Nepal
Global Health Initiative
Strategy

November 2010

Table of Contents

Nepal Global Health Initiative Strategy

The Global Health Initiative Vision for Nepal

The U.S. Government's (USG) vision for Nepal under the Foreign Assistance Framework for "Investing in People" is to contribute to the improved health and well-being of all Nepalis, but especially the poor and disadvantaged, with the overall goal of achieving a peaceful, prosperous and democratic Nepal. The Global Health Initiative (GHI) in Nepal is part of the U.S. Mission in Nepal's "whole-of-government" plan using development, diplomacy and defense, and represents in itself a whole-of-government health strategy. The GHI Nepal Strategy will contribute significantly to help the Government of Nepal (GON) take leadership to more successfully manage sustainable, high-quality, equitable health services for the Nepali people. USG health assistance will augment GON efforts to reach its Millennium Development Goals (MDG) for health as articulated in GON Nepal Health Sector Plan II (2010-2015), particularly to reduce maternal and child mortality – MDG 4 and 5. USG assistance will also contribute to MDG 6 – to halt and begin to reverse the spread of HIV among most at risk populations.

Health in Nepal

Nepal remains committed to make progress towards democracy, peace and prosperity after the decade-long conflict that nominally ended in 2006. While finalizing the new constitution and establishing the corresponding political structure, Nepal is making progress towards improving the health of its citizens and is on-track to achieve MDG 4 and 5, but it is a poor, agriculturally based country with an increasing population size and limited arable land. A third of the country consists of some of the most rugged mountainous areas on earth that make health care delivery extremely difficult. There are hundreds of caste and ethnic groups, some of which have been traditionally excluded from health and social services by design or by default for decades.

Mortality and morbidity rates among women and children are alarmingly high. Acute preventable childhood diseases, complications of childbirth, nutritional disorders and endemic diseases such as tuberculosis, sexually-transmitted infections, rabies, and water, food and vector-borne diseases are prevalent at high rates. Such conditions are associated with pervasive poverty, low education and literacy rates, low levels of hygiene and sanitation, poor access to safe drinking water, formidable terrain, geographic isolation and difficult communications. These problems are further exacerbated by systemic challenges in the health and other social development sectors.

Government of Nepal Health Systems Structure

.

The Ministry of Health and Population (MOHP) plays a lead role in improving the health of the people including mental, physical and social well-being, for overall national development with the increased participation of the private sector and non-government institutions in the implementation of programs. The MOHP also formulates policies for effective delivery of curative services, disease prevention, and health promotion through the primary health care system.

The GON is committed to achieving the 2015 MDG targets and to reducing poverty in the long term. Nepal's health sector contributes to these goals by working to lower child mortality, improve maternal health and contain the spread of the infectious diseases such as HIV, tuberculosis, and malaria among others. The health sector still faces ongoing challenges

to improve the situation for disadvantaged groups, namely, lowering barriers to health-care access, raising the quality of services and ensuring the sustainable availability of medicines.

Cooperation among the GON, the USG, and Other Donors

Operating under a sector-wide approach (SWAp) model, the MOHP works closely and effectively with the donor community in Nepal. All stakeholders plan and implement a single national health strategy resulting in a single national workplan, a single set of targets and indicators that are entered into a single HMIS system that monitors health care from the villages to the capital. The Nepal Health Sector Programme-Implementation Plan, Phase II (NHSP-II) (Annex 5)[1] is in force from 2010 to 2015 and was developed over an 18-month period when the MOHP and donors met regularly to discuss and debate aspects of the program. Because the NHSP-II was designed jointly, the MOHP and all donor programs are committed to implement the single plan and work toward a common results framework (Annex 5, NHSP-II page 102). There is also a common Governance and Accountability Action Plan (GAAP) and Gender Equity and Social Inclusion (GESI) framework with benchmarks (Annex 5, NHSP-II pages 106 and 111 respectively). Ongoing cooperation takes place among donors which meet every two weeks, and with the MOHP at Joint Consultative Meetings which meet four times a year, and at the annual Joint Appraisal Reviews. Additionally, multiple technical working groups led by the MOHP meet regularly to plan and monitor family planning, maternal health, child health, nutrition, HIV, and other activities.

As a result of this intense working arrangement, the USG enjoys excellent relations with both the MOHP and the other health donors. Cooperation and coordination include piloting approaches to address such issues as malnutrition, safe delivery and newborn care in remote areas, and expanding access to family planning services, and sharing the results widely so that programs can be adjusted accordingly. Other areas of cooperation and coordination include deciding which donor will work in which geographical area, agreeing to fund different aspects of a program, training staff jointly, agreeing on sponsorship of government counterparts to international trainings or conferences, exchanging and using health education materials, conducting joint field visits to program sites run by different donors, and so on.

The USG collaboration in health reaches beyond the MOHP to include work with the Nepal Army, Ministry of Finance, Ministry of Home Affairs, Ministry of Women, Children and Social Welfare, Ministry of Planning and Public Works, Ministry of Local Development, and Ministry of Agriculture and Cooperatives. For a synopsis of USG health activities in Nepal, see Annex 1.

GHI Nepal Strategic Goal: The last mile to reach MDG 4 and 5

Nepal is on its way to achieve MDG 4 "Reduce Child Mortality" and 5 "Improve Maternal Health." In fact, the MDG Summit in New York in September 2010 formally recognized the progress that Nepal has made in reducing its maternal mortality rate from 539 to 281 per 100,000 live births between 1996 and 2006. Nepal was selected from among 49 countries for this honor. Similar progress has been made in reducing child mortality. Furthermore, the average number of children a woman has in her lifetime has declined from 5 births per woman in 1996 to 3 in 2006, greatly increasing the health of women and children.

[1] The entire Nepal Health Sector Plan, Phase II (2010-2015) is attached as Annex 5 of this document. Three sub-sections of the NSHP-II that include the Results Framework , Governance and Accountability Action Plan, and Gender Equity and Social Inclusion Framework are found in the plan's annexes and their page numbers are noted above in the text.

Yet many challenges remain. Only 44 percent of women in Nepal seek care during pregnancy, and 81 percent of women give birth at home. Skilled care providers are present at only 23 percent of births, 19 percent of women are assisted by a traditional birth attendants, and the rest give birth alone or with a relative. The high rate of unmet need for family planning among certain pockets of the population and lack of skilled birth attendance at deliveries contribute to the high maternal and neonatal mortality rates. Childbearing begins early in Nepal--nearly one quarter of women give birth before reaching age eighteen and more than half have a baby by twenty. Furthermore, mothers' poor nutrition and lack of postnatal care contribute to child mortality. Only one-third of women receive postnatal care for their children[2].

