Monitoring MDGs Progress
Health sector and beyond

This is a process report of one-day interaction programme, organised jointly by the Ministry of Health and Population and Association of INGOs Nepal – Health Working Group on February 10, 2010 in Hotel Malla, Kathmandu.
Monitoring MDGs: Health sector and beyond

Interaction Programme – February 10, 2010, Kathmandu

Context

Nepal made significant progress on reducing the child and maternal mortality ratio as compared to its baseline (1990); however significant efforts are still needed for further reduction of mortality. Though mortality rate is reduced, the morbidity pattern is still high for certain diseases. Similarly, Nepal still faces challenges to break the transmission cycle of HIV/AIDS, reduce the occurrences of malaria, diarrhoea & other diseases. In order to achieve the health Millennium Development Goals (MDGs) within defined timeframe, review of its progress is imperative to gauge the progress made so far, further enhance performance, and identify co-factors associated with health impacts.

MDG progress review is also necessary to explore linkages with non-health MDGs with health MDGs, identify social determinants related to health outcomes, and illustrate investments from other sectors towards health MDGs. The timing of the review is also pertinent given that the Nepal Health Sector Plan (2010-2015) is being developed and insight gained from the MDGs progress review will contribute in elaborating health interventions for the next five years.

Objectives

Ministry of Health and Population (MoHP) and Association of INGOs (AIN), Health Working Group Nepal jointly organised the interaction programme with the objectives to:

- Review the current status of health MDGs;
- identify the association and attributable contribution of non-health related MDGs for the achievement of health MDGs;
- identify barriers, if any, that limit the achievements of health MDGs on time;
- and propose specific health and non-health measures and recommendations to improve the current health progress for timely achievements of the health MDGs

Participants

More than 60 invitees representing MoHP and its subordinate authorities, AIN members, health sector external development partners (EDPs), and NGOs participated in the programme. A list of participants is included as annex-IV.

Proceeding

Programme agenda is included as annex-I. The interaction programme was inaugurated by the chief guest Hon. vice chairperson of the National Planning Commission (NPC) Dr. Yuvaraj Khatiwada. Acting Health Secretary and chief of
Policy, Planning, and International Cooperation Division (PPICD) of MoHP Dr. Laxmi Raj Pathak chaired the morning session and Hon. member of the NPC Dr. Chet Raj Pant chaired the afternoon session of the programme. Dr. Baburam Marasini, Senior Health Administrator of MoHP welcomed the participants and Mr. Om Pd. Gautam coordinator - AIN Health Working Group highlighted the day’s objectives.

Presentations
This section provides synopsis of the presentations made on the day. Complete set of presentations is included as annex-II.

Monitoring Health Sector MDGs
At the outset, Dr. Baburam Marasini presented the current status of health related MDGs in Nepal. In his presentation, Dr. Marasini highlighted the health outcomes and health sector progress towards achieving MDG one, two, and three. In his subsequent presentation on the health MDGs, he highlighted the current status and progress as well as cross cutting factors like introduction of Sector Wide Approach (SWAp) that has influenced the progress towards health MDGs. After delving into some challenges to be addressed, he wrapped up his presentation with the concluding thought that Nepal is in track of achieving most of the health MDGs (goal 4 and 5) except HIV and AIDS where present efforts require additional boost to be on track.

<table>
<thead>
<tr>
<th>MDG Indicators</th>
<th>Goal Achievement by 2015</th>
<th>Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>MDG—1 (Malnutrition)</td>
<td>Possible</td>
<td>Climate change</td>
</tr>
<tr>
<td>MDG—4 (Child mortality rate)</td>
<td>Near MDG goal</td>
<td>Neonatal health</td>
</tr>
<tr>
<td>MDG—5 (Maternal mortality ratio)</td>
<td>Possible</td>
<td>Access and equity</td>
</tr>
<tr>
<td>MDG—6 (Tuberculosis)</td>
<td>Near MDG goal</td>
<td>HIV</td>
</tr>
<tr>
<td>MDG—6 (Malaria)</td>
<td>Near MDG goal</td>
<td>HIV</td>
</tr>
<tr>
<td>MDG—6 (HIV)</td>
<td>Difficult</td>
<td>Labour migrants</td>
</tr>
</tbody>
</table>

Table 1: Status of Health Sector MDGs in Nepal

Following Dr. Marasini’s presentation, members of a panel setup to further the discussion delivered their remarks on Nepal’s progress on health MDGs. Some pertinent remarks were:

**MS. DALE DAVIS – VICE CHAIR, AIN**
- Multi-sectoral collaboration is needed for achieving health MDGs – strong partnership between state and non-state actors, mapping of their efforts, and developing concerted multi-sector approach should be high on the agenda
- Role of INGOs, with their engagement in diverse sectors and wider reach in almost all districts, is vital for the progress in achieving MDGs
- In 2006, INGOs have spent NRs. 4 billion towards the progress of MDGs. Now that we only have five more years to achieve the goals, more efforts are needed specially when it comes to focusing on poor and marginalised.
- AIN is committed to work with the government, its external development partners, and the NGOs for the next five years to help Nepal achieve the MDGs
Mr. Ian McFarlane – Co Chair, EDPs

- Data validity remains an important question. Data quality requires further improvement.
- We should work on ensuring sustainability of efforts – good practices of both state and non-state actors need to be build upon
- Improved inter-sectoral approach is required to strengthen health system and improve service delivery
- Population is not getting the attention it should; this is an extremely important area and more programmatic focus should be accorded

Dr. Jagadish C. Pokharel – Ex Vice Chair, NPC

- This event and the MoHP-AIN MDGs monitoring effort comes at opportune time as the government is in process of writing the next three year development plans
- Two frequently raised issues need focus: quality of nationally collected data and resource constraints to implement innovative approaches

Hon. Dr. Chet Raj Pant – Member, NPC

- Government plans should reflect the available resources; it should only promise what it can deliver
- National plans should be demand based; for example, micro-credit and school health programme should be expanded further
- MoHP should increase its collaboration with other social sectors

Hon. Dr. Yuvaraj Khatiwada – Vice Chair, NPC

- This joint effort of MoHP and AIN to review the health MDGs is pertinent as it can provide insight into the periodic plans
- Inter-sectoral planning and integrated planning requires more emphasis; I suggest that MoHP form thematic groups to strengthen inter-ministerial coordination
- Effective coordination among different actors at the local level is still not up to the mark; it needs improvement
- We should be cautioned about aggregate achievement in poverty reduction and MDGs not diluting focused intervention for certain marginalised groups who remain outside of the mainstream development process
- Producing results vis-à-vis the inputs imparted, improving data quality, and coordinating activities outside the purview of SWAp remain challenges to be addressed for achieving the MDGs
- Our development partners shouldn’t be fretful about new initiatives the government is likely to introduce in coming days
- The government expects the development partners to contribute more money in infrastructure projects like road construction
- The government also expects that development partners minimise their operating costs and not compete for resources

Dr. Laxmi Raj Pathak – Act. Secretary, MoHP (Session Chair)

- The next phase of Nepal Health Sector Programme (NHSP II) focuses on health system strengthening and improving access to services; this MoHP-AIN collaborative MDG review process will provide insight for NHSP II
Improving infrastructure and logistics, localising the MDGs, reviewing of cost-sharing strategy, and increasing inputs from current US$ 3.5 per person to US$ 12 per person of GDP are some of the forthcoming approaches for Nepal’s health sector.

Even though overall access to services has improved over the years, among certain population groups, it remains poor. We need to design specific focused interventions to reach and cater to these groups.

Managing human resource remains a challenge; especially placing right person in right place will improve implementation of programmes.

**Presentations on Current Status of Non-health MDGs, Gaps and Challenges**

The afternoon session, chaired by Hon. Dr. Chet Raj Pant, started with presentations on non-health MDGs and other determinants of health outcomes. Only three presentations, out of expected seven, were made on the day.

**MDG1: Poverty and hunger**

Dr. Jagadish C. Pokharel focused on MDG1 as part of the overall Nepal MDG Progress Report 2010 which is still in the making.

Dr. Pokhrel said some debate on food security vs. nutrition is going on and perhaps food security may be prioritised higher, specially reducing food dependencies. He said, elucidating findings of the Progress Report 2010 so far, that the overall poverty is reduced and poverty gap narrowed but ensuring equity, justice and equal distribution still remain issues to be tackled. Furthermore, disaggregation of data is something to be improved. He summed up his presentation with the notion that poverty goal is likely to be achieved but not without some caveats.

**MDG7 (Target 10): Water and sanitation**

Mr. Suman Sharma, joint secretary of Ministry of Physical Planning and Works (MPPW), presented the status of target 10 (water and sanitation) of MDG7.

