

# Costing and resource mobilization for the Multi-sectoral plan: The Nepal Experience

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# COSTING

# Three principles

- **Evidence-based**
- **Sufficient coverage to impact**
- **Quality Programs (BP)**

# Methodology

- ◆ **Standard ingredients approach** (what it takes to produce one unit of service)
- ◆ **Incremental/economic costs** (goods and services provided by all partners including Governmental staff time)
- ◆ **Provider perspective** (Government, private sector, NGOs and INGOs)
- ◆ **Comparative analyses** of key interventions (Studies)
  - Nepal prices
  - Nepal approaches based on what works

# Principles applied to costing

- ◆ We used only **what worked and what worked best**: cost effective approaches. **Evidence based effective approaches from Nepal had first priority** – if no evidence were available then used regional and international experience
- ◆ We used the **“standard ingredients approach”** meaning that we costed what it takes to provide the services in question
- ◆ We costed the **service provider costs** - be it a NGO, Government, or private institutions, not costs related to a person accessing and paying for services such as transport to health facility
- ◆ We used Nepal 2011 prices and approaches
- ◆ We estimated the unit costs in NR and USD

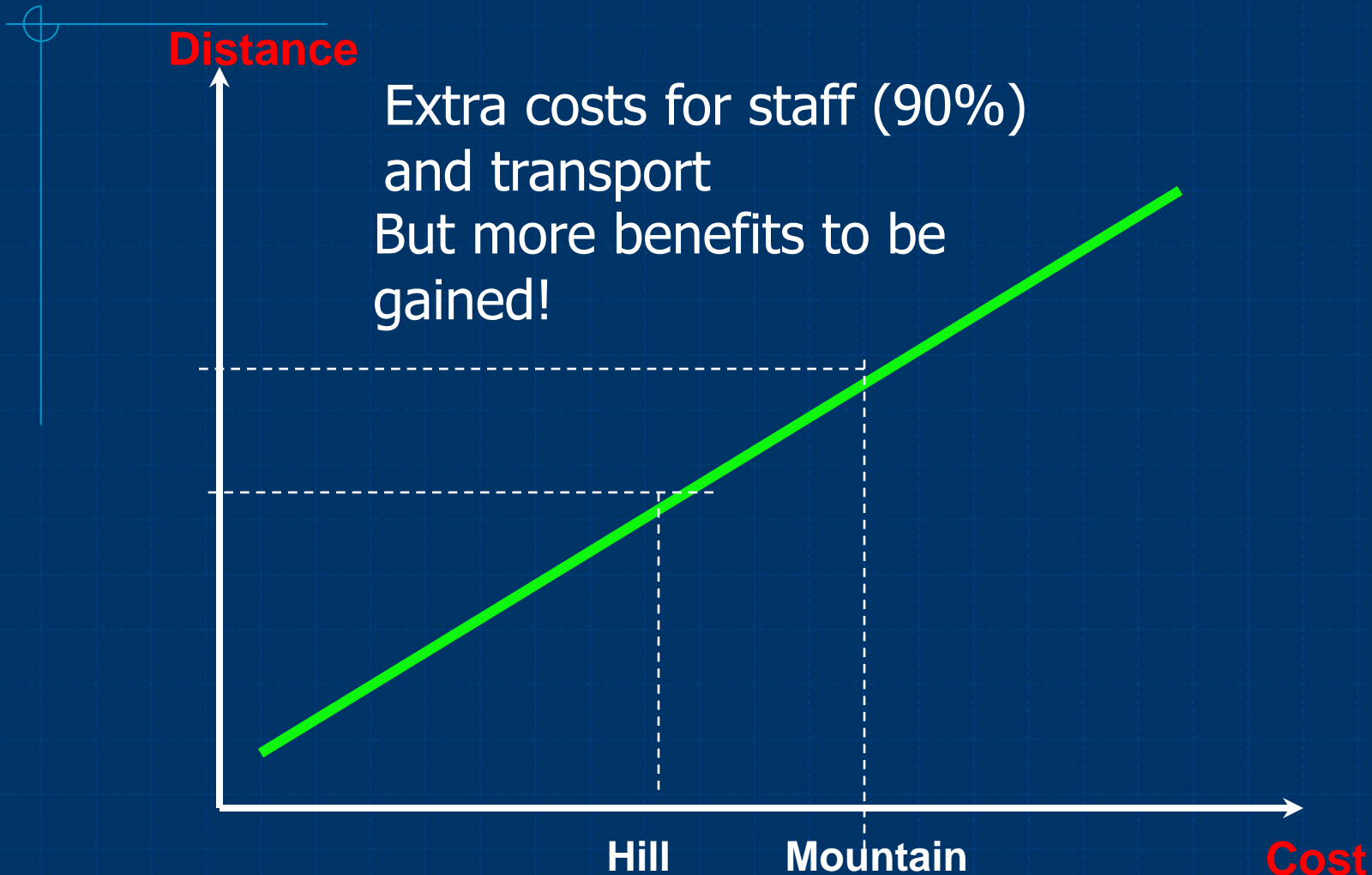
# Examples of Nepal Results from costing

