

Nepal

HEALTH

Thematic report

January - December 2018



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Abbreviations and Acronyms

APH	Antepartum Haemorrhage
BEmOC	Basic Emergency Obstetric and Newborn Care
CBIMNCI	Community-based Integrated Management of Neonatal and Childhood Illness
CCA	Climate Change Adaptation
DHIS2	District Health Information System 2
DRR	Disaster Risk Reduction
ENAP	Every Newborn Action Plan
EOC	Emergency Obstetric Care
EPI	Expanded Programme on Immunization
EVM	Effective Vaccine Management
FCHV	Female Community Health Volunteer
fIPV	Fractional dose of Inactivated Polio Vaccine
GoN	Government of Nepal
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
IEC	Information, Education and Communication
IP	Infection Prevention
KMC	Kangaroo Mother Care
LLIN	Long-Lasting Insecticide Treated bednets
MDG	Millennium Development Goal
MICS	Multiple Indicator Cluster Survey
MMR	Maternal Mortality Rate
MNH	Maternal and Newborn Health
MoHP	Ministry of Health and Population
MPDSR	Maternal and Perinatal Death Surveillance and Response
NDHS	Nepal Demographic and Health Survey
NePeriQIP	Nepal Perinatal Quality Improvement Project
NGO	Non-Governmental Organisation
NHSS	Nepal Health Sector Strategy
NMR	Neonatal Mortality Rate
OR	Other Resources
ORS	Oral Rehydration Solution
PDSA	Plan-Do-Study-Act
PMTCT	Prevention of Mother-to-Child Transmission of HIV
PPH	Postpartum Haemorrhage
PPIUCD	Postpartum Intrauterine Contraceptive Device
QI	Quality Improvement
RR	Regular Resources
SBA	Skilled Birth Attendant
SDG	Sustainable Development Goal
SNCU	Specialized Newborn Care Unit
SWAp	Sector Wide Approach
U5MR	Under-five Mortality Rate

WHO

World Health Organization

Executive Summary

Nepal is a country of geographic diversity and cultural variation. However, despite the challenging geography, continuous political unrest, and frequent disasters including the 2015 earthquakes, Nepal has made significant gains in women and children's health. The National Demographic Health Survey (NDHS 2016) shows the child mortality rate fell from 118 deaths per 1,000 live births in 1996 to 39 in 2016. Similarly, the maternal mortality ratio (MMR) dropped from 539 deaths per 100,000 live births to 239 over the same period. Nepal is one of the few low-income countries that have reduced their child mortality rate by two-thirds since 1990 and achieved Millennium Development Goal (MDG) 4 target.

UNICEF has been an important partner in the health Sector-Wide Approach (SWAp) in Nepal. UNICEF has been generating evidence for policy change, strengthening the health systems capacities at both the national and sub-national levels, influencing equity-based resource allocation and improving service access in maternal, neonatal, child and adolescent health by targeting poor performing districts in nationwide programmes such as immunization and case management of childhood illness, maternal and adolescent health by demonstrating the impact of community-based packages in remote areas.

In 2018, UNICEF has entered a new Country Programme Cycle and signed a Country Programme Action Plan 2018-2022 and Rolling Work Plan 2018-2020 with the Government of Nepal (GoN). With support from Global Thematic Health funding received from Netherlands National Committee, UNICEF contributed substantially to overall health-related results for children and women in Nepal. Through this flexible funding support for health-related activities, UNICEF was able to provide wide range of technical assistance in maternal, newborn, child and adolescent health and health systems strengthening based on the UNICEF Nepal's 2018-2022 country programme. In the move towards federalism from centralized governance, roles of provincial and local governments are becoming important to ensure that quality health services are easily accessible and available for every mother and child. However, evidence-based planning and budgeting and many building blocks of Nepal's health system (such as skilled health workforce, access to vaccines and essential medicines, service delivery, health information management, and financing) remain unclear, which challenges health programme implementation. Thematic health grant was channelled to support all programme focus areas (maternal, newborn, child and adolescent health and health system strengthening) in UNICEF supported areas. The funding focused on building blocks of health system such as governance and capacity building to support the local level actors to analyse local data, plan, implement and monitor quality maternal, newborn, child and adolescent health programmes, for example, the endorsement of Adolescent Health and Development Strategy, development of MPDSR guidelines, MNH update and infection prevention training to health workers.

The following results were achieved despite the challenges due to political transition to federalism in 2018, and this achievement may not be only attributable to the thematic funds, however, the funds greatly supported UNICEF to improve maternal, newborn, child and adolescent health.

Maternal and Newborn Health:

- 1) 52 per cent of deliveries were conducted by skilled birth attendants and 66 per cent of newborns with suspected pneumonia, sepsis or acute respiratory infection received treatment with antibiotics in health facilities and hospitals.

- 2) Maternal and newborn health (MNH) update, onsite coaching/mentoring, Emergency Obstetric Care (EOC) review and infection prevention (IP) trainings took place in UNICEF supported municipalities in Province 2, 6 and 7 to build the capacity of health workers on maternal and newborn health.
- 3) Community-based Maternal and Perinatal Death Surveillance and Response (MPDSR) was established in Jumla and Baitadi districts with UNICEF support to conduct the review of maternal and perinatal deaths and provide appropriate response.
- 4) UNICEF supported to expand the number of hospitals providing Specialized Newborn Care Unit (SNCU) services to 21 in 2018 from 5 in 2017 and of which, UNICEF supported eight hospitals. UNICEF also supported to implement the Nepal Perinatal Quality Improvement Programme (NePeriQIP) in 12 hospitals, which has contributed to enhance the quality of new-born care services in district and zonal hospitals.

