NEPAL HEALTH SECTOR PROGRAMME 2010-15 (NHSP II)
Fourth Joint Annual Review (JAR)
January 27-29, 2014. Kathmandu

AIDE-MÉMOIRE

1 Background

The third Joint Annual Review (JAR) of the Nepal Health Sector Program 2010-15 (NHSP II) took place from January 27-29, 2014. The JAR was organized by the Ministry of Health and Population (MoHP) with participation by various line agencies of the Government of Nepal (GoN), External Development Partners (EDPs), civil society organizations and other state and non-state actors. The full list of participants is included in Annex A. MoHP prepared a number of reports as outlined in the Joint Financing Arrangement (JFA) and these reports formed the basis for the discussions during the JAR. The reports will soon be available on the MoHP's website. *This Aide-mémoire summarizes the main issues and agreed actions of the JAR 2014.*

JARs as an integral part of the Sector Wide Approach (SWAp) provides an opportunity for both GoN, EDPs and civil society to jointly review progress and continues to be better organized every year. This year, an Information Bazaar was introduced, where MoHP divisions, centres and I/NGO partners showcased their products and services through different booths. This was widely seen as a success as it provided a platform to share different activities and allowed the plenary discussions to be focussed on reviewing the performance of the last Fiscal Year (FY) and defining priorities for the forthcoming Annual Work-plan and Budget (AWPB).

This year the JAR also saw a better link with the National Annual Performance Review but there is still room for strengthening different review processes. The JAR also saw better involvement of the Regional Health Directorates (RHDs) who presented regional priorities to be addressed in the forthcoming AWPB. While last year's JAR focussed on the Mid-term Review (MTR) of NHSP II, this year the process for developing the next five-year sector programme (NHSP III) was shared and endorsed.

The agenda for the JAR is included in Annex B.

2 Guiding Principles of the Aide-mémoire

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

3 Issues and Agreed Actions

3.1 Follow-up of last JAR's Aide-mémoire

MoHP presented the status of agreed actions of the 2013 JAR. Progress was made on most of the actions. A full update of the 2013 JAR actions and their status is reflected in Annex C.

3.2 Progress against NHSP II M&E Framework

Progress against the targets of NHSP II Logical Framework is included in Annex D.

3.3 Strategic directions for FY 2014/15

In FY 2013/14 good progress was made on the preparation of the AWPB and Business Plans through productive Joint Consultative Meeting (JCM) discussions. However, the final version of AWPB could not be shared during the last JCM of FY 2013/14 as planned; nevertheless the final AWPB was shared with the EDPs afterwards. For FY 2014/15, MoHP and EDPs will discuss the AWPB in different JCMs as outlined in the Next Steps – *section 4 of this Aide-mémoire*.

Agreed Actions

1. Review the progress of the NHSP II results framework to identify the gaps and capture the gaps in the forthcoming AWPB by March, 2014.
2. Agree on the timing of the next survey, either household or mini-DHS, by the end of March, 2014 with preliminary results available by JAR 2015.
3. First JCM to reflect, based on evidence, the different activities that have to be captured in the AWPB for:
    a. family planning and new-born care
    b. rational construction of health facilities
    c. human resources for health
    d. and other such mutually identified priority areas
4. Nepal Health Research Council (NHRC) will share key research findings with MoHP for developing the forthcoming AWPB at the first JCM.
5. As per the NHSP-II MTR recommendation, better align the Annual Performance Review and JAR for NHSP III. *A concept note on this to be shared during the forthcoming Annual Performance Review and JAR*.
6. Finalize the following policies by the end of December 2014:
    a. National Health Policy
    b. National Health Act
    c. National Population Policy
    d. Urban Health Policy
    e. State Non-state Partnership Policy

3.4 NHSP III development

The JAR agreed on the process, including the timeline, for developing NHSP III. Following the agreed process, MoHP and EDPs will work together to develop NHSP III, taking into account the aegis of the National Health Policy 2070 (draft), recommendations of MTR of NHSP II and by building on both national and global evidences.

Agreed Actions:

1. Make available the draft NHSP III document by the end of September 2014.
2. The draft NHSP III document is circulated to national and sub-national levels for comments by December 2014.
3. By next JAR (January 2015), both parties agree to explore the possibilities of obtaining additional resources to address the funding gap to implement NHSP III. Specifically:
    a. Both parties jointly negotiate with Ministry of Finance (MoF) and National Planning Commission (NPC) to increase the year-on-year financial allocation to health sector
    b. EDPs will prepare a programme of support for implementing NHSP III
4. Define the draft scope and measurement of Universal Health Coverage in the Nepalese context by the end of April 2014.
5. Carry out an assessment of the health sector procurement system and based on the assessment, explore appropriate/alternative procurement arrangements for NHSP III (by September 2014).
6. Prepare a survey plan for NHSP III by the end of December 2014 aligned with NHSP III M&E framework.

3.5 Financial management

The JAR noted the progress as described in the JFA report. Key developments include preparation of guidelines for audit clearance, and for internal control. It is important these guidelines are implemented and their impact on improving audits and reporting monitored closely.

Concerns were raised on delays in submitting the Financial Monitoring Reports (FMRs) and resolving audit issues. The first trimester report of FY 2013/14 is already overdue and unaudited financial statements of FY 2012/13 are yet to be submitted. The audit report for FY2012/13 is now overdue. It was agreed that MoHP will accord high priority to complete these overdue reports.

The MoHP is in the process of simplifying the FMR formats with the aim of reducing delays in reporting. It was agreed that MoHP will discuss the revised FMR formats with the pool-funding partners to ensure the formats provide adequate information required for both the MoHP and the pool-funding partners to carry out their fiduciary responsibilities.

In FY 2014/15, both parties expressed their commitments to ensure timely fund release and reimbursement; on-time implementation of the programme and reporting. EDPs commit to further align and harmonize with the process of the AWPB and ensure their budgetary contribution is reflected in the Redbook of MoF.

Agreed Actions:

1. EDPs' budgetary contribution in the Redbook will be reviewed in respective JCMs. Pool-funding EDPs will also give indicative commitments for FY 2014/15 by the end of the 2014 JAR and confirm levels of financing by the last JCM of 2014.
2. EDPs will reflect their periodic contribution for both Financial Assistance (FA) and Technical Assistance (TA) with the annual disbursement plan. MoHP will prepare a database of agreed support by the end of December 2014.

3. The Public Financial Management (PFM) Committee will meet to finalise the FMR formats by the end of February 2014.
4. MoHP will complete the overdue first trimester report for FY 2013/14 by February 10, 2014.
5. MoHP will complete the unaudited financial statements of FY 2012/13 by February 27, 2014.
6. MoHP will submit the audit report of FY 2012/13 by the end of April 2014.
7. MoHP will also share the satisfactory response to the audit observations by the 2015 JAR.
8. A report on the implementation of the internal control and audit clearance guidelines will be submitted by the first JCM of 2014.

3.6 Procurement and logistics

The JAR noted the progress made in procurement, as is also documented in the JFA report on procurement. The establishment of a Contract Management Database System (CMS) and specification bank with 800 technical specifications for drugs and commodities was welcomed as an achievement this year and as agreed during the last JAR, MoHP was also able to conduct an independent review of civil works in the health sector. In FY 2013/14, the Consolidated Annual Procurement Plan (CAPP) was delivered on time, however, there is still room for improvements. It is expected that for the FY 2014/15, the MoHP will ensure that all expenditure is reflected and that constructions through hospitals, D/PHOs and the Department of Urban Development and Building Construction (DUDBC) is also included.

Despite incremental progress, the JAR noted that the overall logistics system and storage needs much strengthening and the current procurement arrangements may need to be revised. Drug distribution, in particular from the District Health Offices (DHOs) to peripheral health facilities, remains weak, resulting in frequent stock-outs. The 2013 JAR had agreed to pilot the contracting of the private sector to improve drug distribution in 10 districts; however, the progress remains slow.

Agreed Actions:

1. Jointly review the supply chain management of MoHP and agree on actions by the end of September 2014, linking the review with the assessment of the procurement system (*ref: agreed action 3.3*).
2. Allocate resources for the 10 districts with the highest percentage of stock-outs by the end of May 2014.
3. Initiate e-bidding by the end of September 2014. EDPs to support the completion of the assessment of the e-bidding system prepared by MoHP/DoHS by the end of July 2014.
4. Develop a policy on asset management including maintenance, replacement, and disposal by the end of July 2014.
5. As part of the CAPP 2014/15, the civil works plan should include construction channelled not only through DUDBC but also through hospitals and districts health offices. *Construction will only be approved if a satisfactory provision for technical supervision is made*.
6. Criteria for the selection of new and upgraded facilities will be added to civil works plan for this FY 2013/14 and for FY 2014/15 CAPP.

7. Implementation and monitoring of Quality Assurance guidelines for infrastructure development. A monitoring report available by the next JAR 2015.
8. MoHP and DUDBC will together fix 20 'sick' projects by the end of December 2014.
9. Independently assess the viability of completing the construction of the Mid-Western Regional hospital building by the end of April 2014.

3.7 Development cooperation and partnerships

The JAR recognized the overall arena of development cooperation in the health sector as progressive and accepted the Sector Wide Approach (SWAp) as an effective mechanism to harness the partnership in the health sector. While not discounting the need to address some specific challenges, the JAR broadly foresaw SWAp as an integral partnership approach to take forward in order to implement the next five-year sector programme – NHSP III.

The JAR duly noted the good progress made in the coordination and alignment of TA/TC with the AWPB process. In the last FY, MoHP divisions and centres were able to reflect their TA requirement in their Business Plans. As agreed during the last JAR, the EDPs were also able to produce the TA Matrix – a matrix detailing their support to the specific NHSP II result areas.

Less obvious progress was noted on areas of TA/TC support, as defined in the draft Joint Technical Assistance Arrangement (JTAA). With the view to incorporate technical support as well as financial support in a single joint agreement, it is suggested that the draft JTAA be formally finalized. The last FY, MoHP had constituted a single TA/TC Coordination Committee to oversee the TA/TC in the health sector; however, the meeting of the Committee needs to be organized more frequently.