- MCH package included: NR 30 for iron tabl.
- CDD = NR 49 per treated child
- Vit A = NR 62.50 per child
- Iodine (salt) = NR 5.27 (program not working optimally)
- CB-IMCI (NR 60 per reached child) includes training of FCHV
- Other nutrition: NR 65 per child contact
- Growth monitoring: NR 18.3

# Learned from previous costing exercise in 2003/04

- Overhead costs were min. 35% at 75% capacity of staff time (checked with NHA) – **it proved too low**
- Monitoring costs were estimated at 5-15%
- Costs of nutrition interventions often are part of program cost in health (e.g. IMCI, ANC, pre-natal)

# Costs per service increases from terai/urban to mountain/rural





# The cost of the poor to access services

The cost of the poor to access health care is relatively high:

- The opportunity cost is high (especially for women)
  - Time is a problem
  - Transport costs are high
  - Distances and terrain are often huge obstacles
  - Services have to have perceived net benefit to be demanded. Health must assist in creating demand for needed nutrition services.

# Scaling up and equity

**Specific measures to extend coverage and promote uptake in all population groups simultaneously is a strategy to reduce inequity (access to health, environmental and social services)**

# Eight Steps to Effective Coverage for the Poor

## Effective Coverage

Social Accountability

Technical Quality

Timing and Continuity

Relevance of Services

Organizational Quality

Availability of Material Resources

Availability of Human Resources

Physical Accessibility

# Multi-sectoral nutrition plan costing: Team composition

## **National Team of Consultants:**

- ◆ **WASH**
- ◆ **Education**
- ◆ **Agriculture/Food Security**
- ◆ **Health/Nutrition**
- ◆ **Local Development/Social Protection**

## **International consultants:**

- ◆ **Economist**
- ◆ **Senior Nutritionist**



# RESOURCE MOBILIZATION FOR MSNP

# Main Strategic Approaches

- **Strong national commitment and coordination involving all the key stakeholders**
- **Encouraged all concerned to align with the MSNP**
- **Leveraged & mobilized resources from existing and new initiatives**

# Alignment of Ongoing and New Initiatives with MSNP

## ◆ Health sector

- Nutrition budget included in MoHP budget (Red Book)
- UNICEF-EU MYCNSIA project will contribute support for scaling up IYCF/MNPs & CMAM
- NHSP II – additional resources allocated for scaling up nutrition in line with MSNP
- USAID supported Suahaara project– leveraged support for VAS and MSNP

## ◆ Agriculture sector

- NAFSP – as part of the GAFSP, aligned with MSNP and will contribute funding for nutrition to the MoHP
- Agriculture Development Strategy (ADS) & Food and Nutrition Security Plan being developed in line with MSNP

## ◆ NPC

- REACH, The Bank, UNICEF & WFP contributing support to nutrition and food security secretariat in line with MSNP

# Next Steps

- **Engage with the remaining sectors to align with MSNP and leverage additional support**
  - ◆ **Social Protection Framework**
  - ◆ **WASH Masterplan**
  - ◆ **Multi-sectoral ECD Plan**
- **Support six model districts to include nutrition in their district development plans with adequate budget from government and partners**





THANK YOU