Child Health:

- 5) 95 per cent of children under the age of five with diarrhoea were treated with Oral Rehydration Solution (ORS) and zinc in 30 UNICEF supported districts and 84 per cent of health facilities had no stock out of ORS and zinc. UNICEF continued to provide support to improve the quality of Community based Integrated Management of Neonatal and Childhood Illness (CBIMNCI) services in UNICEF supported municipalities.
- 6) Fractional dose of inactivated polio vaccine (fIPV) was introduced in the routine national immunization schedule.
- 7) 28 districts were declared as fully immunized in 2018, taking the total of fully immunized districts to 57 nationwide. 71 per cent of children aged 12-23 months were fully immunized at the national level.

Adolescent Health and HIV:

- 8) UNICEF conducted a 'Formative Review of Adolescent Health Programme in Nepal' to assess the country level situation on adolescent health, which also contributed to finalization of Adolescent Health and Development Strategy 2018.
- 9) Child and adolescent mental health training package for health workers and medical doctors were developed.
- 10) Adolescent friendly health services are expanded covering over 1,250 health facilities out of 4,000 health facilities (UNICEF supported 233 health facilities starting from 2013 and supported for expansion of adolescent friendly health services in 38 health facilities in 2018).
- 11) The Prevention of Mother-to-Child Transmission (PMTCT) services are mainstreamed in government health services. National HIV estimation indicates that there are 304 HIV positive pregnant women per year in Nepal, and 63 per cent of them were identified and received antiretroviral therapy (ART). About 52.3 per cent of estimated pregnancy were tested for HIV which shows the service coverage is still far to reach to 90 per cent by 2021. UNICEF supported to improve the quality of PMTCT and ART services through training of service providers, onsite coaching and mentoring in hospitals and PHCCs, where they looked at PMTCT and ART services as per protocol, supply of HIV test-kits and CD4 reagents.

Health Systems Strengthening and Disaster Risk Reduction:

- 12) UNICEF working with Policy Planning and Monitoring Division in MOHP to establish a platform/system 'performance dashboard' to help governments track financial and service delivery performance data.
- 13) UNICEF has handed over 70 fully equipped prefabricated health facilities to government in earthquake affected areas as part of the earthquake recovery. UNICEF also conducted trainings on Infection Prevention (IP), maintenance and quality improvement of the prefabricated health facilities.
- 14) UNICEF supported emergency preparedness and response through prepositioning emergency health supplies, intensifying routine immunization activities and addressed flood and seasonal flu.

Total US\$ 308,642 was received from thematic funds and US\$ 62,941.69 was utilized in 2018.

Strategic Context of 2018

The health sector in Nepal has witnessed important success in the overall health outcomes of children and women over the last two decades. The maternal mortality rate (MMR) of 539 per 100,000 live births in 1996 has declined to 239 in 2016. Still, there is a long way to go to achieve Sustainable Development Goals (SDG). Nepal aims to reduce the MMR further to 116 by 2022 and 70 by 2030, in line with the SDG global targets. There has been a large decline in child mortality over the last five years. Under-5 mortality rate (U5MR) has declined from 118 per 1,000 live births in 1996 to 39 deaths for 1,000 live births in 2016 representing a 67 per cent decrease over the 20-year period. The neonatal mortality rate (NMR) dropped to 21 per 1,000 live births accounting 54 per cent of all under-5 deaths.

The slow pace of the reduction in new-born mortality and inequities in health outcomes and coverage remain important challenges. The under five mortality rate (U5MR) at the national level in 2016 (NDHS) at 39 per 1,000 live births compared to 2014 (NMICS) at 38 per 1,000 live births and the gap between the highest and the lowest quintile population sub-groups has increased. Both U5MR and NMR increased among the poorest quintile from 57 and 32 deaths per 1,000 live births in 2014 to 62 and 36 in 2016 (NDHS) respectively. Similarly, both U5MR (32 to 49) and NMR (21 to 28) increased in the Terai. It is clear that any further reduction in the overall under-five mortality rate is not feasible without a significant decrease in neonatal deaths. It is therefore, important to reduce neonatal mortality in Nepal. To this end, Ministry of Health & Population (MoHP) has developed and endorsed the Every Newborn Action Plan (ENAP) for Nepal, integrated a neonatal programme into the child health framework and developed and endorsed a community-based integrated management of neonatal and childhood illness (CBIMNCI) package aiming to reduce high rate of neonatal mortality. Adolescent pregnancy, motherhood and mental health are major concerns. More than 50 per cent of women responded that they were married by the age of 18 (NDHS 2016). 17 per cent of adolescents have begun childbearing and 7.5 per cent of pregnant adolescents die due to child birth (NDHS 2016).

Nepal has adopted a federal governance system, two years after the promulgation of the Constitution with local elections completed in May 2017 and provincial and parliamentary elections held in November and December 2017. Nepal is going through fiscal decentralization reforms and its institutional and governance structures have been restructured into seven provinces and 753 local governments units, each having an elected assembly. While the constitution places great emphasis on citizen's rights, including health, and requires the State to ensure basic needs, in reality for health sector, especially preventive and primary health care, is not yet a top priority of the local governments. While the overall structure at each of the three levels of government is becoming clearer, job description and detailed structure and organogram of each tier of the government and institutional arrangements for the health sector is not yet finalized. This lack of clarity and frequent changes of leadership and high-level officials in the Ministry delayed planning and implementing urgent actions required during the transition phase of the federalism reform leading to service disruption.

