

Nepal Family Health Program

Baseline Assessment Report

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Study Undertaken and Report Written by

Ann K. Blanc, Ph.D.

**Consultant
For
Demographic and Health Surveys,
ORC Macro
Calverton, Maryland**

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Introduction

The Nepal Family Health Program (NFHP) began in December 2001. This assessment covers the baseline period during the Nepali fiscal year prior to the initiation of the NFHP (Mid-July 2000 – Mid-July 2001). The main body of the report provides information for 19 indicators based on various sources including published and unpublished data from the Health Management Information System (HMIS) and the Logistics Management Information System (LMIS) maintained by the Ministry of Health, monitoring data collected by NFHP, and a survey of Female Community Health Volunteers (FCHVs) conducted by New Era. A discussion of the strengths and weakness of each indicator and supplementary information (where available) are also included. The indicators are those appearing in the NFHP monitoring and evaluation plan as of July 2002. Recommendations and issues for further action are enumerated at the end of the report. Additional results from the survey of FCHVs are presented in Appendix A. A summary of indicators and targets is shown in Appendix B.

The NFHP is implemented in 17 core program districts (CPDs) covering approximately 35 percent of the total population of Nepal.¹ The core program districts are: Jhapa, Morang, Siraha, Bara, Dhanusha, Rasuwa, Banke, Bardiya, Bajura, Kailali, Kanchanpur, Sunsari, Chitwan, Parsa, Nawalparasi, Mahottari, and Rautahat. NFHP supports the strengthening of the district and community health system and provides technical assistance for five national health programs including family planning, safe motherhood, vitamin A, community-based integrated management of childhood illness (CB-IMCI), support for female community health volunteers, and support for the national integrated logistics system.

¹ Limited technical assistance is also provided in 9 additional districts but they are not included in this assessment.

Overall Program Indicators

Performance indicator	Indicator definition	Data source	Frequency of data collection	Reference period	Value of indicator
0-1 Under Five Mortality*	Number of deaths under age five per 1000 live births	DHS	Approx. every five years	The five year period preceding the survey	91
0-2 Total Fertility Rate*	Average number of children that would be born to a woman during her childbearing years at current rates	DHS	Approx. every five years	The three year period preceding the survey	4.1
0-3 Contraceptive Prevalence Rate*	Percentage of married women of reproductive age using a modern contraceptive method	DHS	Approx. every five years	2001	35.4%

* Also a USAID PMP indicator

These national level population-based indicators are derived from the 2001 Nepal Demographic and Health Survey, a nationally representative survey of 8,726 ever-married women age 15-49 and 2,261 ever-married men age 15-59. These are basic indicators and are important for measuring the overall direction of demographic and health changes at the national level. Their disadvantages are: they are expensive to collect and they change relatively slowly so they are not viable indicators for monitoring annually.

During the five years preceding the 2001 NDHS, 91 of 1000 children born in Nepal died before their fifth birthday. The total fertility rate for the three-year period prior to the survey (1998-2001) is 4.1. This indicates that, at current rates, a woman would have 4.1 children during her lifetime. Approximately 35 percent of married women age 15-49 were using a modern contraceptive method (male/female sterilization, pills, IUD, injectables, implants, condoms, foam/jelly) at the time of the survey. The most common contraceptive method is female sterilization, which comprises about 42 percent of modern method users.

- ✓ The EOP target for indicator 0-1 is 70 per 1000.
- ✓ The EOP target for indicator 0-2 is 3.6 children per woman.
- ✓ The EOP target for indicator 0-3 is 41 percent.

Component I Indicators

Performance indicator	Indicator definition	Data source	Frequency of data collection	Reference period	Value of indicator
1-1 Availability of Commodities at Health Facilities*	Percentage of health facilities (PHCs, HPs, SHPs) that maintain availability of 7 key commodities in CPDs year round	LMIS	Quarterly	Mid-July 2000 – Mid-July 2001	20%

* Also a USAID PMP indicator

This indicator measures the year round availability of seven key commodities at health facilities: condoms, oral pills, ORS packets, DepoProvera, iron tablets, Vitamin A tablets, and cotrimoxazole. The data are provided by storekeepers at health facilities (primary health care centers (PHCs, health posts (HPs) and sub health posts (SHPs) to the Logistics Management unit at the Ministry of Health. This indicator is an appropriate measure of one component of the availability of health services to couples. One disadvantage of the indicator is that it measures stockouts in the stock room in a health facility; this does not always indicate that the commodity is unavailable in the dispensary of the facility since a large quantity of the commodity might recently have been transferred from the stock room to the dispensary. In addition, it is important to keep in mind that the value of the indicator for monitoring purposes depends entirely on the quality of the LMIS system.

The data show that, in the 17 core program districts (CPD), twenty percent of facilities maintained year round availability of all seven commodities. The year round availability of commodities reaches as high as 56 percent in Kailali but is less than 10 percent in six districts. It is worth noting that the indicator is based on a stringent criterion – the availability in all four quarters of all seven commodities. This means that if a facility is out of stock of even one commodity in one quarter it will not meet the requirement for the indicator. Since the year round availability of a package of health services is a goal of the NFHP, however, it was agreed that this is an appropriate measure. Although relatively few facilities maintain year round availability of all commodities, most health facilities have some of the commodities available most of the time. On average, in any given quarter, almost half of facilities have all seven commodities available.

- ✓ The EOP target for indicator 1-1 is 50 percent.

District	Average percent of health facilities reporting availability of commodity in a quarter (averaged across four quarters)							Percent of health facilities with all seven commodities in <i>all four quarters</i>	
	Condom	In-jectables	Pills	ORS	Vitamin A	Cotrim	Iron		All 7
Jhapa	83	83	81	84	56	76	91	33	14
Morang	94	97	88	97	85	91	96	66	33
Siraha	76	96	89	80	49	85	95	29	12
Sunsari	86	92	83	83	76	77	94	44	21
Bara	64	81	71	69	31	70	90	15	3
Chitwan	91	91	87	91	80	82	85	49	20
Dhanusha	77	88	85	85	42	52	91	20	2
Mahottari	71	87	88	72	39	32	90	15	1
Parsa	80	86	76	79	43	84	90	27	8
Rasuwa	87	100	96	74	74	86	91	44	6
Rautahat	93	95	96	91	85	95	91	67	35
Nawalparasi	91	95	90	95	82	93	93	65	42
Banke	92	97	89	90	65	65	96	37	9
Bardiya	82	93	91	88	83	89	87	51	15
Bajura	91	97	87	86	81	95	97	63	31
Kailali	98	99	97	98	98	92	92	80	56
Kanchanpur	93	100	94	96	93	88	96	71	24
17 CPDs	85	93	87	86	68	79	92	46	20

Performance indicator	Indicator definition	Data source	Frequency of data collection	Reference period	Value of indicator
1-2 Availability of Commodities at Community Level	Percentage of FCHVs who have 4 key commodities available	Survey	Annually	July-August 2002	12.1%

This indicator measures the availability of four key commodities among Female Community Health Volunteers (FCHVs). FCHVs are community-based health workers who are trained to provide basic health services and provide health education, including distribution of condoms and oral pills, treatment of ARI in children, treatment of diarrhea with ORS, and the distribution of Vitamin A capsules to children (Bernklau, 2002). NFHP collaborates with the Ministry of Health to support the FCHV program in the 17 core districts.

The data for this indicator were collected in a survey of a sample of 1700 FCHVs in randomly selected wards throughout 16 of the 17 core program districts. One district – Bajura – was not included in the survey due to security problems. One hundred FCHVs were selected in each district. Fifty of the selected FCHVs were not interviewed due to a variety of reasons so the final sample is comprised of interviews with 1550 FCHVs. All interviews were conducted in July-August 2002.

The sample was designed to be representative of the FCHVs in each district and of the total population of FCHVs in the 16 districts. To select the sample, all VDCs and their corresponding wards in each CPD were listed. Then, wards were selected systematically using a sampling interval calculated by dividing the number of wards by 100. Within each selected ward, the FCHV was selected for interview. In wards that contained more than one FCHV, one was randomly selected for interview. To combine the respondents into a sample that is representative of all FCHVs in the CPDs, the data are weighted by the total number of FCHVs in each district. These totals are taken from records kept by NTAG (Nepal Technical Assistance Group). These numbers are close, but not identical, to those reported in the 2000/2001 HMIS report. The number of unweighted and weighted cases and the results for indicator 1- 2 are shown below. Additional results from the survey are shown in Appendix A.

	Unweighted cases	Weighted cases
Jhapa	96	58
Morang	96	77
Sunsari	100	140
Siraha	100	128
Dhanusha	96	120
Mahotari	99	90
Rasuwa	91	32
Rautahat	96	120
Bara	98	116
Parsa	97	97
Chitwan	93	42
Nawalparasi	99	94
Banke	99	88
Bardiya	98	110
Kailali	99	147
Kanchanpur	93	89
16 CPDs	1550	1550

The results for indicator 1-2 show that approximately 11 percent of FCHVs had all four commodities available at the time of interview. The vast majority of these commodities were actually observed by the interviewers; however, in some cases the FCHV said that she had the commodity available but it was not observed (mostly because the FCHV was not interviewed in her home).

This percentage with all four commodities ranges from 2 percent in Mahotari to 31 percent in Kanchanpur. Overall, FCHVs were least likely to have contraceptive pills and most likely to have ORS packets but this varies by district. Excluding Kailali and Banke (districts in which the ARI program was not operating during the baseline period), the overall percentage of FCHVs who had cotrimoxazole available increases from 49 to 56 percent and the percentage with all four commodities increases from 10.6 to 12.1 percent. The results for the availability of cotrimoxazole are influenced by the presence of 'referral FCHVs' in several districts (Jhapa, Siraha, Rautahat, Bara, Parsa, Nawalparasi, Bardiya, and Kanchanpur). These FCHVs are trained to identify and refer cases of pneumonia but not to treat them, so they would not be expected to have cotrimoxazole available.

- ✓ The EOP target for indicator 1-2 is 50 percent (for districts with ARI programs operating).

Percentage of FCHVs who had commodities available during interview						Weighted number of cases
	Condoms	Pills	Cotrim	ORS	All four	
Jhapa	45.8	59.4	54.2	93.8	22.9	58
Morang	38.5	33.3	94.8	96.9	24.0	77
Sunsari	33.0	29.0	78.0	70.0	15.0	140
Siraha	36.0	28.0	45.0	57.0	9.0	128
Dhanusha	14.6	13.5	55.2	55.2	6.3	120
Mahotari	14.1	13.1	48.5	36.4	2.0	90
Rasuwa	33.0	46.2	75.8	72.5	17.6	32
Rautahat	21.9	14.6	35.4	16.7	3.1	120
Bara	30.6	23.5	54.1	82.7	13.3	116
Parsa	36.1	13.4	62.9	88.7	7.2	97
Chitwan	28.0	32.3	86.0	90.3	20.4	42
Nawalparasi	36.4	28.3	49.5	70.7	10.1	94
Banke	44.9	59.6	0.0	62.2	0.0	87
Bardiya	46.9	36.7	50.0	76.5	11.2	110
Kailali	87.9	79.8	0.0	87.9	0.0	147
Kanchanpur	74.2	64.5	47.3	98.9	31.2	89
16 CPDs	39.9	35.2	48.6	70.1	10.6	1549
14 CPDs (excl Kailali & Banke)	33.3	27.8	55.6	66.7	12.1	1354

Performance indicator	Indicator definition	Data source	Frequency of data collection	Reference period	Value of indicator
1-3 Pneumonia Treatment*	Number of pneumonia cases in children (2-60) months treated by community health workers (FCHVs, MCHWs, VHWs) in CB-IMCI intervention districts	NFHP monitoring records	Annually	Mid-July 2000 – Mid-July 2001	87,500

* Also a USAID PMP indicator

The indicator measures the number of pneumonia cases in children aged 2-60 months that were treated by community health workers (CHWs) including FCHVs, maternal child health workers (MCWs), and volunteer health workers (VHWs) in selected districts. It does not include children treated by the private sector. Although this indicator gives some information about the magnitude of service delivery, its weakness is that it could increase over time for several reasons: the population of children aged 2-60 months increases, the incidence rate for pneumonia increases, more health workers are trained, the percentage of health workers that have cotrimoxazole increases, or more parents bring their children to CHWs to be treated. The indicator could also decrease if the incidence rate for pneumonia decreases.

During the reference period, 12 of the 17 CPDs had trained community health workers to identify and treat pneumonia among children. Although training was completed in Kanchanpur during the reference period, CB-IMCI services were not available for all twelve months so it is not included in the calculation. These data are taken from the treatment books maintained by CHWs and reported to the District Health Office. The data are then compiled by NFHP staff. The indicator shows that, during the baseline period, 87,500 children aged 2-60 months were treated for pneumonia by CHWs. This represents approximately 56 percent of all children age 0-60 months presenting with pneumonia to either a health facility or a CHW.

Given the weaknesses of the current indicator, it is recommended that the indicator be modified or that an indicator be added: the percent of pneumonia cases among children age 0-60 months treated by CHWs or in health facilities. This would require estimating the total number of children contracting pneumonia (if a reliable number were available) and using this number to calculate the percentage of children with pneumonia treated by CHWs. In a previous report (Dawson, 2001), an estimated incidence of 300 per 1000 for children age 0-60 months was used to determine the total number of expected cases of pneumonia.² Based on this incidence rate and the total population of children age 0-60 months reported in the HMIS, there were 253,265 cases of pneumonia among children age 0-60 months during the reference period in the 12 districts. Approximately 62 percent of cases were treated either in health facilities or by CHWs; 35 percent of presenting cases were treated by CHWs while 27 percent were treated in health facilities. For illustrative purposes, the proposed indicator is shown in the table below. Note that, in Rasuwa, the indicator exceeds 100 percent indicating that the

² Although CHWs only treat children age 2-60 months it is appropriate to use children age 0-60 months in the denominator because children under age 2 months should be treated in health facilities.

incidence rate used to calculate the estimated number of pneumonia cases is too low (or the number of cases treated is incorrect). It may be possible to calculate pneumonia incidence rates from point prevalence estimates that are available from other sources, such as the DHS.

Number of pneumonia cases treated by CHWs and health facilities during the reference period, percent of estimated cases treated, and percent of presenting cases treated by CHWs

District	# of pneumonia cases treated by CHWs (children 2-60 months) A	# of pneumonia cases treated by health facilities (children 0-60 months) B	Estimated # of cases of pneumonia (children 0-60 months)* C	% of children age 0-60 months with pneumonia treated by CHWs or health facilities A+B/C	% of presenting pneumonia cases treated by CHWs A/A+B
Chitwan	6195	4631	19861	55	57
Sunsari	8761	8055	25509	66	52
Morang	17177	8418	33952	75	67
Jhapa	8861	8611	28181	62	51
Parsa	3961	3961	22141	36	50
Siraha	8272	10927	25306	76	43
Bara	5756	3905	24563	39	60
Rautahat	12746	6780	21827	89	65
Rasuwa	1148	929	1958	106	55
Bajura	2306	825	5670	55	74
Nawalparasi	4988	6401	25922	44	44
Bardiya	7329	5067	18374	67	59
12 CPDs	87500	68510	253265	62	56

*30 percent of total number of children age 0-60 months from HMIS

- ✓ The EOP target for indicator 1-3 is TBD (pending estimation of the total number of pneumonia cases).

Performance indicator	Indicator definition	Data source	Frequency of data collection	Reference period	Value of indicator
1-4 Quality of Pneumonia Treatment*	Percentage of children presenting to health workers (FCHVs, MCHWs, VHWs) with pneumonia symptoms who received appropriate treatment (in CPDs where community-based pneumonia treatment has been initiated)	Supervision checklist FCHV record review	Annually	Mid-July 2000 – Mid-July 2001	92%

* Also a USAID PMP indicator

This indicator measures the percentage of children presenting to CHWs with pneumonia symptoms who received appropriate treatment. “Appropriate treatment” is defined as cases that are followed up by the health worker after three days and who received the correct dose of cotrimoxazole for their age group. (Different doses are prescribed depending on whether the child is 2-12 months old or 13-60 months).

The data are collected by NFHP field staff who review the treatment books of a sample of CHWs. During the reference period, 3,201 CHWs were interviewed in 13 CPDs (those listed in the previous indicator plus Kanchanpur). The ten most recent pneumonia cases recorded by each CHW were examined and checked for appropriate treatment.

During the reference period, 93 percent of children with pneumonia symptoms were followed up within three days and 98 percent were given the appropriate dose of cotrimoxazole for their age. Ninety two percent were both followed up and given the appropriate dose.

Children Presenting to Health Workers and Receiving Appropriate Treatment, 13 CPDs

Number of CHWs interviewed	Number of children presenting to health workers with pneumonia symptoms	Number who received appropriate treatment			Percentage who received appropriate treatment		
		3 rd day follow-up	Appropriate dose for age	Both	3 rd day follow-up	Appropriate dose for age	Both
3,201	16,876	15,653	16,496	15504	93	98	92

✓ The EOP target for indicator 1-4 is > 90 percent.

Performance indicator	Indicator definition	Data source	Frequency of data collection	Reference period	Value of indicator
1-5 FCHVs Services Reflected in HMIS Data	Percentage of HF's in CPDs reporting FCHV service data through HMIS	HMIS	Annually	Mid-July 2000 – Mid-July 2001	0

This indicator is intended to measure the extent to which the HMIS is able to assess the separate contribution of FCHVs to service delivery. As of the reference period, the contribution of FCHVs to service delivery is combined with that of other CHWs in the HMIS. Fiscal year 2001-2002 is the first time these data will be available separately for FCHVs.

- ✓ The EOP target for indicator 1-5 is TBD (pending results for 2001-2002).

Performance indicator	Indicator definition	Data source	Frequency of data collection	Reference period	Value of indicator
1-6 Treatment of Night-blind Pregnant Women*	Number of pregnant night-blind women treated with Vitamin A in intervention CPDs	NFHP program reports	Annually beginning in year 2/3	Mid-July 2000 – Mid-July 2001	0

* Also a USAID PMP indicator

The Vitamin A supplementation program for pregnant women will be initiated in the first year of the NFHP so there were no women treated during the baseline period. In order for this indicator to be estimated, data on the number of women treated could be collected in program reports and/or included in the reporting done for the HMIS. As in indicator 1-3, however, a more meaningful indicator would be obtained if a denominator could be estimated (i.e., the total number of night blind pregnant women) in order to assess the coverage of treatment. Unfortunately, this would likely be prohibitively expensive as it would require a household survey in which night-blind pregnant women were identified. Only 5-10 percent of women of reproductive age would be currently pregnant and some fraction of these would be night-blind so a large number of women would have to be interviewed to obtain a sufficient sample for analysis. Questions on night blindness and Vitamin A were included in the 2001 DHS (although not included in the survey report), however, and could be included in the next DHS.

- ✓ The EOP target for indicator 1-6 is TBD (pending introduction of the program).

Performance indicator	Indicator definition	Data source	Frequency of data collection	Reference period	Value of indicator
1-7 ORT Use in Children Under 5*	Percentage of children (under 5 years) with diarrhea in preceding 2 weeks who received Oral Rehydration Therapy (ORT or increased fluids	DHS survey	Every 5 years	2001	47%

* Also a USAID PMP indicator

Note: The wording of this indicator has been modified based on actual questions in the DHS questionnaire (changed 'recommended home fluids' to 'increased fluids').

This indicator measures the extent to which children under age five with diarrhea were treated with oral rehydration therapy (ORT). ORT includes either treatment with an ORS packet or an increase in fluids. These national-level data are derived from interviews with women of reproductive age in the Nepal Demographic and Health Survey which was conducted January – June 2001.

Almost half of all children with diarrhea in the two weeks preceding the survey received some type of oral rehydration therapy (either ORS or increased fluids). Of those treated, thirty two percent were treated with ORS and 27 percent received increased fluids.

- ✓ The EOP target for indicator 1-7 is 60 percent.

Performance indicator	Indicator definition	Data source	Frequency of data collection	Reference period	Value of indicator
1-8 Measles Vaccination	Number of children (9-11 months) who received measles vaccination in CPDs	HMIS	Annually	Mid-July 2000 – Mid-July 2001	192,646

* Also a USAID PMP indicator

The recommended age for measles vaccination in Nepal is when the child reaches nine months of age or soon after. All children should be vaccinated before they reach their first birthday. This indicator measures the number of children aged 9-11 months who received measles vaccine during the baseline period. In the 17 CPD districts, 192,646 children were vaccinated during this period.

Although the current indicator is a reasonable measure of service provision, a better indicator of program impact would measure the coverage of measles vaccination. This would require estimation of the number of children eligible for measles vaccination annually. Although this exact number does not appear to be available, a reasonable proxy is the number of children age 0-11 months. The number of children age 0-11 months approximates the number of births that occurred in the prior year (less those who died) which, in turn, is roughly the number of children who would pass through the target age for vaccination in a given year. This is the denominator used by the Ministry of Health for estimating measles coverage and is available in the annual HMIS report.

District	No. of children who received measles vaccine (age 9-11 months)
Jhapa	15,962
Morang	17,704
Siraha	13,106
Bara	9,975
Dhanusha	16,724
Rasuwa	1,336
Banke	8,779
Bardiya	8,738
Bajura	2,117
Kailali	16,421
Kanchanpur	8,393
Sunsari	13,664
Chitwan	10,889
Parsa	12,248
Nawalparasi	11,824
Mahottari	10,274
Rautahat	14,492
17 CPDs	192,646

✓ The EOP target for indicator 1-8 is TBD (pending possible replacement of indicator).

Component II Indicators

Performance indicator	Indicator definition	Data source	Frequency of data collection	Reference period	Value of indicator
2-1 District Hospitals Offering Post-Abortion Care Services	Number of district hospitals offering PAC services in CPDs	Supervision reports	Annually	2002	4

Four district hospitals currently have functioning post-abortion care (PAC) services. These hospitals are located in Chitwan, Nawalparasi, Banke and Kailali. The criteria for 'functioning' post-abortion care include: at least 3-4 clients per month, a physical facility that has been upgraded according to a needs assessment, trained manpower, infection prevention practices, family planning services and counseling, and a commitment on the part of the facility to provide these services.

- ✓ The EOP target for indicator 2-1 is 17 hospitals.

Performance indicator	Indicator definition	Data source	Frequency of data collection	Reference period	Value of indicator
2-2 HMG/NGO RH Coordination	Number of NGOs in CPDs receiving commodities from DHOs	LMIS	Quarterly	Mid-July 2000 – Mid-July 2001	15

There were 15 NGOs who received family planning commodities from District Health Offices during the reference period. The weakness of this indicator are that 1) it is known that some NGOs receiving family planning commodities are not reporting in the LMIS; 2) the total number of NGOs in CPDs is not known; and 3) that the desired result for the indicator is unclear. While the objective is to increase assistance to NGOs by providing commodities where they are needed, it is not intended to encourage NGOs to replace current sources of commodities with government sources.

A proposed alternative indicator of HMG/NGO coordination is the percentage of CPDs with Reproductive Health Coordination Committees (RHCCs) meeting at least quarterly. These committees are composed of representatives from both government and NGO institutions and are intended to facilitate the provision of reproductive health services in a district. Currently, 14 of the 17 CPDs have formed an RHCC and 1-2 met at least quarterly in the last fiscal year. Information on the meetings held by these committees is relatively easy to collect from district records. If this indicator were adopted, the EOP target would be 17 districts.

- ✓ The EOP target for indicator 2-2 is TBD (pending possible replacement of indicator).

NGOs in CPDs receiving family planning commodities from the DHOs

District	NGO Name
Chitwan	Bal Kalyan Samaj
Nawalparasi	Bal Kalyan Samaj, Tri-Netra Nepal
Parsa	Marie Stopes Clinic
Rasuwa	ADRA, Nepal
Rautahat	Pashupati Yuba Club
Banke	Mahila Arthik Swabalamban, General Welfare Prathisthan
Bardiya	Tharu Mahila Utthan Kendra, S.O.S.
Kailali	Manab Sewa Sangh, Nepal Red Cross, General Welfare P.
Kanchanpur	Nepal Rastriya Samaj Kalyan, General Welfare Prathisthan

Performance indicator	Indicator definition	Data source	Frequency of data collection	Reference period	Value of indicator
2-3 Couple Years of Protection (CYP) in CPDs*	Annual protection against pregnancy afforded by contraceptives distributed in CPDs	HMIS	Quarterly	Mid-July 2000 – Mid-July 2001	573,110

* Also a USAID PMP indicator

Couple years of protection (CYP) estimates the protection provided by family planning services during a one-year period, based upon the volume of all contraceptives distributed to clients during that period. The CYP is calculated by multiplying the quantity of each method distributed to clients by a conversion factor, which is an estimate of the duration of contraceptive protection provided per unit of that method.³ For this assessment, six methods are included in the calculation of CYP: pills, condoms, DepoProvera, Norplant, IUD, and sterilization. The CYP for each method are then summed over all methods to obtain a total CYP figure. While the data needed for this indicator are easily available in Nepal and it is simple to calculate, the disadvantages are: 1) that one cannot ascertain the number of individuals represented by CYP and 2) the conversion factors, while based on available research, are open to debate (Bertrand and Escudero, 2002). Ideally, information on contraceptive use and discontinuation among individual women should be used to complement the CYP data.