Achieving the MDG goals will require finding new ways to accelerate progress. The USG through the GHI will assist by implementing programs based on the seven GHI principles**.**

The USG will contribute to achieving the GON MDG targets to:

1. Reduce the under-five mortality rate from 118.3 in 1996 to 38 in 2015
2. Reduce the infant mortality rate from 78.5 in 1996 to 32 in 2015
3. Maintain or improve the proportion of one-year old children fully immunized at 85%
4. Reduce the maternal mortality ratio from 539 in 1996 to 134 in 2015
5. Increase the proportion of births attended by skilled birth attendants from 18.7% in 2006 to 60% in 2015
6. Increase modern method contraceptive prevalence from 44% in 2006 to 55% in 2015.

Interventions will address weaknesses at the national and community levels and will involve both the public and the private sectors in increasing use of high quality health services and improving health knowledge, attitudes, and behaviors. The overall goal of this framework is to assist the GON to manage its health services, identify new solutions to program barriers, and increase access for excluded populations such as women and disadvantaged ethnic, religious and caste groups. The outcomes that will reduce maternal mortality include greater coverage for family planning, antenatal care, birth preparedness training, increased delivery with a skilled birth attendant, and reduction of post-partum hemorrhage. Outcomes that will reduce child mortality include better newborn care, nutrition and sanitation, full immunization, and increasing the time between childbirth intervals with family planning which increases child survival. USG interim targets on maternal and child programming are presented in Annex 2 and program activities with MDG targets in Annex 3. For HIV, the USG will continue its commitment to surveillance, prevention, care and support activities in the national program.

USG Mission Management of GHI

The GHI Nepal Strategy will be implemented by a Mission-wide GHI Nepal team overseen by Ambassador Scott H. DeLisi. Ambassador DeLisi is a strong and passionate advocate for the GHI in Nepal. He leads the whole-of-government approach within the GHI, and ensures that the GHI is part of his whole-of-government approach to diplomacy, development and defense. The Ambassador convenes GHI Nepal team meetings the second Thursday of every other month. The GHI Nepal team includes USAID as the planning lead agency, with Ms. Anne M. Peniston designated as the GHI Field Deputy. The GHI team includes a representative from CDC who has been seconded to the WHO Vaccine Preventable Diseases

[2] Nepal Demographic and Health Survey (NDHS) 2006

Office, the Department of Defense, and the Department of State sections including the Health Unit; the Population, Refugee and Migration Office; the Public Affairs Office; the Political and Economic Office; and Consular Affairs.

USG Mission Outreach and Media Plan

The USG Public Affairs Office will lead the development of an outreach and media plan to showcase the USG's role in assisting Nepal to reach its health sector goals through more effective and efficient programs under the GHI. The plan will involve outreach with civil society, non-governmental groups, and organizations working in health, education and social sectors to raise awareness of the USG's commitments to health in Nepal. The plan will include media events conducted by the Ambassador, as well as opinion and editorial pieces published in English and Nepali language newspapers. American Corners around the country will host local events and provide written information in Nepali and English languages about GHI activities. USG Agencies will have up-to-date talking points on GHI goals and accomplishments to refer to in interactions with host government counterparts. Opportunities for outreach and media engagement will be identified through the planning process with the participation of all GHI USG agencies in Nepal, with a final plan in place in January 2011.

Three Focus Areas of the Nepal GHI Strategy

1. Increase Government of Nepal ownership and capacity to govern, manage and improve decision-making in the health sector.
2. Build public, private and not-for-profit partnerships that integrate services and facilitate exchange of innovative approaches.
3. Improve health care and opportunities for women, children, and marginalized populations in the context of extending services to all.

Focus Area One: Increase Government of Nepal Ownership and Capacity to Govern, Manage and Improve Decision-making in the Health Sector.

A. Increase GON ownership and capacity to govern and manage

To reach the MDG targets, the health system must work more efficiently and effectively to reach more mothers and children with essential, high quality health services. The USG Nepal team will apply the GHI principles of "country ownership" and "health systems strengthening" to build on the MOHP systems including financial management, so that it can use its human and financial resources more efficiently and effectively. The Ministry of Finance (MOF) has allocated 7% of the 2010-2011 national budget for health, an increase from past years. The number of donors "pooling" resources with the GON has increased to include the World Bank, the United Kingdom's Department for International Development (DFID), the Australian Agency for International Development (AusAID), and the German Development Bank (KfW). The USG through USAID provides a portion of its resources as direct budget support to the GON, and for the first time has signed a Joint Financing Arrangement (JFA) with the GON and other donors to manage the funds more effectively. The MOF and the MOHP will continue to strengthen their fiscal management capabilities in the light of these changes.

Nepal is uniquely placed to contribute to an understanding of the process by which countries can effectively manage USG-funded health activities because the GON and donors are united under a Health Development Partnership through the SWAp, and have undertaken a

government-led joint planning process. The SWAp includes donors that directly fund the GON through a "pool," and also donors like USAID that provide earmarked funds to the GON. It also includes donors that provide technical assistance through parallel funding channels, which the USG does as well. The GON and donors worked together to design the current five-year NHSP-II, 2010-2015 that has been endorsed by the MOHP and all donors. This process has led to a single strategy which coordinates all health activities carried out with government and donor funding with a single results framework and coordinated technical assistance. The results framework has agreed-upon indicators, targets, strategies to achieve targets, means of verification, and ties to MDGs. Additionally, a JFA describing how budget support provided by donors to the GON will be managed has been signed jointly by the GON and donors, including by the USG for the first time.

JFAs are primarily pooled funding documents used to lay out financial management and reporting procedures with host governments, using the host government's own systems. Other donors like DFID also sign the JFA when they "pool" their funds jointly with the World Bank. The JFA describes how and under what conditions the donor money will flow and be accounted for in the government's systems. It lays out transparent and accountable procedures for financial management and procurement of goods and services to ensure that the donor funds are used according to the rules and regulations of the host government as well as those of the donors. The JFA does not take the place of bilateral agreements between donors and host governments. Bilateral treaties and agreements remain the primary legal relationship between donors and host government. The JFA are important means by which donors and host governments progress towards greater alignment and harmonization of resources with host country systems, and at the same time demonstrate good governance with transparent and accountable procedures to manage donor resources which are linked to mutually agreed upon outcomes defined in health sector plans. JFAs are effective tools to implement tenets of the Paris Declaration on Aid Effectiveness.

The USG currently provides health funds in Nepal through two channels: direct budget support to the GON which is earmarked, tracked and audited separately from other donor funds; and indirect budget support to international and Nepali non-governmental organizations which provide technical assistance to the GON to implement the NHSP-II. Using the GHI principles, the USG in Nepal successfully advocated with the GON and "pooled" donors to adjust the JFA to meet the requirements of non-pooling donors like the USG that provide direct budget support but earmark, track and audit it separately. There are significant advantages to the USG by becoming a signatory to the JFA. First, USG expenditures will be tracked be side other donor funding, which reduces the chance of duplicate expenditures. We will receive financial reports three times a year instead of the current end-of-year report allowing us to monitor progress through the year. Lastly, the JFA requires that expenditure reports be linked to progress on NHSP-II outcomes. This will provide the USG and other donors with important information showing financial expenditures against progress toward health sector goals.