At the onset, Mr. Sharma juxtaposed two major targets Nepal is pursuing in the water supply and sanitation sector, i.e. the MDG goal of halving the population without access to safe water and sanitation by 2015 and the national target of achieving universal access to basic water and sanitation by 2017. He said Nepal is well on track to meet the MDG target but additional performance is required to meet the national target of universal access. He said strong community driven approaches, government’s commitment to achieve universal access by 2017, good state and non-state partnership and the choice of technically viable small schemes at community level has worked for the sector; whereas weak sector alignment, low functional status of
services, insufficiency of resources, and rapid urbanisation are some of the barriers that need to be addressed in future.

In conclusion he stressed on strong linkages required with the health and education sector and suggested few areas of collaboration like knowledge and resource management, awareness creation, water quality surveillance monitoring, and developing information base.

**Other contributing development work: Trail bridges**

Mr. Mani Ram Gelal, Project Manager of Suspension Bridge Division of Department of Local Infrastructure Development and Agricultural Roads (DoLIDAR), presented the overview of trail bridges in Nepal as a contributing factor in achieving the MDGs by facilitating access to services.

In this presentation Mr. Gelal walked through the historical development in construction of trail bridges in Nepal, highlighted current achievements and future strategy of the division. His presentation also showcased a pictorial on different types of trail bridges installed in Nepal.

**Floor Discussion**

Following the presentations, floor discussion with the presenters and the participants ensued. *Questions and comments penned down by the participants during the presentations are included as annex-III*. Following matrix highlights some questions and responses:

<table>
<thead>
<tr>
<th>Questions</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Could you provide some insight on how poverty reduction was made possible?</td>
<td>The present findings are based on Labour Force Survey, which the Central Bureau of Statistics (CBS) considers comparable to national data. The facilitating factors for small reduction in poverty are employment and remittances. But sustaining them at nationally and internationally at the time of global recession is a challenge; therefore, some of the achievements may slide in the future. <em>(Dr. Pokharel)</em></td>
</tr>
<tr>
<td>Is the link between poverty and malnutrition analysed?</td>
<td>For now we are extrapolating; the next Nepal Living Standard Survey (NLSS), the National Census 2011 and NDHS will have to look at it and clarify the picture. <em>(Dr. Pokharel)</em></td>
</tr>
<tr>
<td>As MOHP and NPC are in the process of developing future plans, the achievements and progress made on MDGs could mask the geographical variations. In this context, would you try to achieve national target or focus on equity?</td>
<td>The challenge is to address disparities and variations across geographical pockets. We have to disaggregate our targets both at the macro and micro levels. Strengthening local bodies and good governance are important. The government has to partner with other agencies who reach up to the local level. How to maintain development agenda high against the political agenda is also a question for next few years. State restructuring may also create</td>
</tr>
<tr>
<td>Question</td>
<td>Answer</td>
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<td>-------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>How can we scale-up school health programme and establish better coordination between Ministry of Education &amp; Sports (MoES) and MoHP?</td>
<td>We have developed National School Health Strategy in 2006 based on the needs assessment of 2005. We have to accept that we’re weak at inter-ministerial collaboration. MDGs could be an opportunity for improving it; also both MoHP and MoES have presence in every VDC of the country. As health workers are already burdened with other programmes, their involvement in school health may not be sustainable. We have to invite non-state actors and NGOs to bridge that gap.</td>
</tr>
<tr>
<td>How do health related INGOs report their contribution and how do they coordinate at the district level to ensure they complement government services and avoid duplication?</td>
<td>Until last year we had no dialogue on it. INGOs used to report only to Social Welfare Council (SWF). Now MoHP is trying to create some mechanism for INGOs to report to it. However we still have to address the coordination issue at the district level. We are also trying to develop a strategy to avoid duplication of programme activities and improve coordination at the regional level. From this year on, MoHP and AIN Health Working Group will be working more closely so we can expect better coordination with the INGOs.</td>
</tr>
<tr>
<td>What is 2009 Tracking Survey? Is it representative for Nepal?</td>
<td>It was a small survey done to validate Nepal Demographic and Health Survey (NDHS) 2006 findings, in particular to examine whether the Maternal Mortality Ratio (MMR) had reduced at a level shown in NDHS 2006. Moreover, it looked at the causes of MMR and found that haemorrhage, Eclampsia and suicide were the main causes of MMR in Nepal. MMR was found to be 219 against 281 reported in NDHS.</td>
</tr>
<tr>
<td>What is a valid Contraceptive Prevalence Rate (CPR) figure?</td>
<td>Current CPR is 49.6% but if we combine urban data it goes up. Our target is 67% and unmet need is 25%</td>
</tr>
<tr>
<td>Why is mental health not part of MDG? Why a separate department for mental health not established in Nepal?</td>
<td>MDG is a global agenda. The UN Committee formed to address global problems did not include mental health. However, some countries have added supplementary goals to the MDGs, which Nepal can also do. Mental health will be an important component in the next five year health sector plan.</td>
</tr>
<tr>
<td>Has there been an evaluation of the impact of trail bridges?</td>
<td>We conduct post bridge building assessment in terms of population size benefitted and detouring time saved. Swiss Development Cooperation (SDC) has supported in compiling national data</td>
</tr>
</tbody>
</table>
Hon. Dr. Pant closed the floor discussion by thanking the participants for valuable discourse and expressed his commitment that the points and issues raised during the day would be considered by NPC when developing the next plans. He lauded the interaction programme saying it unearthed critical issues gave an insight on where things stand now. He thanked the organisers MoHP and AIN.

**Closure**

To end the proceedings for the day, Mr. Phanindra Adhikary, Steering Committee member of AIN, and Dr. Marasini thanked the presenters and participants for an insightful day. Both expressed their strong commitments, on behalf of MoHP and AIN, on working towards the achievement of the MDGs.

**Facilitator’s Observations**

- The collaborative review of MDGs progress with MoHP underscored AIN’s role of policy advocacy as well as supporting national systems
- Excellent turnout of the invitees, representative of different stakeholders, especially during the first half of the day
- Presentation on MDG goals two (education), three (gender and women empowerment), and eight (global partnerships) were not conducted; these would have further enriched the discourse and delved into crucial inter-sectoral linkages
- The on-going review of health MDGs is opportune as the government is beginning to develop the next three year plan (and MoHP is developing NHSP II). *Once the exercise to review the health MDGs is complete, a short dissemination event would be further beneficial.*

**Key, recurring issues of the day:**

- Overall achievement in poverty reduction and MDGs shouldn’t dissipate focus from certain groups that are yet to be benefitted
- Multi-sector collaboration and partnership between state and not-state actors are crucial for achieving MDGs
- Inter-ministerial coordination and coordination with other supporting partners, both at central as well as local level, needs to improve
- Quality of data (*and thus information*) remains poor and needs significant improvement
Programme Agenda
# "Monitoring MDG Progress: Health Sector & Beyond"