The JAR valued the effort of MoHP to develop performance based grant agreements and appreciated that the ministry had signed the agreements with seven hospitals which were receiving GoN grants. The JAR recognized the need to review the process mechanism of these grant agreements – including adequate management and monitoring of the grant agreements.

MoHP had drafted the State and Non-state Partnership Policy last year but the JAR noted limited progress towards its endorsement. The MoHP is committed to finalize the policy by the end of this year.

Agreed Actions:

1. The MoHP will organize a meeting with MoF, NPC and EDPs to clarify outstanding issues, if any, and finalize the JTAA by the end of March 2014.
2. Develop a new Joint Financial and Technical Assistance Arrangement (JFTAA) for NHSP III. The first draft is available by December 31 2014.
3. Review the process mechanism of performance based grant agreements already signed with seven hospitals by April 2014.
4. Taking into account the aforementioned review recommendations, sign the grant agreements with an additional two hospitals by December 31, 2014.

3.8 Human Resources

Since the approval of the amended Health Service Act in 2013, much progress is observed in the area of human resources (HR). This FY, 330 medical officers will be recruited and plan for the recruitment of 14,000+ new health workers is underway.

Agreed Actions

By the end of December, 2014:

1. Based on the HR strategy 2011, conduct an Organization and Management (O&M) Survey.
2. Develop the HR recruitment, deployment and retention package.
3. Develop a plan to initiate an integrated package of health training.
4. Jointly working – and in agreement with MoF - put-in place multi-year service contracts.

3.9 Healthcare waste management

The JAR appreciated MoHP's implementation of the Bir Hospital/Western Regional Hospital (WRH) waste management model in four other hospitals as per the recommendation of JAR 2013. MoHP has also assigned the Management Division/DoHS as a focal unit for healthcare waste management at all districts and below level health facilities, similarly the Curative Health Division/MoHP is the focal unit for all health facilities above district hospitals.

Last year's JAR had recommended that compliance on National Healthcare Waste Management Guidelines be assessed but not much progress was made. However, new national healthcare waste management guidelines have been drafted but is yet to be endorsed.

Agreed Actions:

1. MoHP will extend the Bir/WRH models of hospital waste management to the additional two hospitals by the end of September 2014.
2. Assess the compliance to the National Healthcare Waste Management Guidelines in public and private health facilities by the end of September 2014.

3.10 Physical Assets Management

The JAR recognized the upgrading of the Physical Asset Management (PAM) Unit to a Section under the Management Division/DoHS. The respective organogram now clearly shows three units, one each for: medical equipment, civil works and associated contract management. However, measures must be taken to adequately staff this section at the earliest.

As agreed during the last year's JAR, MoHP allocated resources for the overall maintenance of both biomedical equipment and civil infrastructures. However, a prioritized maintenance plan is necessary in order to ensure that resources are best utilized.

With respect to the on-going Biomedical Equipment Maintenance Project in the Far-West and Mid-West Regions, there is likely to be a need for increasing MoHP's co-financing ratio to ensure adequate funding of the service contracts post June 2014. Eventually, the contracting out of medical equipment maintenance should be part of the AWPB and rolled out nationally.

Nepal will be introducing Pneumococcal vaccine this year. Further it has plans to introduce the injectable polio and human papilloma virus vaccines. The Efficient Vaccine Management (EVM) conducted by UNICEF/WHO has identified important gaps in the vaccine cold-chain system at different levels for which funds are required for upgrading and strengthening.

Agreed Actions:

1. The DoHS will prepare an annual prioritized maintenance plan by April 15, 2014 for the AWPB 2014/15 including the budget required for the nationwide rollout of the contracting out of medical equipment maintenance.
2. The Government will allocate required funds for upgrading the cold-chain system in the AWPB for the year 2014/15. EDPs will provide necessary technical support for upgrading the cold-chain system.

3.11 Local Health Governance

The JAR applauded MoHP's recent initiatives to promote multi-sectoral responses to address 'health beyond health' issues and social determinants of health. MoHP has recently signed a Collaborative Framework with the Ministry of Federal Affairs and Local Development (MoFALD). Both the ministries see this framework as a landmark achievement to mainstream health as a development agenda and promote local health governance.

The JAR highly recognized the presentations on regional priorities and the need to further strengthen the regional health structures as an essential part of effective decentralization of the health sector.

Agreed Actions

1. Develop the implementation guidelines for the Collaborative Framework together with MoFALD, and in consultation with relevant partners and stakeholders, by the end of March 2014.
2. Map TA requirements and agencies to provide technical assistance in the areas identified in the Collaborative Framework and initiate implementation covering at least 10 districts (to be gradually expanded) in five development regions by the end of May 2014.
3. Jointly (MoHP and EDPs) advocate and lobby MoF to empower Regional Health Directorates (with required resources and authorities) to facilitate, monitor and supervise programmes in their regions effectively. Progress to be discussed in next JAR.

3.12 Urban health

MoHP has submitted the Urban Health Policy to the concerned ministries for comments and is awaiting further process. In the meantime, the MoHP will be working towards implementing some of the activities envisioned in the policy. In order to effectively implement urban health related activities, the MoHP will also take into account the opportunity created by the recently signed Collaborative Framework between the MoHP and the MoFALD.

Agreed Actions:

1. The Ministry will prepare an implementation plan for urban health in coordination with Ministry of Urban Development and MoFALD by the end of December 2014 (***subject to the draft policy approval by the Cabinet***).

4 Next Steps

1. The first JCM of FY14/15 will be held by March 2014. This JCM will accommodate discussions with broader stakeholders to reaffirm the larger priorities for the AWPB, and discuss the cross-cutting issues to be incorporated in the AWPB.
2. The second JCM will be held by April 2014. This JCM will include individual meetings between Divisions/Centres and smaller groups of EDPs for detailed discussion on more specific technical and programming issues.
3. The third JCM will be held by June 2014. In this JCM, near-final version of the AWPB will be discussed between the MoHP the EDPs.
4. MoHP will share the final version of the AWPB with the EDPs on the fourth JCM
5. The fifth and last JAR of NHSP II will be held during 27, 28, 29 January 2015.
6. Progress made in implementing the action points agreed in the Aide-mémoire will be reviewed every trimester in a meeting chaired by the MoHP Secretary.

::

Signed for the Ministry of Health and Population / Government of Nepal
Dr Praveen Mishra, Secretary

Government of Nepal
Ministry of Health & Population

Signed for the External Development Partners (EDPs) working in Nepal's Health Sector
Ms Shanda Steimer, EDP forum Chair

Date: 26 February, 2014. Kathmandu, Nepal.

Annex A:
Participants of the Joint Annual Review 2014

Annex A

Government of Nepal
Ministry of Health and Population
Joint Annual Review Meeting

Venue: Soaltee Crowne Plaza
Date: 27-29 January 2014
Attendance for MoHP

S.N	Name	Organization	Designation	Contact No	Email
1	Namita Ghimire	NHRC	Research Officer	9841577677	namitag@nhrc.org.np
2	Dr. Y Brawali	BISTHAN		9841080017	
3	Kabiraj Khanal	MOHP	Under Secretary		
4	TR Burlakoti	MOHP	Chief Specialists		
5	Dr. Shailesh K Upadhaya	MOHP		9801010011	upadhaya5@hotmail.com
6	Kedar B Adhikari	MOHP	Joint Secretary		
7	Shashu Kafle	MOHP	SR PHO	98495907115	
8	Komal Acharya	MOHP	Legal Officer		
9	Pushraj Joshi	MOHP	Under Secretary	9848424524	
10	Rajan Adhikari	MOHP	Computer Officer	9851041747	rajanadhikari@mohp.gov.np
11	Dr. Shyam Babu Yadhav	NARTC		9851139831	dshyambabu@yahoo.com
12	Dr. Judy Jay	MOHP	Volunteer	9803642946	nepalccm@gmail.com
13	Gokam Bhatt	MOPH	Coordinator /CCA	985110224	chetantbd@yahoo.com
14	Dr. BD Chatant	CIST	MD	9851871118	
15	Dr. Tara Pokhrel	LMD	Director		
16	Dr Sheela Verma	MOHP	Chief Specialist	9851005857	sheelaverana23@hotmail.com
17	Dr. P Krishna	MOHP			
18	Dr. B Pokhrel	MOHP	Joint Secretary		
19	Dr. AK Chaurasiya	WRHD	Director		
20	Dr. SN Pyakurel	ERHD	Director	9851039863	
21	Prajjwal S Aryal	MOHP	Under Secretary		
22	Lila Raj Pandey	MOHP	Section Officer	9851134375	
23	Purushottam Dhakal	NHRC	Chief Research Officer	984393101	
24	Dr. PB Chand	MOHP	Chief, PPICD		
25	Dr. Pradeep KC	MOHP	Ayurved Physician	9851147458	kcpradeep@gmail.com
26	BK Jha	NHRC	Training Officer	9841367434	jhabijay@gmail.com
27	Shiva Simkhada	MOHP	Under Secretary	9841238542	simshiva111@hotmail.com
28	Dr. Devkala Bhadaro	MOHP	Director General	9843421775	
29	Anil Thapa	MOHP	Director	9841218344	
30	Puspa Raj Katwal	DOHS	Under Secretary	9841253481	puspa.kc@gmail.com
31	Dr. Dipendra R Sah	MOHP	Div Chief		dipendra.sah@hotmail.com
32	Ishwari Devi Shrestha	MOHP	Chief Nurse	9849002213	ishworids@yahoo.com
33	Dr. Rujen S Shrestha	MOHP	Chied Specialist	9851073405	rofenshrestha@hotmail.com
34	Dr. Surrendra Sherchan	Mental Hospital	Director	9802039063	drsherchan_5@yahoo.com
35	Sirjana Gywalai	MOHP	TO	9841355753	sirjanagy@yahoo.com
36	Shree Krishna Bhatta	DPHO, Kathmandu	Chief PHA	9741117425	skbhatta58@yahoo.com
37	CB Guwal	DMWH	A/C Officer	984124845	
38	Dr. RP Bichha	KCH	Director	9851121452	drrpbhatta@gmail.com
39	Deepak Mandhar	MOHP	IT Officer	984144036	gemini42deepak@gmail.com
40	Ram Krishna Adhikari	MOHP	Under Secretary	9841529009	ramundaster@gmail.com
41	Shanta Adhikari	Namuna	Counsellor	9847474287	mshanka@gmail.com
42	Satya Acharya	MOHP	Director		
43	Sangeeta Rai	MOHP	AFO	9841565175	raisangeeta_001@yahoo.com
44	Kul Bahadur Kunwar	MOHP	PSO of Minister	98415384300	
45	Matrika Devkota	KOSHISH	Chief	2221146	devkota@gmail.com
46	Roshan Shrestha	MOHP	Computer Officer		roshan.shrestha@mohp.gov.np
48	Hira Baral	MOHP	PO	9851388591	baralh@gmail.com
49	Deependra Kafle	MOHP	Under Secretary	9841289770	
50	Bishnu Banskota	LMD	PHO	9851180091	banaskota@gmail.com
51	Ishwor Raj Shrestha	OAG/N	Asst. Auditor General	984159124	irshrestha@oagnepal.gov.np
52	Bikram Poudel	WB			
53	Mr. Matrika Shama	MOHP	Officer 6th	9751008576	sharma_matica@
54	Dr. Vasucler Upadhaya	MOHP	CC	9851090491	u.vascular@yahoo.com