Also planned under GHI is a Joint Technical Assistance Arrangement (JTAA) that will be signed by the GON, the USG and other donors that provide technical assistance through parallel channels. The JFA and JTAA represent important tools for strategic coordination and integration, strengthening partnerships, encouraging country ownership, investing in country-led plans, and building sustainability through health systems strengthening, and create in Nepal significant opportunities to carry the GHI principles even farther.

With GHI, the USG will sustainably strengthen health systems, including health financing systems, which will enable Nepal to achieve MDG 4 and 5. As a pilot for procurement reform, in December 2010 USAID will conduct the first phase of a two-part assessment of the GON's Public Finance Management (PFM) systems to identify strengths and weaknesses in the current system. The Ministries of Health and Population, and Finance are two key

ministries that will be assessed. The findings of the complete assessment will create the basis for the USG to identify possible areas for engagement with the GON in improving capacity to better manage investments in health in transparent, accountable and more effective ways and to mitigate risks associated with direct budget support. The NHSP-II includes a Governance and Accountability Action Plan (GAAP) which outlines benchmarks to be achieved over the five years to improve overall sector governance. Based on the results of the PFM assessment, the USG GHI will be in a better position to assist the GON to achieve selected benchmarks in the plan. Illustrative examples may include:

1. Assist the GON to implement transparency and disclosure measures through community systems such as the HFMOC.
2. Capacity development of institutions and human resources to implement NHSP-II effectively, including upgrade management information systems to improve service and financial data analysis and use.
3. Strengthen audit capacity of the GON.
4. Improve the timeliness and accuracy of financial reporting.

The USG action plan will build on existing structures and processes in various parts of the system, from community-based health services, to sub-health and health posts, primary health care centers, and district public health offices, to central level managers at the Department of Health Services, MOHP and MOF. Improved governance of the sector at the community level will be strengthened through Health Facility Management Operations Committees (HFMOC) with periodic measurements of use of services using community scorecards, in particular by disadvantaged populations. Staff and systems in peripheral health service delivery points will receive training and mentoring in financial and program management. This will include improved data collection and analysis to strengthen the link between services and improved outcomes. Further up the chain, program managers and accountants at district level will learn to manage service statistics and financial data to improve planning and program implementation in their districts for better outcomes. At the central level, program and finance managers will be prepared to monitor the NHSP-II results framework and link finances to outcomes.

With stronger and better governed systems in the MOHP and MOF, the USG will be in a better position to assess the extent to which it can increase direct budget support to the MOHP with continued technical assistance. Improved health and financial management systems linked to sector plan outcomes will result in achievement of MDG 4 and 5 targets.

B. Build capacity to institutionalize research for decision-making to improve health outcomes

In order to reach the MDG goals, Nepal must do more of what it is currently doing. New innovative programs must be identified, tested and introduced. In the past, the process of identifying problems and finding program solutions in Nepal has been successful but attempts have been fragmented and the data collection and analysis have been led and conducted largely by people and institutions external to Nepal.

In the NHSP-II, the MOHP notes its frustration with the current research situation by pointing to its dependence on technical assistance and studies financed by donors, and they express their desire to build institutional research capacity at different levels of government. Work on this issue, therefore, is welcomed by the GON, in academic settings, and in the National Health Research Council of Nepal.

The GHI Nepal team supports a number of mechanisms to research health issues so that appropriate policies and programs can be designed and implemented in a timely manner (Table 1). For example, CDC supports national surveillance of vaccine preventable diseases

through WHO, NIH funds discrete research projects in Nepal, and USAID supports operations research studies on specific topics such as community-based distribution of misoprostol and vitamin A supplements for children. Currently, however, each USG program designs and manages its own process of data collection and use in program planning.

Table 1: Research that has been used to improve programs

Topic	Pilot /research dates	Current status
Vitamin A supplementation	1990s	Now a national program and integral part of GON's public health services averting approximately 15,000 child deaths annually.
Community-based pneumonia case management	1990s	Now a national program and integral part of GON's Community-based Integrated Management of Childhood Illness services covering the entire country averting approximately 12,000 child deaths annually.
Integrated Bio-behavioral Surveys (IBBS) to determine HIV prevalence in most-at-risk populations (MARP)	Conducted with different MARPs at two-year intervals since 2003	GON is using USG technical assistance to conduct IBBS and plans to implement two each year. GON uses these data for reporting to UNGASS on the Nepal HIV epidemic every two years.
Promoting birth preparedness	2003-2004	Adopted by GON as a national program and rolled out throughout the country
Research on vaccine-preventable diseases through GON, WHO and other agencies	Ongoing	Burden of disease studies have been conducted to help the GON make decisions about new vaccine introduction; impact evaluation and ongoing disease surveillance for diseases with vaccines previously introduced; as well as coverage surveys showing vaccine usage.
HIV data and surveillance system	Future GHI contribution	Assign a CDC epidemiologist to work with the National HIV/AIDS Center to build capacity in surveillance and the use of data for program monitoring and planning.

Through the GHI, the Nepal team will examine the different ways that this function has been conducted and develop a set of guidelines and approaches to strengthen research capacity in the GON and other institutions. Illustrative examples of activities to strengthen research capacity:

- Request S/OGAC to provide additional funding to support an epidemiologist at the National HIV/AIDS Center to strengthen their capacity to commission and manage research and to more effectively use data for policies and decision-making.
- Support GON, NGO and donor working groups to determine priority research questions for reaching the MDGs, and support operations research for specific interventions that will contribute to reaching MDGs 4 and 5.
- Work with the National Health Research Council to define its role and strengths in insuring high quality research.
- Conduct sub-analyses on the Nepal Demographic and Health Survey (NDHS) 2011 data that will increase progress toward MDGs 4 and 5, and identify other topics on which further analysis would be beneficial.
- Ensure that the GHI learning agenda activities employ Nepali researchers and other personnel, and that these individuals learn research skills and lead the implementation, analysis, dissemination and publication of research findings.
- Strengthen NGO capacity to conduct research, and facilitate linkages to conduct research on contract to the GON and other entities.

Measuring progress in health systems strengthening and building research capacity

Tangible results will be measured by success in reaching targets described in Annexes 2 and 3. Additionally, the NHSP-II GAAP (Annex 5, NHSP-II, page 106) includes activities to improve and indicators to measure progress on financial management, procurement, and costing procedures within the MOHP system. These indicators are tied to activities, timelines, and expected outcomes. Adhering to the GHI principles of country ownership and health systems strengthening, the GHI Nepal team, in collaboration with the MOHP and other donors, will use these indicators in measuring progress on strengthening the financial system. The indicators include:

- Standards and procedures in place for procurement best practices
- Districts reporting difficulties in procurement
- Monitoring reports on procurement
- Training conducted on procurement at least once a year for all District Public Health Offices and cost centers
- Quality assurance is applied as a standard operating procedure at the center as well as district level
- Percentage of health facilities with tracer drug stock-outs
- Emergency contingency plan and initiatives to deal with women and children in conflict situations

The USG team will build on the existing activities and indicators for financial management in the MOHP system in collaboration with the MOHP and other donors.