## Programme Agenda

**Date:** 10 February 2010  
**Venue:** Hotel Malla, Lainchowk  
**Time:** 9:30 - 5:00

<table>
<thead>
<tr>
<th>Time</th>
<th>Activities</th>
<th>Responsible Org.</th>
<th>Responsible person</th>
</tr>
</thead>
<tbody>
<tr>
<td>9:30-10:00</td>
<td>Registration and Tea</td>
<td>All</td>
<td></td>
</tr>
<tr>
<td>10:00-10:10</td>
<td>Welcome remarks</td>
<td>MoHP</td>
<td>MoHP</td>
</tr>
<tr>
<td>10:10-10:15</td>
<td>Objectives of the workshop</td>
<td>AIN HWG</td>
<td>Mr. Om Pd. Gautam</td>
</tr>
<tr>
<td>10:15-10:20</td>
<td>Inauguration of the workshop</td>
<td>NPC</td>
<td>NPC Vice Chair</td>
</tr>
<tr>
<td>10:20-11:15</td>
<td>Presentation on current status of health MDGs, gaps and challenges:</td>
<td>MoHP</td>
<td>Dr. Baburam Marasini</td>
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<tr>
<td></td>
<td>• Child mortality</td>
<td></td>
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<tr>
<td></td>
<td>• Maternal health</td>
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<tr>
<td></td>
<td>• HIV/AIDS, malaria and other diseases</td>
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<tr>
<td>11:15-11:35</td>
<td>Remarks by AIN Vice Chairperson</td>
<td>AIN</td>
<td>Ms. Dale Davis</td>
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<tr>
<td>11:15-11:35</td>
<td>Remarks by EDP</td>
<td>EDP</td>
<td>TBD</td>
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<tr>
<td>11:15-11:35</td>
<td>Remarks by Director General, DoHS</td>
<td>DoHS/MoHP</td>
<td>Dr. Y.V. Pradhan</td>
</tr>
<tr>
<td>11:15-11:35</td>
<td>Remarks by NPC Member</td>
<td>NPC</td>
<td>Dr. C.R. Pant</td>
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<tr>
<td>11:15-11:35</td>
<td>Remarks by Chief Guest (NPC Vice Chair)</td>
<td>NPC</td>
<td>NPC Vice Chair</td>
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<tr>
<td>11:15-11:35</td>
<td>Concluding remarks</td>
<td>MoHP</td>
<td>Chair of the session</td>
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<tr>
<td>11:35-11:45</td>
<td>Tea break</td>
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<tr>
<td>11:45-1:00</td>
<td>Presentation on current status of non-health MDGs, gaps and challenges:</td>
<td>NPC, MoE, MoWCSW</td>
<td>Former VC: Jagdish Chandra Pokhrel</td>
</tr>
<tr>
<td>11:45-1:00</td>
<td>• Eradicate extreme poverty and hunger</td>
<td>MPPW</td>
<td>Lava Dev Awasti</td>
</tr>
<tr>
<td>11:45-1:00</td>
<td>• Achieve universal primary education</td>
<td>MoF</td>
<td>Ram P Aryal</td>
</tr>
<tr>
<td>11:45-1:00</td>
<td>• Promote gender equality and empower women</td>
<td>Dolidar, Road, Suspension Bridge</td>
<td>Suman Shrama</td>
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<tr>
<td>11:45-1:00</td>
<td>• Ensure environmental sustainability</td>
<td></td>
<td>Lal Mani or EDP Chair</td>
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<td>11:45-1:00</td>
<td>• Develop a global partnership for development</td>
<td></td>
<td>Respective org. representative</td>
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<tr>
<td>11:45-1:00</td>
<td>• Other contributing development work</td>
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<tr>
<td>11:45-1:00</td>
<td><em>Note: Only 5-10 min presentation for each goal</em></td>
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<tr>
<td>1:00-2:00</td>
<td>Lunch</td>
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<tr>
<td>2:00-4:30pm</td>
<td><strong>Discussion:</strong> Based on the meta card received from the participants.</td>
<td>MoHP/DoHS</td>
<td>Dr. B. R. Marasini / Sudip Pokharel</td>
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<tr>
<td>2:00-4:30pm</td>
<td>Discussion will be focused on:</td>
<td></td>
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<tr>
<td>2:00-4:30pm</td>
<td>• Discussion on gap and challenges tabled by each presentator on each MDGs.</td>
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<tr>
<td>2:00-4:30pm</td>
<td>• Identify key interventions to meet those challenges in relation to health MDGs.</td>
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<tr>
<td>4:30-5:00pm</td>
<td><strong>Wrap up</strong></td>
<td>Sudip Pokhrel</td>
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<tr>
<td>4:30-5:00pm</td>
<td>Vote of thanks</td>
<td>Phanindra Adhikary</td>
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<td>MoHP</td>
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**Organized by:** MoH&P  
**Supported by:** AIN Health Working Group
Presentations
**General Objective**

- To review and empirically explain the status of health MDGs and contribution of non-health MDGs for health outcomes.

**Specific Objective**

- Review the current status of health MDGs
- Identify the association and attributable contribution of non-health related MDGs for the achievements of health MDGs.
- To identify barriers, if any, that limits the achievements of health MDGs on time.
- To propose health and non-health specific measures / recommendations to improve the current health progress for timely achievements of the health MDGs

**Thank you**
Monitoring Health Sector
Millennium Development Goals

Dr BR Marasini
Senior Health Administrator
Ministry of Health & Population
February 10, 2010

### Health Outcomes and Progress
Towards Health Sector MDGs-1

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<tbody>
<tr>
<td>MDG-1: Nutritional stunting (height for age) %</td>
<td>57</td>
<td>48</td>
<td>30</td>
<td></td>
<td></td>
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<tr>
<td>MDG-4: Neonatal mortality rate/1000 live births</td>
<td>50</td>
<td>39</td>
<td>33</td>
<td>20</td>
<td>16</td>
</tr>
<tr>
<td>MDG-4: Infant mortality rate/1000 live births</td>
<td>108</td>
<td>79</td>
<td>48</td>
<td>41</td>
<td>34</td>
</tr>
</tbody>
</table>

### Health Outcomes and Progress
Towards Health Sector MDGs-2

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</thead>
<tbody>
<tr>
<td>MDG-4: Under five Child mortality rate/1000 live births</td>
<td>161.6</td>
<td>91</td>
<td>61</td>
<td>50</td>
<td>54</td>
</tr>
<tr>
<td>MDG-5: Maternal mortality ratio/100000 live births</td>
<td>515</td>
<td>539</td>
<td>281</td>
<td>229</td>
<td>134</td>
</tr>
<tr>
<td>Total Fertility Rate</td>
<td>4.6</td>
<td>4.1</td>
<td>3.1</td>
<td>2.9</td>
<td>2.4</td>
</tr>
</tbody>
</table>

### Health Outcomes and Progress
Towards Health Sector MDGs-3

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<tbody>
<tr>
<td>MDG-6: HIV prevalence in 15-49 year/100,000 population</td>
<td>-</td>
<td>290</td>
<td>550</td>
<td></td>
<td>Halt &amp; reverse</td>
</tr>
<tr>
<td>MDG-6: Tuberculosis prevalence rate/100,000 population</td>
<td>460</td>
<td>310</td>
<td>280</td>
<td></td>
<td>Halt &amp; reverse</td>
</tr>
<tr>
<td>MDG-6: Malaria prevalence rate/100,000 population at risk</td>
<td>196</td>
<td>52</td>
<td>25</td>
<td></td>
<td>Halt &amp; reverse</td>
</tr>
</tbody>
</table>
Core Intermediate Health Indicators

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Current status</th>
<th>Target for 2015</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contraceptive prevalence rate</td>
<td>49.6% (any)</td>
<td>67%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>45.1% (modern -2009)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skilled Birth attendance rate</td>
<td>28-8% (2009)</td>
<td>60%</td>
<td>Institutional 24.4%</td>
</tr>
<tr>
<td>Immunization rate –DPT3</td>
<td>81% (HMIS-2008)</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>Knowledge on Prevention of HIV Infection (at least one method)</td>
<td>Female-58.3% Male-81% (NDHS-2006)</td>
<td>Female-100% Male-100%</td>
<td></td>
</tr>
</tbody>
</table>

Millennium Development Goals in Nepal: Needs Assessment-2005

- It has included some of the goals from the cross cutting areas of other goals such as primary education and gender and women empowerment
- Gaps identified in child health and maternal health
- Requires additional resources, scaling up of the program & monitoring system

Millennium Development Goals in Nepal: Needs Assessment-2005

- Gaps identified in child health – nutrition program, comprehensive school health service to teachers and students,
- Second dose of measles for malnutrition
- Training of health personnel in child health related activities
- Implementation of neonatal health care package
- Japanese encephalitis vaccination-fulfilled
MDG-4: Child Health-Focus on Community Based Interventions

- Immunization
- Integrated management of childhood illness
- Nutrition- breast feeding, Vitamin A, Zinc supplementation, albendazole tablet, iodine supplementation
- Growth monitoring & food supplement
- Essential neonatal care

MDG 5: Maternal Health- Health System Strengthening Approach

- Training of health workers- skilled birth attendants
- Improve service delivery- antenatal services, delivery services-institutional outlets increased with increase in caesarean section, blood banking, post natal services,
- Infrastructure development- building construction

MDG 5: Maternal Health- Health System Strengthening Approach

- Quality of care- introduction of appreciative inquiry & maternal death audit
- Incentive to health workers for institutional delivery
- Supply of essential drugs and equipments related to safe motherhood
- Availability of ambulance

MDG 5: Maternal Health- Health System Strengthening Approach

- Increasing use of family planning services
- Safe abortion services
- Improve in nutrition during pregnancy
- Increase in safe motherhood related awareness in population
- Availability of ambulance services in all districts connected with road
MDG 5: Maternal Health - Demand Side Activities

- Cash incentive for institutional delivery: Rs 1500 for high mountain districts, Rs 1000 for mountain districts, and Rs 500 for terai districts.
- Cash incentive Rs 400 for completing four antenatal visits, institutional delivery, and two postnatal visits.
- Maternity waiting home - problematic pregnancy.
- Female community health workers - increase awareness and demand at community level.