The total CYP for the 17 program districts is 573,110. For individual districts, the CYP varies from almost 82,000 in Morang to about 3,200 in Bajura. In all districts, sterilizations account for at least 47 percent of CYP. In Dhanusha, Parsa, Mahottari, and Rautahat, 80 percent of more of CYP is due to sterilizations. Jhapa, Morang, Bajura, and Sunsari are notable for the relatively high proportion of CYP accounted for by DepoProvera.

- ✓ The EOP target for indicator 2-3 is 803,816 (7 percent annual increase).

³ The USAID-accepted conversion factors used here are: pills: 15 cycles per CYP, condoms: 120 units per CYP, DepoProvera: 4 doses per CYP, IUD: 3.5 per IUD inserted, NORPLANT: 3.5 per implant inserted, sterilization: 10 years per procedure. All CYPs for long-term methods are credited in the year in which the client accepted the method. The conversion factors used by the Ministry of Health differ from those used here.

Couple Years of Protection (CYPs) by method and district, 2000-2001

District	Condom	Pills	Depo	IUD	Norplant	Sterilization	All methods
Jhapa	4,233	4,040	19,515	599	2,681	27,910	58,977
Morang	6,487	3,764	18,062	760	987	51,740	81,799
Siraha	3,524	464	4,070	581	340	22,120	31,099
Bara	1,629	419	2,222	109	144	14,230	18,751
Dhanusha	2,610	385	2,581	319	326	44,200	50,420
Rasuwa	503	71	663	105	469	1,670	3,482
Banke	4,094	1,502	4,959	473	907	15,820	27,754
Bardiya	2,714	610	4,141	322	294	16,780	24,861
Bajura	476	180	810	0	0	1,780	3,245
Kailali	7,235	2,263	9,531	620	242	27,480	47,370
Kanchanpur	2,869	1,278	4,232	347	427	13,290	22,442
Sunsari	1,984	1,209	8,857	410	1,148	25,690	39,297
Chitwan	4,321	1,715	6,844	662	1,334	25,040	39,915
Parsa	1,709	281	3,691	476	301	36,730	43,189
Nawalparasi	3,611	993	6,491	487	620	21,480	33,680
Mahottari	754	311	1,445	60	18	20,910	23,497
Rautahat	1,430	453	1,949	172	0	19,330	23,332
17 CPDs	50,182	19,937	100,061	6,496	10,234	386,200	573,110

Performance indicator	Indicator definition	Data source	Frequency of data collection	Reference period	Value of indicator
2-4 Health Facility Supervision	Percentage of health facilities in CPDs that receive a quarterly supervision visit by DHO staff	NFHP supervision reports	Quarterly	Mid-July 2000 – Mid-July 2001	Unknown

The data for this indicator are not available because supervision visits were not tracked systematically during the baseline period. Mechanisms for collecting the data for this indicator are under development by NFHP. Record keeping of supervisory visits will most likely take place at the district health office (with some criteria for what constitutes “supervision”) and verified by NFHP staff during their monitoring visits to facilities. The system of record keeping will be discussed with district level staff at the next NFHP district level planning meeting.

- ✓ The EOP target for indicator 2-4 is TBD (pending decisions on definition of indicator and mechanisms for monitoring).

Component III Indicators

Performance indicator	Indicator definition	Data source	Frequency of data collection	Reference period	Value of indicator
3-1 Couple Years of Protection (CYP) at the National Level*	Annual protection against pregnancy afforded by contraceptives distributed nationally	HMIS	Quarterly	Mid-July 2000 – Mid-July 2001	1,287,253

* Also a USAID PMP indicator

The total CYP at the national level is 1,287,253. CYP for individual methods are:

Method	Condom	Pills	Depo	IUD	Norplant	Sterilization	All methods
CYP	122,431	56,707	306,092	31,490	29,544	740,990	1,287,253

✓ The EOP target for this indicator is 1,642,897 (5 percent annual increase).

Performance indicator	Indicator definition	Data source	Frequency of data collection	Reference period	Value of indicator
3-2 Reporting of LMIS Data by Health Facilities	Percentage of functioning health facilities (DHs, PHCs, HPs, and SHPs) nationwide reporting LMIS data within 2 months after end of quarter	LMIS	Quarterly	Mid-July 2000 – Mid-July 2001	79%

This indicator measures the extent to which functioning health facilities report LMIS data in a timely manner (within two months after the end of the quarter). Overall, 79 percent reported within two months. Slightly fewer sub-health posts reported within two months than other types of health facilities. The Central and Mid-Western regions have substantially worse reporting records than other regions. Only about two thirds of facilities reported LMIS data within two months in these regions.

LMIS Nationwide Reporting for 2000-2001: Percentage reporting within 2 months of end of quarter by quarter

Region	Primary Health Centers				Health Posts					Sub-Health Posts				All		
	1st	2nd	3rd	4th	Qtr.					Qtr. Avg.	1st	2nd	3rd	4 th	Qtr. Avg.	Qtr. Avg.
					Avg.	1st	2nd	3rd	4th							
Eastern	71	84	91	80	82	88	84	83	88	86	78	77	77	84	79	80
Central	67	77	66	85	74	64	72	70	76	71	56	66	69	74	66	67
Western	83	92	97	97	92	92	91	98	98	95	90	95	95	97	94	94
M-Western	81	68	67	75	73	67	61	59	74	65	63	66	58	70	64	65
F-Western	82	100	76	100	90	81	91	89	91	88	78	89	89	91	87	87
Nepal					82					81					78	79
# facilities					172					715					3137	4024

Note: These figures do not include district hospitals. They will start reporting in the next fiscal year.

✓ The EOP target for indicator 3-2 is 85 percent.

Performance indicator	Indicator definition	Data source	Frequency of data collection	Reference period	Value of indicator
3-3 Vitamin A Supplementation Coverage*	Percentage of children (6-60 months) nationwide who received a vitamin A capsule during the preceding round of supplementation	Mini-surveys	Annually	Mid-July 2000 – Mid-July 2001	96%

* Also a USAID PMP indicator

This indicator measures coverage of Vitamin A supplementation among children aged 6-60 months during the preceding round of supplementation. The data are derived from post supplementation mini-surveys of mothers/caretakers. Selected districts participate in the surveys for each of two rounds in each fiscal year with different districts included in each round. The data for the two rounds are then combined, weighted by the estimated number of children in the target population (age 6-60 months) in each district, and a national level estimate is derived (as described in Houston, 2000). The value of the indicator used here was calculated by NFHP staff.

Target Population (6-60 months) (A)	Estimated # of children (6-60 months) nationwide who received A Vitamin A Capsules (B)	National Weighted Coverage (C) (B/A) * 100
3,011,016	2,889,935	96%

- ✓ The EOP target for indicator 3-3 is to maintain the level of Vitamin A coverage at greater than 90 percent.

Performance indicator	Indicator definition	Data source	Frequency of data collection	Reference period	Value of indicator
3-4 HMG Purchase of Contraceptives	Percent increase in HMG budget contribution to the purchase of family planning commodities	HMG budget	Annually	Mid-July 2000 – Mid-July 2001	Unknown (Absolute value = 8 million rupees)

For the NFY 57/58, the amount budgeted by HMG for the purchase of family planning commodities was 5 million rupees. None of this amount was actually expended. The increase in the amount budgeted will be calculated from the amount budgeted in the NFY 58/59 budget.

- ✓ The EOP target for indicator 3-4 is to maintain a 10 percent annual increase (which would result in an absolute value of approximately 8 million rupees at EOP).

Issues and Recommendations

1. While it is important to maintain continuity in the M&E plan over time, it is also important to assess periodically whether the indicators accurately reflect project achievements and whether improvements in the indicators can be made. Improvements are sometimes possible as new data become available and as evaluation methodology evolves. It is worth keeping in mind that some adjustments in the M&E plan over time are inevitable.
2. Dates in the current M&E plan should be changed. Since most data sources cover the Nepal fiscal year (which runs from mid-July to mid-July), the baseline period is mid-July 2000 to mid-July 2001. For monitoring purposes, the last year of the project is mid-July 2005 to mid-July 2006. This implies that, for many indicators, end-of-project data will not cover the last 5 months of the project.
3. Consider replacing indicator 1-8 (number of measles vaccinations given) with measles vaccination coverage. This can be done by using the number of children age 0-11 months as a proxy for the number of children eligible to be vaccinated in a given year.
4. Consider replacing indicator 1-3 (number of pneumonia cases treated) with a measure of treatment coverage or adding a new indicator. This would require an estimate of the incidence of pneumonia among children under five years. Although an estimated incidence of 300 per 1000 has been calculated based on previous studies, it is not clear whether this estimate is currently valid or whether it is appropriate to apply this estimate in all regions. Indeed, application of this incidence rate to treatment data for the baseline period leads to a coverage estimate exceeding 100 percent in one district suggesting that the incidence rate is too low. Further investigation of this issue is needed. For example, it may be possible to convert existing point prevalence estimates of pneumonia (e.g., from the DHS) to incidence rates.
5. Consider replacing indicator 2-2 (Number of NGOs receiving family planning commodities) with a new indicator: the percentage of CPDs with RHCCs meeting at least quarterly. The advantages of this indicator are that it is relatively easy to monitor and the desired direction of change is unambiguous. Its disadvantage is that the extent to which regular meetings promote actual coordination is unclear.
6. Begin monitoring the number of supervision visits by DHO staff to health facilities for indicator 2-4. NFHP staff are developing a system for monitoring these visits that should be in place relatively soon.
7. In planning for the introduction of the Vitamin A program for night-blind pregnant women, incorporate a system for monitoring program achievements at an early stage. Ideally, an indicator could be developed that would measure coverage of the program although this may be prohibitively costly since a population-based estimate of the number of women eligible for the program would probably require screening a large number of women at the household level. Ongoing research at the international level may be helpful in designing a practical monitoring protocol.
8. Consider adding questions in the next round of the FCHV survey on service delivery by FCHVs. The current round does not include any questions on the demand for FCHVs' services so it is difficult to assess the impact of lack of commodities on met need for services. It would be useful to ask the respondents about the number of times they provided various types of surveys in the last month and perhaps about requests for services that they were not able to provide due to lack of commodities. In addition, it may be useful to include some

questions that could be used to assess the knowledge of FCHVs about the services they are providing as an indicator of the impact of BCC activities directed towards FCHVs (see below under New Indicators).

9. Recalculate indicators from the 2001 DHS so that they refer to the 17 CPDs (as a whole, not individual districts). These estimates would provide a more focused measure of change at the population level that could more convincingly be attributed to the impact of the program than the current national estimates. Although the sample for the DHS was not originally designed to provide these estimates, the sample size should be large enough to do so. According to Macro, a subset of the data file can be used without re-weighting. This work could potentially be done by New Era (perhaps in consultation with Macro sampling staff) or by Macro.

New Indicators

1. Quality of care - NFHP has developed an extensive monitoring checklist that it has begun to use during supervision visits to health facilities. Each sub-health post is visited at least once a year, each health post is visited quarterly, and primary health centers and district hospitals are visited monthly. An index of quality of care based on a selected subset of items from the checklist can be developed from these data. It may be necessary to use separate indices for each level of facility. Initial results from the monitoring checklist should be available in the next few months. These results can be examined and an index developed at that time.

2. Safe motherhood – NFHP is currently supporting a small number of safe motherhood activities. It is probably premature to determine the indicators that would be appropriate until planning for future activities is complete. If it is determined that skilled attendance at birth is an appropriate indicator, a baseline value is available from the 2001 DHS. Use of the pregnancy determination checklist in health facilities offering family planning services could be tracked in the monitoring checklist described above, however.

3. Behavior Change Communication – A baseline population-based BCC survey will be fielded shortly in five CPDs. Respondents for the survey include currently married women of reproductive age, their husbands, and mothers-in-law. In addition, data will be collected from FCHVs, health facility management committees, and clients. Results from this survey should be examined and an indicator measuring knowledge of one or more aspects of family health among women, husbands and mothers-in-law selected. When the next round of this survey is conducted at the end of the project, change in this indicator could be measured. The BCC unit will also work intensively in selected VDCs in 7 districts. Listener's groups will be formed to listen to and discuss radio dramas addressing various topics in family health. One of the results of this program should be increased utilization of health services. The impact of the program on utilization of health services could potentially be monitored. The methodology for doing so requires further investigation. In addition, since much of the BCC program is aimed at FCHVs, questions could be added in the next round of the FCHV survey on the extent and accuracy of knowledge regarding the services they are providing. Although a baseline value would not be available (since these questions were not included in the first round of the survey), progress subsequent to the baseline period could be measured.

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Appendix A: Additional Tables from the FCHV Survey

Table A1 show the percentage of FCHVs who had selected commodities available at the time of interview. The results for condoms, pills, cotrim, and ORS have been discussed previously under indicator 1-2. The availability of Vitamin A overall is about 41 percent with the district level percentages ranging from 8 percent in Mahotari to 94 percent in Kanchanpur.

Table A2 shows the percentage of FCHVs who had various

Table A1: Percent of FCHVs with commodity available at the time of interview by district

	Condoms	Pills	Cotrim	ORS	Vitamin A
Jhapa	45.8	59.4	54.2	93.8	68.8
Morang	38.5	33.3	94.8	96.9	49.0
Sunsari	33.0	29.0	78.0	70.0	35.0
Siraha	36.0	28.0	45.0	57.0	33.0
Dhanusha	14.6	13.5	55.2	55.2	14.6
Mahotari	14.1	13.1	48.5	36.4	8.1
Rasuwa	33.0	46.2	75.8	72.5	23.1
Rautahat	21.9	14.6	35.4	16.7	16.7
Bara	30.6	23.5	54.1	82.7	23.5
Parsa	36.1	13.4	62.9	88.7	19.6
Chitwan	28.0	32.3	86.0	90.3	45.2
Nawalparasi	36.4	28.3	49.5	70.7	59.6
Banke	44.9	59.6	0.0	62.2	41.4
Bardiya	46.9	36.7	50.0	76.5	36.7
Kailali	87.9	79.8	0.0	87.9	84.8
Kanchanpur	74.2	64.5	47.3	98.9	93.5
CPDs	39.9	35.2	48.6	70.1	40.5

Vitamin A and ARI equipment available at the time of interview. Most FCHVs have this equipment available in most districts. FCHVs in Mahotari again stand out as the least likely to have a Vitamin A and Nutrition flipchart but 80 percent have a Vitamin A register. Also, FCHVs in Banke and Kailali tend not to be equipped with ARI registers, charts, or timers.

Table A2: Percent of FCHVs with Vitamin A and ARI equipment available at the time of interview, by district

	Vitamin A register	Vit A & nutrition flipchart	ARI register	ARI chart	ARI timer
Jhapa	93.8	46.9	75.0	62.5	79.2
Morang	91.7	72.9	97.9	63.5	84.4
Sunsari	83.0	37.0	87.0	69.0	81.0
Siraha	86.0	69.0	86.0	88.0	93.0
Dhanusha	79.2	28.1	78.1	95.8	99.0
Mahotari	79.8	19.2	100.0	89.9	99.0
Rasuwa	87.9	83.5	87.9	82.4	87.9
Rautahat	88.5	62.5	67.7	58.3	92.7
Bara	88.8	67.3	81.6	84.7	86.7
Parsa	82.5	63.9	84.5	69.1	88.7
Chitwan	38.7	88.2	95.7	82.8	90.3
Nawalparasi	88.9	86.9	75.8	81.8	90.9
Banke	83.7	64.6	1.0	1.0	0.0
Bardiya	74.5	56.1	93.9	87.8	95.9
Kailali	84.8	63.6	16.2	0.0	0.0
Kanchanpur	100.0	62.4	94.6	96.8	97.8
CPDs	84.3	58.3	74.0	67.7	77.1

Across the 17 districts, more than 70 percent of FCHVs have an FCHV register, bag, and an ORS blue cup (Table A3). Only about 56 percent of FCHVs have an FCHV flipchart. FCHVs in Mahotari are less likely than those in other districts to have the register, flipchart, and blue cup while those in Dhanusha are less likely to have all four pieces of equipment.

Table A3: Percent of FCHVs with FCHV equipment and ORS blue cup available at the time of interview, by district

	FCHV register	FCHV flipchart	FCHV bag	ORS blue cup
Jhapa	90.6	44.8	89.6	74.0
Morang	92.7	68.7	74.0	70.8
Sunsari	82.0	56.0	65.0	73.0
Siraha	87.0	58.0	80.0	65.0
Dhanusha	45.8	41.7	50.0	41.7
Mahotari	31.3	36.4	92.9	45.5
Rasuwa	97.8	91.2	96.7	79.1
Rautahat	51.0	51.0	66.7	59.4
Bara	66.3	40.8	62.2	66.3
Parsa	76.3	51.5	89.7	71.1
Chitwan	92.5	26.9	95.7	82.8
Nawalparasi	88.9	74.7	98.0	90.9
Banke	83.7	51.5	87.9	53.5
Bardiya	87.8	71.4	99.0	98.0
Kailali	98.0	68.7	98.0	84.8
Kanchanpur	98.9	66.7	32.3	98.9
CPDs	77.6	56.1	78.0	71.3

Approximately 92 percent of FCHVs know the name of their supervisor and 97 percent know the name of the health facility where their supervisor works (Table A4). More than 70 percent live within 30 minutes of this health facility. FCHVs in Rasuwa are farthest from their supervisor's health facility with only about half living within 30 minutes and about a third living more than an hour from the facility. According to the FCHVs' assessment, 92 percent of the facilities in which their supervisors work are well maintained while only 8 percent are judged to have partial or complete structural damage. Mahotari is again notable for the relatively high percentage of FCHVs reporting that the health facilities are in poor condition. More than 80 percent of these facilities offer immunizations and primary health care while more than 70 percent offer family planning, antenatal care, and child health services (Table A5).

Table A4: Percent of FCHVs who know the name of their supervisor and the name of the facility where their supervisor works, time to facility, and condition of facility, by district

	Among those who know name of health facility:							
	Knows name of supervisor	Knows name of health facility	Time to health facility				Condition of health facility	
			0-15 minutes	16-30 minutes	31-60 minutes	> 60 minutes	New construction/ well maintained	Partial/ complete structural damage
Jhapa	99.0	100.0	21.9	31.2	29.2	17.7	99.0	1.0
Morang	97.9	99.0	29.5	40.0	21.1	9.5	90.5	9.5
Sunsari	93.0	97.0	38.9	35.8	21.1	4.2	94.8	5.2
Siraha	96.0	96.0	54.2	28.1	13.5	4.2	92.7	7.3
Dhanusha	91.7	97.9	57.4	31.9	9.6	1.1	90.4	9.6
Mahotari	83.8	87.9	47.1	36.8	12.6	3.4	80.5	19.5
Rasuwa	69.2	100.0	29.7	19.8	17.6	33.0	100.0	0.0
Rautahat	87.5	95.8	58.9	26.7	10.0	4.4	87.0	13.0
Bara	92.9	93.9	46.7	22.8	20.7	9.8	84.8	15.2
Parsa	81.4	96.9	69.1	16.0	9.6	5.3	88.3	11.7
Chitwan	96.8	96.8	23.9	37.5	23.9	14.8	96.7	3.3
Nawalparasi	94.9	99.0	32.7	32.7	20.4	14.3	95.9	4.1
Banke	92.9	100.0	35.4	38.4	17.2	9.1	96.0	4.0
Bardiya	96.9	100.0	28.6	36.7	26.5	8.2	96.9	3.1
Kailali	88.9	100.0	24.2	33.3	24.2	18.2	87.9	12.1
Kanchanpur	100.0	100.0	18.3	39.8	30.1	11.8	100.0	0.0
CPDs	91.9	97.4	40.3	31.8	18.8	9.1	91.8	8.2

Table A5: Percentage of FCHVs whose supervisors work in facilities offering selected services by district

	Family planning	Antenatal care	Child health	Immunizations	Primary health care
Jhapa	99.0	92.7	78.1	97.9	100.0
Morang	74.7	67.4	83.2	67.4	96.8
Sunsari	70.1	81.4	94.8	78.4	87.6
Siraha	70.8	87.5	89.6	99.0	88.5
Dhanusha	69.1	42.6	87.2	86.2	71.3
Mahotari	55.2	55.2	69.0	88.5	97.7
Rasuwa	65.9	58.2	69.2	89.0	98.9
Rautahat	76.1	75.0	59.8	90.2	72.8
Bara	59.8	56.5	69.6	67.4	88.0
Parsa	76.6	53.2	83.0	75.5	85.1
Chitwan	85.6	93.3	83.3	45.6	92.2
Nawalparasi	79.6	87.8	84.7	81.6	85.7
Banke	90.9	84.8	58.6	75.8	92.9
Bardiya	77.6	60.2	77.6	60.2	95.9
Kailali	87.9	84.8	76.8	75.8	79.8
Kanchanpur	97.8	100.0	91.4	93.5	98.9
CPDs	76.8	73.5	79.2	80.0	87.7

FCHVs have frequent contact with their supervisors (Table A6). One quarter last met with their supervisor in the 7 days prior to the interview and 62 percent met him/her in the three weeks prior so about 87 percent had met with their supervisor within the month prior to the interview. In Mahotari, 11 percent of FCHVs reported that they had never met their supervisor, a percentage that reaches as high as three percent in only one other district (Bara).

Table A6: Percent distribution of FCHVs by last time contacted, by district

	Within the past 7 days	1 week – 1 month	1 month – 6 months	6 months - 12 months	More than one year	Never	Total	Weighted number
Jhapa	25.0	62.5	9.4	0.0	2.1	1.0	100.0	58
Morang	22.9	66.7	8.3	1.0	0.0	1.0	100.0	77
Sunsari	28.0	62.0	10.0	0.0	0.0	0.0	100.0	140
Siraha	16.0	69.0	15.0	0.0	0.0	0.0	100.0	128
Dhanusha	46.9	46.9	6.3	0.0	0.0	0.0	100.0	120
Mahotari	26.3	56.6	6.1	0.0	0.0	11.1	100.0	90
Rasuwa	51.6	40.7	3.3	4.4	0.0	0.0	100.0	32
Rautahat	33.3	54.2	9.4	1.0	0.0	2.1	100.0	120
Bara	18.4	60.2	17.3	1.0	0.0	3.1	100.0	116
Parsa	23.7	60.8	13.4	0.0	2.1	0.0	100.0	97
Chitwan	28.0	57.0	8.6	0.0	5.4	1.1	100.0	42
Nawalparasi	19.2	68.7	11.1	0.0	0.0	1.0	100.0	94
Banke	25.3	62.6	12.1	0.0	0.0	0.0	100.0	88
Bardiya	15.3	79.6	5.1	0.0	0.0	0.0	100.0	110
Kailali	18.2	52.5	25.3	1.0	1.0	2.0	100.0	147
Kanchanpur	14.0	82.8	3.2	0.0	0.0	0.0	100.0	89
CPDs	24.6	61.9	11.2	0.4	0.4	1.4	100.0	1550

Overall, the most common place for FCHVs to meet with their supervisor is at the FCHV's home (Table A7). The next most common place is at the health facility with small percentages meeting at vaccine centers, outreach clinics, or some other place (including schools, mother's group meetings, and the VDC chairman's house).

Table A7: Among FCHVs who have ever met their supervisor, percent distribution by place where they last met, by district

	Health facility	FCHV's house	Vaccine center	Outreach clinic	Other	Total	Weighted number
Jhapa	33.0	66.0	1.1	0.0	0.0	100.0	57
Morang	48.4	38.9	3.2	3.2	6.3	100.0	76
Sunsari	39.0	39.0	9.0	2.0	11.0	100.0	140
Siraha	31.0	59.0	5.0	0.0	5.0	100.0	128
Dhanusha	43.8	47.9	1.0	4.2	3.1	100.0	120
Mahotari	34.1	64.8	0.0	0.0	1.1	100.0	80
Rasuwa	82.4	17.6	0.0	0.0	0.0	100.0	32
Rautahat	54.3	42.6	0.0	0.0	3.2	100.0	117
Bara	32.6	58.9	2.1	0.0	6.3	100.0	113
Parsa	24.7	71.1	1.0	0.0	3.1	100.0	97
Chitwan	18.5	77.2	3.3	0.0	1.1	100.0	42
Nawalparasi	36.7	63.3	0.0	0.0	0.0	100.0	93
Banke	33.3	56.6	0.0	0.0	10.1	100.0	88
Bardiya	17.3	66.3	10.2	5.1	1.0	100.0	110
Kailali	13.4	41.2	16.5	15.5	13.4	100.0	144
Kanchanpur	78.5	9.7	5.4	1.1	5.4	100.0	89
CPDs	36.7	51.1	4.4	2.6	5.2	100.0	1528

During the last visit, about 40 percent of supervisors discussed the family planning and maternal health services provided by the FCHV (Table A8). Fifty two percent discussed refills or supplies and 72 percent discussed child health services. Only about 4 percent of supervisors did not discuss any of these services with the FCHV. Supervisors in Mahotari and Dhanusha are less likely to discuss family planning with FCHVs than supervisors in other districts. These two districts also have relatively few FCHVs who discussed maternal health services with their supervisors.