Progress in building research capacity will be measured by the number of research studies undertaken that are designed, led, and analyzed largely by the GON or Nepali organizations. Progress will also be measured by increasing the number of Nepali researchers and research organizations participating in USG-supported research leading to publication. The GHI Nepal team along with the proposed HIV epidemiologist will develop additional benchmarks against which to measure progress on this aspect of health systems strengthening.

A major achievement under the GHI Initiative would be the establishment of an integrated, HIV second generation surveillance system in Nepal. This can be achieved if GHI funds a residential CDC expert to work with the national HIV/AIDS team for a period of four years putting in place a system built on collection and analysis of data from multiple sources.

Focus Area Two: Build Public, Private and Not-for-Profit Partnerships that Integrate Services and Facilitate Exchange of Innovative Approaches

Over time, Nepal has developed a number of integrated public/private partnerships for health and the MOHP plans to increase these arrangements. The MOHP views these partnerships as opportunities and resources for complementary activities. NGOs and community based organizations (CBOs) are eager to work with the government to address health needs that have been identified in their communities. The integration of public and private sectors benefits people in hard to reach areas of Nepal.

First, Nepal has developed a cadre of 48,000 Female Community Health Volunteers (FCHV) who are private citizens chosen by their own communities. These women liaise with the local health post or clinic on a regular basis and are seen as extensions of the clinic services. Over time these women have proved to be a skilled and capable cadre that has taken on more and more health responsibilities. They provide health education, distribute some medications,

such as vitamin A and oral polio vaccine, treat pneumonia, assist mothers after birth, and provide referrals to health facilities.

Secondly, the MOHP occasionally contracts NGOs to implement programs. For example, the National HIV/AIDS Center is contracting NGOs to implement activities including outreach services to people who are sick at home. The vitamin A outreach campaign is already carried out by NGOs on government contracts. NGOs are part of a sustainable health system in Nepal.

Nepal also has a well-developed system of pharmacies that sell a wide variety of products and reach into areas that are far from health posts. Pharmacies are often trusted first providers for health complaints. Pharmacies sell both USG subsidized products at reasonable prices and other commercial, for-profit products. USG subsidized products are aimed at promoting healthy behaviors through "social" marketing. The USG under GHI will expand training for druggists to provide accurate information and sell USG subsidized products including, clean home delivery kits, oral rehydration salts and zinc for diarrhea in children, selected family planning products, and other goods. The USG social marketing program targets the poor economic strata just above the base of the pyramid with some ability and willingness to pay for healthful products. It also brings information and products to remote and impoverished areas that commercial producers don't cover due to low profit margins.

The USG will build upon this system of public and private partnerships and services in ways that extend integrated health care to more people largely through outreach services. In addition the USG will work with the other JFA signatories to build capacity within the MOHP to establish transparent processes to design service contracts, run open competitions, and manage NGOs that deliver health care services and monitor results.

The USG will build on its experience of strengthening community-based systems of health care delivery that serve as referral agents to MOHP facilities. The following are examples of USG programming approaches that strengthen the private sector and improve coordination between public and private organizations.

- Fund NGOs to work as extensions of government HIV services doing home-based care for HIV positive individuals.
- Strengthen the role of the FCHVs in delivering HIV services.
- Link communities with government services to deliver nutrition education for pregnant women and small children.
- Build skills of pharmacists to distribute high quality health information and products.
- Use community mothers' groups for nutrition education.
- Conduct community audits using scorecards so that community groups can assess health facilities and provide feedback for improved coverage and services.
- Link health workers to community and religious leaders to identify and reach excluded caste, religious and ethnic groups.
- Fund private organizations to implement health education and information campaigns.

Measuring progress in building partnerships

Both quantitative and qualitative measurements will be used to track success in partnerships. Results will be measured by success in reaching targets described in Annexes 2 and 3. The synergistic effect of integrated public/private services will be measured through program reporting records on number of people reached, amount of each commodity sold, and introduction of new products into outreach activities. These programs will provide data to the

GON's Health Management Information Systems (HMIS) so that the government will have a complete picture of health activities. The fundamental building blocks to forging successful public/private partnerships will be described and analyzed with selected assessments and evaluations, including the Service Provision Assessment baseline scheduled in 2011 that encompass public and private service delivery points, and their integration and linkages.

Focus Area Three: Improve Health Care and Opportunities for Women, Children, and Marginalized Populations in the Context of Extending Services to All

Currently, health services for women, children and marginalized populations are somewhat fragmented and could be better integrated at the community and household levels, including public and not-for-profit, private health services. Service interventions are designed well for a defined set of activities and outcomes, but could be better integrated at the national level and through the system in terms of program management, monitoring and evaluation. To reach the MDG targets, the MOHP will have to increase the number of people reached with high quality essential health information and services. A critical component of achieving this is to reach the large proportion of people who have traditionally been excluded from health services by design or by default because of their religious, ethnic, or caste membership. A second critical step in improving health outcomes is to strengthen the role of women in making household decisions regarding health. Multiple studies have shown that women are left out of decisions that affect their own health and that of their children and other studies indicate that, once educated, women advocate for and receive better health care and have better health outcomes.

The NHSP-II includes a detailed Gender Equity and Social Inclusion (GESI) Strategy (Annex 5, NHSP-II, page 111). The GESI strategy includes policies and activities that will increase access to health care for women and children, as well as ethnic and religious groups such as *Dalits, Adibasi Janajatis*, *Madhesis,* Muslims, and other disadvantaged groups and castes which comprise a large percent of the population. Women tend to be less well-nourished than men due to inequitable household distribution of food and cultural practices that restrict their food intake during menstruation, pregnancy and lactation. The NDHS 2006 demonstrated significant differences in health indicators by ethnicity and gender.[3]

The Nepal GHI team will support the MOHP in executing its ambitious GESI strategy that is essential for reaching the MDGs and also a major governmental strategy for creating greater equity in the country. In line with the GHI principle of increasing gender equity, USG plans integrate activities to reach these groups into maternal and child health, nutrition, family planning, and HIV/AIDS activities. The following USG activities will address these needs under GHI.

Social marketing and behavior change communications

- Focus social marketing efforts to reach underserved populations with health products, information and services.

Integrated community-based services

- Focus on pregnant women and children in the new Integrated Nutrition Program, and Feed the Future especially targeting disadvantaged and marginalized populations.
- Collaborate with the GON, UNICEF and WHO to identify children not reached by current immunization outreach services, and ways to reach them more effectively and consistently.

[3] Bennett, L. , D.M. Dahal, P. Govindasamy. *Caste, Ethnic, and Regional Identity in Nepal: Further Analysis of the 2006 Nepal Demographic and health Survey*. Calverton, Maryland, USA: Macro International, 2008

- Train FCHVs and other community-based workers to identify households consistently excluded from services, and intentionally extend services to meet their needs.