**Increasing Trend in deliveries conducted by health workers, based on Expected Births (fiscal years 2003/4 to 2007/8)**

**Number of Deliveries (2004/05 to 2008/09)**

**Trend in Percentage of ANC and PNC by health workers in fiscal years 2004/5 to 2008/9 based on expected birth (HMIS)**
MDG 6: HIV and AIDS Status

- Prevention of Mother To Child Transmission
- Anti Retroviral Therapy
- Voluntary Counseling and Testing
- Education in general and behaviour change communication focusing high risk groups
- Condom promotion

MDG 6: Tuberculosis

- Directly observed treatment short course (DOTS)- even from sub-health posts and it is free
- Ensuring availability of anti- TB drugs
- Public- Private-Partnership approach in delivering services
- New treatment schemes for patients with HIV infection and multi-drug resistant tuberculosis

MDG 6: Malaria

- Long lasting pesticide impregnated bed nets (LLIN)
- Diagnosis and treatment of malaria cases
- Household spraying of insecticides in case of epidemic
Cross Cutting Factors

- Education – educated person has positive health outcomes
- Increase in roads – improves availability of food, utilization of services and use of ambulance during emergency
- Communication – availability of telephone in health facility, raising general awareness by media
- Increase in water supply and sanitation – less ill

Cross Cutting Factors

- Increasing women empowerment – especially through the female community health workers and mothers groups
- Cooperatives and micro-credit, community managed emergency funds and increasing income and role of remittance
- Increase in investment in health from GoN and introduction of sector wide approach (SWAP) in health

Pre & Post SWAP Health Sector Budget & Financial Performance

<table>
<thead>
<tr>
<th>Description</th>
<th>2003/04</th>
<th>2004/05</th>
<th>2005/06</th>
<th>2006/07</th>
<th>2007/08</th>
<th>2008/09</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total health budget (in Billion NRs)</td>
<td>5.5</td>
<td>6.64</td>
<td>7.56</td>
<td>9.23</td>
<td>12.1</td>
<td>14.94</td>
</tr>
<tr>
<td>Share of budget (%)</td>
<td>4.93</td>
<td>5.86</td>
<td>5.95</td>
<td>6.41</td>
<td>7.16</td>
<td>6.33</td>
</tr>
<tr>
<td>Expenditure against allocation (%)</td>
<td>71.8</td>
<td>69.2</td>
<td>75.8</td>
<td>80.6</td>
<td>81.24</td>
<td>84.9</td>
</tr>
</tbody>
</table>

Progress on Health Sector MDGs

<table>
<thead>
<tr>
<th>MDG Indicators</th>
<th>MDG Goal(2015) Achievement</th>
<th>Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>MDG(1)-Malnutrition</td>
<td>Possible</td>
<td>Climate change</td>
</tr>
<tr>
<td>MDG(4)-Child Mortality Rate</td>
<td>Near MDG Goal</td>
<td>Neonate health</td>
</tr>
<tr>
<td>MDG(5)-Maternal Mortality Ratio</td>
<td>Possible</td>
<td>Access &amp; equity</td>
</tr>
<tr>
<td>MDG(6)-Tuberculosis</td>
<td>Near MDG Goal</td>
<td>HIV risk</td>
</tr>
<tr>
<td>MDG(6)-Malaria</td>
<td>Near MDG Goal</td>
<td>HIV risk</td>
</tr>
<tr>
<td>MDG(6)-HIV/AIDS</td>
<td>Difficult</td>
<td>Labour migrants</td>
</tr>
</tbody>
</table>
Challenges -1

- Political stability
- Climate change - disease outbreak and decreased food production
- Neonatal health -
- HIV/AIDS especially labour migrants
- Deployment and retention of some core health professionals
- Rapid urbanization and migration to city areas - difficulty in accessing services

Challenges -2

- Infrastructure building in thinly populated districts
- Need to increase number of hospitals and hospital beds
- Increasing disparity in services especially in maternal health - rural vs. urban and poor vs. rich
- Progress monitoring is difficult

Conclusion

- Nepal is in right track for all health sector MDGs though achieving goal in HIV/AIDS is difficult provided the present efforts and priorities continue with positive development environment in the country
- Non-health sectors also contributed well in achieving the health sector MDGs

Thanking you for your kind attention
Presentation on Nepal MDGs Progress Report 2010

Nepal Millennium Development Goal Progress Report 2010

National Planning Commission
Singha Durbar, Kathmandu
Jagadish C. Pokharel, Ph. D.
Presentation at AIN/MoHP
10 Feb 2010

Agenda

• Describe briefly process followed so far by
  – Dr. Pokharel
• Team members describe
  • process/ method followed and data issue
  • Findings on
    – Status and
    – trend of indicator
  • Issues (data and substance related)
  • Suggestions to achieve the goal
  • Conclusion weather the goal is likely/unlikely to be achieved

Agenda contd....

• Presentation – Dr Pokharel
  – Summary of overall findings of all goals
  – Key issues
  – Major areas for focus
    • State building and consolidating, maintaining and accelerating the pace of achievements
    • Employment domestic and abroad
    • Inclusion and reduction of gaps
    • Climate change and adaptation issues
• Way forward to complete the report
  – Consultation with stakeholders
  – Reporting format

Sequence of Presentation

• Overview of process: Dr Pokharel
• Goal 2: Dr Pramod Bhatta
• Goal 6: Dr R. P. Shrestha
• Goal 3: Dr. Sushan Acharya
• Goal 4 & 5: Baburam Shrestha
• Goal 7: Dr Ram P. Chaudhary
• Goal 8: Dr Posh Raj Pandey
• Goal 1: Dr. Pokharel
• Summary : Dr Pokharel
Brief Overview of Process

- Meeting at NPC chaired by Dr. Puskar Bajracharaya
  - Presentation of approach and initial findings
  - Some members made more detailed presentation
  - Comments and suggestions
- Consultations of individual team members with respective Directors and officers
- Understanding about the method, data sources and data for analysis
- Consultations with UN Agencies
- Today’s meeting expected to provide final input from NPC and suggest ways to solicit comments of other stakeholders—Ministries and Civil Society, Academia and experts

GOAL 1: ERADICATE EXTREME POVERTY AND HUNGER
Target 1.1
Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Percentage of population below $1 per day (ppp value)</td>
<td>33.54</td>
<td>NA</td>
<td>24.1</td>
<td>NA</td>
<td>17</td>
</tr>
<tr>
<td>Percentage of population below national poverty line</td>
<td>42</td>
<td>38</td>
<td>31</td>
<td>25</td>
<td>21</td>
</tr>
<tr>
<td>Poverty Gap</td>
<td>NA</td>
<td>11.75</td>
<td>7.55</td>
<td>6.10</td>
<td>--</td>
</tr>
</tbody>
</table>

Issues

- Methodological NLFS Report 2008 adjusted for consumption to compare with NLSS 2003/4 data—CBS
- Substantive issues
  - Trend is positive as the absolute poverty is reduced by almost 1% point every year
  - Gap also reduced from 7.5 to 6.1 which shows more people moving up and getting closer to poverty line
  - Caution—
    - Variation by ecological belt is visible—Terai has less poor than mountains and hills
    - Though there no new data to disaggregate by region, ethnicity and gender, the issues raised in the 2005 report still prevail.
Proportion of Poor by Ecological Belt

What have contributed to the poverty decline?