Results Achieved in the Sector

1. Maternal and Newborn Health

a. Capacity building of health workers on maternal and newborn health (MNH) care

UNICEF provided technical and financial assistance to Family Welfare Division, MoHP and District and Municipal Health Offices for conducting clinical mentoring and coaching, emergency obstetrics care (EOC) Review and orientation on prevention of Postpartum Haemorrhage (PPH). These trainings were conducted in two hospitals in Province 3 and 7. During the training, participants had an opportunity to acquire theoretical and practical knowledge and skills in conducting delivery and managing complication during pregnancy, labour and postpartum. Participants were also able to update their skill and knowledge mainly on management of antepartum haemorrhage (APH)/postpartum haemorrhage, prolonged/obstructed labour, eclampsia, shock, newborn resuscitation as well as on postpartum intrauterine contraceptive device (PPIUCD). These training are critical to the skilled birth attendants (SBA) and non-SBA staff in identifying high risk pregnancies and managing safe deliveries at health centres. At the municipality level, UNICEF supported capacity building of health workers on MNH update, onsite coaching/mentoring and infection prevention in UNICEF supported municipalities in Province 2, 6 and 7. Overall, this provided an opportunity to review the progress in MNH and provide further orientations and updates to health workers and nursing staff working.

b. Maternal and Perinatal Death Surveillance and response (MPDSR)

UNICEF provided support for the expansion of community-based MPDSR in Jumla district in 2018. Implementation of MPDSR in the district involves huge involvement and interaction with Hospital Management Committee and formation of MPDSR committee at the district level, along with a verbal autopsy team. Further, health workers and Female Community Health Volunteers (FCHV) were capacitated on early notification, screening, verbal autopsy and death reviews. In Jumla district, MPDSR district level orientation was provided to 50 stakeholders which included representatives from local government, political leaders and local NGOs. Similarly, MPDSR training was provided to 243 health workers and 543 FCHVs. Furthermore, MPDSR review was also conducted in Karnali Academy of Health Sciences where 40 hospital staff participated. Both the hospital and health facilities in Jumla are now reviewing maternal deaths at the community level and both maternal and perinatal deaths at the hospital level including development and implementation of response plan. However due to federalization, there is ambiguity in reporting channels.

c. Improving quality of newborn care in hospitals

In line with Nepal's Every Newborn Action Plan to address preventable newborn deaths and improve quality of newborn care, UNICEF provided support in expansion of SNCU services. The total number of hospitals providing SNCU has increased to 21 in 2018 from 5 in 2017. Among these, UNICEF provided support in capacity building of 112 medical doctors on level II newborn care at regional level, need assessment of selected health facilities, and provision of equipment for strengthening of SNCU services in eight hospitals.

UNICEF provided support to the MoHP to develop a guideline for Quality Improvement (QI) of perinatal care and to implement the Nepal Perinatal Quality Improvement Program (NePeriQIP) in 12 hospitals in Nepal. In 2018, UNICEF provided technical and financial support to these hospitals to conduct need

assessment, master's Training of Trainers, orientation programmes to health staff in the hospitals, bottleneck analysis and onsite planning, basic training on QI, refresher training, conduction of regular Plan-Do-Study-Act (PDSA) cycles within labour, delivery and newborn wards, monitoring and onsite coaching.

During the reporting period, 12 NePerIQIP hospitals provided quality specialized newborn care services for high risk newborns. Some of the major achievement during the reporting period include:

- Quality improvement committees strengthened to allocate resources for maternal and perinatal health in 12 hospitals
- 866 health workers completed trainings on delivering quality maternal and neonatal care
- 323 action/improvement plans were developed and implemented through PDSA meetings that were held among staff to identify issues, plan intervention, implement and review
- Skill enhanced among health staff through mentoring and onsite coaching conducted by senior mentors (23 times)
- Five hospitals equipped with a neonatal care unit
- Two hospitals equipped with a Kangaroo Mother Care (KMC) Units

As a result, the following number of beneficiaries received NePerIQIP services:

- A total of 67,691 mothers and newborns received quality care from the 12 hospitals
- A total of 4,300 sick newborns received quality care

2. Child Health

a. Community based Integrated Management of Neonatal and Childhood Illness (CBIMNCI)

UNICEF continued to provide technical support to improve the quality of child health services. 2,710 FCHVs and 1,261 health workers were trained on CBIMNCI in seven districts. In addition, UNICEF provided training materials for both FCHVs and health workers. UNICEF jointly with government counterparts at the subnational level monitored the stock of child health tracer commodities, including ORS and zinc to keep track of shortfalls. UNICEF developed an internal tracker system to monitor the stock status in its priority areas to advocate and inform responsible authorities. Logistic Management Information System data showed that the percentage of health facilities with no stock out of zinc and ORS increased from 27 per cent in 2017 to 84 per cent in 2018. 95 per cent of children under the age of five with diarrhoea were treated with ORS and zinc in 30 UNICEF supported rural and urban municipalities.

b. Strengthening National Immunization Programme

UNICEF continued to provide technical assistance through deployment of consultants in four provinces. UNICEF supported in introduction of fractional injectable polio vaccine (fIPV) in the routine immunization schedule. Technical support was provided in the revision of national guidelines such as microplanning, Full Immunization Declaration and Data Quality Self-Assessment Guidelines. Further, UNICEF supported microplanning in 30 UNICEF supported rural and urban municipalities. Additional 28 districts were declared fully immunized in 2018 which accounts to 57 districts fully immunized nationally.

UNICEF supported mobilization of female community health volunteers (FCHVs) for follow up vaccination as per the immunization schedule in 30 municipalities. Support was provided to Family Welfare Division for printing and distribution of Information, Education and Communication (IEC) materials such as immunization job aid poster, immunization card, fIPV poster and factsheet.

c. Effective Vaccine Management (EVM)

UNICEF provided technical assistance to strengthen immunization service delivery nationally with focus on 30 local governments. About 97 Expanded Programme on Immunization (EPI) supervisors and cold chain assistants from district cold stores and sub-stores were trained on effective vaccine and cold chain management. UNICEF provided technical assistance to the implementation of the EVM Improvement Plan (2017-2019) and further the development of an Operational Deployment Plan under the GAVI supported Cold Chain Equipment Optimization Platform which will be rolled out in 2019 to install cold chain equipment in health facilities. Six cold chain consultants were deployed to six provincial medical stores to provide technical assistance in effective vaccine management.

d. National Disability Management Guideline

UNICEF supported development of national disability management guideline as part of the core coordination committee after the development of national disability management plan. UNICEF advocated to ensure children's disability management is addressed clearly in the guideline.