Research and assessments

- Support nutrition research and programs to determine and address cultural practices that result in poor nutrition especially for women.
- Analyze DHS 2011 findings by gender and ethnicity to pinpoint areas of greatest need.

Human resource capacity development

- Sensitize health workers and excluded minorities to improve health care for disadvantaged, marginalized, and stigmatized (particularly people affected by HIV and AIDS) populations at MOHP facilities.
- Employ minorities and women in all programs.
- Include internship programs for people from excluded minorities in all programs and research activities.

Measuring progress towards reaching underserved populations:

As outlined in Annexes 2 and 3, program data will track the number of excluded minority members using health care services, reached by outreach workers, receiving immunizations, as well as health program activities conducted in communities of disadvantaged minorities. Household survey data and special studies will include indicators such as number of household members who agree that women should receive an equitable share of the food or participate in household decisions about the use of resources such as water, food, and funds for health care.

Summary of the GHI Learning Agenda in Nepal

The GHI Learning Agenda for Nepal will include studies that will be helpful to all GHI countries, and also studies that focus on improving health programming in Nepal.

Table 2: Nepal Learning Agenda Topics

Nepal GHI Focus Area	Topics	GHI Relevance	
		Global	Nepal
One	What mechanisms are effective to reduce USG risk in providing direct budget support to host governments?	√	√
	Does aid effectiveness improve as a result of increased USG use of the host country systems?	√	√
	What are factors are needed to institutionalize greater capacity to manage research in the health service delivery system with few staff and staff who are transferred in and out continually, in particular in the National HIV/AIDS Center?		√
	How can understaffed ministries of health improve and institutionalize capacity to manage research and surveillance and use data effectively for policy and program implementation?	√	√
	How can ministries of health increase their ability to contract for the data they need to improve programs?		√
	What kind of data collection system can be put in place to allow Nepal to have ongoing data on the HIV epidemic in the country so that programs can be based on data?		√
Two	What are fundamental to forge successful public/private partnerships to achieve common health goals?	√	√
	What governance structures in host country systems favor successful public/private partnerships?	√	√
Three	What program approaches facilitate better access to health care facilities for women and excluded ethnic, religious and caste groups?	√	√
	What program approaches will reduce harmful cultural practices that reduce the nutritional intake by women?		√
	What program approaches increase the consumption of nutritional foodstuffs that are missing in the current household diet?		√

Annexes

Annex 1: Synopsis of Existing USG Programs, Services and Activities

Annex 2: USG Indicators by GHI Principle and 2011 Nepal Target

Annex 3: GHI Nepal Program Matrix with Targets

Annex 4: Nepal Programs that will demonstrate the GHI Principles

Annex 5: Nepal Health Sector Plan, Phase II (NHSP-II) 2010-2015 [Attached separately]

Annex 6: Results Framework

Annex 1: Synopsis of Existing USG Programs, Services and Activities

Agency	Programs, Services and Activities
Centers for Disease Control (CDC)	Funding through WHO for surveillance of acute flaccid paralysis (polio), measles, neonatal tetanus, and acute encephalitis (Japanese encephalitis) as well as support for routine and supplemental immunization campaigns.
Department of Defense	Enable the Nepal security forces to manage humanitarian assistance and disaster response missions by focusing DOD efforts on pandemic influenza, disaster preparedness and medical first response, infection prevention, and HIV awareness. Nepal has a branch of the Armed Forces Research Institute for Medical Science (AFRIMS) as a data collection site. Field Preventive Medicine and training on sanitation.
National Institutes of Health (NIH), N IAI	Research through the Johns Hopkins School of Public Health on the effect of indoor pollution on acute respiratory infection in children. Trial on the efficacy of hepatitis B vaccine
State Dept. Population, Refugees and Migration	Health services for Bhutanese, Tibetan refugees through UNHCR, IOM, NGOs. Funds IOM to harmonize TB protocols to handover to government by training local private and GON service providers and by facilitating the integration of IOM TB facilities into the GON and private provider system of care.
USAID	Maternal and Child Health (MCH) -- community-based interventions to prevent post-partum hemorrhage, birth preparedness, social marketing of clean delivery kits. Family Planning (FP) -- clinical training, contraceptive security, logistics, seasonal and mobile services, birth spacing, social marketing, policy compliance monitoring. Neonatal health -- testing and scale-up of the neonatal care package including resuscitation, prevention of hypothermia, immediate breast-feeding, detection and treatment of infection. Under-five mortality -- Vitamin A supplementation, community-based integrated management of childhood illness. Nutrition -- National nutrition assessment, community education programs, homestead model farms, infant and young child feeding, hygiene and clean water, sanitation, micro-nutrient supplementation programs Social marketing -- Sales of MCH, FP, and reproductive health products and services with public and private sector distributors. HIV -- services for high-risk populations in ~40 districts through a GON-led National Action Plan with all stakeholders. Special focus on working with female sex workers, quality of care and on surveillance activities. Funding through WHO for influenza and other communicable disease surveillance. Direct budget support of $1 million to the GON in 2010.

Annex 2: USG (Performance Plan and Report or PPR) Indicators

Indicator	Applicable GHI Principle[1]							Target	
	1	2	3	4	5	6	7	2011	2013/2015
MDG 4: Reduce Child Mortality									
Number of postpartum/newborn visits within 3 days of birth in USG-assisted programs	X	X	X	X				28,000	40,000[2]
Number of cases of child pneumonia treated with antibiotics by trained facility or community health workers in USG-supported programs	X	X		X				875,000	920,000[2]
Number of children under 5 years of age who received vitamin A from USG-supported programs				X			X	3,130,700	3,155,700[2]
Number of newborns receiving antibiotic treatment for infection from appropriate health workers through USG-supported programs		X	X		X			2,625	5,800[2]
Number of people trained in child health and nutrition through USG-supported health area programs	X	X			X		X	16,000	TBD[3]
Percentage of children age 2-59 months with diarrhea who were treated with both ORS and zinc (national)		X		X	X			7%	40%[4]
MDG 5: Improve Maternal Health									
Percentage of births that are attended by a skilled birth attendant (doctor, nurse or ANM) in USG-supported districts	X	X			X			25%	60%[4]
Percentage of recently delivered women (RDW) protected from post-partum hemorrhage in USG-supported districts	X	X		X	X			75%	90%[4]
Modern method contraceptive prevalence	X	X		X	X			48%	55%[4]
Couple years of protection (CYP) in USG-supported programs	X	X		X	X			1,992,154	TBD[3]
Number of people that have seen or heard a specific USG-supported FP/RH message	X	X						159,000	220,000[2]
Number of service delivery points reporting stock-outs of any contraceptive commodity offered by the service delivery point					X	X		175	125[2]
Cross-cutting									
Number of USG-assisted service delivery points experiencing stock-outs of specific tracer drugs					X	X		101	70[2]
Number of people trained in maternal/newborn health through USG-supported programs			X	X	X	X		6,000	TBD[3]
Ratio of socially excluded minority proportion among health facility clients vs. socially excluded minority proportion among catchment population in USG-supported districts	X		X	X	X		X	0.85	1.00[4]

[1]Key for GHI principles: 1 (implement a woman- and girl-centered approach); 2 (increase impact through strategic coordination and integration); 3 (strengthen and leverage key multilateral organizations and global health partnerships); 4 (encourage government ownership and invest in country-led plans); 5 (build sustainability through health system strengthening); 6 (improve metrics, monitoring and evaluation); 7 (promote research and innovation)

[2]The U.S. Mission to Nepal established these FY 2013 targets for the FY 2010 PPR. The Mission will determine initial FY 2015 targets in January 2011, as part of USAID's BEST action planning process. Based on these estimates as well as Nepal's Census 2011 (for more accurate denominators), the Mission will finalize the FY 2015 targets in early 2012.