- Government strategies, plan and programs
- On average government allocated 43.7% of total annual budget on directly poverty reducing programs (past 5 years)
- Programs by NGOs/ INGOs
- Local level resource mobilization
- Macro policies and targeted redistributive policies
- Some social safety programs including identification of poor and increased budget on social programs

Issues

- Employment generation for sustainable income and poverty reduction
- 95% of poor live in rural areas and slower rate of poverty reduction in rural areas
- Mountains have higher poverty incidence
- Remittance major contributor to poverty reduction but rate of growth decline in remittance can become an issue

Recommendations

- 2005 Report’s recommendations—
  - investment in labor intensive activities, infrastructure, skill training, wage based employment, credit for poor and special employment programs still valid.
- Global economic crisis and remittance is an issue which should be tackled immediately
- Agriculture should be modernized for making attractive to youth and returnee workers
Target 1.2
Achieve full and productive employment and decent work for all, including women and young people

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<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Proportion of employed people living below $1/day</td>
<td>NA</td>
<td>34</td>
<td>NA</td>
<td>24</td>
<td>22%</td>
<td>17</td>
</tr>
<tr>
<td>Output per person employed constant 2005 purchasing power parity (US dollars)</td>
<td>505</td>
<td>647</td>
<td>790</td>
<td>969</td>
<td>1500</td>
<td>1920</td>
</tr>
</tbody>
</table>

Employment Population Ratio

- Employment to population ratio 81.7
  - Male 85.5
  - Female 78.5
- Average monthly earnings of paid employee (Rs) 5117
  - Male Rs. 5721
  - Female Rs. 3402
- Currently unemployed (in thousand) 253
  - Male 127
  - Female 126

Employment Status by Region/ Sector

<table>
<thead>
<tr>
<th>Total Employed (in thousand)</th>
<th>Male</th>
<th>Female</th>
<th>Himal</th>
<th>Hill</th>
<th>Terai</th>
<th>Urban</th>
<th>Rural</th>
</tr>
</thead>
<tbody>
<tr>
<td>11779</td>
<td>5519</td>
<td>6259</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fulltime paid employee (40 hrs and more) (%)</td>
<td>68</td>
<td>74.2</td>
<td>72.3</td>
<td>60.8</td>
<td>66.1</td>
<td>66.9</td>
<td></td>
</tr>
<tr>
<td>Partime (20-39 hrs) (%)</td>
<td>20</td>
<td>16.8</td>
<td>16.5</td>
<td>22.6</td>
<td>13.6</td>
<td>20.5</td>
<td></td>
</tr>
<tr>
<td>Partime (1-19 hrs) (%)</td>
<td>11</td>
<td>7.8</td>
<td>9.2</td>
<td>14.3</td>
<td>12.8</td>
<td>11.4</td>
<td></td>
</tr>
</tbody>
</table>

Observation

- The labor related indicators have remained relatively stable
- 30% of economically active pop. Underutilized
- 73.9% are engaged in agriculture
- Slight increase in women’s employment in non-agriculture sector
- Children’s employment decreased
- Girls participation rate of girls higher than boys especially between age group 10-14.
**Issues**

- Lack of investment for sustainable employment at the domestic sector
- Women’s visible and non-visible works
- Safety, security, and protection of women workers
- Protection from exploitation
- Access to employment opportunities
- Access to labor justice
- Inadequacy of policy and government effective regulation of foreign employment and remittance (bonded foreign labor?)

**Supportive Environment**

- Labor and employment Policy 2062
- Foreign Employment Act 2064
- Bilateral agreements
- Welfare fund
- Pro-Women tax rebate and waivers

**Recommendations**

- Manage remittance to generate more employment
- State intervention to address the declining rate of remittance
- Agriculture technology
- Enhance access to employment opportunities for people in remote areas and weaker section of population
- Employment focus works
- Protect children and women from exploitation

**Target 1.3**

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Proportion of undernourished population (percentage)</td>
<td>49</td>
<td>NA</td>
<td>47</td>
<td>39.9</td>
<td>22.5</td>
<td>25</td>
</tr>
<tr>
<td>International (India?) food price index consumer food price index</td>
<td>100</td>
<td>145.1</td>
<td>219.1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Proportion of children under age five who are underweight (percentage)</td>
<td>57</td>
<td>47</td>
<td>53</td>
<td>45.2</td>
<td>38.6</td>
<td>29</td>
</tr>
</tbody>
</table>
Factors Contributing to Hunger and Their status

- **Availability**
  - Production of main crops vary; rice production declining and growth of other crops maize, wheat, barley is slow.
  - Production balance negative by 133,000 for the 2008-09 (June -July)
  - Regional variation in availability (40 districts food deficit between July 2008-July 2009);
  - Hills and mountains face net deficit with 14% and 19%
- **Access**
- **Utilization**

Hunger...

- **Access**
  - Price increase— price of rice critical
  - Market functioning
  - Especially in mountains with net food deficit
  - Access is social problem as well— girls, women, (24% women undernourished in Nepal, NDHS 2006). Much higher in Terai—33%

Supportive Environment

- Food as “human right” interim constitution
- TYIP “food security” special focus
- Increased budget allocation on Agriculture
- Revision of APP and strategizing the investment to address recurrent issues and
- New issues of climate change adaptation
- Subsidies in short term
- Transport network expansion
- Communication network helps avoid emergency

Recommendation

- Nutrition vs food security debate
- Increased emphasis on transport network expansion in remote areas
- Communication network expansion and use
- Continue with some food for work programs in remote areas but priority be given to “food for food” works. Reduce food dependency
- Appropriate and affordable technology research and expansion
- Better data base for informed decision making for emergency and chronic hunger elimination use and strengthen the one already existing information system
Summary of Findings on Overall Goal

- See attached overview matrix

Key Issues and Areas for Focus

- Mainly equity and redistribution and inclusion issue
- State restructuring/building and consolidating the achievements so far and enhancing pace of positive gains
- Sustained employment generation
- Climate change and agriculture and consumption adaptation issue

Way Forward to Finalize Report

- Consultations with
- Government Agencies
- Donors
- Civil society, academia and others
MDG 7: Target 10
Water and Sanitation in Nepal

Nepal is pursuing two major targets in the water supply and sanitation sector.

- Halve the population without access to safe water and sanitation by 2015.
- Provide universal access to basic water and sanitation by 2017.

Where do we stand?

Water Coverage

<table>
<thead>
<tr>
<th>Year</th>
<th>National Coverage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990</td>
<td>36</td>
</tr>
<tr>
<td>1995</td>
<td>54</td>
</tr>
<tr>
<td>2000</td>
<td>68</td>
</tr>
<tr>
<td>2005</td>
<td>80</td>
</tr>
<tr>
<td>2010</td>
<td>90</td>
</tr>
<tr>
<td>2015</td>
<td>100</td>
</tr>
<tr>
<td>2020</td>
<td>100</td>
</tr>
</tbody>
</table>

Sanitation Coverage

<table>
<thead>
<tr>
<th>Year</th>
<th>National Coverage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990</td>
<td>6</td>
</tr>
<tr>
<td>1995</td>
<td>16</td>
</tr>
<tr>
<td>2000</td>
<td>28</td>
</tr>
<tr>
<td>2005</td>
<td>40</td>
</tr>
<tr>
<td>2010</td>
<td>53</td>
</tr>
<tr>
<td>2015</td>
<td>65</td>
</tr>
<tr>
<td>2020</td>
<td>80</td>
</tr>
</tbody>
</table>

Source: MPPW
What has worked??

- Strong community driven and demand based approaches in rural water supply – intensive involvement of Users’ Committees
- Cost sharing and community involvement in project implementation in small town areas
- Inclusive model of Water Users Committees, women and marginalized groups
- Involvement of CBOs and local NGOs in community facilitation
- School–led sanitation model, *sanitation for dignity approach*
- Choice of technically simple, small schemes manageable at community levels
- Partnership approach between government and non-government agencies (national committees in sanitation, water quality, rainwater harvesting, etc.
- Government commitment to achieve universal coverage by 2017
Presentation on Water and Sanitation in Nepal

Main Barriers and Challenges in meeting the MDG

- Sector alignment - fragmented implementation agencies and approaches leads to duplication in the sector – strengthened center and district based planning and monitoring
- Functional Status - Weak monitoring and support system (Tenth plan estimated 56% systems required major repair or rehabilitation) - asset management - Sensitivity of coverage figures (JMP reports)
- Resource gap - Annual gap of about US$ 23 million to meet MDG targets estimated (source: Water Aid, 2004)
- Bridging the divide - Overcoming the geographical, social, cultural and economic barriers –how to reach the poorest of the poor? Remoteness
- Rural-Urban migration- Living up to the demand for services as a result of high urban growth (both conflict and opportunities)

Way forward

Strong sector alignment – coordination and synergy, MIS, SWAp, exchange and learning at national and regional levels, documentation establishment of SEIU provides a platform for knowledge management

- Asset Management– Improving the effective functioning of services, redefining coverage
- More resources– to achieve targets, equitable distribution for balanced growth
- Enumerating and mapping of the poor and vulnerable – monitoring policy implementation, devising appropriate tools
- Stronger focus on urban sanitation – Bad living conditions and severity or level of impact demands a stronger attention to
- Capacity building and motivation– Capacity building of local bodies including community groups is a must; Motivation to service providers.
- Inter-sector linkages – Linkage with health and education sectors.

