

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

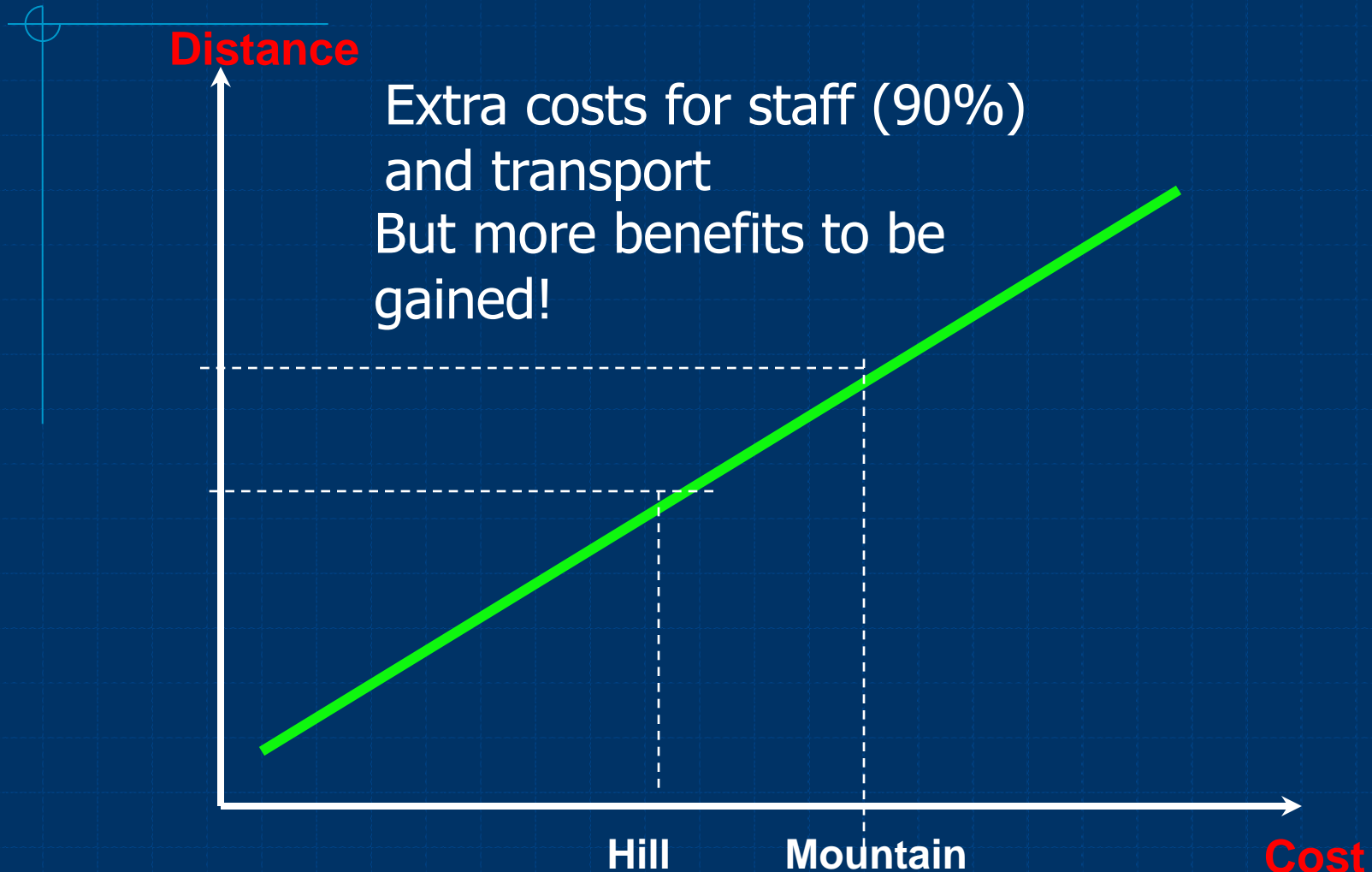
Examples of Nepal Results from costing

- 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