[3]The U.S. Mission to Nepal will estimate the expected achievements for FY 2015 in January 2011, as part of USAID's BEST action planning process. Based on these estimates, the Mission will finalize the expected achievements for FY 2015 in the preparation of the FY 2013 – 2015 Mission Strategic Resource Plan in April 2011.

[4]These planned results represent the targets for FY 2015, as established by the Nepal Health Sector Plan II and/or U.S. Mission to Nepal.

Annex 3: GHI Nepal Targets and Programs Matrix

	BASELINE INFO		STRATEGY		Key partners
Area **NEPAL**	**Baseline info/country-specific GHI target * <u>GON National Plan & USG Targets</u>** ***Note:*** The GHI targets should be populated <u>after</u> the country team completes its Results Framework. Detailed guidance for completing country-specific RFs is forthcoming from headquarters.	**Relevant Key National Priorities/ initiatives**	**Key Priority Actions Likely to Have Largest Impact**	**Key GHI Principles** **Country ownership** **Woman and girl-centered approach** **Strategic coordination/integration** **Strengthen and leverage partner engagement** **Health systems strengthening** **Metrics/monitoring / evaluation** **Research and innovation**	
HIV/AIDS: Support the prevention of more than 12 million new infections; Provide direct support for more than 4 million people on treatment; Support care for more than 12 million people, including 5 million orphans and vulnerable children.	New HIV infections/year -Current Estimate: NA -Target: NA Prevalence: 0.49% (15-49) Number in care: -Current 171,176 (includes prophylaxis, OI & STI treatment for all clients) -Target All –estimated at 68,000 Number in treatment: -Current: 3,585 (USG does not provide treatment services) -Target: All – estimated at 17,000	Focus on MARPs; support establishment of national surveillance system; support new five year strategy.	Services and prevention for MARPs; integration of FP into HIV activities; home based care and VCT for MARPS, outreach prevention, supply chain management, reduction of stigma. Establish a sound HIV data collection and surveillance system.	Work jointly with MOHP and 43 Nepali private sector NGO/CBOs; focus on women, minorities in care treatment, education and outreach; work on common national strategy with GON and other donors; enhance government capacity for surveillance, M&E and integration into national systems; integrate HIV and livelihood programs; enhance government capacity to design and use research data to realign programs.	GON UNAIDS, UNDP, World Bank, AusAID, DFID, GTZ, WHO, UNICEF, NGOs, CBOs
TB: Save approximately 1.3 million lives by treating a minimum of 2.6 million new TB cases and 57,200 multi-drug resistant (MDR) cases of TB, contributing to a 50 percent reduction in TB deaths and disease burden.	Current Estimate: Prevalence: 126/100,000 Target prevalence: TB free % treated with DOTS: 100% Target new case treatment rate: 100% Current Rx success rate: 87% Target MDRTB cases treated: 100%			USG does not work directly with the national program	Global Fund

	BASELINE INFO		STRATEGY		Key partners
Malaria: Halve the burden of malaria for 450 million people, representing 70 percent of the at-risk population in Africa.	Current est. of prevalence: Target prevalence: Halt and reverse Current est. incidence: Target incidence: Halt and reverse Current estimate of deaths: Target reduction in deaths:			USG does not work directly with the national program	
Maternal Health: Reduce maternal mortality by 30% across assisted countries	Current estimate: 281/100,000 Target: 134/100,000	Community-based approaches including birth preparedness, increased skilled birth attendance; piloting of misoprostal.	Promotion and education on birth preparedness and institutional delivery; prevention of post-partum hemorrhage; family planning; social mobilization capacity building for skilled birth attendants.	Support MOHP in collaboration with other partners to build capacity of health workers, technical support visits to monitor performance and challenges, review of records and reports, pilot innovations and operational research, support FCHVs** to maintain their skills and motivation, monitoring logistics supply situation of key commodities; enhance government capacity to design and use research data to improve programs.	GON, UNICEF, UNFPA, DFID, GTZ, KfW, I/NGOs, CBOs
Child Health: Reduce under five mortality rates by 35% across assisted countries	Current estimate: 61/1,000 Target: 38/1,000	Promote and monitor community-based neonatal care program (CBNPC); promote chlorhexidine ointment for cord care.	Promote use of ORS to prevent dehydration and antibiotics for treatment of pneumonia; promote essential newborn care practices and early recognition and management of newborn illness; awareness raising on complete immunization; promotion of hand-washing and personal hygiene; biannual supplementation of	Support MOHP in collaboration with other partners to build capacity of health workers, technical support visits to monitor performance and challenges, review of records and reports, pilot innovations and operational research, support FCHVs to maintain their skills and motivation, monitoring logistics supply situation of key commodities; enhance government capacity to design and use research data to realign programs;	GON, UNICEF, AusAID, KfW, GTZ, I/NGOs, CBOs

	BASELINE INFO		STRATEGY		Key partners
			vitamin A		
Nutrition: Reduce child undernutrition by 30% across assisted food insecure countries in conjunction with the President's Feed the Future Initiative	Current estimate: 38.6% children underweight Target: 29% children underweight	Collaborate with Feed the Future, which focuses on improved food production, with community-based nutrition interventions integrated with maternal-child health, water & sanitation and hygiene.	Community-based approaches with behavior change infant and young child feeding practices, homestead gardening, backyard poultry farming, birth spacing, hygiene and sanitation.	Work jointly with GON; work with INGO, NGOs/CBO; focus on women and children under 2 years of age in care, education, outreach; work on GON national strategy; support capacity development in government for nutrition program implementation; outreach to underserved women and religious/caste/ethnic groups; enhance government capacity to design and use research data to improve programs.	GON, HKI, UNICEF, WFP, I/NGOs, NGOs, and CBOs.
Family Planning and Reproductive Health: Prevent 54 million unintended pregnancies; Reach a modern contraceptive prevalence rate of 35 percent across assisted countries, reflecting an average 2 percentage annual increase by 2014; Reduce from 24 to 20 percent the proportion of women aged	Current estimate of contraceptive prevalence rate: 44% Target contraceptive prevalence rate: 55% by the 2015 (MDG) Current % of women age 20-24 who have their first birth by	FP services to address unmet need among migrants and other disadvantaged groups; public-private partnerships. Integrate FP into HIV and MCH services.	Identify and address high pockets of unmet need such as postpartum family planning; and disadvantaged populations. Provide social marketed services and products nationwide.	Working jointly with GON, INGOs, NGOs, social marketing agencies. Integrate FP into HIV outreach and facility based education and services; increase access to migrant families; social marketing of contraceptives targeting women and disadvantaged groups; enhance government capacity to design and use research data to improve programs; research on populations with unmet need; enhance GON capacity in FP training, counseling communications, contraceptive	GON, JSI, CRS, AED, NTAG