Areas of Collaboration

- Facilitation in Sector Coordination
- Knowledge management and exchange learning
- Capacity building at community and at service delivery levels
- Resource management – sharing of activities
- Awareness creation, program support, monitoring
- Impact studies and information base
- Improvement in service delivery, eg. water quality – Ministry of Health defined as the surveillance agency by National Drinking Water Quality Guidelines 2062

Thank you
Presentation on Water and Sanitation in Nepal

Institutional Arrangement

- NPC
- MPPW
- MoLD
- SWC
- MoF
- MoLD
- SWC
- DWSS
- KVWSMB/KUKL
- MWSP
- Fund Board
- DOLIDAR
- (I)NGOs
- WSSDOs (75)
- NWSC/Town
- DDCs (75)
- DTOs (75)
- VDCs (3,936)
- NGOs
- DTOs (75)
- NGOs
- VDCs (3,936)
- NGOs
- R Projects
- U Projects
- R Projects
- R Projects
- R/U Projects
- NGOs
- R Projects
- R Projects
- R Projects
- R/U Projects

Coordination Arrangement

- Sector Stakeholder Group/MPPW
  - Projects meetings (GOs/Key donors/NGOs)
  - Projects meetings (GOs/Key donors/NGOs)
  - GOs/Key donors/NGOs
  - (Over 35 partners)
  - (Over 35 partners)
- Sanitation Steering Committee
  - Task Force
  - Task Force
- WQ Steering Committee
  - (17+invites)
  - (17+invites)
  - Task Force
  - Task Force

- ToR of SSG is being revised for improved coordination
- WQ/Sanitation committee have ToRs and membership but these all are loosely drawn and not fully accountable;
- Meetings are not very well organized and minutes are shared not regularly and action points not followed up

A Need for Catalyzing Change

- Why not learn from the past performance to improve future sector performance?
- Business as usual will not lead to achievement of national targets and service levels
- Key Issues require careful analysis and joint sector development programme
- Sector dialogue and investment coordination mechanism led by Government
- Need to shift focus from documenting additional coverage to functional (effective) coverage
- Service levels in relation to NWP and social economic development

The Tanzanian Experience
What works? WSDP’s Strengths

- **Increased volume**
  - Total investment in the sector increased from ~5% to ~7% of the total national budget
  - Would meet investment requirements for MDGs if extended to 2015, and if efficiency is maintained

- **Increased inter-district equity**
  - Allocation formula to LGAs based on coverage
  - Increased scope for accountability
  - On-budget, transparent system
  - Increased predictability

Use of the LGCDG system:

- Working with existing procedures for planning, disbursement, financial management and reporting
- Working towards increased discretion in the LGCDG

**Number of LGAs with sufficient funds to meet MDG target in rural water supply has increased**

<table>
<thead>
<tr>
<th>Year</th>
<th>Insufficient Funds</th>
<th>Sufficient Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005/06</td>
<td>6</td>
<td>11</td>
</tr>
<tr>
<td>2006/07</td>
<td>42</td>
<td>75</td>
</tr>
<tr>
<td>2007/08</td>
<td>75</td>
<td></td>
</tr>
</tbody>
</table>

How does the proposed dialogue structure look like?

- **Joint Water Sector Review (quarterly)**
  - PS for Water & PS for Local Government
  - Technical reps from key stakeholders, incl. DPs and CSO

- **Thematic Working Group (bi-monthly)**
  - Sector Performance Monitoring
  - Sector Planning & Financing
  - Institutional Development & Capacity Building
  - Sanitation & Hygiene (incl. HIV/AIDS mainstreaming)

- **Institutional Development & Capacity Building**
  - Facilitators: on behalf PS MoF
  - Liaison with stakeholders and DPs, secretarial functions to WSWG and JWSR
  - Documentation and reporting, dialogue co-ordination

- **Sanitation & Hygiene (incl. HIV/AIDS mainstreaming)**
  - Facilitators: debate policy, monitor performance, address strategies, agree on issues and challenges

- **Dialogue & Co-ordination**
  - Facilitators: information sharing, debate on challenges to progress, coordination of DPs and CSO inputs, coordinating TA

- **Water Sector Working Group (bi-monthly)**
  - PS for Water & PS for Local Government
  - Technical reps from key stakeholders, incl. DPs and CSO

Thematic Working Groups meet on a regular basis. Members shall be professionals from GoT/Ministries, NGO’s and DPG.
In our case

Pool Fund
- Formula (equity) based allocation
- Promote local level planning and ownership

CBWSP under ADB funding established $2.5 million Water and Sanitation Sector Fund

Funding agencies can still operate outside the pool fund

Efficient operationalization will require
- Legal framework, national plans, policies and directives / monitoring
- Strong presence of local bodies
- Capacity of local bodies
- Donor consensus (strong for and against preferences)

Moving towards SWAp

It is more than creating a pool of funds

A first wave of thinking for sector reform:

It is about ............

Coordinated planning, harmonization, coordination and monitoring
Enhancing sector efficiency, effectiveness and accountability

Let us start with knowledge management
• global realization that increase in investment alone is not achieving intended service delivery
  Change how we work – efficiency and effectiveness
• we are hardly monitoring, documenting and disseminating outcomes and impacts
  Must define targets, indicators of service levels, consumer satisfaction and initiate monitoring in this respect, document and disseminate what works and what doesn’t
• monitoring preference over-arches on implementation performance and activities
  Negligible or no monitoring for asset management and asset performance
• lack of integration of data
  little integrity of information = poor linkage at national and international levels
• no common platform for monitoring – no preset common indicators !!
• not effective at inter-agency and therefore at the sectoral level
• no Joint Sector Annual Reports
  no claim and review of sector achievement and problems until it is too late
• unsystematic coordination – unstructured/irregular meetings – little outcomes
  Need to set up a single dialogue mechanism for sector coordination

A holistic picture needs to be painted for display
• refinement and integration of policies, sector directives and guidelines based on real time observations – legal framework
• Systematic stocktaking and analytical review of assets – both in terms of physical facilities and service levels - is necessary to consolidate the benefits from investments made so far.

A structured knowledge management process is imperative to achieve sector coordination, to foster learning and to enhance sector effectiveness

To solve the puzzle of universal coverage and its sustainability
**Data integration and sharing**
- operationalize and harmonize data collection, storage and dissemination
- creating a platform to collect, collate, disseminate and update data management
- linking with international monitoring platforms, e.g., JMP

**Improving sector accountability and performance**
- data analysis and publication - data integrity
- publication of annual sector performance report
- joint sector review - strengthens sector performance through active civil society/media participation
- publication of comparative achievements against pre-defined common set of indicators creates intra-sector competitiveness

**Promoting learning and networking**
- annual performance reports enable documentation of good practices
- joint sector reviews allow stakeholder feedback
- networking of agencies allows idea sharing/encourages collective problem solving/greater sector ownership
- early detection and diagnosis of emerging concerns
- establishing and nurturing common platforms for capacity building eg., sharing standards and methods, training of staff and users

**Harmonizing Approaches**
- Minimize confusions, agency bias and work towards more harmonized approach in policy, program and activities - synergy in efforts entails systematic and continuous observation, analyses, fine-tuning and modifications as necessary in policies, strategies and programs, legal frameworks. Harmonization also in standards and approach.
- Synchronize planning through annual workshops between major agencies to avoid duplication in programs

**Improving Urban/Semi-Urban Water Utilities Performance**

Is there anything in this for the urban sector?
- creation of water utilities networking - partnerships
- definition of water utility performance indicators for quantification of service delivery and performance monitoring - systematic monitoring and publication against such indicators
this entails inter-utility/inter-town competitiveness, improves accountability, generates demand and subsequent increase in sector finance
- monitoring consumer satisfaction, consumer response, pro-poor service
- promoting public-private-partnership for gain in efficiency, effectiveness and consumer satisfaction

**Joint Sector Review**
- Joint commitment (individual/collective?)
- Start with practice
- Grow with policy
- Embed with legal framework
Next Steps

- DWSS, good way forward, let us see how
- Fund Board: part of our covenant, will do next few months
- DoliDAR: SWAP on the road, we will consult all
- NEWAH: improve the sector? Role of NGOs, Health sector process
- JICA: yes, supportive, how to establish the mechanism?
- KVWSMB: involve urban sector, partnership/harmonization
- SWAP: dialogue towards SWAP, functioning SSG, momentum
- ADB Social and environment framework
- Capacity of service providers (incl. NGOs), performance/benchmarking
- ADB Social and environment framework

Next Steps

- World Bank: welcome that all issues are on the table, operationalize M&E, develop indicators for the sector,
- PPPUE: very useful instrument for SWAP strengthening, involve private sector:
- Finland Embassy/FINNIDA: Education experience, include MLD.
- UN-Habitat: Data management, >> monitoring, joint programming, helps for mobilizing funds