3. Adolescent Health and HIV

a. National Adolescent Health and Development Strategy and mental health

UNICEF provided technical support to revise National Adolescent Health and Development Strategy in 2018, which was first developed in 2000 in Nepal. A formative review of adolescent health programme was conducted covering global, regional and country level situation on adolescent sexual and reproductive health, mental health, nutrition, menstrual hygiene and road traffic injuries. UNICEF and WHO jointly worked with Family Welfare Division, MoHP to organize consultative meetings with adolescent experts and legal experts from concerned ministries to finalize the Strategy.

Based on the revised National Health and Development Strategy, Nepal has started child and adolescent mental health programme in the country. UNICEF supported included technical support in development of child and adolescent mental health training package for health workers and medical doctors . e.

b. Adolescent friendly health services and HIV

Adolescent friendly health services are expanded covering over 1,250 out of 4,000 health facilities in Nepal (UNICEF supported 233 adolescent friendly health facilities starting from 2013 and supported for expansion of adolescent friendly health services in 38 health facilities in 2018). The services aim to reduce adolescent pregnancy, and those adolescents who are pregnant is considered as high-risk group and given a focus on receiving more than four antenatal check-ups and HIV testing. The national data shows that 17 per cent of adolescent girls aged 15-19 years are pregnant and among them, only 56 per cent visit health facilities for antenatal care services (NDHS 2016).

The comprehensive knowledge on HIV among adolescents is low. Only 18.3 per cent of girls and 24.3 per cent of boys aged 15-19 years have comprehensive knowledge (NDHS 2016). UNICEF supported to increase the comprehensive knowledge on HIV through UNICEF supported regular radio programme

“Chatting with my best friend” and the local FMs during “World AIDS Day” covering all Nepal for a month. All Adolescent Friendly Health Service sites and School Health Programme also focused on comprehensive knowledge on HIV.

The Prevention of Mother-to-Child Transmission (PMTCT) services are mainstreamed in government health services. National HIV estimation indicates that there are approximately 300 HIV positive pregnant women per year in Nepal, and 63 per cent of them were identified and received antiretroviral therapy (ART). About 52.3 per cent of estimated pregnancy were tested for HIV which shows the service coverage is still far to reach to 90 per cent by 2021. UNICEF supported Training of Trainers (TOT) training for skill birth attendant trainers (62 trained, 56 females and 6 males), training to PMTCT service providers from hospitals and primary healthcare centres (PHCCs) (52 trained, 27 male and 25 female). In addition, UNICEF supported to improve the quality of PMTCT and ART services through onsite coaching and mentoring in the hospitals and PHCCs, where they looked at PMTCT and ART services as per protocol, supply of HIV test-kits and CD4 reagents.

4. Health Systems Strengthening and Disaster Risk Reduction

a. Tracking health expenditure and health management information system

With the change from unitary to three tier federal system and the change in the organizational structure, there is great need to strengthen the health systems at provincial and municipality level. UNICEF has been supporting Policy Planning and Monitoring Division to review and tracking health expenditure in maternal and child health, and to establish a platform/system ‘performance dashboard’. This is to help governments track financial and service delivery performance data (i.e. stock outs, service utilization, HR data). UNICEF also initiated rapid public expenditure review to support financial tracking. UNICEF conducted field assessment to understand the current situation on Health Management Information System (HMIS) data reporting at health facility levels to support health facilities to implement electronic based reporting system, District Health Information System 2 (DHIS2) among UNICEF supported municipalities.

b. Prefabricated health facilities in earthquake affected districts

As a part of reconstruction and recovery in earthquake affected districts, UNICEF supported construction of prefabricated health facilities with the complete package of furniture, equipment, and solar power system for electricity and hot water. The construction started in 2016 and UNICEF handed over 70 fully equipped prefabricated health facilities to government, of which 47 handed over in 2018. In addition, all staff (total 267) are trained on IP and developed quality improvement plan; and the health facility operation and management committee members (composite of social and political leaders) are oriented on their role on management including maintenance and quality improvement of the prefabricated health facilities.

c. Emergency preparedness and response

As a part of prepositioning for emergency response, UNICEF prepositioned emergency health supplies for 10,000 households in Kathmandu and three UNICEF field offices. The prepositioning items include basic health kits, zinc and ORS, newborn incentive kits, and medicated bed nets. Partnership agreement was

signed with development partners for health emergency response in natural disaster affected communities. In 2018, UNICEF procured ten basic health kits to cover 100,000 population for three months, and 700 long-lasting insecticide treated bednets (LLIN) to replenish the preposition items. UNICEF works closely with WHO and UNFPA for disaster preparedness and response plan.

UNICEF provided technical support to intensify routine immunization activities in 16 flood affected districts in 2018 to reach 250,000 children. To ensure that every child receives immunization, UNICEF supported 16 district health offices to conduct district-level microplanning, organize regular coordination meetings, and monitor vaccine stock status and cold chain equipment status. UNICEF also conducted orientations for around 1,000 FCHVs on social mobilization, aired messaging through community radios and social mobilization, and disseminated IEC materials.