	BASELINE INFO		STRATEGY		Key partners
18 -24 who have their first birth before age 18	18: 22.6%			security, management information systems for contraceptives.	
NTDs: Reduce the prevalence of 7 NTDs by 50 percent among 70 percent of the affected population contributing to (1) the elimination of onchocerciasis in Latin America by 2016; (2) the elimination of lymphatic filariasis globally by 2020; and (3) the elimination of leprosy	Current estimate: lymphatic filariasis 25; trachoma: 3.5; STH: 10 Visceral leishmaniasis 5000 cases/year; Leprosy: 0.89/10,000 (declared 'eliminated' Dec 2009) Targets: Eliminate filariasis	Strengthen GON systems to prevent and deliver NTD services including water, sanitation and hygiene.	Annual mass drug distribution for lymphatic filariasis and soil-transmitted helminthes	Work jointly with GON, work with INGO, NGOs/CBOs; work on GON national strategy; enhance government capacity for program planning, implementation, monitoring and evaluation; enhance government capacity to design and use research data to improve programs. Integrate national NTD interventions with MCH and nutrition programs.	GON, WHO, UNICEF and NGOs

	BASELINE INFO		STRATEGY		Key partners
Health system strengthening: Address critical barriers that impede GHI health impact.	**Baseline:** Systemic issues in: staff recruitment, deployment and retention; budgeting and financial management; evidence-based decision-making; and roles and responsibilities of technical, programmatic and administrative units **Targets:** GON will improve efficiency planning management and service delivery. Strengthen management and technical skills in Nepali NGOs and private sector. Strengthen research capacity in academic, government and private institutions.	Document process for successful GON-led planning and establish benchmarks for future shifts of management of USG work to GON; technical assistance on management information systems.	Analyze joint planning process with the GON and other donors, establish benchmarks for further progress; assess capacity enhancement efforts and focus on effective approaches and gaps; enhance GON capacity to identify, contract for, and use research data to improve programs.	Follow MOHP-led joint workplan with other donors so that all work is unified and leveraged: implement national plan to improve coverage of women and disadvantaged groups; monitor integration of services.	GON, UNFPA, UNAIDS, GTZ, AusAID, DFID, World Bank, WHO, KfW, JICA, SDC, UNICEF

* USG programming supports the targets set by the Nepal Ministry of Health and Population in its five year plan—the Nepal Health Sector Programme (NHSP-II) 2010-2015.

** FCHV Female Community Health Volunteers. There are 48,000 covering every district in Nepal

Annex 4. Nepal Programs that Will Demonstrate the GHI Principles

Principle 1: Implement a woman- and girl-centered approach

The Integrated Nutrition Program linked with Feed the Future

Nepali people are among the most undernourished populations in the world. USAID's Integrated Nutrition Program (INP), which is expected to begin in early 2011 under GHI, is to improve the nutritional status of women and children under-two years of age. The INP will be closely linked with the Feed the Future Initiative. For women, the key results are the reduction in the percentage of women with low body-mass index and anemia. For children, the key results are the reduction in the percentage of children underweight for age and anemia. The planned NDHS 2011 will produce reliable baseline data and a mid-term, rural, population-based survey planned for 2013 will track progress on reducing malnutrition.

This activity will be aligned with the NHSP-II plan and results framework, as well as the GESI strategy and the GHI and FtF's focus on increasing women's access to assets and equity in overall decision making. The INP will work with households to identify and address practices that lead to undernourished pregnant women and low birth weight babies, both barriers to achieving MDG 4 and 5. It will ensure equitable gender involvement in program planning and implementation, as fundamental to the success of integrated community nutrition practices. Women's access to productive assets and to health care and education will be increased by ensuring that women benefit equitably in new opportunities for leadership, training, wage income, program employment, and new program sources of income.

Studies have shown that some traditional practices put women at risk. In some Nepali households women tend to be less well-nourished than men because they are required to fast during menstruation, and for periods during pregnancy and lactation. Women are often the last to eat in many households, and where food is scarce that leaves little for them. The INP approaches that will enhance women's and girls' nutrition include:

- A gendered approach to education on household food habits, equitable food consumption, new gardening and poultry activities, and sales of extra crops.
- Special studies conducted on the nutritional status and behaviors of household members, their access to food, and the extent and effects of fasting after childbirth and during menstruation.

Principle 2: Increase impact through strategic coordination and integration

Coordinate and integrate the GON, for profit, and not-for-profit private health services to increase program coverage and facilitate the exchange of innovative approaches

In Nepal, "country ownership of the health system" encompasses private *and* GON services because they provide a complementary system of health service coverage reaching larger populations under coordinated national programs. These strategic partnerships help the MOHP to overcome challenges in staff deployment, performance and retention that hinder full service coverage, and to engage with NGOs and community based organizations (CBOs) to subsidize health needs in their communities. The public health system is bolstered by 48,000 Female Community Health Volunteers (FCHV), private citizens who liaise with, and serve as extensions of, sub- health posts. The MOHP also contracts NGOs to provide outreach services to HIV positive people at home and to manage the vitamin A outreach campaign for children. In addition, Nepal has private pharmacies that sell both USG subsidized products at reasonable

prices and other commercial, for-profit products thus providing convenient care even in remote areas. Some examples of furthering this principle include:

- The USG under GHI will expand training for druggists so that they can provide accurate information and sell USG subsidized products including clean home delivery kits, oral rehydration salts and zinc for diarrhea in children, selected family planning products, and other goods.
- The subsidized USG program will increase coverage by targeting the poor and those living in remote areas that commercial producers don't cover due to low profit margins.

Transferring Ownership of TB Laboratory Facilities from the USG to the GON

The Population, Refugee and Migration (PRM) section of the U.S. State Department manages several large camps for Bhutanese refugees who are temporarily in Nepal before departing for new homes abroad including in the United States. To ensure the health of the refugees being resettled in the U.S., PRM established a high-level laboratory and clinical facility to test for and treat tuberculosis (including multi-drug resistant and extended-drug resistant TB) and other communicable diseases. In preparation for the completion of the refugee resettlement in about 3 years and the desire to transfer the laboratory to the GON, PRM will work with USAID under GHI to assist with planning and capacity building for the eventual transfer of the facilities in a manner that will ensure that the equipment and facility are used to maximum good effect.