55	Dr. RP	RCH	Director	985121452	
56	Suresh Neupane	MOHP	Under Secretary	9841885200	neupane_suresh@yahoo.com
57	Dr. BR Khanal	VBDRTC Hetauda	ED	9841714876	brkhanal@yahoo.com
58	Dr. PC Shrestha	HOTC	ED	9851115136	pcshrestha@yahoo.co.uk
59	Uttam Shrestha	MOHP		9841428978	

Government of Nepal
Ministry of Health and Population
Joint Annual Review Meeting

Venue: Soaltee Crowne Plaza
Date: 27-29 January 2014
Attendance for Departments

S.N	Name	Organization	Designation	Contact No	Email
1	Rajendra PD Uprety	NCASC/Namuna	Advoacy Officer	9847268102	mn.rajendra@gmail.com
2	Dr. Nanda Pratap	NCASC	Director	9851042524	
3	Chuda mani Bhattarai	LCD	Director	9851129255	
4	Mahendra Shrestha	NHIC	Director	9841404378	mahendrashrestha76@gmail.com
5	Dr. CP Bhusal	DoA	CAP	9840058001	
6	Lila dhar Paudel	Phulbari HP	SR. AHW	9815061092	poudellila2000@gmail.com
7	Sunita Subedi	Phulbari HP	HA	9845085145	sunu_ud@hotmail.com
8	Dr. Milan Adhikari	PHC Tanahun	MO	9857062267	milanadhikari2004@hotmail.com
9	Bishnu KC	PHC Tanahun	SR. AHW	98457098597	
10	Sunil Raj	NHEICC	Director	9851181100	
11	Dr. Semendra Upreti	CHD	Director	9851079724	
12	Dr. Amar Shrestha	RHD	Director	9851121266	
13	Madan kr Shrestha	PHCRD	SPHA	98511303356	madan543@yahoo.com
14	Mukti Khanal	HMIS	Director	9841410463	mukti_khanal@yahoo.com
15	Mira Gyawali	DUDBC	SDO	9841312942	mgb435@hotmail.com
16	Dr R Panti	NTC	Director	9801045540	
17	Dr Bikash Lamichane	RHD	Director	9851136766	
18	KC Chand	CHD	Chief IMCI	9841443861	chandkhal@gmail.con
19	GS Pokharel	MD	Sr PHA	9841585763	
20	Bal Krishna Bhusal	DPHO Lalitpur	SR. PHA	9851061581	bkbhusal@hotmail.co.uk
21	Gajendra B Bhuja	DDC	DG	9851130115	gbhuju@yahoo.com
22	Vabha Rajbhandari	DDA	Sr PHA	9841424507	vabha.rajbhandari@gmail.com
23	Rishi Raj Regmi	SDVKVS	Sr PHA	9849279955	
24	Ambika KC	FHD	PHNO	9841973274	kc.ambika51@yahoo.com
25	Bishnu PD Upadhaya	NPHL	mimniologist	9841494003	bishnupal@gmail.com
26	Dr. Puspa Chaudhary	Mahindra Nepal	Director	9851052715	deopuspa@gmail.com
27	Ashish Kumar	LMD	PHO	984720059	akumar08@gmail.com
28	Dr. Shyam Upreti	CHD	EPI Chief	9851088382	drshyam@hotmail.com
29	Dr. Bhim Acharya	MD	Director	9851096089	
30	Dr. Narayan Shrestha	DoA	Ayu HO	9851127183	narayan_1971@yahoo.com
31	Hari Bhandari	DoA	CO	9845246228	me_heart_your@yahoo.com
32	Bimal Upreti	Consultant Hospital	Chief	9851056310	bimalbin@hotmail.com
33	Gyanendra Paudel	DoHS	CFC	9841172750	gyanendra_paudel@yahoo.com
34	Padam KC	Leprosy Control Divi	TLO	9851066411	k.padam@hotmail.com
35	Dr. B	EDCD/DoHS	Director	9841256246	
36	Shrawan Mishra	NHPC	Chairman		chairman@nppc.org.np
37	Dr. J.R Panthi	Ayo Hospital	Director	9841410666	
38	Rupnarayan Khatiwada	PHCRD	SO	9841440026	khatiwadam@gmail.com
39	Hari PD Aryal	Ayurveda		9851128511	aryalhari@yahoo.com
40	Dr. Kiran Regmi	FHD	Director	985103788	
41	Dr. Saili Pradhan	OHFP	Chief	9841641265	shaili_p@yahoo.com
42	Yadav PD Silwal	Nardevi	Driver	9841641265	
43	Shatrughna Pudasainee	DoHS		9841201841	kantipurepuda@gmail.com
44	Keshab Acharya	NPHL	Data Manager	9851141496	akeshab@gmail.com
45	Dr. Geeta Shakya	NPHL	Director	9851115089	geeta.npl@gmail.com
46	Upendra Dhungana	DoHS	PHI	9851062575	
47	Dr. A R Pat	STIDH	AC Director	9851030323	arpant2@gmail.com
48	Dr. GD Thakur	DoHS	Sr PHA	9851032809	thakurdcr@gmail.com
49	Ram Bhakta Dhakal	DOA	Ay Nirikshya	9841380147	
50	Shambhu Gyawali	DoHS	Sr. PHO	9841420156	
51	Biraj Lohani	Namuna	Counselor	9841918739	lohanibiraj@yahoo.com
52	Kamala Upreti	NPHL	M Technologist	9841410288	kamalaupreti32@yahoo.com
53	Jagat Bahadur Baniya	NPHL	BMLT	9843111279	sujan571@yahoo.com
54	Jhalak Parajuli	NPHL	ML	9851005190	
55	Dr Kedar NKC	control		9851018465	
56	Hogarth Bhurtel	NHEICC	Artist Officer	9851170000	hogarthbtl@hotmail.com
57	Bhogendra R Dahal		FHD	9841289568	brdotal@gmail.com
58	Dr. Paban Shah	PAHS	HD	9851097844	director@pohs.edu.np

59	Dr. Hemant Cd Ojha	NCASC	SMO		drojhas@hotmail.com
60	Bhakta Bahadur Ale	NHTC	PHI	9841425667	alebhakta27@yahoo.com
61	Dr. Lakhanal	DoHS	DG	9851135038	sah.lakhan@gmail.com
62	Kabiraj Subedi	PHCRD			
63	Sharsha Kafle	NCASE	Sr. PHO		
64	Dolraj Sharma	PHCRD	SO	9841817601	
65	Binod Joshi	DoHS	PHO	9841631441	
66	Tank Pant	DoHS	PHO	9849654856	
67	Niraj Sapokota	DoHS	PHP	9849523976	koruniraj2000@yahoo.com
68	Rohit Acharya	DoHS	PHP	9841607377	acharyaroheet@gmail.com
69	Suchitra Yadhav	DoHS	PHP	9842928084	yadhavsuchit@gmial.com
70	Bihari Mahato	EDCD	Zoonotic Disease Co	9841821838	shashi.mehats@gmail.com

Government of Nepal
Ministry of Health and Population
Joint Annual Review Meeting

Venue: Soaltee Crowne Plaza
Date: 27-29 January 2014
Attendance for Other Ministry

S.N	Name	Organization	Designation	Contact No	Email
1	Shiva Hari Sharma	DUDBC	DDG	9851058699	waglesh@hotmail.com
2	Dr. L. R. Pathak	Freelancer	Consultant	9851038853	pathaklr@gmail.com
3	Baikuntha Aryal	MoF	JS	421801	baryal@mof.gov.np
4	Sushila Devi Bhatta	MrF	SO	4211321	sbhatta@mof.gov.np
5	Radha Krishna Pudahan	NPC	PD	4211828	rakrip61@yahoo.com
6	Shambhu KC	DUDBC	DG	421251	shambhu247@gmail.com
7	Reshmi Raj Pandy	MoF	JS	9851026225	reshmipandey@hotmail.com
8	Lava D Awarthu	DoEd	DG	9814068188	lava.awasthi@gmail.com
9					

Government of Nepal
Ministry of Health and Population
Joint Annual Review Meeting