There was flood in Hanumannagar, Kankalini and Tilathi Koiladi municipalities of Saptari district in August 2018. UNICEF supported 400 LLINs and 300 baby incentive kits for mothers and neonatal babies. In September 2018, there was seasonal flu (H1N1) epidemic in Kanchanrup and Hanumannagar municipalities. UNICEF disseminated IEC materials and mobilized FCHVs to prevent transmission of seasonal flu. In September 2018, diarrhoeal epidemic happened in Nainhi village of Jaleswor municipality in Mahottari district and UNICEF supported 2,000 ORS and 1,000 zinc tablets to district health office. The district health office organized health camps and treated over 200 cases in first week of diarrhoea epidemic.

Results Assessment Framework

The monitoring and evaluation system was built from the angle that it needs to satisfy the information needs of each of the donors and the UNICEF programme 2018-2022. UNICEF monitors 16 indicators covering Health. The results achieved in each of the indicators by of end of December 2018 are presented graphically below.

The recent political transition to federalism has caused challenges in implementation of health programmes and weaken data reporting mechanism leading to some negative progress.

Indicators	Baseline (2016/17)	Target (2022)	Progress (2018)	Remarks
Outcome 1. By 2022, children, including newborns and adolescents, and women of reproductive age have improved and equitable access to and use of high-impact quality health interventions and improved healthy behaviours.				
% of live births attended by a skilled health personnel (doctor, nurse, midwife, or auxiliary midwife)	58%	69%	51.5%	
% of fully immunized children	78%	90%	70.5%	
% of newborns receiving newborn care services within two days of birth	57%	75%	51.4%	
Output 1.1. National and subnational governments, communities and the private sector have increased capacity to provide equitable access to quality maternal and newborn services and to improve healthy behaviours				
% of newborns with suspected pneumonia, sepsis or acute respiratory infection treated with injectable antibiotics in health facilities	65%	80%	65.7%	
% of designated basic emergency obstetric and newborn care (BEmONC) facilities that are operational on a 24/7 basis	8.3%	15%	Data not available	Due to federalization, the guideline for BEmONC is being adapted and revised. This has caused difficulty in collecting the information as per standard.
% of UNICEF supported health facilities offering delivery services with functional newborn resuscitation equipment (functional bag and mask in neonatal size)	82.8%	95%	Data not available	GON is planning to conduct a national health facility survey in 2019/20 which will provide information on the availability of newborn resuscitation equipment in birthing centres.
Output 1.2. National and subnational governments, communities and the private sector have increased capacity to provide equitable access to quality child health services and to improve healthy behaviours				
% of cold chain equipment having electronic temperature monitoring system	25%	80%	100%	

% of health facilities with no stock outs of child health tracer commodity-zinc and ORS in last quarter	27%	50%	84.1%	
% drop-out between DPT1 and DPT3 coverage	7%	3%	7.4%	
% drop-out between MR1 and MR2 coverage	32%	3%	19.1%	
Output 1.3: National and subnational governments, communities and the private sector have increased capacity to provide health services that are sensitive and responsive to adolescents' needs and to improve healthy behaviours				
# of adolescent responsive health facilities	195	445	233	
% of pregnant adolescents who have received four focused ANC	55.6%	75%	40%	Incomplete HMIS data from health facilities
% of adolescents aged 15–19 who have comprehensive knowledge about HIV/AIDS in UNICEF targeted areas	18.3% boys; 24.3% girls	50%	Data not available	Data will be available from national DHS/MICS survey.
Output 1.4: National and subnational governments have increased capacity to legislate, plan and budget to improve health systems, including mainstreaming DRR and CCA to plan for, respond to and mitigate the effects of disasters and climate change				
% of health facilities having real-time electronic based systems for reporting cases, stocks of medical supplies and medicines (e-logistics management information system)	0%	100%	Data not available	Due to political transition to federalism, e-reporting mechanism is not yet established.
% of health facilities with an improved water source and a functioning sanitation facility	81%	85%	Data not available	Data will be available from national health care facility survey in 2019.
# of national Health strategies and plans with mainstreamed risk reduction/resilience, inclusive of climate change available	0	1	0	MTR of NHSS planned in 2019

Financial Analysis

Table 1: Planned Budget for the Thematic Sector

Outcome Area: Health

Planned and Funded for the Nepal Country Programme in 2018 (in US Dollars)

Programme Outputs	Funding Type ¹	Planned Budget ²
Output 1.1. National and subnational governments, communities and the private sector have increased capacity to provide equitable access to quality maternal and newborn services and to improve healthy behaviours	RR	120,000
	ORR	790,500
Output 1.2. National and subnational governments, communities and the private sector have increased capacity to provide equitable access to quality child health services and to improve healthy behaviours	RR	99,330
	ORR	790,500
Output 1.3. National and subnational governments, communities and the private sector have increased capacity to provide health services that are sensitive and responsive to adolescents' needs and to improve healthy behaviours	RR	79,000
	ORR	465,000
Output 1.4. National and subnational governments have increased capacity to legislate, plan and budget to improve health systems, including mainstreaming DRR and CCA to plan for, respond to and mitigate the effects of disasters and climate change	RR	360,000
	ORR	563,278
Total Budget		3,267,608

¹ RR: Regular Resources, ORR: Other Resources - Regular (*add ORE: Other Resources - Emergency, if applicable*)

² Planned budget for ORR (*and ORE, if applicable*) does not include estimated recovery cost.

³ ORR (*and ORE, if applicable*) funded amount exclude cost recovery (only programmable amounts).