Table A8: Among FCHVs who have ever met their supervisor, percentage who were asked about selected services, by district

	Family planning	Maternal health	Child health	Refills/ supplies	Did not ask about services
Jhapa	60.0	55.8	65.3	82.1	7.4
Morang	42.1	34.7	81.1	61.1	1.1
Sunsari	44.0	64.0	78.0	81.0	2.0
Siraha	51.0	57.0	84.0	44.0	5.0
Dhanusha	9.4	18.8	95.8	28.1	0.0
Mahotari	15.9	22.7	70.5	63.6	0.0
Rasuwa	59.3	56.0	78.0	85.7	7.7
Rautahat	52.1	36.2	66.0	26.6	11.7
Bara	31.6	54.7	74.7	27.4	6.3
Parsa	21.6	22.7	74.2	17.5	7.2
Chitwan	30.4	20.7	48.9	87.0	2.2
Nawalparasi	28.6	41.8	70.4	60.2	2.0
Banke	31.3	29.3	54.5	64.6	0.0
Bardiya	49.0	35.7	81.6	28.6	12.2
Kailali	61.9	33.0	46.4	59.8	1.0
Kanchanpur	72.0	59.1	64.5	79.6	2.2
CPDs	41.2	40.5	71.7	51.9	4.2

In the FCHV survey, respondents were asked whether they obtained a refill of each of four commodities the last time they had contact with the health system (either met a health worker or went to the health facility), when was the last time the commodity was refilled, and if they did not get a refill, the reason for not obtaining the commodity.

Table A9 shows the results for condoms. Approximately 62 percent of FCHVs obtained a refill of condoms the last time they had contact with the health system and 79 percent of those refills were obtained in the last six months. Of those who did not obtain a refill, 44 percent did not require a refill and 56 percent were not able to obtain a refill because condoms were not available. In Dhanusha, Mahotari, Rasuwa, and Rautahat, more than 80 percent of those who did not obtain condoms did not do so because they were not available.

Table A9: Percentage of FCHVs who obtained a refill of condoms the last time they had contact with the health system, last time refilled, and reason for not obtaining refill, by district

	Obtained refill last time	Last time condoms refilled					More than a year	Did not obtain refill last time	Reason for not obtaining condoms	
		Past 7 days	1 week - 1 month	1 mo. - 6 mos.	6 mos. - 1 year	Not required			Not available	
Jhapa	51.0	4.1	49.0	42.9	4.1	0.0	49.0	61.7	38.3	
Morang	56.2	5.6	38.9	46.3	3.7	5.6	43.7	90.5	9.5	
Sunsari	58.0	10.3	29.3	32.8	10.3	17.2	42.0	78.6	21.4	
Siraha	46.0	4.3	32.6	50.0	10.9	2.2	54.0	37.0	63.0	
Dhanusha	43.8	9.5	31.0	33.3	9.5	16.7	56.3	9.3	90.7	
Mahotari	32.3	3.1	6.3	37.5	3.1	50.0	67.7	7.5	92.5	
Rasuwa	46.2	19.0	23.8	35.7	16.7	4.8	53.8	16.3	83.7	
Rautahat	86.5	2.4	24.1	19.3	28.9	25.3	13.5	15.4	84.6	
Bara	56.1	1.8	14.5	36.4	23.6	23.6	43.9	27.9	72.1	
Parsa	46.4	0.0	37.8	40.0	4.4	17.8	53.6	21.2	78.8	
Chitwan	33.3	6.5	48.4	29.0	3.2	12.9	66.7	91.9	8.1	
Nawalparasi	60.6	0.0	35.0	36.7	10.0	18.3	39.4	56.4	43.6	
Banke	82.8	2.4	37.8	52.4	2.4	4.9	17.2	88.2	11.8	
Bardiya	66.3	3.1	52.3	35.4	7.7	1.5	33.7	54.5	45.5	
Kailali	93.9	7.5	50.5	37.6	1.1	3.2	6.1	83.3	16.7	
Kanchanpur	88.2	2.4	76.8	19.5	1.2	0.0	11.8	90.9	9.1	
CPDs	61.8	4.6	38.7	35.6	9.3	11.8	38.2	43.7	56.3	

The results for contraceptive pills are similar to those for condoms (Table A10). Fifty five percent of FCHVs obtained a refill the last time they met with a health worker or visited a health facility. Eighty percent of the refills were obtained in the last six months. Again, Dhanusha, Mohotari, Rasuwa and Rautahat are notable for the high percentages of FCHVs who were unable to refill their pill supply because pills were not available.

Table A10: Percentage of FCHVs who obtained a refill of pills the last time they had contact with the health system, last time refilled, and reason for not obtaining refill, by district

	Last time pills refilled						Reason for not obtaining pills		
	Obtained refill last time	Past 7 days	1 week - 1 month	1 mo. - 6 mos.	6 mos. - 1 year	More than a year	Did not obtain refill last time	Not required	Not available
Jhapa	63.5	9.8	60.7	29.5	0.0	0.0	36.5	37.1	62.9
Morang	45.8	13.6	54.5	22.7	4.5	4.5	54.2	88.5	11.5
Sunsari	54.0	7.4	40.7	29.6	7.4	14.8	46.0	82.6	17.4
Siraha	41.0	0.0	34.1	53.7	7.3	4.9	59.0	35.6	64.4
Dhanusha	36.5	5.7	28.6	34.3	22.9	8.6	63.5	9.8	90.2
Mahotari	27.3	3.7	14.8	44.4	11.1	25.9	72.7	18.1	81.9
Rasuwa	47.3	11.6	37.2	34.9	11.6	4.7	52.7	22.9	77.1
Rautahat	79.2	1.3	15.8	27.6	26.3	28.9	20.8	15.0	85.0
Bara	54.1	1.9	18.9	35.8	28.3	15.1	45.9	35.6	64.4
Parsa	23.7	0.0	21.7	47.8	4.3	26.1	76.3	24.3	75.7
Chitwan	39.8	13.5	56.8	18.9	2.7	8.1	60.2	85.7	14.3
Nawalparasi	50.5	4.0	40.0	30.0	6.0	20.0	49.5	53.1	46.9
Banke	88.9	4.5	43.2	45.5	3.4	3.4	11.1	90.9	9.1
Bardiya	51.0	6.0	54.0	28.0	2.0	10.0	49.0	70.8	29.2
Kailali	86.9	8.1	45.3	41.9	0.0	4.7	13.1	76.9	23.1
Kanchanpur	78.5	4.1	78.1	17.8	0.0	0.0	21.5	85.0	15.0
CPDs	55.6	5.3	40.6	34.3	8.9	10.9	44.4	45.5	54.5

Slightly over half of FCHVs obtained a refill of cotrimoxazole the last time they had contact with the health system (Table A11). Similar to the results for condoms and pills, most of these refills were obtained in the last six months. Of those who did not obtain a refill, most (80 percent) did not do so because cotrim was not available, although this varies by district from 34 percent in Dhanusha to over 90 percent in Siraha, Rautahat, and Banke.

Table A11: Percentage of FCHVs who obtained a refill of cotrim the last time they had contact with the health system, last time refilled, and reason for not obtaining refill, by district

	Last time cotrim refilled						Reason for not obtaining cotrim		
	Obtained refill last time	Past 7 days	1 week - 1 month	1 mo. - 6 mos.	6 mos. - 1 year	More than a year	Did not obtain refill last time	Not required	Not available
Jhapa	56.3	11.1	50.0	37.0	1.9	0.0	43.8	31.0	69.0
Morang	94.8	16.5	54.9	26.4	2.2	0.0	5.2	60.0	40.0
Sunsari	90.0	3.3	28.9	66.7	0.0	1.1	10.0	10.0	90.0
Siraha	57.0	5.3	29.8	57.9	3.5	3.5	43.0	7.0	93.0
Dhanusha	6.3	16.7	66.7	16.7	0.0	0.0	93.8	65.6	34.4
Mahotari	40.4	5.0	22.5	72.5	0.0	0.0	59.6	13.6	86.4
Rasuwa	65.9	13.3	38.3	40.0	5.0	3.3	34.1	41.9	58.1
Rautahat	79.2	5.3	30.3	43.4	11.8	9.2	20.8	5.0	95.0
Bara	61.2	16.7	51.7	25.0	1.7	5.0	38.8	10.5	89.5
Parsa	66.0	1.6	39.1	54.7	0.0	3.1	34.0	27.3	72.7
Chitwan	89.2	10.8	54.2	30.1	3.6	1.2	10.8	40.0	60.0
Nawalparasi	61.6	4.9	32.8	52.5	4.9	4.9	38.4	13.2	86.8
Banke	0.0	0.0	0.0	0.0	0.0	0.0	100.0	1.0	99.0
Bardiya	51.0	0.0	72.0	28.0	0.0	0.0	49.0	12.5	87.5
Kailali	0.0	0.0	0.0	0.0	0.0	0.0	100.0	0.0	100.0
Kanchanpur	54.8	2.0	84.3	13.7	0.0	0.0	45.2	42.9	57.1
CPDs	51.7	6.9	43.4	44.0	2.8	2.8	48.3	19.7	80.3

Almost all FCHVs obtained a refill of ORS packets the last time (Table A12). Of those who did not, the vast majority were unable to get a refill because the packets were not available. (The small numbers of respondents who did not obtain a refill in most districts make the results in the last two columns of the table relatively unreliable at the district level.)

Table A12: Percentage of FCHVs who obtained a refill of ORS the last time they had contact with the health system, last time refilled, and reason for not obtaining refill, by district

	Obtained refill last time	Last time ORS refilled					More than a year	Did not obtain refill last time	Reason for not obtaining ORS	
		Past 7 days	1 week - 1 month	1 mo. - 6 mos.	6 mos. - 1 year	Not required			Not available	
Jhapa	95.8	13.0	54.3	32.6	0.0	0.0	4.2	0.0	100.0	
Morang	99.0	13.7	62.1	24.2	0.0	0.0	1.0	0.0	100.0	
Sunsari	97.0	8.2	39.2	52.6	0.0	0.0	3.0	0.0	100.0	
Siraha	87.0	4.6	51.7	35.6	6.9	1.1	13.0	0.0	100.0	
Dhanusha	83.3	15.0	47.5	25.0	3.8	8.8	16.7	0.0	100.0	
Mahotari	59.6	5.1	20.3	54.2	10.2	10.2	40.4	0.0	100.0	
Rasuwa	83.5	19.7	44.7	31.6	2.6	1.3	16.5	26.7	73.3	
Rautahat	93.8	1.1	11.1	33.3	31.1	23.3	6.3	0.0	100.0	
Bara	93.9	21.7	56.5	12.0	5.4	4.3	6.1	16.7	83.3	
Parsa	91.8	3.4	46.1	49.4	1.1	0.0	8.2	62.5	37.5	
Chitwan	93.5	18.4	62.1	17.2	2.3	0.0	6.5	16.7	83.3	
Nawalparasi	86.9	4.7	65.1	24.4	3.5	2.3	13.1	23.1	76.9	
Banke	98.0	10.3	52.6	35.1	1.0	1.0	2.0	0.0	100.0	
Bardiya	88.8	4.6	77.0	18.4	0.0	0.0	11.2	18.2	81.8	
Kailali	100.0	9.1	46.5	43.4	1.0	0.0	0.0	0.0	0.0	
Kanchanpur	100.0	4.3	92.5	3.2	0.0	0.0	0.0	0.0	0.0	
CPDs	91.1	9.0	51.2	31.6	4.7	3.5	8.9	9.6	90.4	

For all four commodities, the most common source for their last refill was a health facility with more than three quarters of FCHVs obtaining refills from this source (Table A13). Health workers supplied 8-10 percent of refills. For condoms, pills, and ORS packets, INGO/NGO workers supplied 3-5 percent of refills while, for cotrim, these workers provided 8 percent of refills. INGO/NGO workers are particularly important as a source of supplies in Dhanusha.

Table A13: Percent distribution of FCHVs who obtained a refill of commodity last time by where she obtained refill, by district

	Health facility	Health worker	INGO/NGO worker	Other	Total	Number
<i>Where condoms refilled</i>						
Jhapa	91.8	6.1	2.0	0.0	100.0	30
Morang	94.4	5.6	0.0	0.0	100.0	43
Sunsari	89.7	5.2	5.2	0.0	100.0	81
Siraha	76.1	8.7	8.7	6.5	100.0	59
Dhanusha	69.0	14.3	16.7	0.0	100.0	52
Mahotari	87.5	6.3	6.3	0.0	100.0	29
Rasuwa	90.2	4.9	4.9	0.0	100.0	15
Rautahat	89.2	7.2	3.6	0.0	100.0	104
Bara	90.9	5.5	3.6	0.0	100.0	65
Parsa	91.1	8.9	0.0	0.0	100.0	45
Chitwan	51.6	45.2	3.2	0.0	100.0	14
Nawalparasi	91.7	8.3	0.0	0.0	100.0	57
Banke	90.2	8.5	1.2	0.0	100.0	73
Bardiya	89.2	9.2	1.5	0.0	100.0	73
Kailali	80.6	11.8	7.5	0.0	100.0	138
Kanchanpur	84.1	3.7	12.2	0.0	100.0	79
CPDs	85.8	8.6	5.2	0.4	100.0	957
<i>Where pills refilled</i>						
Jhapa	88.5	9.8	1.6	0.0	100.0	37
Morang	97.7	2.3	0.0	0.0	100.0	35
Sunsari	85.2	9.3	5.6	0.0	100.0	76
Siraha	80.5	7.3	7.3	4.9	100.0	53
Dhanusha	74.3	14.3	11.4	0.0	100.0	44
Mahotari	88.9	3.7	7.4	0.0	100.0	25
Rasuwa	92.9	4.8	2.4	0.0	100.0	15
Rautahat	89.5	6.6	3.9	0.0	100.0	95
Bara	90.6	7.5	1.9	0.0	100.0	63
Parsa	78.3	21.7	0.0	0.0	100.0	23
Chitwan	48.6	45.9	5.4	0.0	100.0	17
Nawalparasi	92.0	8.0	0.0	0.0	100.0	47
Banke	90.9	9.1	0.0	0.0	100.0	78
Bardiya	94.0	6.0	0.0	0.0	100.0	56
Kailali	80.2	14.0	5.8	0.0	100.0	127
Kanchanpur	91.8	6.8	1.4	0.0	100.0	70
CPDs	86.5	9.7	3.5	0.3	100.0	861

Table A13: Continued...

	Health facility	Health worker	INGO/ NGO worker	Other	Total	Number
<i>Where cotrim refilled</i>						
Jhapa	88.9	11.1	0.0	0.0	100.0	33
Morang	86.8	11.0	0.0	2.2	100.0	73
Sunsari	58.9	8.9	32.2	0.0	100.0	126
Siraha	31.6	3.5	5.3	59.6	100.0	73
Dhanusha	0.0	0.0	100.0	0.0	100.0	7
Mahotari	75.0	12.5	12.5	0.0	100.0	36
Rasuwa	91.5	6.8	1.7	0.0	100.0	21
Rautahat	90.8	7.9	1.3	0.0	100.0	95
Bara	91.7	1.7	6.7	0.0	100.0	71
Parsa	93.8	4.7	1.6	0.0	100.0	64
Chitwan	66.3	30.1	0.0	3.6	100.0	38
Nawalparasi	90.2	8.2	0.0	1.6	100.0	58
Bardiya	98.0	2.0	0.0	0.0	100.0	56
Kanchanpur	84.3	7.8	3.9	3.9	100.0	49
CPDs	77.6	8.0	8.2	6.2	100.0	801
<i>Where ORS refilled</i>						
Jhapa	92.4	6.5	1.1	0.0	100.0	56
Morang	90.5	8.4	0.0	1.1	100.0	76
Sunsari	80.4	7.2	10.3	2.1	100.0	136
Siraha	79.3	11.5	3.4	5.7	100.0	112
Dhanusha	77.5	11.3	11.3	0.0	100.0	100
Mahotari	84.7	8.5	6.8	0.0	100.0	54
Rasuwa	93.3	2.7	1.3	2.7	100.0	27
Rautahat	92.2	6.7	0.0	1.1	100.0	112
Bara	93.5	1.1	5.4	0.0	100.0	109
Parsa	93.3	2.2	2.2	2.2	100.0	89
Chitwan	57.5	34.5	2.3	5.7	100.0	39
Nawalparasi	94.2	3.5	0.0	2.3	100.0	82
Banke	88.7	10.3	0.0	1.0	100.0	86
Bardiya	100.0	0.0	0.0	0.0	100.0	97
Kailali	85.9	11.1	3.0	0.0	100.0	147
Kanchanpur	93.5	6.5	0.0	0.0	100.0	89
CPDs	87.7	7.6	3.3	1.3	100.0	1412

Appendix B: Indicators and targets

Indicator	Definition	Data Source	Baseline (2000-2001)	Year 1 (2001-2002)	Year 2 (2002-2003)	Year 3 (2003-2004)	Year 4 (2004-2005)	Year 5 (EOP)* (2005-2006)
Overall Program								
0-1 Under Five Mortality (National)	Number of deaths per 1000 live births	DHS	91 per 1000 live births	NA	NA	NA	NA	70 per 1000 live births
0-2 Total Fertility Rate (National)	Average number of children that would be born to a woman during her childbearing years at current rates	DHS	4.1	NA	NA	NA	NA	3.6
0-3 Contraceptive Prevalence Rate	Percentage of MWRA using modern contraceptive methods	DHS	35.4%	NA	NA	NA	NA	41%
Component I								
1-1 Commodities Available at Health Facilities	Percentage of health facilities (PHCs, HPs, SHPs) that maintain availability of 7 commodities in CPDs year round	LMIS	20%	26%	32%	38%	44%	50%
1-2 Commodities Available at Community Level	Percentage of FCHVs in CPDs who have 4 key commodities available	FCHV survey	12% (July 2002)	19%	27%	35%	43%	50%

Indicator	Definition	Data Source	Baseline	Year 1	Year 2	Year 3	Year 4	Year 5
			(2000-2001)	(2001-2002)	(2002-2003)	(2003-2004)	(2004-2005)	(EOP)* (2005-2006)
1-3 Pneumonia Treatment	Number of pneumonia cases in children (age 2-60 months) treated by community health workers (FCHVs, MCHWs, VHWs in CB-IMCI districts)	NFHP monitoring records	87,500	TBD	TBD	TBD	TBD	TBD
1-4 Quality of Pneumonia Treatment	Percentage of children presenting to health workers (FCHVs, MCHWs, VHWs) with pneumonia symptoms who receive appropriate treatment (in CPDs where community-based pneumonia has been initiated)	Supervision checklist, record review	92%	>90%	>90%	>90%	>90%	>90 %
1-5 FCHVs Services Reflected in HMIS Data	Percentage of health facilities in CPDs reporting FCHV service data (separately) through HMIS	HMIS	0%	TBD	TBD	TBD	TBD	TBD
1-6 Treatment of Night-blind Pregnant Women	Number of pregnant night-blind women treated with Vitamin A in intervention CPDs	TBD	0%	TBD	TBD	TBD	TBD	TBD

Indicator	Definition	Data Source	Baseline	Year 1	Year 2	Year 3	Year 4	Year 5
			(2000-2001)	(2001-2002)	(2002-2003)	(2003-2004)	(2004-2005)	(EOP)* (2005-2006)
1-7 ORT Use in Children Under 5	Percentage of children (under 5 years) with diarrhea in preceding 2 weeks who received Oral Rehydration Therapy (ORS or increased fluids)	DHS	47%	NA	NA	NA	NA	60%
1-8 Measles Vaccination	Number of children (9-11 months) who have received measles vaccination in CPDs	HMIS	192,646	TBD	TBD	TBD	TBD	TBD
Component II								
2-1 District Hospitals Offering PAC Services	Number of district hospitals offering PAC services in CPDs	Supervision reports	4	4	7	10	13	17
2-2 HMG/NGO Coordination	Number of NGOs in CPDs receiving FP commodities from DHOs	LMIS	15	TBD	TBD	TBD	TBD	TBD
2-3 Couple Years of Protection	Annual protection against pregnancy afforded by contraceptives distributed in CPDs	HMIS	573,110	613,228	656,153	702,084	751,230	803,816
2-4 Health Facility Supervision	Percentage of health facilities in CPDs that receive a quarterly supervision visit by DHO staff	TBD	Unknown	TBD	TBD	TBD	TBD	TBD

Indicator	Definition	Data Source	Baseline (2000-2001)	Year 1 (2001-2002)	Year 2 (2002-2003)	Year 3 (2003-2004)	Year 4 (2004-2005)	Year 5 (EOP)* (2005-2006)
Component III								
3-1 Couple Years of Protection (National)	Annual protection against pregnancy afforded by contraceptive distributed in CPDs	HMIS	1,287,253	1,351,616	1,419,196	1,490,156	1,564,664	1,642,897
3-2 Reporting of LMIS Data by Health Facilities (National)	Percentage of functioning health facilities (DHs, PHCs, HPs, and SHPs) reporting LMIS data within 2 months after end of quarter	LMIS	79%	80%	81%	82%	84%	85%
3-3 Vitamin A Supplementation Coverage (National)	Percentage of children (6-60 months) who received a Vitamin A capsule during the preceding round of supplementation	Mini-surveys	96%	> 90%	> 90%	> 90%	> 90%	> 90%
3-4 HMG Purchase of Contraceptives	Percent increase in HMG budget contribution to the purchase of family planning commodities	HMO budget	Increase unknown (Absolute value = 5 million rupees)	10% (Absolute value = 5.5 million rupees)	10% (Absolute value = 6.1 million rupees)	10% (Absolute value = 6.7 million rupees)	10% (Absolute value = 7.3 million rupees)	10% (Absolute value = 8 million rupees)

* NFHP began in December 2000 but the Nepali fiscal year runs from mid-July to mid-July so the data for many indicators refer to this period. The project ends in December 2006 but the indicators will only cover the period through mid-July 2006.

Nepal Family Health Program
Year One Assessment Report

Nepal Family Health Program

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Study Undertaken and Report Written by

Ann K. Blanc, Ph.D.

**Consultant
For
Demographic and Health Surveys,
ORC Macro
Calverton, Maryland**

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Introduction

The Nepal Family Health Program (NFHP) began in December 2001. This assessment covers Year One of the project (Mid-July 2001 – Mid-July 2002). The main body of the report provides information for 20 indicators based on various sources including published and unpublished data from the Health Management Information System (HMIS) and the Logistics Management Information System (LMIS) maintained by the Ministry of Health, monitoring data collected by NFHP, and a survey of Female Community Health Volunteers (FCHVs) conducted by New Era. The indicators are those appearing in the NFHP monitoring and evaluation plan as of November 2002. Recommendations and issues for further action are enumerated at the end of the report. A summary of indicators and targets is shown in Appendix A.

The NFHP is implemented in 17 core program districts (CPDs) covering approximately 35 percent of the total population of Nepal.¹ The core program districts are: Jhapa, Morang, Siraha, Bara, Dhanusha, Rasuwa, Banke, Bardiya, Bajura, Kailali, Kanchanpur, Sunsari, Chitwan, Parsa, Nawalparasi, Mahottari, and Rautahat. NFHP supports the strengthening of the district and community health system with a focus on family planning and maternal health services, and provides technical assistance for five national health programs including family planning, safe motherhood, vitamin A, community-based integrated management of childhood illness (CB-IMCI), support for female community health volunteers, and support for the national integrated logistics system.

¹ Limited technical assistance is also provided in 9 additional districts but they are not included in this assessment.

Overall Program Indicators

Performance indicator	Indicator definition	Data source	Frequency of data collection	Reference period	Value of indicator
0-1 Under Five Mortality* National	Number of deaths under age five per 1000 live births	DHS	Approx. every five years	The five year period preceding the survey	91 confidence interval= (82-101)
CPDs only Non-CPDs	Unit: Rate				99 87
0-2 Total Fertility Rate* National	Average number of children that would be born to a woman during her childbearing years at current rates	DHS	Approx. every five years	The three year period preceding the survey	4.1 confidence interval= (3.9-4.3)
CPDs only Non-CPDs	Unit: Rate				4.0 4.2
0-3 Contraceptive Prevalence Rate* National	Percentage of married women of reproductive age using a modern contraceptive method	DHS	Approx. every five years	2001	35.4%
CPDs only Non-CPDs	Unit: Percentage				40.0% 32.5%

* Also a USAID PMP indicator

These national level population-based indicators are derived from the 2001 Nepal Demographic and Health Survey, a nationally representative survey of 8,726 ever-married women age 15-49 and 2,261 ever-married men age 15-59. These indicators were discussed in the Baseline Assessment.

Values for core program districts and non-core program districts have been added for informational purposes. The utility of these values is to compare the change within CPD and non-CPD districts at the baseline and EOP periods.

During the five years preceding the 2001 NDHS, 99 of 1000 children in CPDs died before their fifth birthday compared to 87 in non-core program districts. The total fertility rate for the three-year period prior to the survey (1998-2001) is 4.0 in CPDs and 4.2 in non-CPDs. Approximately 40 percent of married women age 15-49 were using a modern contraceptive method (male/female sterilization, pills, IUD, injectables, implants, condoms, foam/jelly) at the time of the survey in CPDs compared to 33 percent in non-CPDs.

- ✓ The EOP target for indicator 0-1 is 70 per 1000.
- ✓ The EOP target for indicator 0-2 is 3.6 children per woman.
- ✓ The EOP target for indicator 0-3 is 41 percent.

Component I Indicators

Performance indicator	Indicator definition	Data source	Frequency of data collection	Reference period	Value of indicator
1-1 Availability of Commodities at Health Facilities*	Percentage of health facilities (PHCs, HPs, SHPs) that maintain availability of 7 key commodities in CPDs year round Unit: Percentage	LMIS	Quarterly	Mid-July 2001 – Mid-July 2002	27%

* Also a USAID PMP indicator

This indicator measures the year round availability of seven key commodities at health facilities: condoms, oral pills, ORS packets, DepoProvera, iron tablets, Vitamin A tablets, and cotrimoxazole. The data are provided by storekeepers at health facilities (primary health care centers (PHCs, health posts (HPs) and sub health posts (SHPs) to the Logistics Management Division at the Ministry of Health.