PRM and USAID will work collaboratively with the MOHP in the following ways:

- Plan with the GON and other related entities the most appropriate facility to assume management of this state-of-the-art laboratory, and incorporate its services into the National Tuberculosis Program.
- Guidance on training plans and methods for Nepali physicians and laboratory technicians on using the equipment effectively and sustainably.
- Plan with the GON how to set up the legal and policy agreements that can make the new management of the facility legitimate and authorized.

Principle 3: Strengthen and leverage key multilateral organizations and global health partnerships

The Alliance for Reproductive, Maternal, and Neonatal Health

The GHI in Nepal will participate in an innovative alliance that focuses on achieving the MDGs 4 and 5. The Alliance is a five-year public-private global alliance to contribute to the goal of reducing the unmet need for family planning by 100 million women, expand skilled birth attendance and facility-based deliveries, and increase the numbers of women and newborns receiving quality post-natal care by 2015. The Alliance includes USAID, DFID, The Australian Agency for International Development (AusAID), and the Bill & Melinda Gates Foundation. The GHI Nepal in partnership with the GON and other donors in the Alliance will work to achieve the following:

- Recruit, train and deploy 10,000 additional skilled birth attendants.
- Increase primary health care centers providing emergency obstetric care to 70%.
- Reduce unmet need for family planning 18%.
- Maintain high quality community-based integrated management of childhood illness (CB-IMCI) in all districts.

- Maintain de-worming and micronutrient supplementation coverage at 90%
- Implement effective nutrition programs.

.

Principle 4: Encourage Government Ownership and Invest in Country-led Plans

Preparing Nepali Military and Civil Organizations to Respond to Natural Disasters

Experts agree that the next decade is likely to see a large earthquake in Nepal. The last large earthquake in 1934 destroyed large areas of Kathmandu, the capital city of Nepal, and led to great loss of life and property. The U.S. Department of Defense and USAID are building capacity for disaster preparedness and management within the Nepal Army, the GON, and civilian organizations such as the Red Cross. The aim is to enhance Nepal's readiness and response capacities in the critical life-saving hours.

The DOD and USAID are working under GHI to:

- Establish a core of community-level first responders to carry out medical, search and rescue, safety, and other core functions.
- Gain multi-sectoral government endorsement of response plans for medical care, safe housing, water and food provision, and alternative communication systems.

Principle 5: Build Sustainability through Health System Strengthening

Joining other donors in using a standard financial reporting system with the Government

Using the GHI principles, the USG in Nepal has successfully advocated with the GON and other donors to set up a single financial reporting system, thus becoming the first mission to sign a Joint Financing Agreement (JFA) with other donors and the GON. JFAs are primarily World Bank documents that lay out financial management and reporting procedures with host governments, using the host government's own systems. The JFA describes how and under what conditions the donor money will flow and be accounted for in the government's systems. It lays out transparent and accountable procedures for financial management and procurement of goods and services to ensure that donor funds are used according to the rules and regulations of the both the host government and the donors. Bilateral treaties and agreements, however, remain the primary legal relationship between donors and host government.

The JFA are an important means by which donors and host governments progress towards greater alignment and harmonization of resources with host country systems. The agreement also puts transparent and accountable procedures into practice. The USG will benefit by being able to track expenditures alongside those of other donors thus reducing the chance of duplicate expenditures.

- The USG will participate with the GON in designing transparent and efficient financial management and reporting procedures within the Ministry of Health and Population.
- The system will be established in such a way that the expenditures are linked to the activities planned for in the NHSP II.

Local Health Governance Strengthening Program

USAID through its Nepal Family Health Program improves the provision and use of public sector family planning, maternal, neonatal and child health (FP/MNCH) and related services supporting the GON's goal to reduce unintended pregnancies and maternal and child mortality, as expressed in the NHSP-II. Under the GHI, the program will continue to strengthen and expand coverage of the Health Facility Operations Management Committees (HFOMC) in 25 core program districts. The program supports the GON's decentralization policy and is preparing peripheral health facilities and communities to oversee the management of health services in their localities. The activity will also strengthen collaboration between district-level bodies of the MOHP and MOLD on enable stronger and more effective management of health systems at local levels. Activities include:

- Resource mobilization for facility improvements through program grants, MOLD block grants, District Development Committee and Municipality budgets, and novel sources of funding.
- Establish financial audit meetings according to GON requirements.
- Perform annual social audits and public hearings on program performance through HFOMCS.

Principle 6: Improve metrics, monitoring and evaluation

The MOHP needs to design, manage, analyze and use data produced by research activities as commissioners and stewards of public health research. The GHI will enhance MOHP capacity to decide what research is needed and which research methods are appropriate to study topics chosen. Through GHI, the USG will help MOHP to prepare terms of reference that frame the desired research questions, realistic budget estimates, evaluation criteria, and competitive solicitations for contracting research agencies. GHI Nepal will share best practices for assurance of fairness and transparency in competition among research firms, and will enhance government competency for monitoring research implementation and data use. In response to GON interest and need to better understand the epidemiology of HIV, establish and manage sentinel surveillance, and oversee periodic surveillance of most-at-risk populations, the USG will recruit from the CDC or other entity and second an expert HIV epidemiologist to the National HIV/AIDS Center if funds are made available.

Illustrative Activities:

- The USG will recruit an HIV epidemiologist through the CDC if possible, to be assigned to the National HIV/AIDS Center for a 4-year period to build staff capacity to oversee surveillance and data management.
- The USG will broaden the HIV/AIDS survey research capacity of Nepali research institutions.
- MOHP with assistance from the USG will develop systematic procedures for accurate data collection and analysis, improve evidence-based program planning, ensure proper collection of HIV and AIDS service statistics, and heighten use of quality of care tools and guidelines

Principle 7: Promote Research and Innovation

Local Manufacture of Water Treatment Technology

Nepal is partially on track to meet the MDG sub-goal 7.c of halving, by 2015, the proportion of the population without sustainable access to safe drinking water and sanitation. The Nepal

Demographic and Health Survey 2006 reported that 82% of the combined urban and rural population has access to an improved source of drinking water. However, safe water supply remains a challenge in Nepal, as in many parts of the world. The same survey found that only 15% of Nepal's population uses an appropriate water treatment method. As the traditional collection of biomass fuel for boiling water is arduous, destructive of forest resources, and time-consuming, the NHSP-II encourages other water treatment methods. The alternative methods are gaining popularity in areas with highway accessibility, but the point-of-use water treatment commodities face heavy breakage during transportation and other distribution challenges in hill and mountain districts. The USG through GHI will promote improved water hygiene and sanitation in a pilot project in one of Nepal's inner hill valleys. Activities include:

- School- and community-based hygiene and water safety education.
- Support to manufacture of colloidal silver filter technology in an area with adequate soils for pottery manufacture.
- Support to manufacture of bio-sand filter technology in an area with adequate sand for bio-sand filter assembly.
- Foster coordination between the health, education and water supply agencies of government and non-government and private actors for enhancement of local water safety.

Annex 6: Results Framework