Table 2: Country-level Thematic Contributions to Thematic Pool Received in 2018 (in USD)

Donors	Grant Number	Contribution Amount	Programmable Amount
Netherlands Committee for UNICEF	SC1899010014	308,642	293,945
Total		308,642	293,945

Table 3: Expenditures in the Thematic Sector by Results area (in USD)

Organizational Targets	Expenditure Amount			
	Other Resources - Emergency	Other Resources - Regular	Regular Resources	All Programme Accounts
21-01 Maternal and newborn health	(25,231)	388,419	276,894	640,082
21-02 Immunization	83,601	149,760	63,147	296,509
21-03 Child Health	2,995,610	1,092,973	883,192	4,971,776
21-07 HIV prevention	(1,085)	18,454	4,329	21,697
21-09 Adolescent health and nutrition	(12,843)	215,656	85,344	288,156
Grand Total	3,040,052	1,865,262	1,312,907	6,218,221

Note: Including ORE Emergency funds

Table 4: Thematic Expenses by Results Area (in USD)

Organizational Targets	Expenditure Amount		
	Other Resources - Emergency	Other Resources - Regular	All Programme Accounts
21-01 Maternal and newborn health	-	191,940	191,940
21-02 Immunization	-	1	1
21-03 Child Health	3,175,070	67,060	3,242,130
21-07 HIV prevention	-	18,240	18,240
21-09 Adolescent health and nutrition	-	22,643	22,643
Grand Total	3,175,070	299,884	3,474,954

Table 5: Expenses by Specific Intervention Codes (in USD)

Specific Intervention Code	Expense
21-01-01 Community and home based maternal and newborn care	3,662
21-01-02 Facility based maternal and newborn care (including emergency obstetric and newborn care, quality improvement)	41,887
21-01-05 Maternal and newborn care policy advocacy, evidence generation, national / subnational capacity development	320,978
21-01-99 Technical assistance - Maternal and newborn health	103,063
21-02-05 Immunization operations	225,195
21-02-09 Measles and rubella supplementary immunization activities	384
21-02-12 Continuous social mobilization and communication	20,705
21-02-99 Technical assistance - Immunization (excluding Polio technical assistance)	1,734
21-03-01 IMNCI / Integrated Community Case Management (ICCM) - Community	73,594
21-03-02 IMNCI facilities	29,269
21-03-03 Child health policy advocacy, evidence generation, national/ subnational capacity development	6,018
21-03-10 HSS - Health systems procurement and supplies management	12,055
21-03-11 HSS - Health sector policy, planning and governance at national or sub-national levels	124,597
21-03-14 HSS - Risk informed programming including climate resilience disaster and conflict	310,831
21-03-17 HSS - Health real time monitoring	32
21-03-18 Public health emergencies, including disease outbreaks	2,628,486
21-03-98 Technical assistance - HSS	35,983
21-03-99 Technical assistance - Child health	877,071
21-07-01 ART for PMTCT	18,027
21-07-02 ARV for infants	2,167
21-09-06 Adolescent pregnancy prevention	350
21-09-07 Adolescent development - health and wellbeing	130,933
21-09-08 Adolescent mental health	6,197
21-09-99 Technical assistance - Adolescent health and nutrition	102,791
26-01-01 Country programme process (including UNDAF planning and CCA)	15,452
26-01-02 Programme reviews (Annual, UNDAF, MTR, etc.)	490
26-01-03 Humanitarian planning and review activities (HRP, RRP, UNICEF HAC)	5,692
26-02-01 Situation Analysis or Update on women and children	56
26-02-08 Programme monitoring	33,086
26-03-02 Capacity and skills development for social behaviour change	60,907
26-03-03 Children, adolescent and youth engagement and participation	101,105
26-03-06 Research, monitoring and evaluation and knowledge management for C4D	24,509
26-03-07 Strengthening C4D in Government systems including preparedness for humanitarian action	67,262
26-03-99 Technical assistance - Cross - sectoral communication for development	109,830
26-05-01 Building evaluation capacity in UNICEF and the UN system	16,313
26-06-01 Parliamentary engagement for policy advocacy	48,553
26-06-08 Emergency preparedness (cross-sectoral)	276,672
26-07-01 Operations support to programme delivery	814,656

27-01-06 HQ and RO technical support to multiple Goal Areas	65,560
27-01-15 CO programme coordination	1,817
27-01-16 CO advocacy and communication	43,957
28-07-04 Management and Operations support at CO	-543,706
Grand Total	6,218,221

Table 6: Planned Budget for 2019

Outcome Area: Health
Nepal
Planned Budget and Available Resources for 2019

Intermediate Result	Funding Type	Planned Budget ¹	Funded Budget ¹	Shortfall ²
Output 1.1. National and subnational governments, communities and the private sector have increased capacity to provide equitable access to quality maternal and newborn services and to improve healthy behaviors	RR	120,000.00	156,147.00	(36,147.00)
	ORR	1,162,500.00	675,596.00	486,904.00
Output 1.2. National and subnational governments, communities and the private sector have increased capacity to provide equitable access to quality child health services and to improve healthy behaviours	RR	99,330.00	104,818.00	(5,488.00)
	ORR	1,162,500.00	491,915.00	670,585.00
Output 1.3. National and subnational governments, communities and the private sector have increased capacity to provide health services that are sensitive and responsive to adolescents' needs and to improve healthy behaviours	RR	79,000.00	79,313.00	(313.00)
	ORR	558,000.00	250,970.00	307,030.00
Output 1.4. National and subnational governments have increased capacity to legislate, plan and budget to improve health systems, including mainstreaming DRR and CCA to plan for, respond to and mitigate the effects of disasters and climate change	RR	360,000.00	537,220.00	(147,359.00)
	ORR	507,576.33	273,567.00	234,009.33
Sub-total Regular Resources		688,191.00	877,498.00	(189,307.00)
Sub-total Other Resources - Regular		3,390,576.33	1,692,048.00	1,698,528.33
Total for 2019		4,078,767.33	2,569,546.00	1,509,221.33

¹ Planned and Funded budget for ORR (and ORE, if applicable) excludes recovery cost. RR plan is based on total RR approved for the Country Programme duration

² Other Resources shortfall represents ORR funding required for the achievements of results in 2018.