The data show that, in the 17 core program districts (CPD), twenty seven percent of facilities maintained year round availability of all seven commodities compared to 20 percent during the baseline year. It is worth noting that the indicator is based on a stringent criterion – the availability in all four quarters of all seven commodities. This means that if a facility is out of stock of even one commodity in one quarter it will not meet the requirement for the indicator.

- ✓ The Year One target for indicator 1-1 is 26 percent.
- ✓ The EOP target for indicator 1-1 is 50 percent.

District	Average percent of health facilities reporting availability of commodity in a quarter (averaged across four quarters)							Percent of health facilities with all seven commodities in <i>all four quarters</i>	
	Condom	In-jectables	Pills	ORS	Vitamin A	Cotrim	Iron		All 7
Jhapa	92	89	84	93	65	92	92	43	20
Morang	89	93	88	94	73	89	91	54	23
Siraha	87	95	89	61	43	89	94	26	12
Sunsari	84	89	75	82	65	79	94	37	6
Bara	83	92	87	81	57	58	92	26	17
Chitwan	95	96	91	98	92	95	94	76	2
Dhanusha	87	93	92	91	63	83	96	47	43
Mahottari	76	89	84	74	29	62	94	15	13
Parsa	94	94	89	94	75	93	95	57	23
Rasuwa	86	92	93	90	90	93	99	64	39
Rautahat	92	98	97	90	84	96	96	67	48
Nawalparasi	91	95	92	93	90	95	96	71	46
Banke	92	98	96	93	86	90	94	70	38
Bardiya	82	96	95	92	89	85	87	60	30
Bajura	88	99	95	93	87	95	94	72	47
Kailali	97	99	97	97	93	92	94	79	14
Kanchanpur	92	98	96	93	59	89	93	49	41
17 CPDs	89	94	91	89	73	87	94	54	27

Performance indicator	Indicator definition	Data source	Frequency of data collection	Reference period	Value of indicator
1-2 Availability of Commodities at Community Level	Percentage of FCHVs who have 4 key commodities available Unit: Percentage	Survey	Annually	July-August 2002	12.1%

This indicator measures the availability of four key commodities among Female Community Health Volunteers (FCHVs). FCHVs are community-based health workers who are trained to provide basic health services and provide health education, including distribution of condoms and oral pills, treatment of ARI in children, treatment of diarrhea with ORS, and the distribution of Vitamin A capsules to children (Bernklau, 2002). NFHP collaborates with the Ministry of Health to support the FCHV program in the 17 core districts.

The data for this indicator were collected in a survey of a sample of 1550 FCHVs in randomly selected wards throughout 16 of the 17 core program districts. One district – Bajura – was not included in the survey due to security problems. A detailed analysis of the data was included in the Baseline Assessment.

Excluding Kailali and Banke (districts in which the ARI program was not operating during the reference period), the overall percentage of FCHVs who had all four commodities available is 12.1 percent.

- ✓ The EOP target for indicator 1-2 is 43 percent (for districts with ARI programs operating).

Percentage of FCHVs who had commodities available during interview						
	Condoms	Pills	Cotrim	ORS	All four	Weighted number of cases
Jhapa	45.8	59.4	54.2	93.8	22.9	58
Morang	38.5	33.3	94.8	96.9	24.0	77
Sunsari	33.0	29.0	78.0	70.0	15.0	140
Siraha	36.0	28.0	45.0	57.0	9.0	128
Dhanusha	14.6	13.5	55.2	55.2	6.3	120
Mahotari	14.1	13.1	48.5	36.4	2.0	90
Rasuwa	33.0	46.2	75.8	72.5	17.6	32
Rautahat	21.9	14.6	35.4	16.7	3.1	120
Bara	30.6	23.5	54.1	82.7	13.3	116
Parsa	36.1	13.4	62.9	88.7	7.2	97
Chitwan	28.0	32.3	86.0	90.3	20.4	42
Nawalparasi	36.4	28.3	49.5	70.7	10.1	94
Banke	44.9	59.6	0.0	62.2	0.0	87
Bardiya	46.9	36.7	50.0	76.5	11.2	110
Kailali	87.9	79.8	0.0	87.9	0.0	147
Kanchanpur	74.2	64.5	47.3	98.9	31.2	89
16 CPDs	39.9	35.2	-	70.1	-	1549
14 CPDs (excl Kailali & Banke)	33.3	27.8	55.6	66.7	12.1	1354

Performance indicator	Indicator definition	Data source	Frequency of data collection	Reference period	Value of indicator
1-3 Pneumonia Treatment*	Number of pneumonia cases in children (0-59) months treated by community health workers (FCHVs, MCHWs, VHWs) and health facilities in CPDs where community based pneumonia has been initiated Unit: Number	NFHP monitoring records	Annually	Mid-July 2001 – Mid-July 2002	179,645

* Also a USAID PMP indicator

The indicator measures the number of pneumonia cases in children aged 0-59 months that were treated by community health workers (CHWs) including FCHVs, maternal child health workers (MCWs), and village health workers (VHWs) and by health facilities in selected districts. It does not include children treated by the private sector.

The indicator has been modified since the baseline period to include children treated in health facilities.

During the reference period, 13 of the 17 CPDs had trained community health workers to identify and treat pneumonia among children. Compared to the baseline period, data for Kanchanpur have been added because the program was fully implemented in this district during Year One. These data are taken from the treatment books maintained by CHWs and reported to the District Health Office. The data are then compiled by NFHP staff.

The indicator shows that, during Year One, 92,885 children aged 2-59 months were treated for pneumonia by CHWs and 86,760 children aged 0-59 months were treated in health facilities for a total of 179,645 children. This represents an increase of 23,635 cases compared to the baseline period. Note that this increase is not entirely the result of adding Kanchanpur; among the 12 districts included during the baseline period, there was an increase of 15,282 children treated. Six of the 12 districts had increases in the number of cases treated by CHWs (Sunsari, Morang, Jhapa, Parsa, Siraha, and Nawalparasi) while six had a decrease (Chitwan, Bara, Rautahat, Rasuwa, Bajura, and Bardiya).

- ✓ The Year One target for indicator 1-3 is 171,000
- ✓ The EOP target for indicator 1-3 is 200,000

Number of pneumonia cases treated by CHWs and health facilities during the reference period

District	# of pneumonia cases treated by CHWs (children 2-60 months)		# of pneumonia cases treated in health facilities (children 0-60 months)	
	2000-2001	2001-2002	2000-2001	2001-2002
	Jhapa	8861	10694	8611
Morang	17177	17295	8418	7942
Sunsari	8761	9166	8055	11203
Siraha	8272	13648	10927	17037
Rasuwa	1148	879	929	1049
Rautahat	12746	10050	6780	6294
Bara	5756	5720	3905	5092
Parsa	3961	4196	3961	4170
Chitwan	6195	4528	4631	4398
Nawalparasi	4988	6462	6401	6871
Bardiya	7329	4607	5067	5555
Bajura	2306	1751	825	1134
Kanchanpur	-	3889	-	4464
12 CPDs	87500	88996	68510	82296
13 CPDs	-	92885	-	86760

Performance indicator	Indicator definition	Data source	Frequency of data collection	Reference period	Value of indicator
1-4 Quality of Pneumonia Treatment*	Percentage of children presenting to health workers (FCHVs, MCHWs, VHWs) with pneumonia symptoms who received appropriate treatment (in CPDs where community-based pneumonia treatment has been initiated) Unit: Percentage	Supervision checklist FCHV record review	Annually	Mid-July 2001 – Mid-July 2002	95%

* Also a USAID PMP indicator

This indicator measures the percentage of children presenting to CHWs with pneumonia symptoms who received appropriate treatment. “Appropriate treatment” is defined as cases that are followed up by the health worker on the third day and who received the correct dose of cotrimoxazole for their age group. (Different doses are prescribed depending on whether the child is 2-12 months old or 13-59 months).

The data are collected by NFHP field staff who review the treatment books of a sample of CHWs. During the reference period, 1,211 CHWs were interviewed in 13 CPDs (those listed in the previous indicator). The ten most recent pneumonia cases recorded by each CHW were examined and checked for appropriate treatment.

During the reference period, 95 percent of children with pneumonia symptoms were followed up on the third day and 99 percent were given the appropriate dose of cotrimoxazole for their age. Ninety five percent were both followed up and given the appropriate dose compared to 92 percent during the baseline period.

Children Presenting to Health Workers and Receiving Appropriate Treatment, 13 CPDs							
Number of CHWs interviewed	Number of children presenting to health workers with pneumonia symptoms	Number who received appropriate treatment			Percentage who received appropriate treatment		
		3 rd day follow-up	Appropriate dose for age	Both	3 rd day follow-up	Appropriate dose for age	Both
1,211	6,912	6,587	6,814	6,546	95	99	95

- ✓ The Year One target for indicator 1-4 is > 90 percent in 13 districts.
- ✓ The EOP target for indicator 1-4 is > 90 percent in 17 districts.

Performance indicator	Indicator definition	Data source	Frequency of data collection	Reference period	Value of indicator
1-5 FCHVs Services Reflected in HMIS Data	Percentage of FCHVs reports included in service data through HMIS in CPDs Unit:Percentage	HMIS	Annually	Mid-July 2001 – Mid-July 2002	71%

This indicator is intended to measure the extent to which the HMIS is able to assess the separate contribution of FCHVs to service delivery.

This indicator has been changed slightly since the baseline period from the percentage of health facilities reporting FCHV data to the percentage of FCHVs reports received..

Each FCHV should submit 12 monthly reports. The denominator of the indicator is obtained by multiplying the number of FCHVs by 12. The number of reports received is the numerator.

FCHVs Reporting

	2000/2001			2001/2002		
	# FCHV Reporting	Reports Received from FCHVs	Percentage	Number of FCHVs reporting	Reports Received from FCHVs	Percentage
Jhapa	441	3,699	70	441	4,624	87
Morang	585	6,291	90	585	6,345	90
Siraha	999	10,077	84	954	10,070	88
Sunsari	1,064	7,066	55	1,064	7,255	57
Bara	877	8,728	83	882	8,300	78
Chitwan	319	2,927	76	405	3,488	72
Dhanusha	909	7,039	65	909	7,997	73
Mahotari	684	2,736	33	684	7,372	90
Parsa	738	0	0	738	5,540	63
Rasuwa	245	1,092	37	245	1,344	46
Rauthat	909	6,585	60	909	6,497	60
Nawalparasi	719	4,557	53	712	6,714	79
Banke	665	5,161	65	665	5,797	73
Bardiya	831	6,767	68	831	7,313	73
Bajura	257	1,399	45	257	1,297	42
Kailali	1,112	6,664	50	1,197	7,099	49
Kanchanpur	671	5,239	65	692	6,215	75
17 CPDs	12,025	86,027	60	12,170	103,267	71

- ✓ The Year One target for indicator 1-5 is 65 percent.
- ✓ The EOP target for indicator 1-5 is 85 percent.

Performance indicator	Indicator definition	Data source	Frequency of data collection	Reference period	Value of indicator
1-6 Treatment of Night-blind Pregnant Women*	Number of pregnant night-blind women treated with Vitamin A in intervention CPDs Unit:Percentage	NFHP program reports	Annually beginning in year 2/3	Mid-July 2001 – Mid-July 2002	0

* Also a USAID PMP indicator

The Vitamin A supplementation program for pregnant women has not yet been initiated so there were no women treated during the reference period.

- ✓ The EOP target for indicator 1-6 is TBD (pending introduction of the program).

Performance indicator	Indicator definition	Data source	Frequency of data collection	Reference period	Value of indicator
1-7 ORT Use in Children Under 5* National	Percentage of children (under 5 years) with diarrhea in preceding 2 weeks who received Oral Rehydration Therapy (ORT or increased fluids)	DHS survey	Every 5 years	2001	47%
CPDs only					43%
Non-CPDs					49%
	Unit:Percentage				

* Also a USAID PMP indicator

This indicator measures the extent to which children under age five with diarrhea were treated with oral rehydration therapy (ORT). ORT includes either treatment with an ORS packet or an increase in fluids. These data are derived from interviews with women of reproductive age in the Nepal Demographic and Health Survey which was conducted January – June 2001.

This indicator was discussed in the baseline assessment. In this report, two figures have been added based on the core program districts and the non-core program districts. The utility of these figures is to compare change within CPD and non-CPD districts between the baseline and EOP periods.

The percentage of children treated with ORT was 43 percent in the CPDs and 49 percent in the non-CPDs. Although confidence intervals have not been calculated, this difference is most likely not statistically significant.

- ✓ The EOP target for indicator 1-7 is 60 percent.

Performance indicator	Indicator definition	Data source	Frequency of data collection	Reference period	Value of indicator
1-8 Measles Vaccination	Percentage of children who received measles vaccination by 12 months of age in CPDs Unit:Percentage	HMIS	Annually	Mid-July 2001 – Mid-July 2002	77%

* Also a USAID PMP indicator

The recommended age for measles vaccination in Nepal is when the child reaches nine months of age or soon after. All children should be vaccinated before they reach their first birthday. This indicator measures the percentage of children who received measles vaccine by age 12 months during the reference period. The number of children age 9-11 months vaccinated for measles is taken from the 2001/2002 HMIS reports. The denominator used is the number of children aged 0-11 months from the HMIS. The number of children age 0-11 months approximates the number of births that occurred in the prior year (less those who died) which, in turn, is roughly the number of children who would pass through the target age for vaccination in a given year.

The indicator has been modified since the Baseline Assessment from number of children vaccinated to percent of children vaccinated by age 12 months.

In the 17 CPD districts, 77 percent of children were vaccinated during this period compared to 77 percent during the baseline period. The stability in the estimate is the result of both an increase in the number of children vaccinated and the number of eligible children. In Rautahat, coverage exceeds 100 percent in both years. It is not clear whether this is due to an error in the number of children vaccinated or in the estimate of the number of eligible children.

Measles vaccination coverage						
District	2000-2001			2001-2002		
	Number of children aged 9-11 months vaccinated	Number of children aged 0-11 months	Coverage (Percent)	Number of children aged 9-11 months vaccinated	Number of children aged 0-11 months	Coverage (Percent)
Jhapa	15,962	19,670	81	17,919	20,203	89
Morang	17,704	23,738	75	19,992	24,403	82
Siraha	13,106	15,817	83	14,783	16,241	91
Sunsari	13,664	17,823	77	15,071	18,374	82
Bara	9,975	15,086	66	10,308	15,533	66
Chitwan	10,889	14,224	77	11,073	14,673	75
Dhanusha	16,724	20,860	80	16,575	21,441	77
Mahottari	10,274	14,741	70	7,694	15,126	51
Parsa	12,248	13,158	93	12,440	13,551	92
Rasuwa	1,336	1,566	85	1,221	1,608	76
Rautahat	14,492	12,457	116	12,990	12,799	101
Nawalparasi	11,824	18,125	65	10,853	18,723	58
Banke	8,779	13,144	67	8,853	13,595	65
Bardiya	8,738	12,876	68	9,585	13,322	72
Bajura	2,117	4,859	44	2,945	4,966	59
Kailali	16,421	20,631	80	17,044	21,433	80
Kanchanpur	8,393	11,348	74	8,886	11,756	76
17 CPDs	192,646	250,123	77	198,232	257,747	77

- ✓ The Year One target for indicator 1-8 is 77 percent.
- ✓ The EOP target for indicator 1-8 is > 80 percent.

Performance indicator	Indicator definition	Data source	Frequency of data collection	Reference period	Value of indicator
1-9 Pneumonia Treatment*	Percentage of expected pneumonia cases in children (0-59 months) treated by community health workers (FCHVs, VHWs, MCHWs) and health facilities in core program districts where community-based pneumonia treatment has been initiated Unit:Percentage	NFHP Monitoring Reports	Annually	Mid-July 2001 – Mid-July 2002	65%

* Also a USAID PMP indicator

This indicator measures coverage of pneumonia treatment. The number of expected pneumonia cases is based on an assumed incidence rate of 300 per 1000.

This indicator has been added since the Baseline Assessment.

Based on the assumed incidence rate and the total population of children age 0-59 months reported in the HMIS, there were 278,477 cases of pneumonia among children age 0-59 months during Year One in the 13 districts in which community-based pneumonia treatment has been initiated.² Approximately 65 percent of cases were treated either in health facilities or by CHWs. In Siraha, the indicator exceeds 100 percent indicating that the incidence rate used to calculate the estimated number of pneumonia cases is too low (or the number of cases treated is incorrect).

Of all presenting cases, 52 percent were treated by CHWs and 48 percent in health facilities.

- ✓ The Year One target for indicator 1-9 is 63.6%.
- ✓ The EOP target for indicator 1-9 is 70%.

² Although CHWs only treat children age 2-60 months it is appropriate to use children age 0-60 months in the denominator because children under age 2 months should be treated in health facilities.

Percent of children with pneumonia treated by CHWs or health facilities and percent of presenting cases treated by CHWs

District	Estimated # of cases of pneumonia (children 0-59 months)*		% of children age 0-59 months with pneumonia treated by CHWs or health facilities		% of presenting pneumonia cases treated by CHWs	
	2000-2001	2001-2002	2000-2001	2001-2002	2000-2001	2001-2002
Chitwan	19861	20487	55	44	57	51
Sunsari	25509	26298	66	77	52	45
Morang	33952	34903	75	72	67	69
Jhapa	28181	28944	62	77	51	48
Parsa	22141	22803	36	37	50	50
Siraha	25306	25983	76	118	43	44
Bara	24563	25292	39	43	60	53
Rautahat	21827	22428	89	58	65	61
Rasuwa	1958	2010	106	96	55	46
Bajura	5670	5794	55	50	74	61
Nawalparasi	25922	26778	44	50	44	48
Bardiya	18374	19011	67	53	59	45
Kanchanpur	-	17747	-	47	-	47
12 CPDs	253265	260730	62	66	56	52
13 CPDs	-	278477	-	65	-	52

*30 percent of total number of children age 0-59 months from HMIS

Component II Indicators

Performance indicator	Indicator definition	Data source	Frequency of data collection	Reference period	Value of indicator
2-1 District Hospitals Offering Post-Abortion Care Services	Number of district hospitals offering PAC services in CPDs Unit: Number	Supervision reports	Annually	2002	4

Four district hospitals currently have functioning post-abortion care (PAC) services. These hospitals are located in Chitwan, Nawalparasi, Banke and Kailali. The criteria for ‘functioning’ post-abortion care include: at least 3-4 clients per month, a physical facility that has been upgraded according to a needs assessment, trained manpower, infection prevention practices, family planning services and counseling, and a commitment on the part of the facility to provide these services.

- ✓ The Year One target for indicator 2-1 is 4 hospitals.
- ✓ The EOP target for indicator 2-1 is 17 hospitals.

Performance indicator	Indicator definition	Data source	Frequency of data collection	Reference period	Value of indicator
2-2 HMG/NGO RH Coordination	Number of CPDs holding RHCC meetings in their districts at least quarterly Unit: Number	NFCC reports	Annually	Mid-July 2001 – Mid-July 2002	2

This indicator measures the number of CPDs with Reproductive Health Coordination Committees (RHCCs) meeting at least quarterly. These committees are composed of representatives from both government and NGO institutions and are intended to facilitate the provision of reproductive health services in a district. During Year One, 2 of the 17 CPDs had formed an RHCC that met at least quarterly (Chitwan and Kailali).

This indicator replaces the one described in the Baseline Assessment

- ✓ The Year One target for indicator 2-2 is 2 districts.
- ✓ The EOP target for indicator 2-2 is 17 districts.

Performance indicator	Indicator definition	Data source	Frequency of data collection	Reference period	Value of indicator
2-3 Couple Years of Protection (CYP) in CPDs*	Annual protection against pregnancy afforded by contraceptives distributed in CPDs Unit:CYPs	HMIS	Quarterly	Mid-July 2001 – Mid-July 2002	602,148

* Also a USAID PMP indicator

Couple years of protection (CYP) estimates the protection provided by family planning services during a one-year period, based upon the volume of all contraceptives distributed to clients during that period for condoms, pills, and injectables and on new acceptors for IUDs, Norplant, and sterilizations. The CYP is calculated by multiplying the quantity of each method distributed to clients by a conversion factor, which is an estimate of the duration of contraceptive protection provided per unit of that method.³ For this assessment, six methods are included in the calculation of CYP: pills, condoms, DepoProvera, Norplant, IUD, and sterilization. The CYP for each method are then summed over all methods to obtain a total CYP figure.

This indicator was calculated slightly differently in the Baseline Assessment (distribution rather than new acceptors were used for IUDs and Norplant). Recalculation of the baseline figures results in a lower figure for the baseline period (572,172 vs. 573,110). In addition, the table shown in the baseline report had incorrectly labeled districts. The corrected table for the baseline period is shown below. New targets have been calculated based on the new baseline figure.

The total CYP for the 17 program districts is 602,148 compared to 572,172 for the baseline period. This is an increase of approximately 5 percent. For individual districts, the CYP varies from around 95,000 in Morang to about 2,000 in Bajura. CYPs for Norplant decreased compared to the baseline period while CYPs for all other methods increased.

- ✓ The Year One target for indicator 2-3 is 612,224.
- ✓ The EOP target for indicator 2-3 is 802,501 (7 percent annual increase).

³ The USAID-accepted conversion factors used here are: pills: 15 cycles per CYP, condoms: 120 units per CYP, DepoProvera: 4 doses per CYP, IUD: 3.5 per IUD inserted, NORPLANT: 3.5 per implant inserted, sterilization: 10 years per procedure. All CYPs for long-term methods are credited in the year in which the client accepted the method. The conversion factors used by the Ministry of Health differ from those used here.

Couple Years of Protection (CYP) by method and district, Baseline 2000-2001

District	Condom	Pills	Depo	IUD	Norplant	Sterilization	All methods
Jhapa	4,233	4,040	19,515	599	2,681	27,910	58,977
Morang	6,487	3,764	18,062	760	1,005	51,740	81,817
Siraha	3,524	464	4,070	539	305	22,120	31,022
Sunsari	1,984	1,209	8,857	410	1,148	25,690	39,297
Bara	1,629	419	2,222	109	144	14,230	18,751
Chitwan	4,321	1,715	6,844	662	1,334	25,040	39,915
Dhanusha	2,610	385	2,581	305	315	44,200	50,395
Mahottari	754	311	1,445	60	18	20,910	23,497
Parsa	1,709	281	3,691	476	301	36,730	43,189
Rasuwa	503	71	663	105	469	1,670	3,482
Rautahat	1,430	453	1,949	172	0	19,330	23,332
Nawalparasi	3,611	993	6,491	403	438	21,480	33,414
Banke	4,094	1,502	4,959	476	564	15,820	27,414
Bardiya	2,714	610	4,141	322	294	16,780	24,861
Bajura	476	180	810	0	0	1,780	3,245
Kailali	7,235	2,263	9,531	452	235	27,480	47,195
Kanchanpur	2,869	1,278	4,232	291	410	13,290	22,369
17 CPDs	50,182	19,937	100,061	6,136	9,657	386,200	572,172

Couple Years of Protection (CYP) by method and district, Year One 2001-2002

District	Condom	Pills	Depo	IUD	Norplant	Sterilization	All methods
Jhapa	3,885	4,208	20,957	1,999	1,085	19,920	52,054
Morang	7,535	4,328	21,171	833	1,131	59,640	94,637
Siraha	3,703	634	4,818	298	308	28,170	37,931
Sunsari	2,076	1,564	10,629	273	515	24,140	39,015
Bara	1,744	420	3,011	245	32	13,260	19,222
Chitwan	4,573	1,976	7,502	315	305	30,910	45,749
Dhanusha	2,589	404	3,633	301	399	40,680	47,582
Mahottari	516	803	1,288	39	25	24,550	27,857
Parsa	1,810	341	3,830	420	252	41,420	48,100
Rasuwa	481	76	682	35	126	1,630	3,488
Rautahat	1,391	550	1,946	130	0	25,070	29,118
Nawalparasi	1,978	595	5,222	424	277	20,080	28,547
Banke	3,697	1,176	4,474	592	417	14,630	24,677
Bardiya	3,377	827	5,000	326	147	17,930	27,196
Bajura	448	175	762	0	0	0	2,057
Kailali	7,587	2,495	9,131	494	105	32,430	51,803
Kanchanpur	3,555	2,293	3,706	242	207	13,830	23,513
17 CPDs	50,944	22,864	107,762	6,962	5,327	408,290	602,148

Performance indicator	Indicator definition	Data source	Frequency of data collection	Reference period	Value of indicator
2-4 Health Facility Supervision	Percentage of health facilities in CPDs that receive a quarterly supervision visit by DHO staff Unit:Percentage	NFHP supervision reports	Quarterly	Mid-July 2001 – Mid-July 2002	Unknown

The data for this indicator are not available because supervision visits were not tracked systematically until the first quarter of the current fiscal year.

- ✓ The EOP target for indicator 2-4 is TBD (pending a full year of data).