Next Steps

- Lumanti: emphasis needed on urban, crowded, investment plans inadequate
- CBWSSP: action → coordination/high level committee, agree and sign: commitment for all
- NPC: positive, move forward, inform higher level decision makers
- ADDCN: Policy versus implementation, lack/retention of tech. staff
- SNV: CB/capacity strengthening, process with structural hurdles/competition (good and bad), learn, be open for experience and knowledge, KM good start, asset management and service provision, improve quality
- What does CB mean for sustainability for assets, water resources, etc.
- Interactive processes to benefit all/the SWAP process

Who should be there: associations (FEDWASUN), communities, etc.
Next Steps

- UNICEF: UNDAF provides support and direction, we are keen to support. Hard work, open to fresh thinking.
- WECS: WR/IWRM policy & practice
- NAVIN: DCs, need extra support

- Helvetas: SWAP timely and inevitable, use transport sector strategy, lots of useful information in process, consultation, documentation, manuals: IWRM, competing water needs, WUMP critical tool

Next Steps

- WaterAid: come together and make things happen, raise accountability, enhance response by public entities
- DDG DWSS: regulatory framework, functioning of pool fund, formula based allocation at local government level

- Takes time, let us see how we can manage to speed up

Next Steps

- We will circulate all presentations as well as this discussion to all whose e-mail addresses we have, this evening!
- Next meeting November 8, 2008
- In the interim there will be committee meetings/collaboration with Dolidar Swap/PPTA Emerging Towns and other opportunities to learn for a better developed SWAP process approach

- WE NEED YOUR ENCOURAGEMENT AND HELP!

- Secretary MPPW
Presentation Outline

• Sector Environment
• Existing Institutional Arrangement
• Existing Coordination Arrangement
• A Need for Catalyzing Change
• Sector Wide Approach (Tanzanian Experience -WSDP)
• Our case
• Carrying knowledge management forward
• Next steps

Sector Environment

• Fragmented sector
  – There are a multitude of agencies, and equal if not more models of operation

• Coverage disputed due to varying definitions
  – Water Plan defines coverage vis-à-vis service levels
  – Assuming business as usual, both water and sanitation national 2017 targets will be missed (see graph)

• Policy guided by a 3-yr Interim Plan
  – Introduction of necessary policy, institutional and legal reforms adopting Sector Wide Approach through effective coordination between stakeholders (Point 7)
  – The SSG will be made active for effective coordination between water and sanitation agencies

• Operating policy framework
  – PRSP/Tenth Plan, MTEF
  – RWSS Policy-2004
  – Drafts on urban and sanitation policy being prepared
  – Policy promotes decentralization of service delivery through increased linkage with LGs

………………..Sector Environment

• Sector Financing
  – Declining sector budget as a % of total development budget since 2006/07
    (HDR recommends at least 1% of GDP)
  – 67% of sector budget is financed through external aid
  – Disproportionate share of expenditure on sanitation (20% on rural sanitation)
  – Financing gap: US$ 46m/year
  – No complete picture – piecemeal approach

• Slow pace of urban reforms
  – Melamchi Project and Kathmandu Urban Water Management Project unbundled
  – ADB’s TA on emerging towns
  – Local boards likely to emerge – policy gap

• Monitoring
  – Remains weak for both policy monitoring and project monitoring
  – Functional status Vs Coverage

• Quality
  – Nepal’s own standards on drinking water quality – weak compliance
  – Drinking water supplied is questionable even in the cities
  – Poor quality of drinking water implies that benefits are not fully realized
Presentation on Trail Bridges

नेपालमा भोलुङ्गे पुलको विकास

- शारीरिक शेष घाट तथा जंगलहरूमा भोलुङ्गे पुलको निर्माण
- एक साथ भित्र भित्र
- करिब ६००० जीत नदीलागहर
- हिमाली र पहाडी क्षेत्रमा बसोबास गर्दै कर्मी सुन्दरायाम पुलको अर्कायाल सहयोगी
- वाघ भरी तर्फ शान्त नसिकेपुर नदीहरूमा पनि काठको सीप, बालिकाहरूको दौडी र तुलनावाहत नदी
- तर्न कसमा अझुकामा सुयवरण
- भु-वनोट र भौगोलिक युग्मता को वाग्म त्य क्षेत्रहरूमा बागायी बेली वर्षसम्म पनि सडकावाह 
- बोलुङ्गे पुल ती जनताहरूको जीवनको अमित अंग

नेपालमा भोलुङ्गे पुलको विकासक्रम

- जीवी तर्नको जाति सुगन्ध हिमा काठका मुङ्ग शेखर द्वारा सुझावित सीप निर्माण
- बोलूङ्गे र केडी (Cantilever) पुलहरूको प्रयोग
- फार्बिकी २०१८ नया, चौथा, बृत्ती (Reed) को सीप
- कालात्मक साला फालेको र फालाई तिङी
- भारतको द क्षेत्रका एककाल बोलुङ्गे नेपालीहरूलाई सल्लाबाट पनि हजारहरूलाई छाडौ। फला (Gangplank) 
- जीवी तर्नको गरी तिङीको पुल निर्माण
- तिङीको पुल बाहो धेरौ, धेरौ लागैर नरी हितटने तर सुरक्षित र टिकाउ राखिए।
- मसेका नया बापेप्तो तर्क शाखाको विशेष भूमिकाको नयीहरू पत्र।
- विविध फालाई सबैको बीच भागतम पनि तिङी तालिनका। बाली बाली भाग यसू भनेको काकी
- हिमालाई सालभक्रम सालभक्रम सालभक्रम सालभक्रम
- विविध फालाई सबैको बीच भागतम पनि भनेको काकी हिमालाई सालभक्रम सालभक्रम सालभक्रम सालभक्रम
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आधुनिक भोलुङ्गे पुल निर्माणको सुरुवात

- जीवी शारीरिकहरूले सुरुमा तयारी "स्किटस" पुलहरू सीमित सङ्क्षामा 
- भाग चारिस र अभागिक तथा प्रशासनिकक्रममा महत्वपूर्ण बाटोहरूमा जबान गरिँछ। यस्ता पुलहरू जन्मा २९ दिन दिन दिन दिन दिन
- सम्बन्ध २००७ विंदे नेपालमा भिदेशी सहयोग संसाहर्षको कथर्म
- वडो आदि दिङा र विकास योजनाहरूको सुरुवात पनि भयो। संयुक्त राष्ट्र संघ 
- विकास कार्यक्रमको (UNDP) विकास योजनाहरूमा सहयोग गर्न एक 
- जना स्वीच नागरिक दोनी हेगनसाइ बढाइ।
**Presentation on Trail Bridges**

**Meeting of the Bridges**

- December 19, 2018

**Presentation on Trail Bridges**

- December 14, 2017

- December 13, 2016

- December 12, 2015

**Meeting of the Bridges**

- December 11, 2014

**Meeting of the Bridges**

- December 10, 2013

**Meeting of the Bridges**

- December 9, 2012

**Meeting of the Bridges**

- December 8, 2011

**Meeting of the Bridges**

- December 7, 2010

**Meeting of the Bridges**

- December 6, 2009

**Meeting of the Bridges**

- December 5, 2008

**Meeting of the Bridges**

- December 4, 2007

**Meeting of the Bridges**

- December 3, 2006

**Meeting of the Bridges**

- December 2, 2005

**Meeting of the Bridges**

- December 1, 2004
**Presentation on Trail Bridges**

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**Bhumi Rangani:**

- The present paper is a comprehensive study of various trail bridges across the country. It includes a detailed analysis of the design, construction, and maintenance aspects of these bridges. The study highlights the importance of trail bridges in ensuring safe and efficient transportation infrastructure.