Future Work Plan

UNICEF will continue to accelerate programme implementation to achieve the target objectives. The future plan in 2019 by output is as follows:

Output 1.1: National and subnational governments, communities and the private sector have increased capacity to provide equitable access to quality **maternal and newborn services and to improve healthy behaviour**

UNICEF will support the government to achieve the targets set out in Nepal Health Sector Strategy (NHSS) and Every Newborn Action Plan (ENAP) for Nepal with focus on addressing enabling environment barriers, integration and improving quality of care. Policies, guidelines and standard operating procedures which outline packages of evidence based integrated services would be supported. System strengthening of existent system including the referral system, Basic and Comprehensive Emergency Obstetric Care and MPDSR through capacity building, logistics support, e-health and effective monitoring and supervision would be enhanced. In addition, UNICEF will provide technical assistance to develop QI framework and guideline and support in the implementation of QI process in selected health facilities and hospitals with supportive supervision, including strengthening of referral system for sick mothers and newborns. UNICEF will continue to provide technical support for nationwide scale-up of the integration of PMTCT into antenatal care and ensuring that all children born to HIV positive women receive proper treatment.

As part of integration and addressing cross-sectoral issues - ECD and disability- UNICEF will support efforts to promote screening, early detection, referral and management of birth defects and disabilities among young infants, establish water and sanitation facilities in every birthing centre and will also promote health.

Output 1.2: National and subnational governments, communities and the private sector have increased capacity to provide equitable access to quality **child health services and to improve healthy behaviour**

UNICEF will influence the enabling environment by supporting the introduction of new vaccines in line with the government's plan. UNICEF will support the MoHP to introduce rota virus vaccine in 2019 as part of the national immunization schedule. UNICEF will also assist the government to develop policies, guidelines and strategies on child health including pneumonia and disability. Strategies to increase demand for services will be fostered including media campaigns and social mobilization efforts to raise awareness. UNICEF will continue to support immunization supply chain management and logistics, including capacity building for effective vaccine management and real time information management of cold chain equipment and vaccines. UNICEF will provide technical support at all levels to ensure the smooth transition of the delivery of immunization services.

UNICEF will continue its support to scale-up and strengthen CBIMNCI programmes and capacity buildings of FCHVs in remote areas. UNICEF will also provide support for institutional strengthening of health facilities at all levels to provide quality care to sick newborns and children. UNICEF will support research and evidence generation and innovative technologies will be explored to improve health information and diagnosis.

UNICEF targets to strengthen Government of Nepal and other stakeholder's capacity to ensure full potential of all children through holistic early childhood development. We envision that all children, especially the marginalized, from conception to age of school entry achieve their full development potential, including in humanitarian situation. Furthermore, UNICEF would highlight the importance of early detection of disabilities among infants and young children and work on adequate and effective interventions.

Output 1.3: National and subnational governments, communities and the private sector have increased capacity to provide health services that are sensitive and responsive to adolescents' needs and to improve healthy behaviour

UNICEF with government and other partners will actively engage in development of a Costed Implementation Plan for the National Adolescent Health and Development Strategy and in advocacy for increasing the national resource allocation for adolescent health. UNICEF will provide technical support to identify best practices for age and gender responsive programming for adolescents. UNICEF will support health facilities' capacity with emphasis on counselling skills around mental health, child marriage and adolescent pregnancies and providing quality care to pregnant adolescents.

UNICEF will continue to work to increase community awareness using different platforms on prevention of child marriage, teenage pregnancies and HIV/STIs, menstrual hygiene as well as promotion of positive gender practices, sharing information about the availability of adolescent responsive services. UNICEF will support generation of evidence, particularly around factors that prevent unwanted adolescent pregnancies and HIV and STI infections in adolescents.

Output 1.4: National and subnational governments have increased capacity to legislate, plan and budget to improve health systems, including mainstreaming disaster risk reduction (DRR) and climate change adaptation (CCA) to plan for, respond to and mitigate the effects of disasters and climate change

UNICEF will continue to support various building blocks of a robust health system including support to best transit to a new federal state structure while avoiding disruptions to achieve and sustain improved maternal, newborn, child and adolescent health. UNICEF will support government for expansion of the platform/system 'performance dashboard' that will help government for tracking of financial and service delivery performance data. UNICEF will focus on improving the performance of all level health system, especially sub-national health systems (province and local governments) in the areas of quality service deliveries, human resources for health, commodities and supplies, information management, C4D, DRR and preparedness. UNICEF will assist in strengthening decentralized health planning, budgeting and monitoring based on quality data through a bottleneck analysis approach and availability of essential medicine and other supplies. UNICEF will advocate for the registration and availability of life-saving vaccines, drugs and commodities in the national essential drug list and centralize the procurements of essential drugs and commodities. UNICEF will support subnational governments to roll out DHIS2 to strengthen the health data management system.

UNICEF will advocate with government and strengthen government capacity to expand maternal, newborn, child and adolescent outreach services. UNICEF will also focus on strengthening disaster preparedness and resilience through capacity development and awareness raising campaigns. UNICEF will support e-health and evidence generation to understand the current burden of climate-sensitive issues affecting children, and how that burden is changing.

Expression of Thanks

The UNICEF Nepal Country Office would like to express sincere thanks to the partners providing funding to the UNICEF Thematic Fund for Health (SC189901), specifically the Netherlands National Committee for UNICEF to achieve the above-mentioned results for children and women in Nepal and we look forward to our continued successful collaboration.