Component III Indicators

Performance indicator	Indicator definition	Data source	Frequency of data collection	Reference period	Value of indicator
3-1 Couple Years of Protection (CYP) at the National Level*	Annual protection against pregnancy afforded by contraceptives distributed nationally Unit:CYPs	HMIS	Quarterly	Mid-July 2001 – Mid-July 2002	1,271,119

* Also a USAID PMP indicator

The value of this indicator for the baseline period has been recalculated resulting in a small decrease (see Indicator 2-3). Targets have been adjusted accordingly.

The total CYP at the national level is 1,271,119, a decrease of about one percent compared to the baseline period. Although the distribution of condoms, pills, and injectables increased, the net decrease in CYP is due to reductions in new acceptors of IUD, Norplant, and sterilization.

National CYP, Baseline 2000-2001

Method	Condom	Pills	Depo	IUD	Norplant	Sterilization	All methods
CYP	122,431	56,707	306,092	30,156	28,273	740,990	1,284,649

National CYP, Year One 2001-2002

Method	Condom	Pills	Depo	IUD	Norplant	Sterilization	All methods
CYP	126,006	62,458	335,754	20,955	16,426	709,520	1,271,119

- ✓ The Year One target for this indicator is 1,348,913
- ✓ The EOP target for this indicator is 1,639,574 (5 percent annual increase).

Performance indicator	Indicator definition	Data source	Frequency of data collection	Reference period	Value of indicator
3-2 Reporting of LMIS Data by Health Facilities	Percentage of functioning health facilities (DHs, PHCs, HPs, and SHPs) nationwide reporting LMIS data within 2 months after end of quarter Unit:Percentage	LMIS	Quarterly	Mid-July 2001 – Mid-July 2002	90%

This indicator measures the extent to which functioning health facilities report LMIS data in a timely manner (within two months after the end of the quarter). Overall, 90 percent reported within two months.

LMIS Nationwide Reporting for 2000-2001: Percentage reporting within 2 months of end of quarter by quarter

Region	Primary Health Centers					Health Posts					Sub-Health Posts				All	
	1st	2nd	3rd	4th	Qtr. Avg.	1st	2nd	3rd	4th	Qtr. Avg.	1st	2nd	3rd	4 th	Qtr. Avg.	Qtr. Avg.
Eastern	89	95	89	86	92	92	92	92	85	90	89	87	87	81	86	89
Central	89	87	89	71	84	92	93	89	83	89	85	88	83	74	83	85
Western	97	97	97	94	96	99	99	99	98	99	98	98	96	94	97	97
M-Western	79	71	67	75	73	91	90	81	75	84	83	85	77	70	79	79
F-Western	94	100	100	100	99	97	98	100	100	99	93	95	92	100	95	98
Nepal					89					92					88	90
# facilities																4018

Note: These figures do not include district hospitals.

- ✓ The Year One target for indicator 3-2 is 80 percent.
- ✓ The EOP target for indicator 3-2 is 85 percent.

Performance indicator	Indicator definition	Data source	Frequency of data collection	Reference period	Value of indicator
3-3 Vitamin A Supplementation Coverage*	Percentage of children (6-59 months) nationwide who received a vitamin A capsule during the preceding round of supplementation Unit: Percentage	Mini-surveys	Annually	Mid-July 2000 – Mid-July 2001	96%

* Also a USAID PMP indicator

This indicator measures coverage of Vitamin A supplementation among children aged 6-59 months during the preceding round of supplementation. The data are derived from post supplementation mini-surveys of mothers/caretakers. Selected districts participate in the surveys for each of two rounds in each fiscal year with different districts included in each round. The data for the two rounds are then combined, weighted by the estimated number of children in the target population (age 6-59 months) in each district, and a national level estimate is derived (as described in Houston, 2000). The value of the indicator used here was calculated by NFHP staff.

Vitamin A Supplementation Coverage 2001/2002

Target Population (6-59 months) (A)	Estimated # of children (6-59 months) nationwide who received A Vitamin A Capsules (B)	National Weighted Coverage (C) (B/A) * 100
3,194,033	3,065,280	96%

- ✓ The Year One and EOP targets for indicator 3-3 are to maintain the level of Vitamin A coverage at greater than 90 percent.

Performance indicator	Indicator definition	Data source	Frequency of data collection	Reference period	Value of indicator
3-4 HMG Purchase of Contraceptives	Percent increase in HMG budget contribution to the purchase of family planning commodities Unit:Percent	HMG budget	Annually	Mid-July 2001 – Mid-July 2002	100% (Absolute value = 10 million rupees)

For Year One, the amount budgeted by HMG for the purchase of family planning commodities was 10 million rupees, an increase of 100 percent compared to the baseline period.

- ✓ The Year One target for indicator 3-4 is a 10 percent annual increase (absolute value of 5.5 million rupees).
- ✓ The EOP target for indicator 3-4 is to maintain a 10 percent annual increase (which would result in an absolute value of approximately 8 million rupees at EOP).

Issues and Recommendations

1. Target values for Indicator 1-2 (Commodities Availability at Community Level) were modified slightly compared to the baseline assessment because the baseline data actually refer to the end of Year One. Accordingly, the target for Year One was set at 12 percent (the actual value of the indicator) and the targets for subsequent years were adjusted.
2. Indicator 1-3 (Pneumonia Treatment) has been modified since the baseline period to include children treated by CHWs and in health facilities instead of only children treated by CHWs.
3. Indicator 1-5 has been changed slightly since the baseline period from the percentage of health facilities reporting FCHV data to the percentage of FCHVs reports received .
4. Indicator 1-8 (Measles Vaccination) has been modified since the Baseline Assessment from number of children vaccinated for measles to percent of children vaccinated by age 12 months.
5. Indicator 1-9 (Pneumonia Treatment Coverage) has been added since the Baseline Assessment.
6. Indicator 2-2 (HMG/NGO RH Coordination) has been modified since the Baseline Assessment. The new indicator measures coordination by the number of core program districts in which the RHCC meets at least quarterly.
7. Indicators 2-3 and 3-1 (CYP) are calculated slightly differently in this report than in the Baseline Assessment. In the baseline, commodities distributed rather than new acceptors were used for IUDs and Norplant. Recalculation of the baseline figures results in lower figures for the baseline period. Tables for both periods have been redone and new targets have been calculated.
8. It would be useful to add a number of questions to the FCHV survey to be conducted in 2003. These include: whether the FCHV is a treatment or referral FCHV, the extent and knowledge of FCHVs about the services they are providing (these could be used as BCC indicators), an examination of treatment books for the last month, and a question on whether the FCHV was not able to supply services because she lacked commodities,
9. Some further discussion of safe motherhood indicators yielded several possibilities. One would be to add some questions to the next round of the FCHV survey on FCHVs' knowledge of the main messages regarding safe motherhood (e.g., signs of pregnancy complications, birth preparedness, etc.). Also, the MNH project in conjunction with Family Care International is developing a standard Birth Preparedness/Complication Readiness survey package. This is intended to be used to derive population-based indicators of birth preparedness, complication readiness, use of a skilled attendant at delivery, and newborn care. The survey will be designed to be as short and field-friendly as possible. Depending on the timing of the survey package's completion and availability of funds, such a survey could be implemented in the core program districts for baseline and EOP indicators.

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Appendix A: Indicators and targets

Indicator	Definition	Data Source	Baseline (2000-2001)	Year 1 (2001-2002)		Targets			
				Target	Actual	Year 2 (2002-2003)	Year 3 (2003-2004)	Year 4 (2004-2005)	Year 5 (EOP)* (2005-2006)
Overall Program									
0-1 Under Five Mortality (National)	Number of deaths per 1000 live births	DHS	91 per 1000 live births	NA	NA	NA	NA	NA	70 per 1000 live births
0-2 Total Fertility Rate (National)	Average number of children that would be born to a woman during her childbearing years at current rates	DHS	4.1	NA	NA	NA	NA	NA	3.6
0-3 Contraceptive Prevalence Rate	Percentage of MWRA using modern contraceptive methods	DHS	35.4%	NA	NA	NA	NA	NA	41%
Component I									
1-1 Commodities Available at Health Facilities	Percentage of health facilities (PHCs, HPs, SHPs) that maintain availability of 7 commodities in CPDs year round	LMIS	20%	26%	27%	32%	38%	44%	50%
1-2 Commodities Available at Community Level	Percentage of FCHVs in CPDs who have 4 key commodities available	FCHV survey	NA	NA	12%	19%	27%	35%	43%

Indicator	Definition	Data Source	Baseline (2000-2001)	Year 1 (2001-2002)		Targets			
				Target	Actual	Year 2 (2002-2003)	Year 3 (2003-2004)	Year 4 (2004-2005)	Year 5 (EOP)* (2005-2006)
				1-3 Pneumonia Treatment	Number of pneumonia cases in children (age 2-60 months) treated by community health workers (FCHVs, MCHWs, VHVs) and in health facilities in districts where community-based pneumonia treatment has been initiated	NFHP monitoring records	156,010 in 12 districts	171,000 in 13 districts	179,645 in 13 districts
1-4 Quality of Pneumonia Treatment	Percentage of children presenting to health workers (FCHVs, MCHWs, VHVs) with pneumonia symptoms who receive appropriate treatment in CPDs where community-based pneumonia treatment has been initiated	Supervision checklist, record review	92% in 13 CPDs	>90%	95% in 13 CPDs	>90%	>90%	>90%	>90 %
1-5 FCHVs Services Reflected in HMIS Data	Percentage of health facilities in CPDs reporting FCHV service data (separately) through HMIS	HMIS	60%	65%	71%	70%	75%	80%	85%

Indicator	Definition	Data Source	Baseline (2000-2001)	Year 1 (2001-2002)		Targets			
				Target	Actual	Year 2 (2002-2003)	Year 3 (2003-2004)	Year 4 (2004-2005)	Year 5 (EOP)* (2005-2006)
1-6 Treatment of Night-blind Pregnant Women	Number of pregnant night-blind women treated with Vitamin A in intervention CPDs	TBD	0%	NA	NA	NA	TBD	TBD	TBD
1-7 ORT Use in Children Under 5	Percentage of children (under 5 years) with diarrhea in preceding 2 weeks who received Oral Rehydration Therapy (ORS or increased fluids)	DHS	47%	NA	NA	NA	NA	NA	60%
1-8 Measles Vaccination Coverage	Percentage of children who received measles vaccination by 12 months of age in CPDs	HMIS	77%	77%	77%	79%	>80%	>80%	>80%
1-9 Pneumonia Treatment	Percentage of expected pneumonia cases in children (0- 59) months treated by community health workers (FCHVs, VHWs, MCHWs) and health facilities in core program districts where community- based treatment has been initiated	NFHP Monitoring Records	62%	63.6%	65%	65.2%	66.8%	68.4%	70.0%

Indicator	Definition	Data Source	Baseline (2000-2001)	Year 1 (2001-2002)		Targets			
				Target	Actual	Year 2 (2002-2003)	Year 3 (2003-2004)	Year 4 (2004-2005)	Year 5 (EOP)* (2005-2006)
Component II									
2-1 District Hospitals Offering PAC Services	Number of district hospitals offering PAC services in CPDs	Supervision reports	4	4	4	7	10	13	17
2-2 HMG/NGO Coordination	Number of CPDs holding RHCC meetings in their districts at least quarterly	NFCC reports	NA	2	2	7	12	15	17
2-3 Couple Years of Protection	Annual protection against pregnancy afforded by contraceptives distributed in CPDs	HMIS	572,172	612,224	602,148	655,079	700,935	750,001	802,501
2-4 Health Facility Supervision	Percentage of health facilities in CPDs that receive a quarterly supervision visit by DHO staff	TBD	Unknown	NA	NA	TBD	TBD	TBD	TBD
Component III									
3-1 Couple Years of Protection (National)	Annual protection against pregnancy afforded by contraceptive distributed in CPDs	HMIS	1,284,649	1,348,882	1,271,119	1,416,326	1,487,142	1,561,499	1,639,574

Indicator	Definition	Data Source	Baseline (2000-2001)	Year 1 (2001-2002)		Targets			
				Target	Actual	Year 2 (2002-2003)	Year 3 (2003-2004)	Year 4 (2004-2005)	Year 5 (EOP)* (2005-2006)
				3-2 Reporting of LMIS Data by Health Facilities (National)	Percentage of functioning health facilities (DHs, PHCs, HPs, and SHPs) reporting LMIS data within 2 months after end of quarter	LMIS	79%	80%	90%
3-3 Vitamin A Supplementation Coverage (National)	Percentage of children (6-59 months) who received a Vitamin A capsule during the preceding round of supplementation	Mini-surveys	96%	> 90%	96%	> 90%	> 90%	> 90%	> 90%
3-4 HMG Purchase of Contraceptives	Percent increase in HMG budget contribution to the purchase of family planning commodities	HMO budget	Increase unknown (Absolute value = 5 million rupees)	10%	100% (Absolute value = 10 million rupees)	10% (Absolute value = 6.1 million rupees)	10% (Absolute value = 6.7 million rupees)	10% (Absolute value = 7.3 million rupees)	10% (Absolute value = 8 million rupees)

* NFHP began in December 2000 but the Nepali fiscal year runs from mid-July to mid-July so the data for many indicators refer to this period. The project ends in December 2006 but the indicators will only cover the period through mid-July 2006.

Nepal Family Health Program Year Two Assessment

Ann K. Blanc

November 8, 2003

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Introduction

The Nepal Family Health Program (NFHP) began in December 2001. This assessment covers Year Two of the project (Mid-July 2002 – Mid-July 2003). The main body of the report provides information for 20 indicators based on various sources including published and unpublished data from the Health Management Information System (HMIS) and the Logistics Management Information System (LMIS) maintained by the Ministry of Health, monitoring data collected by NFHP, and a survey of Female Community Health Volunteers (FCHVs) conducted by New Era. The indicators are those appearing in the NFHP monitoring and evaluation plan as of November 2003. A summary of indicators and targets is shown in Appendix A.

The NFHP is implemented in 17 core program districts (CPDs) covering approximately 35 percent of the total population of Nepal.¹ The core program districts are: Jhapa, Morang, Siraha, Bara, Dhanusha, Rasuwa, Banke, Bardiya, Bajura, Kailali, Kanchanpur, Sunsari, Chitwan, Parsa, Nawalparasi, Mahottari, and Rautahat. NFHP supports the strengthening of the district and community health system with a focus on family planning and maternal health services, and provides technical assistance for five national health programs including family planning, safe motherhood, vitamin A, community-based integrated management of childhood illness (CB-IMCI), support for female community health volunteers, and support for the national integrated logistics system.

¹ Limited technical assistance is also provided in 9 additional districts but they are not included in this assessment.

Overall Program Indicators

Performance indicator	Indicator definition	Data source	Frequency of data collection	Reference period	Value of indicator
0-1 Under Five Mortality* National	Number of deaths under age five per 1000 live births	DHS	Approx. every five years	The five year period preceding the survey	91 confidence interval= (82-101)
CPDs only Non-CPDs	Unit: Rate				99 87
0-2 Total Fertility Rate* National	Average number of children that would be born to a woman during her childbearing years at current rates	DHS	Approx. every five years	The three year period preceding the survey	4.1 confidence interval= (3.9-4.3)
CPDs only Non-CPDs	Unit: Rate				4.0 4.2
0-3 Contraceptive Prevalence Rate* National	Percentage of married women of reproductive age using a modern contraceptive method	DHS	Approx. every five years	2001	35.4%
CPDs only Non-CPDs	Unit: Percentage				40.0% 32.5%

* Also a USAID PMP indicator

These national level population-based indicators are derived from the 2001 Nepal Demographic and Health Survey, a nationally representative survey of 8,726 ever-married women age 15-49 and 2,261 ever-married men age 15-59. These indicators were discussed in the Baseline Assessment.

These indicators will not be available again until the next Demographic and Health Survey is conducted.

- ✓ The EOP target for indicator 0-1 is 70 per 1000.
- ✓ The EOP target for indicator 0-2 is 3.6 children per woman.
- ✓ The EOP target for indicator 0-3 is 41 percent.

Component I Indicators

Performance indicator	Indicator definition	Data source	Frequency of data collection	Reference period	Value of indicator
1-1 Availability of Commodities at Health Facilities*	Percentage of health facilities (PHCs, HPs, SHPs) that maintain availability of 7 key commodities in CPDs year round Unit: Percentage	LMIS	Quarterly	Mid-July 2002 – Mid-July 2003	27%

* Also a USAID PMP indicator

This indicator measures the year round availability of seven key commodities at health facilities: condoms, oral pills, ORS packets, DepoProvera, iron tablets, Vitamin A tablets, and cotrimoxazole. The data are provided by storekeepers at health facilities (primary health care centers (PHCs), health posts (HPs) and sub health posts (SHPs) to the Logistics Management Division at the Ministry of Health.

The data show that, in the 17 core program districts (CPD), twenty seven percent of facilities maintained year round availability of all seven commodities compared to the same percentage during the previous year. It is worth noting that the indicator is based on a stringent criterion – the availability in all four quarters of all seven commodities. This means that if a facility is out of stock of even one commodity in one quarter it will not meet the requirement for the indicator.

Overall, the commodity most likely to be out of stock is Vitamin A tablets. Across districts, the average percentage with Vitamin A tablets available ranges from 32 percent in Mahottari to 95 percent in Bajura. Among the other 6 commodities, the average percentage available is less than 80 percent in only a few districts.

- ✓ The Year Two target for indicator 1-1 is 32 percent.
- ✓ The EOP target for indicator 1-1 is 50 percent.

District	Average percent of health facilities reporting availability of commodity in a quarter (averaged across four quarters)							Percent of health facilities with all seven commodities in <i>all four quarters</i>	
	Condom	In-jectables	Pills	ORS	Vitamin A	Cotrim	Iron		All 7
Jhapa	93	59	83	91	54	86	87	35	14
Morang	94	89	88	97	77	88	84	55	24
Siraha	91	82	92	95	40	87	94	32	8
Sunsari	89	63	88	88	65	89	90	47	10
Bara	84	58	84	81	47	87	90	40	12
Chitwan	95	90	89	97	87	95	92	74	59
Dhanusha	84	60	87	85	64	89	97	44	22
Mahottari	77	81	87	88	32	75	85	19	4
Parsa	93	80	91	96	69	90	87	45	20
Rasuwa	95	82	95	95	92	99	100	76	53
Rautahat	92	96	97	94	71	89	92	57	32
Nawalparasi	96	91	94	96	89	95	96	76	45
Banke	93	86	97	94	85	83	90	64	28
Bardiya	87	84	94	90	93	94	79	62	33
Bajura	95	92	98	97	95	92	95	78	44
Kailali	97	100	96	97	93	97	87	76	40
Kanchanpur	97	95	94	97	66	95	95	61	19
17 CPDs	91	82	91	93	72	90	91	55	27

Performance indicator	Indicator definition	Data source	Frequency of data collection	Reference period	Value of indicator
1-2 Availability of Commodities at Community Level	Percentage of FCHVs who have 4 key commodities available Unit: Percentage	Survey	Annually	August-September 2003	48%

This indicator measures the availability of four key commodities among Female Community Health Volunteers (FCHVs). FCHVs are community-based health workers who are trained to provide basic health services and provide health education, including distribution of condoms and oral pills, treatment of ARI in children, treatment of diarrhea with ORS, and the distribution of Vitamin A capsules to children (Bernklau, 2002). NFHP collaborates with the Ministry of Health to support the FCHV program in the 17 core districts.

The data for this indicator were collected in a survey of a sample of 1590 FCHVs in randomly selected wards throughout the 17 core program districts. The survey was conducted by New Era Ltd. One hundred FCHVs were selected in each district. Questionnaires are not available for 110 of the selected FCHVs due to a variety of reasons. In Rasuwa district, only 44 complete interviews are available because approximately 50 completed questionnaires were confiscated by Maoists during the fieldwork. In the remaining 16 districts, the number of complete interviews ranges from 93 to 100. All interviews were conducted in August-September 2003.

The sample was designed to be representative of the FCHVs in each district and of the total population of FCHVs in the 17 districts. To select the sample, all VDCs and their corresponding wards in each CPD were listed. Then, wards were selected systematically using a sampling interval calculated by dividing the number of wards by 100. Within each selected ward, the FCHV was selected for interview. In wards that contained more than one FCHV, one was randomly selected for interview. To combine the respondents into a sample that is representative of all FCHVs in the CPDs, the data are weighted by the total number of FCHVs in each district (see table below). These totals are taken from records kept by NTAG (Nepal Technical Assistance Group). These numbers are close, but not identical, to those reported in the 2002/2003 HMIS report. The number of unweighted and weighted cases and the results for indicator 1- 2 are shown below.

There are two types of FCHVs in the districts. ‘Treatment’ FCHVs are trained to identify and treat cases of pneumonia in children under age five. ‘Referral’ FCHVs are trained to identify and refer cases of pneumonia but not to treat them, so they would not be expected to have cotrimoxazole available. Indicator 1-2 is defined as the percentage of FCHVs who had available at the time of interview all of the commodities they would be expected to have. For ‘Treatment’ FCHVs, these would include all four commodities – condoms, pills, ORS, and cotrimoxazole. For ‘Referral’ FCHVs, these would include only condoms, pills, and ORS. The overall percentage of FCHVs who had the expected commodities is 48 percent with district percentages ranging from 23 percent in Banke to 75 percent in Kanchanpur.

Note that the value of this indicator is not directly comparable to the value computed from the Baseline FCHV survey. In that survey, it was not possible to separate treatment from referral FCHVs so the figure was biased downward by the inclusion in the denominator of referral FCHVs who did not have cotrimoxazole.

Number of weighted and unweighted cases, FCHV survey 2003

	Unweighted cases	Weighted cases
Jhapa	97	57
Morang	98	76
Sunsari	97	139
Siraha	100	124
Dhanusha	94	118
Mahotari	97	89
Rasuwa	44	32
Rautahat	97	118
Bara	96	115
Parsa	95	96
Chitwan	96	53
Nawalparasi	100	92
Banke	97	87
Bardiya	98	108
Banke	96	32
Kailali	93	156
Kanchanpur	95	98
17 CPDs	1590	1590

Percentage of FCHVs who had commodities available during interview, 2003

District	All FCHVs				Treatment FCHVs only		All FCHVs 3 or 4 commodities	
	Condoms	Pills	ORS	Weighted number	Cotrim	All four		Weighted number
Jhapa	70.1	77.3	93.8	57	90.5	60.3	37	55.7
Morang	83.7	77.6	91.8	76	85.7	55.1	76	55.1
Sunsari	85.6	67.0	70.1	139	56.2	35.0	114	39.2
Siraha	88.0	92.0	93.0	124	77.1	62.5	60	71.0
Dhanusha	64.9	60.6	60.6	118	77.9	42.6	86	39.4
Mahottari	69.1	85.6	59.8	89	79.7	47.5	54	44.3
Rasuwa	70.5	84.1	86.4	32	89.7	53.8	28	52.3
Rautahat	71.1	77.3	59.8	118	85.7	47.6	77	45.4
Bara	75.0	75.0	59.4	115	81.3	42.2	77	37.5
Parsa	83.2	47.4	74.7	96	77.8	46.7	46	32.6
Chitwan	87.5	85.4	92.7	53	87.8	74.4	49	71.9
Nawalparasi	68.0	65.0	87.0	92	80.7	43.9	52	47.0
Banke	51.5	43.3	71.1	87	NA	NA	NA	23.7
Bardiya	63.3	63.3	68.4	108	86.7	36.7	33	26.5
Bajura	93.8	93.8	84.4	32	87.4	68.4	32	68.8
Kailali	86.0	72.0	87.1	156	86.1	69.4	60	62.4
Kanchanpur	91.6	83.2	95.8	98	92.7	78.2	56	74.7
CPDs	76.6	71.9	76.8	1590	80.4	52.1	938	48.4

- ✓ The Year Two target for indicator 1-2 is 12 percent
- ✓ The EOP target for indicator 1-2 is 60 percent (revised in Year Two).

Performance indicator	Indicator definition	Data source	Frequency of data collection	Reference period	Value of indicator
1-3 Pneumonia Treatment*	Number of pneumonia cases in children (0-59) months treated by community health workers (FCHVs, MCHWs, VHWs) and health facilities in CPDs where community based pneumonia has been initiated Unit: Number	NFHP monitoring records	Annually	Mid-July 2002 – Mid-July 2003	225,897

* Also a USAID PMP indicator

The indicator measures the number of pneumonia cases in children aged 0-59 months that were treated by community health workers (CHWs) including FCHVs, maternal child health workers (MCWs), and village health workers (VHWs) and by health facilities in selected districts. It does not include children treated by the private sector.

During the reference period, 15 of the 17 CPDs had trained community health workers to identify and treat pneumonia among children. These data are taken from the treatment books maintained by CHWs and reported to the District Health Office. The data are then compiled by NFHP staff.

The indicator shows that, during Year Two, 119,202 children aged 2-59 months were treated for pneumonia by CHWs and 106,695 children aged 0-59 months were treated in health facilities for a total of 225,897 children. This represents an increase of 46,252 cases compared to the baseline period. Note that this increase is not entirely the result of adding districts to the program; among the 13 districts included during Year One, there was an increase of 20,922 children treated.

- ✓ The Year Two target for indicator 1-3 is 178,000
- ✓ The EOP target for indicator 1-3 is 260,000 in 17 districts (revised in Year Two).