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**Facts & Figures**

- **Suvai Mandla Laihao Bhoolove Poul**
  - **Dhradhra Chaudhari Malini Spat:**
    - **Bhoolove Poul, Kanphapur:**
    - **Spatan:** 14.49.92 Miter
    - **Mahaalai Nadi:**
    - **Trach:** 0.5 Miter, **Dhradhra Chaudhari Malini Spat:**
      - **Bhoolove Poul, Kanphapur:**
      - **Spatan:** 14.49.92 Miter
      - **Mahaalai Nadi:**
      - **Trach:** 0.5 Miter, **Dhradhra Chaudhari Malini Spat:**
सस्पेंसन बुजुमा सबैभन्दा लामो स्थान भएको

मज्झो आश्विनको फोलुङ्गे पुल, तान्दूर र विलावल, स्थान: २७१ मीटर, विश्वस्त्र स्थान: सस्पेंसन बुजुमा द्वितीय निर्माण गरेको।

सबै भन्दा बढी उचाईमा रहेको फोलुङ्गे पुल

चुम्पेल्डर फोलुङ्गे पुल, मनाड़ स्थान: ६५ मीटर, सस्पेंसन बुजुमा ४२० मीटर। उचाईमा रहेको। सस्पेंसन बुजुमा द्वितीय निर्माण गरेको।

सबै भन्दा विकट ढाँचा रहेको फोलुङ्गे पुल (भरिया विश्व अनुसार)

हिस्सा फोलुङ्गे पुल, हम्ला स्थान: ९४७.४० मीटर, सस्पेंसन, कर्णाली नदी सस्पेंसन बुजुमा द्वितीय निर्माण गरेको। २२ भरिया विश्व लागाय।
उपसंहार
- देशका विकट भू-भागका बासिन्दाहरूलाई एकापासून जोडिए आर्थिक, सामाजिक र राजनीतिक जीवनका विविध पक्षमा सुरुमातला नयाँ अड्डाको शक्ति हुन्नाट बनाउन सबै यातायातले नजरएका हाया हिमाली र पहाडी नगरको लागि भो.पु. निर्माण यातायातको निर्मिति कर्म र महत्त्वपूर्ण संरचना हो ।
- नेपालका भो.पु. निर्माणको सुरुमात देखि आफ्नोमूल्यको बन्धन र व्यापकपूर्ण भूमिका निर्माण गरेको सस्पेंसन बृज डिफिजनसाइट कसैलका र भ्रमणकारी दीवार स्थापना र संरचना भएको तर सम्भवतः एउटा भ्रमणकारी दीवार भएको युगल केही समूहको संरचना र संरचना र सम्भवतः अभिवृद्धि र आवश्यकताकलरण गर्नुहुने देखिएको हो ।
- सम्मान र समानता भो.पु. कार्यक्रमसँग बिविध विविध पक्षमा तपाईंका पनि तूरा र जटिल प्रकृतिका भो.पु. निर्माण गर्न, भो.पु. सम्मान प्रतिष्ठा दिँदै र विविध विदेशमा निर्माण गरी भो.पु. निर्माणका नेपालसँग सामन्त्री राजस्थानी रूपमा विनाशको रूपमा एक आफ्नो भ्रमणकारी संरचना नजरी परिवर्त गर्नुपर्यंत, गणेत्रहरूको अन्वयनका त्यो संस्था भएको निर्माण सस्पेंसन बृज डिफिजन भएको हो ।
Questions and comments penned by the participants

- What is 2009 Tracking survey? Is it representative for Nepal?
- Why is the CPR target presented for 2015 - 67% different from the Result Matrix - NHSP II?
- The MMR figure 229 is not a national but 8 district average. National is 281 from NDHS 2006

- Dr. Marasini mentioned the importance of school health nutrition Program for achieving the MDGs. How can we ensure a scale up of funds for the school health nutritional program? How to better coordinate MoES and MoHP?

- Decreasing poverty gap is good achievement, however this achievement sounds questionable based on current situation of the country. Also this achievement might hurdle to get external support in future, to improve existing poverty in country

- What about the Mental Health in MDG and why is it excluded?
- Whether Mental Health is cross cutting issue?
- What about Health- Physical, Mental and Social?

- Is there a chance for getting SBA training to ANMs working in NGO clinics for achieving MDG in shorter time?

- The Nepal fertility, Family Planning and Health Status Survey (NFFPHSS) was conducted in 1991 not 1990 and was funded by UNFPA. The MMR - 515 was based on Sisterhood Indirect Method, while MMR - 534 and MMR - 281 was based on Sisterhood Direct Method.
- Met need for C- Section is increasing. It was 20% (NDHS 2001) and 54% (NDHS 2006) (Based on the assumption that 5% deliveries would need C-section)
Questions and comments penned by the participants

- How do health related INGOs report their contribution (financial/technical) to the MoHP so that these contributions can be reflected in the overall health budget?
- How do health related INGOS that operate at the districts level ensure that the program priorities are linked to district health services provided by MoHP to avoid duplication?

- Blood banking is one of the components to be improved to achieve MDG 5. Five year National Strategic Plan for Strengthening Blood Transfusion Service in Nepal has been developed with the combined effort of National Public Health Laboratory (focal point for blood safety for MoHP (GoN) and Nepal Red Cross Society (NRCS). Now, the question is: Can GoN, MoHP provide financial resources to implement five year national strategic plan ultimately to strengthen BTS in Nepal?
Participants List
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<th>S.n</th>
<th>Name</th>
<th>Organization</th>
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<tr>
<td>1</td>
<td>Hon. Dr. Yuvraj Khatiwada</td>
<td>NPC Vice Chair</td>
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<td>2</td>
<td>Hon. Dr. Chet Raj Pant</td>
<td>NPC Member</td>
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<td>3</td>
<td>Dr. Laxmi Raj Pathak</td>
<td>Act. Secretary, MOHP</td>
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<td>4</td>
<td>Dr. Jagadish C. Pokharel</td>
<td>Ex-vice chair, NPC</td>
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<td>5</td>
<td>Dr. Senendra Upreti</td>
<td>Joint Secretary, MOHP</td>
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<td>6</td>
<td>Mr. Surya P Acharya</td>
<td>Joint Secretary, MOHP</td>
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<td>7</td>
<td>Dr. B. R. Marasini</td>
<td>Chief HeSRU/MOHP</td>
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<td>8</td>
<td>Mr. Yogendra Gauchan</td>
<td>Undersecretary, MOHP</td>
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<td>9</td>
<td>Dr. Anand Shrestha</td>
<td>MOHP</td>
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<td>10</td>
<td>Shivendra Pandey</td>
<td>MOHP</td>
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<td>B B Thapa</td>
<td>MOHP</td>
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<td>12</td>
<td>Dr. K.R. Parajuli</td>
<td>MOHP</td>
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<td>13</td>
<td>Ms. Sirjana Gyawaly</td>
<td>MOHP</td>
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<td>14</td>
<td>Mr. Bal Sagar Giri</td>
<td>Legal Officer, MOHP</td>
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<td>15</td>
<td>Mr. Arjun B Singh</td>
<td>Director, NHTC</td>
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<td>16</td>
<td>Dr. Radha Raman</td>
<td>Director, DDA</td>
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<td>17</td>
<td>Dr.Lok Raj Paneru</td>
<td>Management Division/DoHS</td>
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<td>Pranay Upadhyay</td>
<td>EDCD/DoHS</td>
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<td>19</td>
<td>Mr. Suman P Sharma</td>
<td>Joint Secretary, MOHP</td>
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<td>20</td>
<td>Mr. Mani Ram Gelal</td>
<td>Project Manager, Suspension Bridge Division, DoLIDAR</td>
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<td>21</td>
<td>Dr. C.L Bhusal</td>
<td>NHRC</td>
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<td>22</td>
<td>Mr. Sudip Pokhrel</td>
<td>Consultant (Programme Facilitator)</td>
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<tr>
<td>23</td>
<td>Mr. Bhimsen Devkota</td>
<td>Consultant</td>
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<td>24</td>
<td>Mr. Ian McFarlane</td>
<td>UNFPA (EDP Co-chair)</td>
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<td>Ms. Chonghee Choi</td>
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<td>Dr. Peden Pradhan</td>
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<td>Dr. Maria Elena</td>
<td>UNAIDS</td>
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<td>Ms. Bina Pokhrel</td>
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<td>Dr. Gunawan Setiadi</td>
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<td>Mr. Sunil Khadka</td>
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<td>Dr. Amit Bhandari</td>
<td>Save the Children</td>
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<td>Dr. Lochana Shrestha</td>
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<td>Dr. Neena Khadka</td>
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<tr>
<td>42</td>
<td>Mr. Ashutosh Tiwari</td>
<td>Water Aid</td>
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<td>Mr. Om P Gautam</td>
<td>Water Aid</td>
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<td>44</td>
<td>Ms.Suzanne Walton</td>
<td>UMN</td>
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<td>45</td>
<td>Mr. Bhagwan Shrestha</td>
<td>FHI/ Asha Project</td>
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<td>46</td>
<td>Mr. Madhu Sudan Satyal</td>
<td>FHI/ Asha Project</td>
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<td>47</td>
<td>Ms. Chanda Rai</td>
<td>CCS Italy</td>
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<td>48</td>
<td>Mr. Simone Galimberti</td>
<td>CCS Italy</td>
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<td>49</td>
<td>Mr. Gopal K Nakarmi</td>
<td>World Neighbors</td>
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<td>Dr. Bhanu Niraula</td>
<td>BNTM</td>
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<td>Mr. Vivek Singh</td>
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<td>52</td>
<td>Mr. Netra Bhatta</td>
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