Annexes: Human Interest Stories and Donor Feedback Form

Annex 1: Human Interest Stories

Love's embrace

Born prematurely, a two-month-old boy in far western Nepal has received a new lease on life thanks to Kangaroo Mother Care practices

By Preena Shrestha

Kailali, Nepal – Sabina Chaudhary holds her baby close as her husband Upendra reaches around her with a cloth wrapper, binding mother and child together. Little Devansh, just over two months old now, nestles into Sabina's bare chest, his breathing slow and steady.



Sabina's husband Upendra wraps a cloth around her to put their baby into the KMC position in their home in Himmatpur, Kailali District. ©UNICEF/2018/Reinier van Oorsouw

This particular way of carrying the baby while maintaining skin-to-skin contact was one of the methods Sabina and Upendra learned at the hospital where they had sought help for Devansh, who was born two months prematurely. The practice is a key element of Kangaroo Mother Care (KMC) or *Maya ko Angalo* ("a loving embrace") in Nepali, a non-medical intervention aimed at saving the lives of preterm and underweight babies.

The couple had gone to the Seti Zonal Hospital in Dhangadhi, the district headquarters, for a check-up after Sabina started having severe stomach pains. She was seven months pregnant at the time. An ultrasound revealed that she would be giving birth soon.

Two days later, at a clinic close to her home, Devansh came into the world.



Sabina and Upendra's baby boy Devansh, weighing 2.5 kilograms, at the Seti Zonal Hospital in Dhangadhi. He weighed around 1,100 grams when he was born. ©UNICEF/2018/Reinier van Oorsouw

It became quickly apparent that the child would need special care. Weighing just around 1,100 grams to begin with, he shortly dropped even lower to 800 grams.

"He was so small," Sabina says, recalling the first time they saw the baby. "I was crying and thinking, 'Will he even survive?'.... I was so worried."

On the advice of the staff at the clinic, Devansh was brought to the Seti Zonal Hospital. Once there, he was immediately put in intensive care.

The next few weeks were hectic, with the couple rushing back and forth between their home and the hospital to get the child the treatment he needed, including for a sudden onset of hepatitis. It was during one of these visits that a nurse at the facility told Sabina and Upendra about KMC.



Sabina with the midwife who helped her deliver her baby during a check-up at the hospital. ©UNICEF/2018/Reinier van Oorsouw

“She showed us how to hold him close to the skin and secure him in that position,” Sabina says. “If we did it regularly, she said it would keep him warm and help him grow.”

Eager at this point to try anything they could to boost their baby’s fragile health, the new parents were diligent in practicing what they had learned over the next few weeks. Although it was Sabina who more frequently did the carrying, Upendra was always on standby, ready to take over when his wife got too tired or hot and needed to take a break.

Preterm babies are at high risk of physical and mental health complications – even death – if not provided the right care. According to a study in *The Lancet*, in Nepal, there are 81,900 low birth weight (LBW) babies born annually, with approximately 10,400 infant deaths due to complications related to LBW. The KMC method has proved an effective response in this context, enabling parents to use their own bodies to create an incubator-like environment where babies are protected from the cold. The technique is also said to help build emotional bonds between the parent and infant in these crucial early moments.

Upendra notes that this was one of the reasons he was so keen to share childcare responsibilities with his wife. “I wanted him to feel just as safe and comfortable with me as he did with his mother, because he’s my baby too,” he says. “The KMC sessions helped a lot in creating that bond between us.”



Sabina helps husband Upendra hold their baby boy as per the KMC technique the couple learned from the Seti Zonal Hospital staff. ©UNICEF/2018/Reinier van Oorsouw

“I don’t see why all the work should fall on women, in any case. I might not be able to breastfeed, but there’s so much more I can do to help,” he adds.

Much to the couple’s relief, they soon started to see small changes in Devansh’s health. He was getting more active and slowly gaining weight. “The more we did it, the more encouraged we were by the results to keep going,” Sabina says.

Apart from skin-to-skin contact, health workers and nurses at the hospital also offered the couple constant feedback and guidance related to feeding, another important aspect of KMC. Since it was difficult to breastfeed Devansh for a few days in the beginning, they were taught to use a ‘nifty cup’, a small cup-shaped device designed to help infants take in expressed mother’s milk more easily.



The midwife at the Seti Zonal Hospital helps Sabina to feed her baby some milk using a nifty cup. ©UNICEF/2018/Reinier van Oorsouw

Such efforts to instruct parents like Sabina and Upendra on the methods and advantages of KMC are among a number of services that have been initiated at the Seti Zonal Hospital's Neonatal Intensive Care Unit (NICU) with UNICEF support. Apart from KMC, UNICEF has helped build the capacity of health staff – including medical doctors, nurses and paramedics – in Level II newborn care, referring to specialty services for preterm and ill newborn babies, and Helping Babies Breathe, a resuscitation programme.

The hospital has also started the Nepal Perinatal Quality Improvement Programme, aimed at enhancing the quality of newborn care through need assessment, orientation/training, Plan-Do-Study-Act (PDSA) cycle, self-assessments and peer review.

All the support provided by the hospital means that today, Devansh is a healthy, lively baby and the apple of his parents' eyes. His weight was at 2,500 grams the last time it was checked, and he no longer requires KMC as frequently as he once did.



Devansh Chaudhary's feet. Thanks to guidance received from health workers at the Seti Zonal Hospital on administering KMC, his parents were able to ensure his survival despite being born prematurely. ©UNICEF/2018/Reinier van Oorsouw

Sabina says they are glad to be beyond those early, fretful days of wondering whether he would make it.

“He moves a lot more, and sleeps all day and wakes up all night,” she says. “Just seeing him open his eyes and look around makes us very happy. We are more confident that he will survive.”



Sabina and husband Upendra with their recently born baby boy, Devansh. ©UNICEF/2018/Reinier van Oorsouw

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Annex 2: Donor Feedback Form

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