Number of pneumonia cases treated by CHWs and health facilities during the reference period

District	# of pneumonia cases treated by CHWs (children 2-60 months)			# of pneumonia cases treated in health facilities (children 0-60 months)		
	2000-2001	2001-2002	2002-2003	2000-2001	2001-2002	2002-2003
Jhapa	8861	10694	13060	8611	11551	14255
Morang	17177	17295	19921	8418	7942	9068
Sunsari	8761	9166	11081	8055	11203	10604
Siraha	8272	13648	15051	10927	17037	17443
Dhanusha	-	-	6471	-	-	7809
Mahotari	-	-	2912	-	-	6310
Rasuwa	1148	879	1238	929	1049	1216
Rautahat	12746	10050	9506	6780	6294	8482
Bara	5756	5720	7462	3905	5092	6141
Parsa	3961	4196	5407	3961	4170	4052
Chitwan	6195	4528	5653	4631	4398	4020
Nawalparasi	4988	6462	5879	6401	6871	6392
Bardiya	7329	4607	8093	5067	5555	5147
Bajura	2306	1751	1751	825	1134	1715
Kanchanpur	-	3889	2717	-	4464	4041
12 CPDs	87500	88996	104102	68510	82296	88535
13 CPDs	-	92885	107991	-	86760	92576
15 CPDs	-	-	119202	-	-	106695

Performance indicator	Indicator definition	Data source	Frequency of data collection	Reference period	Value of indicator
1-4 Quality of Pneumonia Treatment*	Percentage of children presenting to health workers (FCHVs, MCHWs, VHVs) with pneumonia symptoms who received appropriate treatment (in CPDs where community-based pneumonia treatment has been initiated) Unit: Percentage	Supervision checklist FCHV record review	Annually	Mid-July 2002 – Mid-July 2003	93%

* Also a USAID PMP indicator

This indicator measures the percentage of children presenting to CHWs with pneumonia symptoms who received appropriate treatment. “Appropriate treatment” is defined as cases that are followed up by the health worker on the third day and who received the correct dose of cotrimoxazole for their age group. (Different doses are prescribed depending on whether the child is 2-12 months old or 13-59 months).

The data are collected by NFHP field staff who review the treatment books of a sample of CHWs. During the reference period, 2,695 CHWs were interviewed in 15 CPDs (those listed in the previous indicator). The ten most recent pneumonia cases recorded by each CHW were examined and checked for appropriate treatment.

During the reference period, 94 percent of children with pneumonia symptoms were followed up on the third day and 98 percent were given the appropriate dose of cotrimoxazole for their age. Ninety three percent were both followed up and given the appropriate dose compared to 95 percent during Year One.

Children Presenting to Health Workers and Receiving Appropriate Treatment, 15 CPDs							
Number of CHWs interviewed	Number of children presenting to health workers with pneumonia symptoms	Number who received appropriate treatment			Percentage who received appropriate treatment		
		3 rd day follow-up	Appropriate dose for age	Both	3 rd day follow-up	Appropriate dose for age	Both
2,695	12,999	12,292	12,738	12,111	94	98	93

- ✓ The Year Two target for indicator 1-4 is > 90 percent in 15 districts.
- ✓ The EOP target for indicator 1-4 is > 90 percent in 17 districts.

Performance indicator	Indicator definition	Data source	Frequency of data collection	Reference period	Value of indicator
1-5 FCHVs Services Reflected in HMIS Data	Percentage of FCHVs reports included in service data through HMIS in CPDs Unit:Percentage	HMIS	Annually	Mid-July 2002 – Mid-July 2003	80%

This indicator is intended to measure the extent to which the HMIS is able to assess the separate contribution of FCHVs to service delivery.

Each FCHV should submit 12 monthly reports. The denominator of the indicator is obtained by multiplying the number of FCHVs by 12. The number of reports received is the numerator. The percentage for Bajura exceeds 100; this may result from an error in the number of FCHVs reported in the HMIS. The number of FCHVs in Bajura according to NTAG records is 245.

- ✓ The Year Two target for indicator 1-5 is 70 percent.
- ✓ The EOP target for indicator 1-5 is >85 percent (revised in Year Two).

FCHVs Reporting

	2001/2002			2002/2003		
	Number of FCHVs Reporting	Reports Received from FCHVs	Percentage	Number of FCHVs Reporting	Reports Received from FCHVs	Percentage
Jhapa	441	4,624	87	441	5,149	97
Morang	585	6,345	90	585	6,791	97
Siraha	954	10,070	88	954	10,859	95
Sunsari	1,064	7,255	57	1,064	8,096	63
Bara	882	8,300	78	882	8,364	79
Chitwan	405	3,488	72	405	3,588	74
Dhanusha	909	7,997	73	909	10,191	93
Mahotari	684	7,372	90	684	7,744	94
Parsa	738	5,540	63	738	7,520	85
Rasuwa	245	1,344	46	245	1,623	55
Rauthat	909	6,497	60	909	8,285	76
Nawalparasi	712	6,714	79	705	6,330	75
Banke	665	5,797	73	665	6,189	78
Bardiya	831	7,313	73	831	7,330	74
Bajura	257	1,297	42	135	1,671	103
Kailali	1,197	7,099	49	1,197	8,790	61
Kanchanpur	692	6,215	75	644	6,238	81
17 CPDs	12,170	103,267	71	11,993	114,758	80

Performance indicator	Indicator definition	Data source	Frequency of data collection	Reference period	Value of indicator
1-6 Treatment of Night-blind Pregnant Women*	Number of pregnant night-blind women treated with Vitamin A in intervention CPDs Unit:Percentage	NFHP program reports	Annually beginning in year 2/3	Mid-July 2002 – Mid-July 2003	0

* Also a USAID PMP indicator

The Vitamin A supplementation program for pregnant women has not yet been initiated so there were no women treated during the reference period.

- ✓ The EOP target for indicator 1-6 is TBD (pending introduction of the program).

Performance indicator	Indicator definition	Data source	Frequency of data collection	Reference period	Value of indicator
1-7 ORT Use in Children Under 5* National	Percentage of children (under 5 years) with diarrhea in preceding 2 weeks who received Oral Rehydration Therapy (ORS or increased fluids)	DHS survey	Every 5 years	2001	47%
CPDs only Non-CPDs					43% 49%
	Unit:Percentage				

* Also a USAID PMP indicator

This indicator measures the extent to which children under age five with diarrhea were treated with oral rehydration therapy (ORT). ORT includes either treatment with an ORS packet or an increase in fluids. These data are derived from interviews with women of reproductive age in the Nepal Demographic and Health Survey which was conducted January – June 2001.

This indicator will not be available again until the next Demographic and Health Survey is conducted.

- ✓ The EOP target for indicator 1-7 is 60 percent.

Performance indicator	Indicator definition	Data source	Frequency of data collection	Reference period	Value of indicator
1-8 Measles Vaccination	Percentage of children who received measles vaccination by 12 months of age in CPDs Unit:Percentage	HMIS	Annually	Mid-July 2002 – Mid-July 2003	84%

* Also a USAID PMP indicator

The recommended age for measles vaccination in Nepal is when the child reaches nine months of age or soon after. All children should be vaccinated before they reach their first birthday. This indicator measures the percentage of children who received measles vaccine by age 12 months during the reference period. The number of children age 9-11 months vaccinated for measles is taken from the 2002/2003 HMIS reports. The denominator used is the number of children aged 0-11 months from the HMIS. The number of children age 0-11 months approximates the number of births that occurred in the prior year (less those who died) which, in turn, is roughly the number of children who would pass through the target age for vaccination in a given year.

In the 17 CPD districts, 84 percent of children were vaccinated during this period compared to 79 percent during Year One. In Rautahat, coverage exceeds 100 percent in both years. It is not clear whether this is due to an error in the number of children vaccinated or in the estimate of the number of eligible children.

- ✓ The Year Two target for indicator 1-8 is 79 percent.
- ✓ The EOP target for indicator 1-8 is > 80 percent.

Measles vaccination coverage

District	2001-2002			2002-2003		
	Number of children aged 9-11 months vaccinated	Number of children aged 0-11 months	Coverage (Percent)	Number of children aged 9-11 months vaccinated	Number of children aged 0-11 months	Coverage (Percent)
Jhapa	17,919	20,203	89	16,761	20,750	81
Morang	19,992	24,403	82	22,380	25,086	89
Siraha	14,783	16,241	91	15,606	16,676	94
Sunsari	15,071	18,374	82	16,312	18,943	86
Bara	10,308	15,533	66	13,766	15,993	86
Chitwan	11,073	14,673	75	11,445	15,136	76
Dhanusha	16,575	21,441	77	18,931	22,038	86
Mahottari	7,694	15,126	51	14,426	15,521	93
Parsa	12,440	13,551	92	13,209	13,956	95
Rasuwa	1,221	1,608	76	1,271	1,650	77
Rautahat	12,990	12,799	101	16,793	13,151	128
Nawalparasi	10,853	18,723	58	13,572	19,341	70
Banke	8,853	13,595	65	9,204	14,061	65
Bardiya	9,585	13,322	72	9,294	13,783	67
Bajura	2,945	4,966	59	4,058	5,075	80
Kailali	17,044	21,433	80	16,765	22,266	75
Kanchanpur	8,886	11,756	76	9,112	12,179	75
17 CPDs	198,232	257,747	77	222,905	265,606	84

Performance indicator	Indicator definition	Data source	Frequency of data collection	Reference period	Value of indicator
1-9 Pneumonia Treatment*	Percentage of expected pneumonia cases in children (0-59 months) treated by community health workers (FCHVs, VHVs, MCHVs) and health facilities in core program districts where community-based pneumonia treatment has been initiated Unit:Percentage	NFHP Monitoring Reports	Annually	Mid-July 2002 – Mid-July 2003	68%

* Also a USAID PMP indicator

This indicator measures coverage of pneumonia treatment. The number of expected pneumonia cases is based on an assumed incidence rate of 300 per 1000.

Based on the assumed incidence rate and the total population of children age 0-59 months reported in the HMIS, there were 334,103 cases of pneumonia among children age 0-59 months during Year Two in the 15 districts in which community-based pneumonia treatment has been initiated.² Approximately 68 percent of cases were treated either in health facilities or by CHWs. Sixty eight percent of treated cases were treated by CHWs.

- ✓ The Year Two target for indicator 1-9 is 65.2%.
- ✓ The EOP target for indicator 1-9 is 70%.

² Although CHWs only treat children age 2-60 months it is appropriate to use children age 0-60 months in the denominator because children under age 2 months should be treated in health facilities.

Percent of children with pneumonia treated by CHWs or health facilities and percent of presenting cases treated by CHWs

District	Estimated # of cases of pneumonia (children 0-59 months)*		% of children age 0-59 months with pneumonia treated by CHWs or health facilities		% of presenting pneumonia cases treated by CHWs	
	2001-2002	2002-2003	2001-2002	2002-2003	2001-2002	2001-2002
Chitwan	20487	20790	44	47	51	58
Sunsari	26298	27240	77	80	45	51
Morang	34903	34369	72	84	69	69
Jhapa	28944	26648	77	103	48	48
Parsa	22803	23557	37	40	50	57
Siraha	25983	25395	118	128	44	46
Bara	25292	26382	43	52	53	55
Rautahat	22428	23331	58	77	61	53
Rasuwa	2010	1948	96	126	46	50
Bajura	5794	5669	50	61	61	51
Nawalparasi	26778	26113	50	47	48	48
Bardiya	19011	18708	53	71	45	61
Kanchanpur	17747	19134	47	35	47	40
Dhanusha	-	30372		47	-	45
Mahotari	-	24445		50	-	48
13 CPDs	278477	-	65	-	52	-
15 CPDs		334103	-	68	-	68

*30 percent of total number of children age 0-59 months from HMIS

Component II Indicators

Performance indicator	Indicator definition	Data source	Frequency of data collection	Reference period	Value of indicator
2-1 District Hospitals Offering Post-Abortion Care Services	Number of district hospitals offering PAC services in CPDs Unit: Number	Supervision reports	Annually	2003	6

Six district hospitals currently have functioning post-abortion care (PAC) services. These hospitals are located in Chitwan, Nawalparasi, Banke, Kailali, Sunsari and Morang. The criteria for 'functioning' post-abortion care include: at least 3-4 clients per month, a physical facility that has been upgraded according to a needs assessment, trained manpower, infection prevention practices, family planning services and counseling, and a commitment on the part of the facility to provide these services. Expansion of post-abortion care (PAC) services was planned in **Bardiya** and **Siraha** but training was halted due to NHTC/FHD budget problems.

- ✓ The Year Two target for indicator 2-1 is 7 hospitals.
- ✓ The EOP target for indicator 2-1 is 17 hospitals.

Performance indicator	Indicator definition	Data source	Frequency of data collection	Reference period	Value of indicator
2-2 HMG/NGO RH Coordination	Number of CPDs holding RHCC meetings in their districts at least quarterly Unit: Number	NFCC reports	Annually	Mid-July 2002 – Mid-July 2003	7

This indicator measures the number of CPDs with Reproductive Health Coordination Committees (RHCCs) meeting at least quarterly. These committees are composed of representatives from both government and NGO institutions and are intended to facilitate the provision of reproductive health services in a district. During Year Two, 7 of the 17 CPDs had formed an RHCC that met at least quarterly (Kanchanpur, Morang, Sunsari, Dhanusha, Jhapa, Mahottari, Nawalparasi). All of the remaining CPDs except Rasuwa have formed a committee but the committee did not meet quarterly.

- ✓ The Year Two target for indicator 2-2 is 7 districts.
- ✓ The EOP target for indicator 2-2 is 17 districts.

Performance indicator	Indicator definition	Data source	Frequency of data collection	Reference period	Value of indicator
2-3 Couple Years of Protection (CYP) in CPDs*	Annual protection against pregnancy afforded by contraceptives distributed in CPDs Unit:CYPs	HMIS	Quarterly	Mid-July 2002 – Mid-July 2003	645,069

* Also a USAID PMP indicator

Couple years of protection (CYP) estimates the protection provided by family planning services during a one-year period, based upon the volume of all contraceptives distributed to clients during that period for condoms, pills, and injectables and on new acceptors for IUDs, Norplant, and sterilizations. The CYP is calculated by multiplying the quantity of each method distributed to clients by a conversion factor, which is an estimate of the duration of contraceptive protection provided per unit of that method.³ For this assessment, six methods are included in the calculation of CYP: pills, condoms, DepoProvera, Norplant, IUD, and sterilization. The CYP for each method are then summed over all methods to obtain a total CYP figure.

The total CYP for the 17 program districts is 645,069 compared to 602,148 for Year One. This is an increase of approximately 7 percent. The overall increase is entirely due to increases in sterilization and Norplant; there were decreases in the other methods. For individual districts, the CYP varies from around 104,000 in Morang to about 3,000 in Rasuwa.

- ✓ The Year Two target for indicator 2-3 is 644,298.
- ✓ The EOP target for indicator 2-3 is 790,237 (7 percent annual increase) (revised in Year Two).

³ The USAID-accepted conversion factors used here are: pills: 15 cycles per CYP, condoms: 120 units per CYP, DepoProvera: 4 doses per CYP, IUD: 3.5 per IUD inserted, NORPLANT: 3.5 per implant inserted, sterilization: 10 years per procedure. All CYPs for long-term methods are credited in the year in which the client accepted the method. The conversion factors used by the Ministry of Health differ from those used here.

Couple Years of Protection (CYP) by method and district, Year One 2001-2002

District	Condom	Pills	Depo	IUD	Norplant	Sterilization	All methods
Jhapa	3,885	4,208	20,957	1,999	1,085	19,920	52,054
Morang	7,535	4,328	21,171	833	1,131	59,640	94,637
Siraha	3,703	634	4,818	298	308	28,170	37,931
Sunsari	2,076	1,564	10,629	273	515	24,140	39,015
Bara	1,744	420	3,011	245	32	13,260	19,222
Chitwan	4,573	1,976	7,502	315	305	30,910	45,749
Dhanusha	2,589	404	3,633	301	399	40,680	47,582
Mahottari	516	803	1,288	39	25	24,550	27,857
Parsa	1,810	341	3,830	420	252	41,420	48,100
Rasuwa	481	76	682	35	126	1,630	3,488
Rautahat	1,391	550	1,946	130	0	25,070	29,118
Nawalparasi	1,978	595	5,222	424	277	20,080	28,547
Banke	3,697	1,176	4,474	592	417	14,630	24,677
Bardiya	3,377	827	5,000	326	147	17,930	27,196
Bajura	448	175	762	0	0	0	2,057
Kailali	7,587	2,495	9,131	494	105	32,430	51,803
Kanchanpur	3,555	2,293	3,706	242	207	13,830	23,513
17 CPDs	50,944	22,864	107,762	6,962	5,327	408,290	602,148

Couple Years of Protection (CYP) by method and district, Year Two 2002-2003

District	Condom	Pills	Depo	IUD	Norplant	Sterilization	All methods
Jhapa	3,178	3,097	12,519	637	931	20,430	40,792
Morang	4,662	4,624	18,037	1,054	1,243	74,560	104,179
Siraha	3,852	851	5,714	298	354	25,720	36,788
Sunsari	2,295	1,782	10,317	378	543	30,470	45,785
Bara	2,446	565	3,223	39	-	18,190	24,463
Chitwan	3,860	1,236	5,403	333	578	25,640	37,049
Dhanusha	3,017	546	4,396	431	1,383	50,360	60,132
Mahottari	1,186	540	2,574	637	25	26,840	31,800
Parsa	1,685	461	4,635	357	263	57,050	64,451
Rasuwa	478	77	694	4	4	1,800	3,056
Rautahat	1,761	611	2,257	109	154	25,270	30,161
Nawalparasi	4,285	1,423	6,955	602	791	21,410	35,465
Banke	2,944	865	4,094	455	553	15,170	24,081
Bardiya	2,887	749	4,977	252	217	17,660	26,741
Bajura	679	282	934	-	-	2,540	4,436
Kailali	8,141	2,574	10,155	504	350	32,640	54,365
Kanchanpur	2,988	1,116	3,682	189	182	13,170	21,326
17 CPDs	50,344	21,399	100,563	6,276	7,567	458,920	645,069

Performance indicator	Indicator definition	Data source	Frequency of data collection	Reference period	Value of indicator
2-4 Health Facility Supervision	Percentage of PHCs and HPs in CPDs that receive a quarterly supervision visit by DHO staff Unit:Percentage	NFHP supervision reports	Quarterly	Mid-July 2002 – Mid-July 2003	82%

This indicator measures the extent to which Primary Health Centers (PHCs) and Health Posts (HPs) are provided with adequate supervision by District Health Office staff. Some supervisory visits to Health Posts are made by staff of Primary Health Centers and some by staff working at the District Health Office. The data are collected during NFHP monitoring visits. During the visit, health facility staff are asked whether they received a supervisory visit in the last quarter.

Since individual health facilities are visited a variable number of times by NFHP staff in a given year, the data from one visit chosen at random is used for those facilities for which there is more than one observation available. For Year Two, all PHCs were visited at least once by NFHP staff and 135 of 148 HPs were visited. In future years, NFHP will ensure that all PHCs and HPs are visited at least once so the indicator will be based on one observation from each facility.

Note that this is the first year that this indicator is available and the definition has been modified slightly from the original plan. It was decided to exclude Sub-Health Posts (SHPs) from the indicator because NFHP only visits a subset of these annually and those that are judged to be the worst performing are targeted for more visits. Thus, using the data from these SHPs would be likely to bias the measure of supervision downwards.

	# monitored by NFHP	# supervised by DHO staff	% supervised by DHO staff
Primary Health Centers	59	54	92
Health Posts	135	106	79
Total	194	160	82

- ✓ The EOP target for indicator 2-4 is ≥ 85 percent.

Component III Indicators

Performance indicator	Indicator definition	Data source	Frequency of data collection	Reference period	Value of indicator
3-1 Couple Years of Protection (CYP) at the National Level*	Annual protection against pregnancy afforded by contraceptives distributed nationally Unit:CYPs	HMIS	Quarterly	Mid-July 2002 – Mid-July 2003	1,368,791

* Also a USAID PMP indicator

The total CYP at the national level is 1,368,791 an increase of about eight percent compared to the baseline period. There are increases in CYP for all methods.

National CYP, Year One 2001-2002

Method	Condom	Pills	In jectables	IUD	Norplant	Sterilization	All methods
CYP	126,006	62,458	335,754	20,955	16,426	709,520	1,271,119

Method	Condom	Pills	Injectables	IUD	Norplant	Sterilization	All methods
CYP	131,641	66,543	340,434	21,970	22,495	785,710	1,368,791

- ✓ The Year Two target for this indicator is 1,334,675
- ✓ The EOP target for this indicator is 1,584,547 (5 percent annual increase) (revised in Year Two).

Performance indicator	Indicator definition	Data source	Frequency of data collection	Reference period	Value of indicator
3-2 Reporting of LMIS Data by Health Facilities	Percentage of functioning health facilities (DHs, PHCs, HPs, and SHPs) nationwide reporting LMIS data within 2 months after end of quarter Unit:Percentage	LMIS	Quarterly	Mid-July 2002 – Mid-July 2003	85%

This indicator measures the extent to which functioning health facilities report LMIS data in a timely manner (within two months after the end of the quarter). Overall, 85 percent reported within two months.

LMIS Nationwide Reporting for 2002-2003: Percentage reporting within 2 months of end of quarter by quarter

Region	Primary Health Centers				Qtr Avg.	Health Posts				Qtr Avg.	Sub-Health Post				Qtr Avg.	All Qtr Avg.
	1 st	2 nd	3 rd	4 th		1 st	2 nd	3 rd	4 th		1 st	2 nd	3 rd	4 th		
Eastern	91	94	96	87	92	88	92	92	92	91	85	88	87	89	87	90
Central	79	83	83	83	82	77	83	85	88	83	74	79	82	90	81	82
Western	83	92	84	84	86	93	92	91	92	92	92	94	88	90	91	90
M-Western	81	70	85	85	80	75	73	87	90	81	70	69	81	81	75	79
F-Western	82	88	100	88	90	81	91	91	87	88	76	86	88	81	83	87
NEPAL					86					87					83	85
											Total No. of PHCs+HPs+SHPs = 4,012					

Note: These figures do not include district hospitals. Logistics Training to District Hospitals have been completed this FY, they will start reporting in the next fiscal year.

- ✓ The Year Two target for indicator 3-2 is 81 percent.
- ✓ The EOP target for indicator 3-2 is >= 85 percent.

Performance indicator	Indicator definition	Data source	Frequency of data collection	Reference period	Value of indicator
3-3 Vitamin A Supplementation Coverage*	Percentage of children (6-59 months) nationwide who received a vitamin A capsule during the preceding round of supplementation Unit: Percentage	Mini-surveys	Annually	Mid-July 2002 – Mid-July 2003	98%

* Also a USAID PMP indicator

This indicator measures coverage of Vitamin A supplementation among children aged 6-59 months during the preceding round of supplementation. The data are derived from post supplementation mini-surveys of mothers/caretakers. Selected districts participate in the surveys for each of two rounds in each fiscal year with different districts included in each round. The data for the two rounds are then combined, weighted by the estimated number of children in the target population (age 6-59 months) in each district, and a national level estimate is derived (as described in Houston, 2000). The value of the indicator used here was calculated by NFHP staff.

Vitamin A Supplementation Coverage 2002/2003

Target Population (6-59 months) (A)	Estimated # of children (6-59 months) nationwide who received A Vitamin A Capsules (B)	National Weighted Coverage (C) (B/A) * 100
3,326,880	3,262,414	98%

- ✓ The Year Two and EOP targets for indicator 3-3 are to maintain the level of Vitamin A coverage at greater than 90 percent.

Performance indicator	Indicator definition	Data source	Frequency of data collection	Reference period	Value of indicator
3-4 HMG Purchase of Contraceptives	Percent increase in HMG budget contribution to the purchase of family planning commodities Unit:Percent	HMG budget	Annually	Mid-July 2001 – Mid-July 2002	-24% (8.05 million rupees)

For Year One, the amount budgeted by HMG for the purchase of family planning commodities was 8.05 million rupees, a decrease since Year One but well above the Year Two target.

- ✓ The Year Two target for indicator 3-4 is a 10 percent annual increase (absolute value of 6.05 million rupees).
- ✓ The EOP target for indicator 3-4 is to maintain a 10 percent annual increase (which would result in an absolute value of approximately 8 million rupees at EOP).