Venue: Soaltee Crowne Plaza
Date: 27-29 January 2014
Attendance for EDPs

S.N	Name	Organization	Designation	Contact No	Email
1	Dr. Phyllida Travis	WHO		41227912566	travis@who.int
2	M. Carter	WHO		41799646622	carterm@who.int
3	Raj Kumar	GAVI			rajkumar@gavialliance.org
4	Dr. Lin Aung	WHO	Representative	9801010004	linaung@searo.who.int
5	Samikshya Singh	KOICA	A. Researcher	9841661683	samikshyasingh@koica.go.kr
6	Dr. Atul Dahal	WHO	NPO	9801010017	dahalu@who.int
7	Amit Arya	GIZ	NDDM	9851022629	amit.aryal@giz.
8	Tirtha Sinha	GIZ	SPO	9855027766	tirtha.sinha@giz.
9	Dr. Edwin Saluadar	WHO	Techl. Officer	9801010010	salvadore@searo.who.int
10	Pradeep Poudel	NHSSP	M & E Advisor	9851076150	pradeep@nhssp.org.np
11	Karuna Laxmi Shakya	NHSSP	QS Advisor	9851105205	karuna@nhssp.org.np
12	Maureen Daring	NHSSP	CLFCS Advisor	9851014681	maureen@nhssp.org.np
13	Stuart King	NHSSP	TL	9851029553	stuart@nhssp.org.np
14	Suresh Mehata	NHSSP	Research Advisor	9842036553	sureshmehata@nhssp.org.np
15	Yong Sook Yang	KOICA	Health Advisor	9802042010	ysang100061@gmail.com
16	Mahboob A Rahaman	UNAIDS	Statistics Info Advisor	9851018837	ralaman@unaids.com
17	Komal Badal	UNAIDS	Statistics Info Advisor	9841368149	badalk@unaids.org
18	David	NHSSP	SPA	9813117312	david@hssp.org.np
19	Sanjay S Thapa	NHSSP	Consultant	9841163076	thapa_sanjay@hotmail.com
20	Shanda Steinir	USAID			
21	Naramaya Limbu	USAID	TL	9801050254	nlimbu@usaid.gov
22	Netra Bhatta	USAID	Program Specialist	9851074278	nbhatta@usaid.gov
23	Hari Koirala	USAID	Sr. Specialist	9801002776	hkoirala@usaid.gov
24	Sudan Raj Panthi	WHO	NPO	9801010016	panthise@who.int
25	Ashok Bhurtyal	WHO	NPO	98010003	bhurtyal1@seerawhointl
26	Tara D Gurung	Australian Aid	Director Policy Program		tara.gurung@dfat.gov.au
27	Jan Bong	Australian Aid	Advisor		jan.borg@dfat.gov.au
28	Susane Grimmin	GIZ	PR		susanne.grimmin@giz.de
29	Sabine Feasenkaimpes	GIZ			sabine.hessenkaemper@giz.de
30	Greg Wallish	NHSSP	SQAA		greg@nhssp.org.np
31	Sanjeev Pokharel	GIZ-NHSSP	HoS		sanjeev.pokharel@giz.de
32	Krishna Sharma	NHSSP	HoPM		krishna@nhssp.org.np
33	Natasha Meshko	DFID	Health Advisor	9851112205	n-mesko@dfid.gov.uk
34	Beth Scott	DFID	Health Advisor		beth-scott@dfid.gov.uk
35	Bhanu Bhakta Niroula	NHSSP	PM Advisor	9841236660	bhanubhakta@yahoo.com
36	Bird Voiyberg	World Bank	LHS		voiyberg@worldbank.org
37	Sitaram Prasai	NHSSP	Advisor	9841446315	srprasai@yahoo.com
38	Phoebe Folger	World Bank	OPS Officer		pfolger@worldbank.org
39	Tekabe Belay	World Bank	Sr. Research		tbelay@worldbank.org
40	Olege Hefele	KFW			
41	Dr. Keshav Joshi	WHO	WPO		yogik@
42	Peter Reff	KFW			peter.reff@kfw.de
43	Preeti Kudesia	World Bank	Sr Health Specialist		pkudesai@worldbank.org
44	Skamalla Raj Pandy	KFW	Local Representative		
45	Manav Bhattarai	World Bank	HS		mbhattarai@worldbank.org
46	Dr Meera Thapa	WHO	NPO		
47	Dr. Zariub Nainy	WHO	JPO		naismy@searo.who.int
48	Jose Riha	EPoS	Consultant		josel.riha@epos.de
49	Susheel Lekhak	WHO	COIA Coordinator		lekhaks@seaw.who.int
50	Jyotsna Chikersal	WHO	RA HST		chikersalja@who.int
51	K K Singh	WHO	Consultant		kkpsingh55@gmail.com
52	Tulasa Bharati	HSSP-GIZ	PO	9851148157	tulax.bharati@giz.de
53	Sunil Khadka	NHSSP	IP Advisor	9851092297	khadka.sunil@gmail.com
54	Dr. Asha Pun	UNICEF	MNH Specialist	9841256814	apun@unicef.org
55	Dr. Hewdrilw Tasijirkris	UNICEF	Chief Health	9851107900	hraaigmahears@unicef.org
56	Dr. Ashish KC	UNICEF	Child Health Specialist	9841453806	akc@unicef.org
57	Birendra Pradhan	UNICEF	HIV Specialist	9751006651	bpradhan@unicef.org
58	Joseph Pett	UNICEF	Consultant	9801168011	juepett@gmail.com

59	Joan Kim	UNICEF	CHD Officer	9818224975	hkim@unicef.org.
60	Dr. Ravi Kafle	WHO	NPO	9801010015	kafle@searo.who.int
61	Catherine Breen Konkey	UNFPA	Dep Rep	9801056002	breenkamkay@unfpa.org
62	Latika Maskey Pradhan	UNFPA	Representative	9803571704	maskeypradhan@unfpa.org
63	Shiva Pd Pandit	NHSSP	Advisor	9841310516	shiva@nhssp.org.np
64	Toya Subedi	WHO	NPO	9801010039	subedit@seero.who.int
65	Arun Kumar Pradhan	who	Sr. PR. Assistant	9801077777	pradhana@searo.who.int
66	Kanchan Shrestha	WHO	Admin Assistant	9801010013	shresthak@searo.who.int
67	Dr. Prakash Ghimire	WHO	NPO	9801010013	ghimirep@searo.who int
68	Arvindra Sharma	UNICEF	Nutrition Specialist	9851088567	arshana@unicef.org
69	Saba Mebota	UNICEF	Chief Nutrition		smebota@unicef.org
70	Naveen Paudyal	UNICEF	Nutrition Officer	9851007304	npaudyal@unicef.org
71	Amrit Bahadur Bhandari	WHO	MCH-EP	9841192580	amrit.gurung@unfpa.org
72	Jamier Murtiner	HLSP	Tl		jamier.muriner@hlsp.org
73	Richard Tobin	HLSP	TL		calgue@yahoo.com
74	Kavindra Subosol	DFID	PM		k.subba@dfid.gov.uk
75	Bandhu Ramjanl	DFID	PFM Advisor		b-ranjan@dfid.gov.uk
76	Amit Bhandari	DFID	Health Advisor		a-bhandari@dfid.gov.uk
77	Prabhakar Lamichhane	NHSSP	DSF Advisor		prabhat@nhssp.org.np
78	agg Milena Qguilar	World Bank	Economist		aaguilarrivera@worldbank.org
79	Sudip Pokhrel	MoHP	Advisor Policy/Planning		
80	Dr. Abhishek Singh	WHO	SMO		singhab@searo.who.int
81	Leela Khanal	JSI/CWA	PM		lkhanal@chcp.org.np
82	Tej Ojha	HSSP-GIZ	SPO		
83	Drik Steffesenn	German Embassy			wt0s@kath.dipl.de
84	Dr. Mark Sceburger	KFW	TL		
85	Franziska Frest	GIZ	TL		frankiska.fresth@giz.cle
86	Sanjev Pokhrel	GIZ	HS		
87	Ghanshyam Gautam	GIZ	SPO		
88	Geeta Sharma	UMN	Health Advisor		geeta.sharma@umn.org.np
89	Toshi Riha	EPoS	Consultant		
90	Roshi Mool	KOICA	A Manager	9841271013	rosha@koica.go.kr
91	SB Subasi	GIZ	Sr/ PO	9841679336	shree.subasi@giz
92	Shrawan K Ranjitkar	WHO	Program Assistant	9851109104	ranjitkar@searo.who.int
93	KP Upadhayay	PSI	Advisor	9851070268	kp@psi.org.np

Government of Nepal
Ministry of Health and Population
Joint Annual Review Meeting

