monitoring frequency	Responsible agency
		Data	Year	Source	2016	2017	2018	2019	2020			
OP1b1. Improved staff availability at all levels with focus on rural retention and enrolment												
NSOP1b1.1	% of health facilities with all sanctioned position filled in Health Insurance implementing district	80	2016	MoH annual report	80	85	90	95	100	MoH annual report	Annually	MoH
OP1c2: Improved supply chain management												
NSOP1c2.1	% of health facilities with listed drug available round the year in Health Insurance Implementing district	NA	2016	NA	80	85	90	95	100	SHSDC Monitorin g report	Bi annually	MoH/ SHSDC
OP2.1: Health services delivered as per standards and protocols												
NSOP2.1.1	Percentage of health facilities adopting rational use of drugs in implementing districts	NA	2016	NA	80	90	90	95	100	SHSDC Monitorin g report/ Medical audit report	Annually	MoH/ SHSDC
OP2.2: Quality assurance system strengthened												
NSOP2.2.1	Percentage of claims accepted after medical review	80	2016	IMIS	80	85	90	90	95	IMIS/ Medical audit report	Monthly	SHSDC
Outcome 3: Equitable utilization of health care services												
NSOC1.2	% of people chose nearest health facilities as a first service point	80	2016	IMIS	80	85	90	95	95	IMIS	Annually	SHSDC
OP3.1: Improved access to health services, especially for unreached population												
NSOP3.1.1	Percentage of poor among enrolled whose contribution is covered by government in insurance implemented districts	0	2016	NA	NA	5	10	15	20	IMIS	Quaterly	SHSDC
NSOC6.1	% of population covered (age, sex, ethnicity, geographic) by health insurance in implementing district	1.8	2016	SHSDC annual report	10	20	30	40	50	IMIS	Quaterly	SHSDC
OP6.1: Health financing system strengthened												

Code	Indicator	Baseline			Milestone				Target	Data source	Monitoring frequency	Responsible agency
		Data	Year	Source	2016	2017	2018	2019	2020			
NSOP6.1.1	Number of District implementing National Health Insurance	3	2016	SHSDC annual report	8	31	51	71	75	Annual report	Annually	SHSDC
OP7.1: Healthy behaviours and practices promoted												
NSOP7.1.1	Percentage of enrolled members (above 40 years) underwent health screening under HI programme in implementing districts	NA	2016	NA	80	85	90	95	100	IMIS	Annually	SHSDC

Annex

Annex 1: Structural Reforms Proposed by Various MoH Entities

Proposed by	Area	New Structures Proposed
PHAMED in coordination with respective divisions/centres	Health Sector Information Systems: all information platforms including evidence generated through surveys	Health Sector Information Centre
PPICD in coordination with Child Health Division	Nutrition	National Nutrition Centre
PPICD	Quality of Care	Autonomous agency for quality control, accreditation and licensing of health institutions
NHEICC	Health Promotion	Health Promotion Bureau
LMD	Procurement	Elevated LMD with increased capacity for procurement with new specialised cadre
LCD	Leprosy and Disability	Elevate Leprosy Control Division to Leprosy Control and Disability Management & Rehabilitation Division (DMRD)
PPICD	Planning	Restructure PPICD with specific focus on Policy, Planning and International Cooperation
Management Division and PHCRD	Infrastructure	Long term health infrastructure development plan with dedicated units in Centre, Region and District level Municipal Hospital and Urban Health Centre
PPICD	Mental Health	Establish a mental health unit