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Appendix A: Indicators and targets

Indicator	Definition	Data Source	Baseline (2000-2001)	Year 1 (2001-2002)		Year 2 (2002-2003)		Year 3 (2003-2004)	Year 4 (2004-2005)	Year 5 (EOP)* (2005-2006)
				Target	Actual	Target	Actual			
Overall Program										
0-1 Under Five Mortality (National)	Number of deaths per 1000 live births	DHS	91 per 1000 live births	NA	NA	NA	NA	NA	NA	70 per 1000 live births
0-2 Total Fertility Rate (National)	Average number of children that would be born to a woman during her childbearing years at current rates	DHS	4.1	NA	NA	NA	NA	NA	NA	3.6
0-3 Contraceptive Prevalence Rate	Percentage of MWRA using modern contraceptive methods	DHS	35.4%	NA	NA	NA	NA	NA	NA	41%
Component I										
1-1 Commodities Available at Health Facilities	Percentage of health facilities (PHCs, HPs, SHPs) that maintain availability of 7 commodities in CPDs year round	LMIS	20%	26%	27%	32%	27%	38%	44%	50%
1-2 Commodities Available at Community Level	Percentage of FCHVs in CPDs who have 3 or 4 key commodities available	FCHV survey	NA	NA	12%	12%	48%	52%	56%	60%

Indicator	Definition	Data Source	Baseline (2000-2001)	Year 1 (2001-2002)		Year 2 (2002-2003)		Year 3 (2003-2004)	Year 4 (2004-2005)	Year 5 (EOP)* (2005-2006)
				Target	Actual	Target	Actual			
				1-3 Pneumonia Treatment	Number of pneumonia cases in children (age 0-60 months) treated by community health workers (FCHVs, MCHWs, VHWs) and in health facilities in districts where community-based pneumonia treatment has been initiated	NFHP monitoring records	156,010 in 12 districts			
1-4 Quality of Pneumonia Treatment	Percentage of children presenting to health workers (FCHVs, MCHWs, VHWs) with pneumonia symptoms who receive appropriate treatment in CPDs where community-based pneumonia treatment has been initiated	Supervision checklist, record review	92% in 13 CPDs	>90%	95% in 13 CPDs	>90%	93% in 15 districts	>90%	>90%	>90 %
1-5 FCHVs Services Reflected in HMIS Data	Percentage of health facilities in CPDs reporting FCHV service data (separately) through HMIS	HMIS	60%	65%	71%	70%	80%	>=85%	>=85%	>=85%

Indicator	Definition	Data Source	Baseline (2000-2001)	Year 1 (2001-2002)		Year 2 (2002-2003)		Year 3 (2003-2004)	Year 4 (2004-2005)	Year 5 (EOP)* (2005-2006)
				Target	Actual	Target	Actual			
1-6 Treatment of Night-blind Pregnant Women	Number of pregnant night-blind women treated with Vitamin A in intervention CPDs	TBD	0%	NA	NA	NA	NA	TBD	TBD	TBD
1-7 ORT Use in Children Under 5	Percentage of children (under 5 years) with diarrhea in preceding 2 weeks who received Oral Rehydration Therapy (ORS or increased fluids)	DHS	47%	NA	NA	NA	NA	NA	NA	60%
1-8 Measles Vaccination Coverage	Percentage of children who received measles vaccination by 12 months of age in CPDs	HMIS	77%	77%	77%	79%	84%	>80%	>80%	>80%
1-9 Pneumonia Treatment	Percentage of expected pneumonia cases in children (0-59) months treated by community health workers (FCHVs, VHWs, MCHWs) and health facilities in core program districts where community-based treatment has been initiated	NFHP Monitoring Records	62%	63.6%	65%	65.2%	68%	66.8%	68.4%	70.0%

Indicator	Definition	Data Source	Baseline (2000-2001)	Year 1 (2001-2002)		Year 2 (2002-2003)		Year 3 (2003-2004)	Year 4 (2004-2005)	Year 5 (EOP)* (2005-2006)
				Target	Actual	Target	Actual			
				Component II						
2-1 District Hospitals Offering PAC Services	Number of district hospitals offering PAC services in CPDs	Supervision reports	4	4	4	7	6	10	13	17
2-2 HMG/NGO Coordination	Number of CPDs holding RHCC meetings in their districts at least quarterly	NFCC reports	NA	2	2	7	7	12	15	17
2-3 Couple Years of Protection	Annual protection against pregnancy afforded by contraceptives distributed in CPDs	HMIS	572,172	612,224	602,148	644,298	645,069	690,224	738,539	790,237
2-4 Health Facility Supervision	Percentage of PHCs and HPs in CPDs that receive a quarterly supervision visit by DHO staff	TBD	Unknown	NA	NA	NA	82%	>=85%	>=85%	>=85%
Component III										
3-1 Couple Years of Protection (National)	Annual protection against pregnancy afforded by contraceptive distributed in CPDs	HMIS	1,284,649	1,348,882	1,271,119	1,334,675	1,368,791	1,437,231	1,509,092	1,584,547
3-2 Reporting of LMIS Data by Health Facilities (National)	Percentage of functioning health facilities (DHs, PHCs, HPs, and SHPs) reporting LMIS data within 2 months after end of quarter	LMIS	79%	80%	90%	81%	85%	>=85%	>=85%	>=85%

Indicator	Definition	Data Source	Baseline (2000-2001)	Year 1 (2001-2002)		Year 2 (2002-2003)		Year 3 (2003-2004)	Year 4 (2004-2005)	Year 5 (EOP)* (2005-2006)
				Target	Actual	Target	Actual			
3-3 Vitamin A Supplementati on Coverage (National)	Percentage of children (6-59 months) who received a Vitamin A capsule during the preceding round of supplementation	Mini-surveys	96%	> 90%	96%	> 90%	98%	> 90%	> 90%	> 90%
3-4 HMG Purchase of Contraceptives	Percent increase in HMG budget contribution to the purchase of family planning commodities	HMO budget	Rs. 5 million	+ 10% of baseline Rs. 5.5 million	+200% Rs. 10 million	+10% of Year One target Rs. 6.05 million	-24% Rs. 8.5 million	+10% of Year Two target Rs. 6.65 million	+10% of Year Three target Rs. 7.3 million	+10% of Year Four target Rs. 8.0 million

* NFHP began in December 2000 but the Nepali fiscal year runs from mid-July to mid-July so the data for many indicators refer to this period. The project ends in December 2006 but the indicators will only cover the period through mid-July 2006.

Nepal Family Health Program Year Three Assessment

Ann K. Blanc

November 14, 2004

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Introduction

The Nepal Family Health Program (NFHP) began in December 2001. This assessment covers Year Three of the project (Mid-July 2003 – Mid-July 2004). The main body of the report provides information for 20 indicators based on various sources including published and unpublished data from the Health Management Information System (HMIS) and the Logistics Management Information System (LMIS) maintained by the Ministry of Health, monitoring data collected by NFHP, and a survey of Female Community Health Volunteers (FCHVs) conducted by New Era. The indicators are those appearing in the NFHP monitoring and evaluation plan as of November 2003. A summary of indicators and targets is shown in Appendix A.

The NFHP is implemented in 17 core program districts (CPDs) covering approximately 35 percent of the total population of Nepal.¹ The core program districts are: Jhapa, Morang, Siraha, Bara, Dhanusha, Rasuwa, Banke, Bardiya, Bajura, Kailali, Kanchanpur, Sunsari, Chitwan, Parsa, Nawalparasi, Mahottari, and Rautahat. NFHP supports the strengthening of the district and community health system with a focus on family planning and maternal health services, and provides technical assistance for five national health programs including family planning, safe motherhood, vitamin A, community-based integrated management of childhood illness (CB-IMCI), support for female community health volunteers, and support for the national integrated logistics system.

¹ Limited technical assistance is also provided in 10 additional districts but they are not included in this assessment.

Overall Program Indicators

Performance indicator	Indicator definition	Data source	Frequency of data collection	Reference period	Value of indicator
0-1 Under Five Mortality* National	Number of deaths under age five per 1000 live births	DHS	Approx. every five years	The five year period preceding the survey	91 confidence interval= (82-101)
CPDs only Non-CPDs	Unit: Rate				99 87
0-2 Total Fertility Rate* National	Average number of children that would be born to a woman during her childbearing years at current rates	DHS	Approx. every five years	The three year period preceding the survey	4.1 confidence interval= (3.9-4.3)
CPDs only Non-CPDs	Unit: Rate				4.0 4.2
0-3 Contraceptive Prevalence Rate* National	Percentage of married women of reproductive age using a modern contraceptive method	DHS	Approx. every five years	2001	35.4%
CPDs only Non-CPDs	Unit: Percentage				40.0% 32.5%

* Also a USAID PMP indicator

These national level population-based indicators are derived from the 2001 Nepal Demographic and Health Survey, a nationally representative survey of 8,726 ever-married women age 15-49 and 2,261 ever-married men age 15-59. These indicators were discussed in the Baseline Assessment.

These indicators will not be available again until the next Demographic and Health Survey is conducted.

- ✓ The EOP target for indicator 0-1 is 70 per 1000.
- ✓ The EOP target for indicator 0-2 is 3.6 children per woman.
- ✓ The EOP target for indicator 0-3 is 41 percent.

Component I Indicators

Performance indicator	Indicator definition	Data source	Frequency of data collection	Reference period	Value of indicator
1-1 Availability of Commodities at Health Facilities*	Percentage of health facilities (PHCs, HPs, SHPs) that maintain availability of 7 key commodities in CPDs year round Unit: Percentage	LMIS	Quarterly+ Annually	Mid-July 2003 – Mid-July 2004	44 %

* Also a USAID PMP indicator

This indicator measures the year round availability of seven key commodities at health facilities: condoms, oral pills, ORS packets, DepoProvera, iron tablets, Vitamin A tablets, and cotrimoxazole. The data are provided by storekeepers at health facilities (primary health care centers (PHCs), health posts (HPs) and sub health posts (SHPs) to the Logistics Management Division at the Ministry of Health.

The data show that, in the 17 core program districts (CPD), forty four percent of facilities maintained year round availability of all seven commodities compared to 27 percent during the previous year. It is worth noting that the indicator is based on a stringent criterion – the availability in all four quarters of all seven commodities. This means that if a facility is out of stock of even one commodity in one quarter it will not meet the requirement for the indicator.

Overall, the commodity most likely to be out of stock is Vitamin A tablets. Across districts, the average percentage with Vitamin A tablets available ranges from 54 percent in Bara to 93 percent in Kailali. The average availability of condoms, injectables, and pills is 85 percent or greater in every district. Among the other three commodities, the average percentage available is less than 80 percent in only a few districts.

- ✓ The Year Three target for indicator 1-1 is 38 percent.
- ✓ The EOP target for indicator 1-1 is 50 percent.

District	Average percent of health facilities reporting availability of commodity in a quarter (averaged across four quarters)								Percent of health facilities with all seven commodities in all four quarters
	Condom	Injectables	Pills	ORS	Vitamin A	Cotrim	Iron	All 7	
Jhapa	96	96	92	96	85	95	99	73	44
Morang	95	96	93	96	89	94	96	72	42
Siraha	91	97	96	92	71	93	92	55	24
Sunsari	100	98	98	98	97	99	97	90	65
Bara	83	93	88	70	58	86	91	54	15
Chitwan	98	98	97	99	92	93	94	82	56
Dhanusha	89	95	93	86	77	92	93	61	27
Mahottari	98	99	98	97	82	95	96	77	38
Parsa	98	99	96	99	86	93	94	75	44
Rasuwa	98	97	99	94	98	97	99	90	67
Rautahat	98	100	100	98	95	99	98	91	67
Nawalparasi	94	97	95	96	87	93	91	73	40
Banke	95	97	96	93	96	79	84	69	19
Bardiya	85	94	89	91	90	94	80	62	27
Bajura	86	99	95	86	87	97	90	68	26
Kailali	98	99	100	98	98	96	97	93	79
Kanchanpur	99	99	97	99	92	98	97	88	67
17 CPDs	94	97	95	93	87	94	93	75	44

Performance indicator	Indicator definition	Data source	Frequency of data collection	Reference period	Value of indicator
1-2 Availability of Commodities at Community Level	Percentage of FCHVs who have 4 key commodities available Unit: Percentage	Survey	Annually	August-September 2004	48%

This indicator measures the availability of four key commodities among Female Community Health Volunteers (FCHVs). FCHVs are community-based health workers who are trained to provide basic health services and health education, including distribution of condoms and oral pills, treatment of ARI in children, treatment of diarrhea with ORS, and the distribution of Vitamin A capsules to children (Bernklau, 2002). NFHP collaborates with the Ministry of Health to support the FCHV program in the 17 core districts.

The data for this indicator were collected in a survey of a sample of 1640 FCHVs in randomly selected wards throughout the 17 core program districts. The survey was conducted by New Era Ltd. One hundred FCHVs were selected in each district. Questionnaires are not available for 60 of the selected FCHVs due to a variety of reasons. Across districts, the number of complete interviews ranges from 89 to 99. All interviews were conducted in August-September 2004.

The sample was designed to be representative of the FCHVs in each district and of the total population of FCHVs in the 17 districts. To select the sample, all VDCs and their corresponding wards in each CPD were listed. Then, wards were selected systematically using a sampling interval calculated by dividing the number of wards by 100. Within each selected ward, the FCHV was selected for interview. In wards that contained more than one FCHV, one was randomly selected for interview. To combine the respondents into a sample that is representative of all FCHVs in the CPDs, the data are weighted by the total number of FCHVs in each district (see table below). These totals are taken from records kept by NTAG (Nepal Technical Assistance Group). These numbers are close, but not identical, to those reported in the 2003/2004 HMIS report.² The number of unweighted and weighted cases and the results for indicator 1- 2 are shown below.

There are two types of FCHVs in the districts. ‘Treatment’ FCHVs are trained to identify and treat cases of pneumonia in children under age five. ‘Referral’ FCHVs are trained to identify and refer cases of pneumonia but not to treat them, so they would not be expected to have cotrimoxazole available. Indicator 1-2 is defined as the percentage of FCHVs who had available at the time of interview all of the commodities they would be expected to have. For ‘Treatment’ FCHVs, these would include all four commodities – condoms, pills, ORS, and cotrimoxazole. For ‘Referral’ FCHVs, these would include only condoms, pills, and ORS.

The overall percentage of FCHVs who had the expected commodities is 48 percent with district percentages ranging from 18 percent in Bara to 77 percent in Chitwan and Kanchanpur. The low percentages with ORS in a few districts – Bara, Rautahat, Siraha, Bajura, and Dhanusha – contribute to low overall availability of commodities in these districts. There are a number of reasons for the decline in availability in some districts. First,

² The total number of FCHVs is identical in the NTAG records and the HMIS, except for 5 districts. In all 5 districts, the HMIS total is greater than the NTAG total (Differences are: Jhapa-4, Nawalparasi-8, Bajura-17, Kailali-71, Kanchanpur-86).

beginning last year, the Ministry of Health budget for ORS was sent to districts for district-level procurement instead of central procurement, as was the practice previously. This change resulted in some districts procuring less ORS than needed or as budgeted. Second, the price of ORS at the district level is somewhat higher than at the central level which also resulted in fewer packets procured. Third, an epidemic of diarrhea/gastroenteritis occurred in June-July 2004, which caused a sudden surge in demand. Finally, due to the ongoing conflict situation, large numbers of health facilities and FCHVs are inaccessible for supervision and monitoring. This prevented the effective monitoring of ORS availability by NFHP and MOH staff

Note that the value of this indicator is not directly comparable to the value computed from the Baseline FCHV survey. In that survey, it was not possible to separate treatment from referral FCHVs so the figure was biased downward by the inclusion in the denominator of referral FCHVs who did not have cotrimoxazole.

Number of weighted and unweighted cases, FCHV survey 2004

	Unweighted cases	Weighted cases
Jhapa	97	59
Morang	96	79
Sunsari	98	143
Siraha	98	128
Dhanusha	98	122
Mahotari	99	92
Rasuwa	94	33
Rautahat	96	122
Bara	99	118
Parsa	97	99
Chitwan	94	54
Nawalparasi	99	95
Banke	96	89
Bardiya	96	112
Bajura	89	33
Kailali	95	161
Kanchanpur	99	101
17 CPDs	1640	1640

Percentage of FCHVs who had commodities available during interview, 2004

District	All FCHVs				Treatment FCHVs only		All FCHVs 3 or 4 commodities	
	Condoms	Pills	ORS	Weighted number	Cotrim	All four		Weighted number
Jhapa	70.1	83.5	92.8	59	90.9	61.8	34	57.7
Morang	88.5	87.5	92.7	79	95.7	73.4	77	72.9
Sunsari	84.7	89.8	90.8	143	92.5	68.8	117	68.4
Siraha	88.8	87.8	60.2	128	64.4	42.4	77	41.8
Dhanusha	63.3	54.1	56.1	122	87.9	24.2	82	26.5
Mahottari	83.8	84.8	69.7	92	84.0	54.0	46	55.6
Rasuwa	73.4	77.7	80.9	33	83.1	55.8	27	55.3
Rautahat	63.5	67.7	34.4	122	50.7	19.7	90	18.8
Bara	75.8	76.8	23.2	118	71.8	21.1	85	18.2
Parsa	87.6	67.0	77.3	99	79.0	53.2	63	48.5
Chitwan	91.5	91.5	92.6	54	92.2	77.8	52	76.6
Nawalparasi	70.4	75.5	85.7	94	77.1	57.1	67	54.1
Banke	43.8	44.8	72.9	89	97.9	35.4	45	28.1
Bardiya	82.3	66.7	83.3	112	93.3	56.7	35	50.0
Bajura	73.0	80.9	50.6	33	89.8	30.7	33	31.5
Kailali	76.8	74.7	85.3	161	86.7	56.7	51	55.8
Kanchanpur	91.9	86.9	96.0	101	97.7	79.1	44	76.8
CPDs	77.2	75.5	72.0	1639	82.4	49.5	1024	48.1

- ✓ The Year Three target for indicator 1-2 is 52 percent
- ✓ The EOP target for indicator 1-2 is 60 percent (revised in Year Two).

Performance indicator	Indicator definition	Data source	Frequency of data collection	Reference period	Value of indicator
1-3 Pneumonia Treatment*	Number of pneumonia cases in children (0-59) months treated by community health workers (FCHVs, MCHWs, VHWs) and health facilities in CPDs where community based pneumonia has been initiated Unit: Number	NFHP monitoring records	Annually	Mid-July 2003 – Mid-July 2004	250,144

* Also a USAID PMP indicator

The indicator measures the number of pneumonia cases in children aged 0-59 months that were treated by community health workers (CHWs) including FCHVs, maternal child health workers (MCWs), and village health workers (VHWs) and by health facilities in selected districts. It does not include children treated by the private sector.

During the reference period, 16 of the 17 CPDs had trained community health workers to identify and treat pneumonia among children. These data are taken from the treatment books maintained by CHWs and reported to the District Health Office. The data are then compiled by NFHP staff.

The indicator shows that, during Year Three, 146,267 children aged 2-59 months were treated for pneumonia by CHWs and 103,877 children aged 0-59 months were treated in health facilities for a total of 250,144 children. This represents an increase of 24,247 cases compared to Year Two. There are several districts in which the number of children treated in health facilities has declined compared to Year Two but larger increases in the number of cases treated by CHWs results in a net increase.

- ✓ The Year Three target for indicator 1-3 is 235,000 in 16 districts.
- ✓ The EOP target for indicator 1-3 is 260,000 in 17 districts (revised in Year Two).

Number of pneumonia cases treated by CHWs and health facilities by year

District	# of pneumonia cases treated by CHWs (children 2-60 months)				# of pneumonia cases treated in health facilities (children 0-60 months)			
	2000-2001	2001-2002	2002-2003	2003-2004	2000-2001	2001-2002	2002-2003	2003-2004
Jhapa	8861	10694	13060	13209	8611	11551	14255	12208
Morang	17177	17295	19921	22698	8418	7942	9068	8330
Sunsari	8761	9166	11081	10220	8055	11203	10604	7614
Siraha	8272	13648	15051	13574	10927	17037	17443	13098
Dhanusha	-	-	6471	10042	-	-	7809	9181
Mahotari	-	-	2912	10973	-	-	6310	6650
Rasuwa	1148	879	1238	1355	929	1049	1216	971
Rautahat	12746	10050	9506	12889	6780	6294	8482	8482
Bara	5756	5720	7462	10994	3905	5092	6141	7702
Parsa	3961	4196	5407	8529	3961	4170	4052	3881
Chitwan	6195	4528	5653	5535	4631	4398	4020	3476
Nawalparasi	4988	6462	5879	6791	6401	6871	6392	5762
Bardiya	7329	4607	8093	5276	5067	5555	5147	6819
Bajura	2306	1751	1751	3554	825	1134	1715	2272
Kanchanpur	-	3889	2717	3000	-	4464	4041	3554
Kailali	-	-	-	7628	-	-	-	3877
12 CPDs	87500	88996	104102	114624	68510	82296	88535	80615
13 CPDs	-	92885	106819	117624	-	86760	92576	84169
15 CPDs	-	-	116202	138639	-	-	106695	100000
16 CPDs	-	-	-	146267	-	-	-	103877

Number of pneumonia cases treated by CHWs and health facilities and increase in number treated

District	# of pneumonia cases treated by CHWs or in health facilities				Increase in number of cases treated compared to previous year		
	2000-2001	2001-2002	2002-2003	2003-2004	Year 1 - Baseline	Year 2 - Year 1	Year 3 - Year 2
CPDs with trained CHWs	156,010	179,645	225,897	250,144	23,635	46,252	24,247

Performance indicator	Indicator definition	Data source	Frequency of data collection	Reference period	Value of indicator
1-4 Quality of Pneumonia Treatment*	Percentage of children presenting to health workers (FCHVs, MCHWs, VHWs) with pneumonia symptoms who received appropriate treatment (in CPDs where community-based pneumonia treatment has been initiated) Unit: Percentage	Supervision checklist FCHV record review	Annually	Mid-July 2003 – Mid-July 2004	95 %

* Also a USAID PMP indicator

This indicator measures the percentage of children presenting to CHWs with pneumonia symptoms who received appropriate treatment. “Appropriate treatment” is defined as cases that are followed up by the health worker on the third day and who received the correct dose of cotrimoxazole for their age group. (Different doses are prescribed depending on whether the child is 2-12 months old or 13-59 months).

The data are collected by NFHP field staff who review the treatment books of a sample of CHWs. During the reference period, 2,300 CHWs were interviewed in 16 CPDs (those listed in the previous indicator). The ten most recent pneumonia cases recorded by each CHW were examined and checked for appropriate treatment.

During the reference period, 96 percent of children with pneumonia symptoms were followed up on the third day and 98 percent were given the appropriate dose of cotrimoxazole for their age. Ninety five percent were both followed up and given the appropriate dose compared to 93 percent during Year Two.

Children Presenting to Health Workers and Receiving Appropriate Treatment, 16 CPDs

Number of CHWs interviewed	Number of children presenting to HWs with pneumonia symptoms	Number who received appropriate treatment			Percentage who received appropriate treatment		
		3 rd day follow-up	Appropriate dose for age	Both	3 rd day follow-up	Appropriate dose for age	Both
2,300	12,819	12,363	12,622	12,233	96	98	95

- ✓ The Year Three target for indicator 1-4 is > 90 percent in 16 districts.
- ✓ The EOP target for indicator 1-4 is > 90 percent in 17 districts.

Performance indicator	Indicator definition	Data source	Frequency of data collection	Reference period	Value of indicator
1-5 FCHVs Services Reflected in HMIS Data	Percentage of FCHVs reports included in service data through HMIS in CPDs Unit: Percentage	HMIS	Annually	Mid-July 2003 – Mid-July 2004	84 %

This indicator is intended to measure the extent to which the HMIS is able to assess the separate contribution of FCHVs to service delivery.

Each FCHV should submit 12 monthly reports. The denominator of the indicator is obtained by multiplying the number of FCHVs by 12. The number of reports received is the numerator. Overall, 84 percent of FCHVs reported compared to 80 percent in Year Two. Note that the number of FCHVs reporting increased substantially in Bajura, Kanchanpur and Kailali districts. The number of FCHVs reporting in Bajura in 2002/2003 was most likely an error as the number of FCHVs in NTAG records for that year was 245 and is 262 in current data from the HMIS.

- ✓ The Year Three target for indicator 1-5 is \geq 85 percent.
- ✓ The EOP target for indicator 1-5 is \geq 85 percent (revised in Year Two).

FCHVs Reporting

District	2002/2003			2003/2004		
	Number of FCHVs Reporting	Reports Received from FCHVs	Percentage	Number of FCHVs Reporting	Reports Received from FCHVs	Percentage
Jhapa	441	5,149	97	445	5,123	96
Morang	585	6,791	97	585	6,761	96
Siraha	954	10,859	95	954	11,248	98
Sunsari	1,064	8,096	63	1064	8,916	70
Bara	882	8,364	79	882	9,581	91
Chitwan	405	3,588	74	405	3,839	79
Dhanusha	909	10,191	93	909	10,708	98
Mahotari	684	7,744	94	684	7,896	96
Parsa	738	7,520	85	738	8,530	96
Rasuwa	245	1,623	55	245	1,839	63
Rauthat	909	8,285	76	909	9,487	87
Nawalparasi	705	6,330	75	713	6,910	81
Banke	665	6189	78	665	6,208	78
Bardiya	831	7330	74	837	8,068	80
Bajura	135	1671	103	262	1,968	63
Kailali	1,197	8790	61	1268	10,392	68
Kanchanpur	644	6238	81	835	6,873	69
17 CPDs	11,993	114,758	80	12,400	124,347	84

Performance indicator	Indicator definition	Data source	Frequency of data collection	Reference period	Value of indicator
1-6 Treatment of Night-blind Pregnant Women*	Number of pregnant night-blind women treated with Vitamin A in intervention CPDs Unit: Number	NFHP program reports	Annually beginning in year 2/3	Mid-July 2003 – Mid-July 2004	NA

* Also a USAID PMP indicator

The Vitamin A supplementation program for pregnant women has been piloted in three districts (Sunsari, Parsa, and Chitwan). The program began after July 2004 in Parsa and Chitwan, and in Sunsari in January 2004; therefore, a full year of data are not available for any district. Data from NTAG indicates that a total of 64 pregnant night blind women were treated in Sunsari between January and June 2004.

- ✓ The EOP target for indicator 1-6 is TBD.