Venue: Soaltee Crowne Plaza
Date: 27-29 January 2014
Attendance for INGOs

S.N	Name	Organization	Designation	Contact No	Email
1	Chiara Retis	Handicap Internatti	Technical Advisor	9751019408	rtechword@hi-nepal.org
2	resham Khatri	Samathchi	MHN Coordinator	9858014144	resham.khatri@savethechildren.org
3	Deepak Bishwakarma	Save The Children	Program Officer	9841602331	dipak.bishwakarma@savethechildren.org.
4	Shazina Masud	Save The Children	Contry Representative	9851152341	shazina@psi.org.np
5	KP Upadhaya	PSI	TA PS	9851070802	kp@psi.org.np
6	Chandeshwari Tamrakar	PSI/Nepal	Sr Program Manager	9851089801	c.tamrakar@adranepal.org
7	Hari Bahadur Rana	ADRA Nepal	Country Coordinator	9849254984	hari.rana@healthright.org
8	Dr. S Sharma	Health Right Interna	Sr Program Manager	9851073001	
9	Poga Pandy Rana	RTI	DLOP Program	9851086353	ppanday@hhi.org.
10	Devendra Gywali	HNI/Suhara	SPO	9841127974	deveanda.gnawali@sebin.org.int
11	Mahukar Shrestha	Sabin	Sr. Program Manager	9841423143	mbshrestha@hki.org
12	Sushma Rajbanshi	HKI	HTL	9751011723	sushma.rajbhanshi@umn.org.
13	Hari Krishna Bhattarai	UMN	SR.PO	9851145276	hkbhattarai@enep.org.np
14	Sita Sunar	SCI	PO	985870347	sita.sumar@savechildren.org
15	Reshma Shrestha	AIN	Program Coordinator	9841555363	reshma@ain.org.np
16	Raj Kr Mahato	AIN			
17	Ananta Nepal	AIN	Program Coordinator	9851042880	anant.nepal@savethechildren.org
18	Govinda Shrestha	Water Aid	A AFA Officer	9851050330	govinda.shrestha@wateraid.org
19	Karuna Psd Shrestha	Nepal Red Cross	Director	9851019525	karuna@nrcs.org
20	Hridaya Devkota	KIDASHA	PM	9841520255	nepalhealth@yahoo.com
21	Rishi Ojha	Nepal Health Social	ED	9851047701	ramsharana@np.care.m
22	R Shawan paudel	CARE	Apll	9858021416	kpdhakal2051@yahoo.com
23	Dr.. KP Dhakal	NLR	CR	9849863970	
24	Ashutosh Tiwari	Water Aid	CR	98510741	phkamala@hotmail.com
25	Kamala KC	Water Aid	H & A Officer	9841272410	kashimshah@gmail.com
26	Dr. Kashim Shah	NSI	Sr. Prg. Officer	9857064174	
27	DP Raman	RTI	DCOP	974122334	
28	Clib lubter	RTI	HHS		clubtz@rti.org
29	Damodar Adhikari	RTI	Tl-HS	9851100347	dadwkari@rti.org.
30	Arpana Dangol	SPN/MSI	Marketing & Communication M	9851064352	arpana@msinepal.org.np
31	Sumit Karn	Suhara	TC NP	9851181887	link2sumit@gmail.com
32	Bidya Mahat	ADRA Nepal	PD	985108852	brdyamahat@adranepal.org
33	Marie Timmerent	NSI	ED		
34	Dr. Anjana KC Thapa	Save The Children	Manager SNL/Save	9851027029	anjana.kc@savethechildren
35	Sher Bahadur Rana	Plan Nepal	CHO	9851131376	sherbahadurrana@plan-international.org
36	Umesh K Gupta	PSI Nepal	Program Manager	9851057155	umeshgupta@psi.org.np
37	Sanya Bhatta	One Heart	Project Director	9851152026	sbhatta@oneheart.world.org
38	Tenzing Y Sherpa	One Heart	Program/ M& E	9808302861	tenzing@oneheart.world.org
39	Gyanu Neupane	One Heart	Training	9841476602	gyanu@oneheart.world.org
40	Raj Kumar Shah	READ Nepal	President Secretary	9851070712	read.leprosy333@gmail.com
41	Shreejana Dangol	READ Nepal	Office Assistant	9849333567	read.leprosy333@gmail.com
42	KB Rayamajhi	CRS	MD	9851068649	kbr@crc.org
43	Hari Prasad Khanal	Handicap Internatti	PO	9851031246	rpo.sust@hi-nepal.org
44	Chiranjibi nepal	CARE	SRHS	9851148118	chiranjabi@np.care.org
45	Dr. Indra Basnet	DRAS	CD	9851019268	basnet@ipas.org
46	Satish Raj Pandey	FHI 360	CD	9851033129	spandey@fhi360.org
47	Prashan lal Shrestha	NHSSP	GIS	9841307357	shresthaprashan@gmail.com
48	Bhagawan Das Shrestha	Plan Nepal	HPC	9841276920	bashrestha3@gmail.com
49	Dr. Rajendra bahadur	HCL	TL	9851053125	
50	Dr. Roshiani Amatya	HCL	QI Advisor	9851038341	
51	Khim B Khadka	Save The Children	PC	9855065453	khim.khadka@savethechildren.org

Government of Nepal
Ministry of Health and Population
Joint Annual Review Meeting

Venue: Soaltee Crowne Plaza
Date: 27-29 January 2014
Attendance for Civil Society

S.N	Name	Organization	ED	Contact No	Email
1	Ashok Paudel	NDF	RD	9851025039	
2	DR. Suniti Acharya	CHPRD	ED	4422033	
3	Dr. Pradhan YV	SOPHYN	Professional Ord		
4	Dr. Badri Raj Panday	Civil Society	President	9851007401	
5	Bhawi P Gurung	Grett Consultants	Consultants	9841220152	
6	Bal Krishna	NTV	TV Persons		
7	Saroj Dhungel	Gorkhapatra		9851046436	
8	Dipa Dahal	Radio Kantipur		9840052652	
9	Navin Thapa	FPAN	Director	9841746661	
10	Kuwan Boy	MIDSON	President	9841500906	
11	Niran Bana	Avenues TV		984124671	
12	Bishnu Nepal	RSS	Sr. Reporter	9841531895	

Government of Nepal
Ministry of Health and Population
Joint Annual Review Meeting

Venue: Soaltee Crowne Plaza
Date: 27-29 January 2014
Attendance for Academia

S.N	Name	Organization	Designation	Contact No	Email
1	Dr. Sarala Shrestha	NNC	Professor	9841372257	sashre2007@yahoo.com
2	Dr. Puspa Malla	CCM	Vice Chair	9841333360	puspa1919@hotmail.com
3	Dr. Bharat Pradhan	Kathmandu Model H	Ex. Director	9851033103	drbpradhan@nepal.org
4	Dr. Bhagwan Koirala	TUTH	ED	9851111055	
5	Prof. BP Das	BPKIHS Dharan	VC	9832049150	bpdas2000@yahoo.com
6	Prof. Dr. Rajendra BC	Pokhara University	Professor	9841309159	drrajendra2005@gmail.com
7	Swechhay Baskota	SRM Univeristy	Intern	9841238662	swekshya@hotmail.com

Government of Nepal
Ministry of Health and Population
Joint Annual Review Meeting

Venue: Soaltee Crowne Plaza
Date: 27-29 January 2014
Attendance for Event Manager

S.N	Name	Designation	Email
1	Dr. Sushil Chandra Baral	ED	sushia@herd.org.np
2	Dr. Hom Nath Subedi	Project Manager	homnath@herd.org.np
3	Kumar Jung Malla	Operation Manager	kumar@herd.org.np
4	Mahesh Puri	Project Coordinator	mahes.puri79@yahoo.com
5	Meera Tandan	Sr. Research Officer	meera@herd.org.np
6	Sudeepa Khanal	Sr. Research Officer	sudeepa.khanal@herd.org.np
7	Ram Prasad Sapkota	Finance Officer	
8	Ramila Bhandari	M & E Officer	ramila@herd.org.np
9	Sushma Karki	Research Officer	sushma@herd.org.np
10	Ashit BK	Laison Officer	ashit@herd.org.np
11	Sudip Devkota	Research Officer	sudipd@herd.org.np
12	Bharat Raj Bhatta	Program Officer	bharah.rajbhatt@herd.org.np
13	Rabindra Rai	Office Assistant	rrai43@gmail.com
14	Shraddha Manandhar	Research Officer	shraddha@herd.org.np
15	Kiran Devkota	Admin Officer	kiran@herd.org.np
16	Bikram Thapa	Assistant/ Driver	naikap_bikram@yahoo.com
17	Prabin Shrestha	Program/Research Officer	prabinshrestha@herd.org.np
18	Gauri Shankar Joshi	Lab Assistant	

Annex B:
Agenda of the Joint Annual Review 2014

Government of Nepal
Ministry of Health and Population
Joint Annual Review (JAR) 2014

January 27-29, 2014

DAY 1: Monday, 27th January 2014

A. 08:00 – 09:00 Registration and hi-tea

B. 09:00 – 11:30 Inauguration Session

Chair: **Dr Praveen Mishra, Secretary Ministry of Health and Population (MoHP)**

Chief Guest: **Honourable Minister Vidyadhar Mallik, Government of Nepal, MoHP and Ministry of Federal Affairs and Local Development (MoFALD)**

Inauguration by the Chief Guest: e-inauguration

1. Welcome. Process and Objectives of the JAR – Dr Tirtha Raj Burlakoti, Chief Specialist, Policy, Planning and International Cooperation Division, MoHP (20 mins)

Inaugural remarks (10 mins each)

2. Ms Shanda Steimer – Chair, External Development Partners Forum
3. Guest: Mr Shanta Bahadur Shrestha, Secretary, Ministry of Federal Affairs and Local Development
4. Special Guest - Mr Lilamani Poudel, Chief Secretary, Government of Nepal
5. Chief Guest – Honourable Minister, Vidyadhar Mallik, Government of Nepal, MoHP and MoFALD
6. Chair of the session – Dr Praveen Mishra, Secretary, MoHP

10:30 Information Bazar will open and continue for two days of the JAR

10:30 – 11:30: Tea break and visit information bazar by higher dignitaries

****

THEMATIC SESSIONS:

Thematic Session 1: Year end Review 2013: presentation and discussion			
Chair	**Dr Praveen Mishra, Secretary, MoHP**		
Co-chair	**Shanda Steimer – Chair, External Development Partners Forum**		
Time	**Key areas of presentation**	**Responsibility**	**Remarks**
11:30- 11:45 hrs (15 mins)	Review of the last Aide Memoire: progress against agreed actions	Dr PB Chand, PPICD, MoHP	
11:45-12:05 hrs (20 mins)	Progress review of NHSP 2 Result Framework indicators including progress of MTR key recommendation	Mr Kabiraj Khanal, PPICD, MoHP	
12:05-12:20 hrs (15 mins)	Discussion	Dr Sushil Baral, Facilitator	
12:20 – 1:20 hrs	**Lunch Break**		
Thematic Session 2: Progress, Challenges, Priorities and Perspectives			

Chair	**Dr Praveen Mishra, Secretary, MoHP**		
Co-chair	**Dr Shila Verma, Chief Specialist, Curative Division, MoHP**		
Time	**Key areas of presentation**	**Responsibility**	**Remarks**
1:20 - 1:40 hrs (20 mins)	Regional priorities in the forthcoming AWPB – compiled presentation	Regional Health Directorate (RHD)	
1:40 - 2:00 hrs (20 mins)	Overall progress, issues and perspectives of DoHS	Dr Lakhan Lal Shah, DG, DoHS	
2:00 - 2:20 hrs (20 mins)	Opportunities, Challenges and Strategic directions	Dr Tirtha Raj Burlakoti, Chief Specialist, PPICD, MoHP	
2:20 - 2:50 hrs (30 mins)	Discussion	Dr Sushil Baral, Facilitator	
Progress update, issues and way forward:			
2:50 - 3:00 hrs (10 mins)	Department of Drug Administration -	Mr Gajendra Bahadur Bhuju, DG	
3:00 - 3:10 hrs (10 mins)	Ayurveda Department,	Dr Debakala Bhandari, DG	
3:10 - 3:20 hrs (10 mins)	Discussion	Dr Sushil Baral, Facilitator	
3:20 – 3:35 hrs	**Tea Break**		
Chair	**Dr Praveen Mishra, Secretary, MoHP**		
Co-chair	**Dr Rojen Sundar Shrestha, Chief Specialist, Public Health Administration and M&E Division, MoHP**		
Time	**Key areas of presentation**	**Responsibility**	**Remarks**
3:35 - 3:50 hrs (15 mins)	Progress on Public Financial Management (PFM),	Mr Kedar B Adhikari, Joint Secretary, Fiscal Management and Human Resource Division, MoHP	
3:50 - 4:05 hrs (15 mins)	Key research findings from 2013: an evidence review and its implications	Dr Krishna Aryal, Nepal Health Research Council	
4:05 - 4:35 hrs (30 mins)	Joint Field Visit Presentation	Hendrikus Raaijmakers, Chief of Health UNICEF Nepal (EDP representative)	
4:35 - 4:50 hrs (15 mins)	Presentation on GFATM new funding mechanism and progress update of Nepal CCM	Dr Pushpa Malla, CCM vice-chair	
4:50 - 5:30 (40 mins)	Open discussion on previous presentations and key points raised from the floor	Dr Sushil Baral, Facilitator	
6pm onwards	Reception at the poolside	All	

DAY 2: Tuesday, 28th January 2014

Morning tea: 8:30 - 9:00			
Thematic Session 3: Policies Updates and Next Health Sector Programme Perspectives			
Chair	**Dr Praveen Mishra, Secretary, MoHP**		
Co-chair	**Dr Lin Aung, WR, WHO**		
Time	**Key areas of presentation**	**Responsibility**	**Remarks**
9:00 - 9:20 hrs (20 mins)	Progress update on policy development in the health sector	Dr Tirtha Raj Burlakoti, Chief Specialist, PPICD, MoHP	
9:20 - 9:35 hrs (15 mins)	Presentation on Collaborative Framework on Local Health Governance between MoHP and Ministry of Federal Affairs and Local Development (MoFALD) and its way forward	Mr Kabiraj Khanal, PPICD, MoHP	
9:35 - 09:50 hrs (15 mins)	Commission on Information and Accountability (COIA) on Women and Children Health	Dr Dipendra Raman Singh, M&E Division, MoHP	
09:50 - 10:05 hrs (15 mins)	Sharing of NHSP III Process Design Workshop Outputs and discussions	Dr PB Chand, PPICD, MoHP,	
10:05 - 10:35 hrs (30 mins)	Discussion	Dr Sushil Baral, Facilitator	
10:35 -11:00 hrs	**Tea Break**		
Chair	**Dr Praveen Mishra, Secretary, MoHP**		
Co-chair	**Dr Lakhan Lal Shah, DG, DoHS**		
Time	**Key areas of presentation**	**Responsibility**	**Remarks**
	Information bazar and plenary discussion		
11:00 - 11:30 hrs (30 mins)	Visit information bazar (exhibition stalls) by a team led by the Secretary MoHP to discuss the progress and key issues in respective areas	All	
11:30 - 12:00 hrs (30 mins)	Plenary discussion on key issues identified from the information bazar	All + Dr Sushil Baral, Facilitator	
12:00 - 12:30 hrs (30 mins)	Local innovations from the field - presentation and discussion a. Fulbari HP, Chitwan (slide presentation and a short video) b. Tahu PHC Palpa (slide presentation and a short video)	Health facility In-charges of Fulbari HP, Chitwan and Tahu PHC Palpa	
12:30 - 12:45 hrs (15 mins)	Discussion	Dr Sushil Baral, Facilitator	
12:45 – 1:45 hrs	**Lunch Break**		
Thematic Session 4: Multisectoral Collaboration and Partnership			
Chair	**Dr Praveen Mishra, Secretary, MoHP**		
Co-chair	**Dr Tirtha Raj Burlakoti, Chief Specialist, PPICD, MoHP**		
Time	**Key areas of presentation**	**Responsibility**	**Remarks**
1:45 - 2:05 hrs (20 mins)	Presentation from EDP	Shanda Steimer, USAID/EDP Chair	
2:05 - 2:20 hrs	How can I/NGO/s engage in the development	Mr Raj Kumar Mahato, AIN	

(15 mins)	of AWPB -	Health Coordinator	
2:20 - 2:35 hrs (15 mins)	Presentation on IHP+: Global Development in Development Effectiveness in Health	Dr Phyllida Travis	
2:35 - 2:55 hrs (20 mins)	Open discussion forum	Dr Sushil Baral, Facilitator	
2:55 - 3:10 hrs	**Tea Break**		
3:10 - 3:50 hrs (40 mins) (5 mins for each panelist)	**Opening panel discussion** Partnership Forum - Panel Discussion on strengthening SWAp in Nepal 1. Advancing SWAp 2. Multisectoral engagement 3. Regional strengthening 4. District level planning and resource support	**Panelists** 1. Dr Tirtha Raj Burlakoti, Chief Specialists, MoHP 2. Dr Lava Dev Awasthi, Director General, Department of Education, Ministry of Education 3. Dr BD Chataut, Former Director General, DoHS 4. Mr Shankar Raj Pandey, Local Representative of KfW (EDP Rep) 5. Natasha Mesko, Health Adviser, DFID	
3:50 - 4:40 hrs (50 mins)	Question and discussion:	All	
4:40 - 5:30 hrs (50 mins) (3 mins each)	Closing notes by panelists	All panelists	
5:30 - 5:45 hrs (15 mins each)	JAR closing	Dr Praveen Mishra, Secretary, MoHP	

Note: a small team comprising EDPs and MoHP representatives will draft the Aide Memoire, which will be discussed in next day Business Meeting

DAY 3: Wednesday, 29th January 2014

Morning tea: 8:30-9:00			
Thematic Session 5: BUSINESS MEETING			
Chair	**Dr Praveen Mishra, Secretary, MoHP**		
Co-chair	**Ms Shanda Steimer – Chair, External Development Partners Forum**		
Time	**Key areas of presentation**	**Responsibility**	**Remarks**
10:00 - 1:00 hrs (3 hrs)	**Business Meeting** a. Open discussion on • Reflections and discussion on key issues raised in the previous 2 days of JAR b. Discuss on the draft aide memoire and agree on actions for 2014	(invitation only- MoHP and Divisions; DG DoHS, Division Directors, RHDs MoF, NPC and JFA++ signatories)	
1:00 - 1:30 hrs (30 mins)	**Closing ceremony** a. remarks by Co-chair: Ms Shanda Steimer – Chair, External		

	Development Partners Forum b. Closing remarks by Chair: Dr Praveen Mishra, Secretary, Ministry of Health and Population		
1:30 pm	**Lunch Break**		

Annex C:
Update of the 2013 Aide Memoire Actions

Update of the 2013 Aide Memoire Actions

Suggested Action	Progress Made
Address those areas that are lagging identified by the performance review, and other evidences	Current FY's AWPB priorities are based on MDG, NHSP-2 targets and mid term review of NHSP-2
Programs/activities which remain priority and were dropped from the FY 2012/13 AWPB due to the reduction in budget	Priority programmes in AWPB were budgeted as per the suggestion. As a result GoN given additional NPR 0.17 billion in FY 2012/13
AWPB will be prepared to allow for alternative scenarios of budget availability	MoHP has made the provision in eAWPB which will help respective divisions and centers to present different scenarios
A detailed procurement plan will be an integral part of the business plan and the budget for each scenario	A detailed procurement plan is prepared and approved Design and use of a contract management database system (CMS) Activation and use of a databank of 800 standard technical specifications for health commodities and drugs
TA requirements by MoHP and its divisions will be reflected in the business plans and discussed during the second JCM	TA requirements for the respective departments, centers and divisions are included in the MoHP's annual business plan
EDPs will finalize the TA matrix by May 2013 and commit to providing annual updates during the next JAR (2014)	The matrix is finalised by EDPs, the first update (Feb 2013) is available
High priority will be given to complete the overdue trimester reports including unaudited financial statements of FY 2011/12 and submit them by 27 February 2013	Overdue trimester reports (3rd FMR) submited on 25 January, 2013 Unaudited financial report submitted on 5 April , 2013 Audited financial statements submitted on 4 June, 2013 MoHP requested EDPs to reduce number of FMR reporting templates from 33 to 8

Suggested Action	Progress Made
The ministry and EDPs will at the next FMIP Committee identify the root causes of and develop actions to address the delay in FMR and audit reporting and report by February 2013 the actions identified will be implemented by April 2013	MoHP received a user name and password from FCGO which help in accessing financial data using website TABUCS is being rolled out (278 cost centres) after which reporting of FMR will be improved
The Ministry will continue to improve the preparation of the CPP for goods and services and present it with the AWPB at the second JCM.	Logistics Management Division (LMD) prepared a Consolidated Annual Procurement Plan (CAPP) PFM committee prepared a draft of procurement improvement plan (PIP) which will ensure the improvement in CPP
DUDBC will submit the procurement plan For civil construction by 15 February 2013	In FY 2012/13 GoN had a 'expenditure budget'. DUDBC is committed to submit the procurement plan within Feb. of each FY
The Ministry with support from EDPs will review the performance of DUDBC by March	Independent performance review completed
Contracting of a private agency for sub-district distribution of drugs and supplies will be done in 10 selected districts that have health facilities with chronic stock-outs, by Sep 2013	Process of contracting of sub-district distribution of drugs and supplies are being made in 4 districts
The ministry will put in place all the processes necessary for the contracts by April 2013	Ministry has signed performance based grant agreement with seven hospitals
DOHS will prepare an annual maintenance plan by April to be included in AWPB which will also take into account budget required to roll out the contracting out of equipment maintenance in three remaining regions	Included in the current AWPB- now covers five regions
MoHP will scale up the model in other hospitals. The model will be designed in two regional/zonal hospitals by April 2013	Management division has started the process to implement the HCWM in: Koshi Zonal Hospital Janakpur Zonal Hospital Bheri Zonal hospital Seti Zonal Hospital
The Ministry will present in the 2014 JAR, the compliance of HCWM guidelines by various health facilities and the feasibility to scale up the Activities	HCWM guidelines sent out to all district health offices including hospitals Budget allocated for west separation, equipment, disposable and cleaning materials to all DHO/DPHO. This budget will go to health facilities i.e. hospital, PHC, HP and SHP
The Ministry will submit the urban health policy to the Cabinet by April 2013. The implementation	Draft policy yet to be approved Budget will be included once the policy is endorsed

plan will be prepared and will be included in the next 2013-/14 A WPB	
Draft policy yet to be approved Budget will be included once the policy is endorsed	There is no progress as of now. Further discussion is required
The multi-year contracts will be started so That health professionals can be recruited on a temporary basis by July 2013 for Contracts to be signed in the next financial year	Process has been started
The ministry will complete the contract processes with academic institutions to provide services at the district health Facilities by July	Process has been started to formalise the contracts with academic institutions ToR is on the process of endorsement
MoHP will approach the MoF to seek assurance so that the Ministry can spend its current allocation by March 2013	MoHP had several rounds of discussions with MoF
The Ministry will approach the MoF to seek an arrangement that would solve the problem created by late budget approval if it arises next year, by March 2013	Budget has been approved for this fiscal year timely
Next Step	**Progress**
The first JCM of FY13/14 will be held the fourth week of March 2013.	Organised
The partners and MoHP have agreed that this Aide Memoire will be classified as a public Document	Disseminated among the stakeholders
The next JAR will be held during 27 -28 and 29 January 20 14	Done
Progress made in implementing the action points agreed in the Aide Memoire will be reviewed every quarter (possibly during the JCMs)	Discussed in the JCMs
The ministry will start the consultation process for NHSP 3, including taking into account MTR recommendations	NHSP-3 process design workshop conducted

Annex D:
Progress against the targets of NHSP II Logical Framework

Progress against the Targets of NHSP II Logical Framework

Year 2011, 2012 and 2013	Colour
Achieved 100% progress against the target	Green
Achieved at least 90% progress against the target	Amber
Did not achieve at least 90% progress against the target	Red
No data for particular year	Grey
No target set for a particular year	Blue

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

Code	Indicator	Achieved 2011		Achieved 2012		Achieved 2013		Targets		
		Data	Source	Data	Source	Data	Source	2011	2013	2015
G1	Total Fertility Rate (per woman)	2.6	NDHS	NA		NA		3	2.8	2.5
G2	Adolescent Fertility Rate (women aged 15-19 years, per 1,000 women in that age group)	81	NDHS	NA		NA		_	85	70
G3	Under-five Mortality Rate (per 1,000 live births)	54	NDHS	NA		NA		55	47	38
G4	Infant Mortality Rate (per 1,000 live births)	46	NDHS	NA		NA		44	38	32
G5	Neonatal Mortality Rate (per 1,000 live births)	33	NDHS	NA		NA		30	23	16
G6	Maternal Mortality Ratio (per 100,000 live births)	281	NDHS	170	WHO 2010	NA		250	192	134
G7	HIV prevalence among men and women aged 15-24 years (per 100,000 population)	NA		NA		NA		0.1	0.08	0.06
G8	Malaria annual parasite incidence rate (per 1,000 population in one year)	0.16	HMIS	0.11	HMIS	0.11	HMIS	Halt and reverse		
G9	% of children under five years of age who are stunted	40.5	NDHS	NA		NA		40	35	28
G10	% of children under five years of age who are underweight	28.8	NDHS	NA		NA		39	34	29
G11	% of children under five years of age who are wasted	10.9	NDHS	NA		NA		10	7	5
G11	% of low birth weight babies	12.4	NDHS	NA		NA		-	13	12

Purpose: Increased utilization of health services, and improved health and nutritional behavior of the people, especially by the poor and excluded

Code	Indicator	Achieved 2011		Achieved 2012		Achieved 2013		Targets			Notes
		Data	Source	Data	Source	Data	Source	2011	2013	2015	
P1	% of infants breastfed within one hour of birth	44.5	NDHS	48.5	HHS	NA		_	55	60	NDHS data reflect children born in last two yrs. HHS data reflect children born in last one yr.
P2	% of infants exclusively breastfed for 0-5 months	69.6	NDHS	65.9	HHS	NA		35	48	60	
P3	% of one-year-old children immunised against measles	88	NDHS	86	HMIS	87	HMIS	88	90	90	
P4	% of children aged 6-59 months who have received vitamin A supplements	90.4	NDHS	90.0	HHS	NA		≥90	≥90	≥90	
P5	% of children aged 6-59 months suffering from anaemia	46.2	NDHS	NA		NA		45	44	43	
P6	% of households using adequately iodised salt	80	NDHS	NA		NA		80	84	88	
P7	Contraceptive Prevalence Rate (CPR) – modern methods (%)	43.2	NDHS	41.4	HHS	45.3	HMIS	48	52	67	For married women of reproductive age (MWRA)
P8	% of pregnant women attending at least four antenatal care (ANC) visits	50.1	NDHS	43.2	HHS	55.1	HMIS	45	65	80	
P9	% of pregnant women receiving Iron/Folic Acid (IFA) tablets or syrup during last pregnancy	79.5	NDHS	47.2	HHS	50.4	HMIS	82	86	90	HMIS monitors 180 day supply of IFA to pregnant woman
P10	% of deliveries conducted by a Skilled Birth Attendant (SBA)	36	NDHS	39.1	HHS	45.3	HMIS	_	40	60	NDHS data for last five years, Household Survey (HHS) data for last year.
P11	% of women who had three postnatal check-ups as per protocol (1st within 24 hours of delivery, 2nd within 72 hours of delivery, and 3rd within 7 days of delivery, as % of expected live births)	35.8	HMIS	31.4	HMIS	NA		_	43	50	Data do not reflect PNC visits as per protocol.
P12	% of Women Of Reproductive Age (WRA) (15-49) with complications from safe abortions (surgical and medical)	49	NDHS	1.2	HMIS	1.6	HMIS	<2	<2	<2	NDHS data relate to all abortions, not just safe abortions.
P13	Prevalence rate of leprosy (%)	0.79	HMIS	0.85	HMIS	0.84	HMIS	Halt and reverse			
P14	Obstetric direct case fatality rate	0.17	EOC monit-oring	NA		NA		<1	<1	<1	

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

Code	Indicator	Achieved 2011		Achieved 2012		Achieved 2013		Targets			Notes
		Data	Source	Data	Source	Data	Source	2011	2013	2015	
OC1.1	% population living within 30 minutes travel time to a health post (HP) or sub-health post (SHP)	61.8	NLSS	47.2	HHS	NA		60	70	80	NLSS figures = for HHs not population
OC1.2	% of population utilising outpatient services at SHPs, HPs, primary health care centres (PHCCs) and district hospitals	11.0	HMIS	11.6	HMIS	12.7	HMIS				
OC1.3	% of population utilising inpatient services at district hospitals (all levels of hospitals)	1.4	HMIS	1.5	HMIS	1.6	HMIS				
OC1.4	% of population utilising emergency services at district hospitals (all levels of hospitals)	2.4	HMIS	2.7	HMIS	2.9	HMIS				
OC1.5	Met need for emergency obstetric care (%)	2.3	EOC monito ring	15.9	HMIS	NA		_	43	49	
OC1.6	% of deliveries by caesarean section (CS)	4.6	NDHS	3.9	HHS	1.3	HMIS	4	4.3	4.5	NDHS data = for last 5 years, HHS = for last yr.
OC1.7	Tuberculosis treatment success rates (%)	90	HMIS	90	HMIS	90	HMIS	90	90	90	
OC1.8	% of eligible adults and children currently receiving antiretroviral therapy (ART)	NA		NA		NA		24	55	80	

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

Code	Indicator	Achieved 2011		Achieved 2012		Achieved 2013		Targets			Notes
		Data	Source	Data	Source	Data	Source	2011	2013	2015	
OC2.1	% of children under five with diarrhoea treated with zinc and oral rehydration salts (ORS)	5.2	NDHS	23.7	HHS	95.3	HMIS	7	25	40	
OC2.2	% of children under five with pneumonia who received antibiotics	35.1	NDHS	26.9	HHS	42.1	HMIS	30	40	50	
OC2.3	Unmet need for family planning (%)	27	NDHS	NA		NA		-	20	18	
OC2.4	% of institutional deliveries	35.3	NDHS	36.5	HHS	45.3	HMIS	27	35	40	NDHS data for last 5 years. HHS and HMIS data for last yr.
OC2.5	% of women who received contraceptives after safe abortion (surgical and medical)	41	HMIS	33	HMIS	29.5	HMIS	55	60	60	
OC2.6	% of clients satisfied with their health care provider at public facilities	96	STS	91.3	STS	89	STS	68	74	80	
OC2.7	Tuberculosis case detection rate	73	HMIS	73	HMIS	78	HMIS	75	80	85	

Outcome 3: Increased adoption of healthy practices

Code	Indicator	Achieved 2011		Achieved 2012		Achieved 2013		Targets		
		Data	Source	Data	Source	Data	Source	2011	2013	2015
OC3.1	% of children under five in high-risk areas who slept under a Long-lasting Insecticide-treated Bed Net (LLIN) the previous night	NA		10.4	HHS	NA		75	80	80
OC3.2	% of key populations at higher risk (sex workers, Men who have Sex with Men (MSM), People who Inject Drugs (PWID), Male Labour Migrants (MLMs)) reporting the use of condom at last sex	NA		NA		NA				
	Female sex workers (FSWs)	82.6	IBBS	NA		NA		82.6	-	85
	Male sex workers (MSWs)	NA		NA		NA		-	-	80
	MSM	NA		NA		NA		-	75	80
	PWID	46.5		NA		NA		46.5	60	80
	MLMs to India	NA		NA		NA		-	65	80
OC3.3	% of PWID reporting the use of sterileinjecting equipment the last time they injected	95.3	IBBS	NA		NA		≥95	≥95	≥95
OC3.4	% of households with hand washing facilities with soap and water nearby^ the latrine	47.8	NDHS	18.4	HHS	NA		_	65	85

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

Code	Indicator	Achieved 2011		Achieved 2012		Achieved 2013		Targets		
		Data	Source	Data	source	Data	source	2011	2013	2015
OP1.1	% of women utilising the Female Community Health Volunteer (FCHV) fund (among WRA)	NA		NA		NA		_	8	10
OP1.2	Number of health facilities providing adolescent-friendly health services	78	FHD	455	FHD	NA		_	500	1,000
OP1.3	% Health Facility Operation and Management Committees (HFMOCs)/Hospital Development Management Committees (HDMCs) with at least 3 female members and at least 2 Janajati and Dalit members	42	STS	41	STS	72	STS	_	70	100

Output 2: Improved sector management

Code	Indicator	Achieved 2011		Achieved 2012		Achieved 2013		Targets		
		Data	Source	Data	Source	Data	Source	2012	2013	2015
OP2.1	% EDPs providing Official Development Assistance (ODA) on rolling 3-year period basis		PPICD	NA		NA		_	50	90
OP2.2	% of health sector aid reported by the EDPs on national health sector budgets		PPICD	39		33		_	50	85
OP2.3	% of actions documented in the action plan of the aide-memoire completed by the next year		PPICD	NA		NA		_	100	100

OP2.4	% of EDPs reporting to JAR their contribution to the health sector (including expenditure) aligned to the agreed annual reporting format for EDPs as developed by MoHP		PPICD	NA		NA		–	100	100

Output 3: Strengthened human resources for health (HRH)

Code	Indicator	Achieved 2011		Achieved 2012		Achieved 2013		Targets			Notes
		Data	Source	Data	Source	Data	Source	2012	2013	2015	
OP3.1.1	% of sanctioned posts that are filled – doctors at PHCCs	50	STS	19	STS	23	STS	85	88	90	
OP3.1.2	% of sanctioned posts that are filled – doctors at district hospitals	69	STS	56	STS	47	STS	85	88	90	
OP3.1.3	% of sanctioned posts that are filled – nurses at PHCCs	74	STS	59	STS	39	STS	85	88	90	
OP3.1.4	% of sanctioned posts that are filled – nurses at district hospitals	83	STS	83	STS	55	STS	85	88	90	
OP3.2	% of district hospitals that have at least one Doctor of Medicine General Practitioner (MDGP) or Obstetrician/Gynaecol-ogist (Obs/Gyn), five nurses (SBA trained), and one Anaesthetist or Assistant Anaesthetist (AA)	13	STS	0	STS	0	STS	_	60	80	STS 2011 did not measure whether nurses were SBA trained. STS 2012 assessed district hospitals that did not have sanctioned posts for Obs/Gyn and anaesthetist/AA.
OP3.3	Number of production and deployment of:										
	SBAs	2,562	HMIS	3,637	HMIS	NA		4,000	6,000	7,000	
	MDGPs	NA		NA		NA		_	28	56	
	Anaesthetists								22	44	
	Psychiatrists								28	56	
	Radiologists								27	55	
	Physiotherapists								10	20	
	Physiotherapy Assistants								35	70	
	Radiographers								50	100	
	AAs								31	62	
	Procurement specialists								3	7	
	Health legislation experts								1	3	
	Epidemiologists								3	7	
	Health economists								3	7	
	Health governance experts								1	3	
OP3.4	Number of FCHVs	48,680	HMIS	48,897	HMIS	48,934	HMIS	50,000	52,000	53,514	

Code	Indicator		Achieved 2011		Achieved 2012		Achieved 2013		Targets			Notes
			Date	Source	Data	Source	Data	Source	2011	2013	2015	
OP4.1	Number of One-stop Crisis Management Centres (OCMCs) to support victims of gender-based violence (GBV)		6	Pop. Div. MoHP	10.5	Pop. Div. MoHP	15	Pop. Div. MoHP	5	10	20	The figure for 2012 is in % not numbers 2013 target revised 10 to 16 by OPMCM in 2069/70..
OP4.2	Number of HPs per 5,000 population		0.12	HMIS	0.14	HMIS	0.23	HMIS	_	0.5	1	
OP4.3	Number of PHCCs per 50,000 population		0.37	HMIS	0.35	HMIS	0.37	HMIS	_	0.7	1	
OP4.4	Number of district hospital beds per 5,000 population		1.06	HMIS	0.8	HMIS	1.6	HMIS	_	0.6	1	
OP4.5	% of districts with at least one public facility providing all Comprehensive Emergency Obstetric and Neonatal Care (CEONC) signal functions		39	STS	62	STS	100	STS	_	68	76	
OP4.6	% of PHCCs providing all Basice Emergency Obstetric and Neonatal Care (BEONC) signal functions		14	STS	39	STS	23	STS	_	50	70	
OP4.7	% of HPs with birthing centre		79	STS	93	STS	97	STS	≥80			
OP4.8	% of safe abortion (surgical and medical) sites with post-abortion long-acting family planning services		91	STS	90	STS	91	STS	≥90			
OP4.9	% of HPs with at least five family planning methods		13	STS	8	STS	18	STS	_	35	60	
OP4.10	% of households in all high-risk areas with at least one long LLIN per two residents		NA		10.5	HHS	NA		≥90	≥90	≥90	
OP4.11	% of key populations at higher risk (PWID, sex workers, MSM, MLMs) reached with HIV prevention programmes											
	PWID		71.4	IBBS survey	NA		NA		71.4	75	80	
	FSWs		60		NA		NA		60	-	80	
	MSWs		NA		NA		NA		_	93	95	
	MSM		NA		NA		NA			80	80	
	MLMs to India		NA		NA		NA			50	80	
OP4.12	% of PHCCs with functional laboratory facilities		NA		NA		NA		90	95	100	
OP4.13	% of public hospitals, PHCCs, and HPs that have infrastructure as per GoN standard	Hospital	NA		63	STS	NA		50	65	80	
		PHCC	NA		69		NA					
		HP	NA		37		NA					

Output 5: Increased health knowledge and awareness

Code	Indicator		Achieved 2011		Achieved 2012		Achieved 2013		Targets		
			Data	Source	Data	Source	Data	Source	2011	2013	2015
OP5.1	% of WRA (15-49) aware of safe abortion sites		58.8	NDHS	28.2	HHS	NA		_	35	50
OP5.2	% of WRA (15-49) who know at least three pregnancy-related danger signs		NA		52.2	HHS	NA		_	40	50
OP5.3	% of WRA (15-49) giving birth in the last two years aware of at least three danger signs of newborns		NA		44.9	HHS	NA		_	40	50
OP5.4	% of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS by sex	M	33.9	NDHS	NA		NA		33.9	40	50
		F	25.8						25.8	25.8	40

Output 6: Improved M&E and health information systems

Code	Indicator		Achieved 2011		Achieved 2012		Achieved 2013		Targets		
			Data	Source	Data	Source	Data	Source	2011	2013	2015
OP6.1	% of timely and complete data on annually reportable M&E framework indicators reported by the end of December of the following year		NA		NA		NA		_	100	100
OP6.2	% of health information systems implementing (using) uniform standard codes		0	HMIS	0	HMIS	0	HMIS	_	100	100
OP6.3	% of tertiary and secondary hospitals (public and private) implementing the tenth version of the International Classification of Diseases (ICD-10) and reporting coded information to the health information system	Public	65	HMIS	100	HMIS	100	HMIS	_	75	100
		private	NA		NA		NA				
OP6.4	% of health facilities (public and private) reporting to the national health information system (by type or level)	Public	NA		100	HMIS	100	HMIS	_	80	100
		private	NA		NA						

Output 7: Improved physical assets and logistics management

Code	Indicator	Achieved 2011		Achieved 2012		Achieved 2013		Targets		
		Data	Source	Data	Source	Data	Source	2011	2013	2015
OP7.1	% of public health facilities with no stockouts of the listed free essential drugs in all four quarters	79.2	LMIS	NA		NA		70	80	90
OP7.2	% of the budget allocated for operation and maintenance of the physical facilities and medical equipment	NA		NA		NA		at least 2		

Output 8: Improved health governance and financial management

Code	Indicator	Achieved 2011		Achieved 2012		Achieved 2013		Targets			Notes
		Data	Source	Data	Source	Data	Source	2011	2013	2015	
OP8.1	% of health facilities that have undertaken social audits as per MoHP guidelines in the last fiscal year	31	STS	21	STS	15	STS	5	15	25	STS 2011 did not monitor whether it was as per MoHP guidelines
OP8.2	% of MoHP budget spent annually	76.3	FMIS	79.7	AWPB	NA		83	84.5	86	
OP8.3	% of budget allocated to district and below facilities (including flexible health grants)	59.5	AWPB	59.4	AWPB	NA		60	65	70	
OP8.4	% of irregularities (*Beruju*) among total public expenditure	6.2	OAG report	7.1	OAG report	NA		6	5	4	
OP8.5	% of District Health Offices (DHOs) receiving budgeted amount within one month of budget disbursement from MoHP/Department of Health Services (DoHS) with clear-cut guidance for expenditure	100	Finance Section	100	AWPB	100		_	100	100	

Output 9: Improved sustainable health financing

Code	Indicator	Achieved 2011		Achieved 2012		Achieved 2013		Targets		
		Data	Source	Data	Source	Data	Source	2011	2013	2015
OP9.1	% of MoHP budget allocated to EHCS	76.8	AWPB	75.01	AWPB	72.7		75	75	75
OP9.2	% of health sector budget as % of total national budget	7.1	MoF (Red Book)	6.05	AWPB	6.5		7.5	8.5	10
OP9.3	% of government allocation (share) in total MoHP budget	39.2	MoF (Red Book)	60.3	AWPB	67		60	65	70