Performance indicator	Indicator definition	Data source	Frequency of data collection	Reference period	Value of indicator
1-7 ORT Use in Children Under 5* National	Percentage of children (under 5 years) with diarrhea in preceding 2 weeks who received Oral Rehydration Therapy (ORS or increased fluids)	DHS survey	Every 5 years	2001	47%
CPDs only Non-CPDs					43% 49%
	Unit:Percentage				

* Also a USAID PMP indicator

This indicator measures the extent to which children under age five with diarrhea were treated with oral rehydration therapy (ORT). ORT includes either treatment with an ORS packet or an increase in fluids. These data are derived from interviews with women of reproductive age in the Nepal Demographic and Health Survey which was conducted January – June 2001.

This indicator will not be available again until the next Demographic and Health Survey is conducted.

- ✓ The EOP target for indicator 1-7 is 60 percent.

Performance indicator	Indicator definition	Data source	Frequency of data collection	Reference period	Value of indicator
1-8 Measles Vaccination	Percentage of children who received measles vaccination by 12 months of age in CPDs Unit: Percentage	HMIS	Annually	Mid-July 2003 – Mid-July 2004	90 %

* Also a USAID PMP indicator

The recommended age for measles vaccination in Nepal is when the child reaches nine months of age or soon after. All children should be vaccinated before they reach their first birthday. This indicator measures the percentage of children who received measles vaccine by age 12 months during the reference period. The number of children age 9-11 months vaccinated for measles is taken from the 2003/2004 HMIS reports. The denominator used is the number of children aged 0-11 months from the HMIS. The number of children age 0-11 months approximates the number of births that occurred in the prior year (less those who died) which, in turn, is roughly the number of children who would pass through the target age for vaccination in a given year.

In the 17 CPD districts, 90 percent of children were vaccinated during this period compared to 84 percent during Year Two. In Dhansuha, Rautahat, and Mahottari, coverage exceeds 100 percent. It is not clear whether this is due to an error in the number of children vaccinated or in the estimate of the number of eligible children.

- ✓ The Year Three target for indicator 1-8 is >80 percent.
- ✓ The EOP target for indicator 1-8 is > 80 percent.

Measles vaccination coverage

District	2002-2003			2003-2004		
	Number of children aged 9-11 months vaccinated	Number of children aged 0-11 months	Coverage (Percent)	Number of children aged 9-11 months vaccinated	Number of children aged 0-11 months	Coverage (Percent)
Jhapa	16,761	20,750	81	17,712	17,728	100
Morang	22,380	25,086	89	21,149	22,356	95
Siraha	15,606	16,676	94	13,944	15,477	90
Sunsari	16,312	18,943	86	16,378	18,186	90
Bara	13,766	15,993	86	14,793	17,151	86
Chitwan	11,445	15,136	76	10,432	14,831	70
Dhansuha	18,931	22,038	86	19,974	19,024	105
Mahottari	14,426	15,521	93	15,933	14,371	111
Parsa	13,209	13,956	95	12,645	15,221	83
Rasuwa	1,271	1,650	77	1,245	1,404	89
Rautahat	16,793	13,151	128	16,764	13,979	120
Nawalparasi	13,572	19,341	70	14,286	17,751	80
Banke	9,204	14,061	65	11,262	12,671	89
Bardiya	9,294	13,783	67	10,700	12,710	84
Bajura	4,058	5,075	80	3,451	4,455	77
Kailali	16,765	22,266	75	17,738	22,638	78
Kanchanpur	9,112	12,179	75	10,146	13,529	75
17 CPDs	222,905	265,606	84	228,552	253,482	90

Performance indicator	Indicator definition	Data source	Frequency of data collection	Reference period	Value of indicator
1-9 Pneumonia Treatment*	Percentage of expected pneumonia cases in children (0-59 months) treated by community health workers (FCHVs, VHWs, MCHWs) and health facilities in core program districts where community-based pneumonia treatment has been initiated Unit: Percentage	NFHP Monitoring Reports	Annually	Mid-July 2003 – Mid-July 2004	67 %

* Also a USAID PMP indicator

This indicator measures coverage of pneumonia treatment. The number of expected pneumonia cases is based on an assumed incidence rate of 300 per 1000.

Based on the assumed incidence rate and the total population of children age 0-59 months reported in the HMIS, there were 371,984 cases of pneumonia among children age 0-59 months during Year Three in the 16 districts in which community-based pneumonia treatment has been initiated.³ Approximately 67 percent of cases were treated either in health facilities or by CHWs. Fifty eight percent of treated cases were treated by CHWs.

- ✓ The Year Three target for indicator 1-9 is 66.8%.
- ✓ The EOP target for indicator 1-9 is 70%.

³ Although CHWs only treat children age 2-60 months it is appropriate to use children age 0-60 months in the denominator because children under age 2 months should be treated in health facilities.

Percent of children with pneumonia treated by CHWs or health facilities and percent of presenting cases treated by CHWs

District	Estimated # of cases of pneumonia (children 0-59 months)*		% of children age 0-59 months with pneumonia treated by CHWs or health facilities		% of presenting pneumonia cases treated by CHWs	
	2002-2003	2003-2004	2002-2003	2003-2004	2002-2003	2003-2004
Jhapa	26648	26956	103	94	48	52
Morang	34369	34783	84	89	69	73
Siraha	25395	25680	128	104	46	51
Sunsari	27240	27620	80	65	51	57
Bara	26382	26731	52	70	55	59
Chitwan	20790	21095	47	43	58	61
Dhanusha	30372	30740	47	63	45	52
Mahotari	24445	24706	50	71	48	62
Parsa	23557	23872	40	52	57	69
Rasuwa	1948	1969	126	118	50	58
Rautahat	23331	23600	77	91	53	60
Nawalparasi	26113	26512	47	47	48	54
Bardiya	18708	19021	71	64	61	44
Bajura	5669	5716	61	102	51	61
Kailali	-	33512	-	34	-	66
Kanchanpur	19134	19471	35	34	40	46
16 CPDs	334103	371984	68	67	52	58

*30 percent of total number of children age 0-59 months from HMIS

Component II Indicators

Performance indicator	Indicator definition	Data source	Frequency of data collection	Reference period	Value of indicator
2-1 Districts Offering Post-Abortion Care Services	Number of CPDs with hospitals or PHCs offering PAC services Unit: Number	Supervision reports	Annually	2004	13

Thirteen district hospitals currently have functioning post-abortion care (PAC) services. These hospitals are located in Nawalparasi, Chitwan, Parsa, Bara, Dhanusha, Banke, Kailali, Jhapa, Morang, Sunsari, Bardiya, Siraha and Kanchanpur. The criteria for ‘functioning’ post-abortion care include: at least 3-4 clients per month, a physical facility that has been upgraded according to a needs assessment, trained manpower, infection prevention practices, family planning services and counseling, and a commitment on the part of the facility to provide these services.

- ✓ The Year Three target for indicator 2-1 is 10 CPDs.
- ✓ The EOP target for indicator 2-1 is 17 CPDs.

Note that the definition of this indicator changed slightly in Year Three. Previously, the indicator was “Number of district hospitals offering PAC services in CPDs”. Since there are a few district hospitals which do not meet the criteria for establishing PAC services, NFHP will establish them in a primary health center in the same district that does meet the criteria.

Performance indicator	Indicator definition	Data source	Frequency of data collection	Reference period	Value of indicator
2-2 HMG/NGO RH Coordination	Number of CPDs holding RHCC meetings in their districts at least quarterly Unit: Number	NFCC reports	Annually	Mid-July 2002 – Mid-July 2003	4

This indicator measures the number of CPDs with Reproductive Health Coordination Committees (RHCCs) meeting at least quarterly. These committees are composed of representatives from both government and NGO institutions and are intended to facilitate the provision of reproductive health services in a district. During Year Three, 4 of the 17 CPDs had formed an RHCC that met at least quarterly (Kailali, Kanchanpur, Dhanusha and Bara). The main reasons provided by other districts for not holding a meeting at least quarterly are: (1) lack of leadership in the facilitating organization (2) lack of working guidelines (3) duplication of similar committees in the district and (4) lack of budget.

- ✓ The Year Three target for indicator 2-2 is 12 districts.
- ✓ The EOP target for indicator 2-2 is 17 districts.

Performance indicator	Indicator definition	Data source	Frequency of data collection	Reference period	Value of indicator
2-3 Couple Years of Protection (CYP) in CPDs*	Annual protection against pregnancy afforded by contraceptives distributed in CPDs Unit: CYPs	HMIS	Annually	Mid-July 2003 – Mid-July 2004	717,403

* Also a USAID PMP indicator

Couple years of protection (CYP) estimates the protection provided by family planning services during a one-year period, based upon the volume of all contraceptives distributed to clients during that period for condoms, pills, and injectables and on new acceptors for IUDs, Norplant, and sterilizations. The CYP is calculated by multiplying the quantity of each method distributed to clients by a conversion factor, which is an estimate of the duration of contraceptive protection provided per unit of that method.⁴ For this assessment, six methods are included in the calculation of CYP: pills, condoms, DepoProvera, Norplant, IUD, and sterilization. The CYP for each method are then summed over all methods to obtain a total CYP figure.

The total CYP for the 17 program districts is 717,403 compared to 645,069 for Year Two. This is an increase of approximately 11 percent. The overall increase is due to increases in all methods. For individual districts, the CYP varies from around 113,000 in Morang to about 3,000 in Rasuwa.

- ✓ The Year Three target for indicator 2-3 is 690,224.
- ✓ The EOP target for indicator 2-3 is 821,354 (7 percent annual increase) (revised in Year Three).

⁴ The USAID-accepted conversion factors used here are: pills: 15 cycles per CYP, condoms: 120 units per CYP, DepoProvera: 4 doses per CYP, IUD: 3.5 per IUD inserted, NORPLANT: 3.5 per implant inserted, sterilization: 10 years per procedure. All CYPs for long-term methods are credited in the year in which the client accepted the method. The conversion factors used by the Ministry of Health differ from those used here.

Couple Years of Protection (CYP) by method and district, Year Two 2002-2003

District	Condom	Pills	Depo	IUD	Norplant	Sterilization	All methods
Jhapa	3,178	3,097	12,519	637	931	20,430	40,792
Morang	4,662	4,624	18,037	1,054	1,243	74,560	104,179
Siraha	3,852	851	5,714	298	354	25,720	36,788
Sunsari	2,295	1,782	10,317	378	543	30,470	45,785
Bara	2,446	565	3,223	39	-	18,190	24,463
Chitwan	3,860	1,236	5,403	333	578	25,640	37,049
Dhanusha	3,017	546	4,396	431	1,383	50,360	60,132
Mahottari	1,186	540	2,574	637	25	26,840	31,800
Parsa	1,685	461	4,635	357	263	57,050	64,451
Rasuwa	478	77	694	4	4	1,800	3,056
Rautahat	1,761	611	2,257	109	154	25,270	30,161
Nawalparasi	4,285	1,423	6,955	602	791	21,410	35,465
Banke	2,944	865	4,094	455	553	15,170	24,081
Bardiya	2,887	749	4,977	252	217	17,660	26,741
Bajura	679	282	934	-	-	2,540	4,436
Kailali	8,141	2,574	10,155	504	350	32,640	54,365
Kanchanpur	2,988	1,116	3,682	189	182	13,170	21,326
17 CPDs	50,344	21,399	100,563	6,276	7,567	458,920	645,069

Couple Years of Protection (CYP) by method and district, Year Three 2003-2004

District	Condom	Pills	Depo	IUD	Norplant	Sterilization	All methods
Jhapa	3,357	2,947	13,407	641	802	30,430	51,582
Morang	4,531	4,488	16,626	2,223	2,139	82,700	112,706
Siraha	3,233	1,006	5,771	613	399	36,160	47,180
Sunsari	2,491	2,106	10,501	1,001	648	26,410	43,157
Bara	2,106	656	3,516	200	60	18,430	24,967
Chitwan	4,870	2,128	6,441	581	665	25,310	39,995
Dhanusha	4,302	724	5,706	168	585	43,970	55,454
Mahottari	2,090	1,472	5,133	994	102	36,740	46,531
Parsa	1,960	515	4,950	532	396	69,240	77,592
Rasuwa	569	91	784	49	21	1,710	3,225
Rautahat	2,068	689	2,636	53	95	33,630	39,170
Nawalparasi	3,928	1,449	7,012	294	522	17,030	30,235
Banke	5,024	1,213	5,716	564	683	14,560	27,758
Bardiya	3,763	813	11,684	497	693	17,220	34,670
Bajura	630	264	824	-	-	2,540	4,258
Kailali	7,579	2,888	9,765	399	595	34,530	55,756
Kanchanpur	3,072	1,015	4,019	214	378	14,470	23,167
17 CPDs	55,572	24,465	114,489	9,020	8,778	505,080	717,403

Performance indicator	Indicator definition	Data source	Frequency of data collection	Reference period	Value of indicator
2-4 Health Facility Supervision	Percentage of PHCs and HPs in CPDs that receive a quarterly supervision visit by DHO staff Unit: Percentage	NFHP supervision reports	Quarterly+ Annually	Mid-July 2003 – Mid-July 2004	87 %

This indicator measures the extent to which Primary Health Centers (PHCs) and Health Posts (HPs) are provided with adequate supervision by District Health Office staff. Some supervisory visits to Health Posts are made by staff of Primary Health Centers and some by staff working at the District Health Office. The data are collected during NFHP monitoring visits. During the visit, health facility staff are asked whether they received a supervisory visit in the last quarter.

Since individual health facilities are visited a variable number of times by NFHP staff in a given year, the data from one visit chosen at random is used for those facilities for which there is more than one observation available. For Year Three, 49 of 61 PHCs were visited at least once by NFHP staff and 101 of 146 HPs were visited. The decline in the number of facilities monitored by NFHP staff compared to Year Two is due mainly to security issues.

The percentage of primary health centers that received a quarterly supervision visit from DHO staff is 94 percent compared to 92 percent in Year Two. The comparable percentages for health posts are 83 and 79.

Type of HFs	# monitored by NFHP	# supervised by DHO staff of those monitored by NFHP	% supervised by DHO staff
Primary Health Centers	49	46	94 %
Health Posts	101	84	83 %
Total	150	130	87 %

- ✓ The Year Three target for indicator 2-4 is ≥ 85 percent
- ✓ The EOP target for indicator 2-4 is ≥ 85 percent.

Component III Indicators

Performance indicator	Indicator definition	Data source	Frequency of data collection	Reference period	Value of indicator
3-1 Couple Years of Protection (CYP) at the National Level*	Annual protection against pregnancy afforded by contraceptives distributed nationally Unit:CYPs	HMIS	Annually	Mid-July 2003 – Mid-July 2004	1,474,035

* Also a USAID PMP indicator

The total CYP at the national level is 1,474,035, an increase of almost eight percent compared to Year Two. There are increases in CYP for all methods.

National CYP, Year Two 2002-2003

Method	Condom	Pills	Injectables	IUD	Norplant	Sterilization	All methods
CYP	131,641	66,543	340,434	21,970	22,495	785,710	1,368,791

National CYP, Year Three 2003-2004

Method	Condom	Pills	Injectables	IUD	Norplant	Sterilization	All methods
CYP	142,289	70,914	363,191	28,452	29,040	840,150	1,474,035

- ✓ The Year Three target for this indicator is 1,437,231.
- ✓ The EOP target for this indicator is 1,625,124 (5 percent annual increase) (revised in Year Three).

Performance indicator	Indicator definition	Data source	Frequency of data collection	Reference period	Value of indicator
3-2 Reporting of LMIS Data by Health Facilities	Percentage of functioning health facilities (DHOs, PHCs, HPs, and SHPs) nationwide reporting LMIS data within 2 months after end of quarter Unit: Percentage	LMIS	Quarterly	Mid-July 2003 – Mid-July 2004	88 %

This indicator measures the extent to which functioning health facilities report LMIS data in a timely manner (within two months after the end of the quarter). Overall, 88 percent reported within two months compared to 85 percent in Year Two.

Region	Primary Health Centers					Health Posts					Sub-Health Posts					All Qtr. Avg.
	Qtr.					Qtr.					Qtr.					
	1st	2nd	3rd	4th	Avg.	1st	2nd	3rd	4th	Avg.	1st	2nd	3rd	4th	Avg.	
Eastern	87	94	96	96	93	92	91	86	93	91	86	86	82	87	85	90
Central	88	83	92	88	88	87	91	92	92	91	85	88	86	87	87	88
Western	95	92	84	95	92	95	91	86	98	93	95	95	89	97	94	93
M-Western	89	85	85	85	86	82	80	77	84	81	75	78	76	80	77	81
F-Western	89	89	100	94	93	70	86	91	97	86	74	79	89	94	84	88
Total					90					88					85	88
Total No. of PHCs + HPs + SHPs = 4,017																

- ✓ The Year Three target for indicator 3-2 is \geq 85 percent.
- ✓ The EOP target for indicator 3-2 is \geq 85 percent.

Performance indicator	Indicator definition	Data source	Frequency of data collection	Reference period	Value of indicator
3-3 Vitamin A Supplementation Coverage*	Percentage of children (6-59 months) nationwide who received a vitamin A capsule during the preceding round of supplementation Unit: Percentage	Mini-surveys	Annually	Mid-July 2003 – Mid-July 2004	98

* Also a USAID PMP indicator

This indicator measures coverage of Vitamin A supplementation among children aged 6-59 months during the preceding round of supplementation. The data are derived from post supplementation mini-surveys of mothers/caretakers. Selected districts participate in the surveys for each of two rounds in each fiscal year with different districts included in each round. The data for the two rounds are then combined, weighted by the estimated number of children in the target population (age 6-59 months) in each district, and a national level estimate is derived (as described in Houston, 2000). The value of the indicator used here was calculated by NFHP staff.

Vitamin A Supplementation Coverage 2003/2004

Target Population (6-59 months) (A)	Estimated # of children (6-59 months) nationwide who received A Vitamin A Capsules (B)	National Weighted Coverage (C) (B/A) * 100
3,219,166	3,156,745	98

- ✓ The Year Three and EOP targets for indicator 3-3 are to maintain the level of Vitamin A coverage at greater than 90 percent.

Performance indicator	Indicator definition	Data source	Frequency of data collection	Reference period	Value of indicator
3-4 HMG Purchase of Contraceptives	Percent increase in HMG budget contribution to the purchase of family planning commodities Unit:Percent	HMG budget	Annually	Mid-July 2003 – Mid-July 2004	6.9 (million rupees)

For Year Three, the amount budgeted by HMG for the purchase of family planning commodities was 6.9 million rupees, a decrease since Year Two but above the Year Three target.

- ✓ The Year Three target for indicator 3-4 is a 10 percent annual increase (absolute value of 6.65 million rupees).
- ✓ The EOP target for indicator 3-4 is to maintain a 10 percent annual increase (which would result in an absolute value of approximately 8 million rupees at EOP).

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Appendix A: Indicators and targets

Indicator	Definition	Data Source	Baseline (2000-2001)	Year 1 (2001-2002)		Year 2 (2002-2003)		Year 3 (2003-2004)		Year 4 (2004-2005)	Year 5 (EOP)* (2005-2006)
				Target	Actual	Target	Actual	Target	Actual		
Overall Program											
0-1 Under Five Mortality (National)	Number of deaths per 1000 live births	DHS	91 per 1000 live births	NA	NA	NA	NA	NA	NA	NA	70 per 1000 live births
0-2 Total Fertility Rate (National)	Average number of children that would be born to a woman during her childbearing years at current rates	DHS	4.1	NA	NA	NA	NA	NA	NA	NA	3.6
0-3 Contraceptive Prevalence Rate (National)	Percentage of MWRA using modern contraceptive methods	DHS	35.4%	NA	NA	NA	NA	NA	NA	NA	41%
Component I											
1-1 Commodities Available at Health Facilities	Percentage of health facilities (PHCs, HPs, SHPs) that maintain availability of 7 commodities in CPDs year round	LMIS	20%	26%	27%	32%	27%	38%	44%	44%	50%
1-2 Commodities Available at Community Level	Percentage of FCHVs in CPDs who have 3 or 4 key commodities available	FCHV survey	NA	NA	12%	12%	48%	52%	48%	56%	60%

Indicator	Definition	Data Source	Baseline (2000-2001)	Year 1 (2001-2002)		Year 2 (2002-2003)		Year 3 (2003-2004)		Year 4 (2004-2005)	Year 5 (EOP)* (2005-2006)
				Target	Actual	Target	Actual	Target	Actual		
1-3 Pneumonia Treatment	Number of pneumonia cases in children (age 0-60 months) treated by community health workers (FCHVs, MCHWs, VHVs) and in health facilities in districts where community-based pneumonia treatment has been initiated	NFHP monitoring records	156,010 in 12 districts	171,000 in 13 districts	179,645 in 13 districts	178,000 in 15 districts	225,897 in 15 districts	235,000 in 16 districts	250,144 in 16 districts	250,000 in 17 districts	260,000 in 17 districts
1-4 Quality of Pneumonia Treatment	Percentage of children presenting to health workers (FCHVs, MCHWs, VHVs) with pneumonia symptoms who receive appropriate treatment in CPDs where community-based pneumonia treatment has been initiated	Supervision checklist, record review	92% in 13 CPDs	>90%	95% in 13 CPDs	>90%	93% in 15 districts	>90%	95% in 16 districts	>90%	>90 %
1-5 FCHVs Services Reflected in HMIS Data	Percentage of health facilities in CPDs reporting FCHV service data (separately) through HMIS	HMIS	60%	65%	71%	70%	80%	>=85%	84%	>=85%	>=85%

Indicator	Definition	Data Source	Baseline (2000-2001)	Year 1 (2001-2002)		Year 2 (2002-2003)		Year 3 (2003-2004)		Year 4 (2004-2005)	Year 5 (EOP)* (2005-2006)
				Target	Actual	Target	Actual	Target	Actual		
1-6 Treatment of Night-blind Pregnant Women	Number of pregnant night-blind women treated with Vitamin A in intervention CPDs	NTAG monitoring records	0%	NA	NA	NA	NA	NA	64 (Jan-June in Sunsari)	TBD	TBD
1-7 ORT Use in Children Under 5	Percentage of children (under 5 years) with diarrhea in preceding 2 weeks who received Oral Rehydration Therapy (ORS or increased fluids)	DHS	47%	NA	NA	NA	NA	NA	NA	NA	60%
1-8 Measles Vaccination Coverage	Percentage of children who received measles vaccination by 12 months of age in CPDs	HMIS	77%	77%	77%	79%	84%	>80%	90%	>80%	>80%
1-9 Pneumonia Treatment	Percentage of expected pneumonia cases in children (0-59) months treated by community health workers (FCHVs, VHVs, MCHVs) and health facilities in core program districts where community-based treatment has been initiated	NFHP Monitoring Records	62%	63.6%	65%	65.2%	68%	66.8%	67%	68.4%	70.0%

Indicator	Definition	Data Source	Baseline (2000-2001)	Year 1 (2001-2002)		Year 2 (2002-2003)		Year 3 (2003-2004)		Year 4 (2004-2005)	Year 5 (EOP)* (2005-2006)
				Target	Actual	Target	Actual	Target	Actual		
Component II											
2-1 Districts Offering PAC Services	Number of CPDS with hospitals or PHCs offering PAC services	Supervision reports	4	4	4	7	6	10	13	13	17
2-2 HMG/NGO Coordination	Number of CPDs holding RHCC meetings in their districts at least quarterly	NFCC reports	NA	2	2	7	7	12	4	15	17
2-3 Couple Years of Protection	Annual protection against pregnancy afforded by contraceptives distributed in CPDs	HMIS	572,172	612,224	602,148	644,298	645,069	690,224	717,403	767,621	821,355
2-4 Health Facility Supervision	Percentage of PHCs and HPs in CPDs that receive a quarterly supervision visit by DHO staff	TBD	Unknown	NA	NA	NA	82%	>=85%	87%	>=85%	>=85%
Component III											
3-1 Couple Years of Protection (National)	Annual protection against pregnancy afforded by contraceptive distributed	HMIS	1,284,649	1,348,882	1,271,119	1,334,675	1,368,791	1,437,231	1,474,035	1,547,737	1,625,124
3-2 Reporting of LMIS Data by Health Facilities (National)	Percentage of functioning health facilities (DHs, PHCs, HPs, and SHPs) reporting LMIS data within 2 months after end of quarter	LMIS	79%	80%	90%	81%	85%	>=85%	88%	>=85%	>=85%

Indicator	Definition	Data Source	Baseline (2000-2001)	Year 1 (2001-2002)		Year 2 (2002-2003)		Year 3 (2003-2004)		Year 4 (2004-2005)	Year 5 (EOP)* (2005-2006)
				Target	Actual	Target	Actual	Target	Actual		
3-3 Vitamin A Supplementation Coverage (National)	Percentage of children (6-59 months) who received a Vitamin A capsule during the preceding round of supplementation	Mini-surveys	96%	> 90%	96%	> 90%	98%	> 90%	98%	> 90%	> 90%
3-4 HMG Purchase of Contraceptives	Percent increase in HMG budget contribution to the purchase of family planning commodities	HMO budget	Rs. 5 million	+ 10% of baseline Rs. 5.5 million	+200% Rs. 10 million	+10% of Year One target Rs. 6.05 million	-24% Rs. 8.5 million	+10% of Year Two target Rs. 6.65 million	+4% Rs. 6.9 million	+10% of Year Three target Rs. 7.3 million	+10% of Year Four target Rs. 8.0 million

* NFHP began in December 2000 but the Nepali fiscal year runs from mid-July to mid-July so the data for many indicators refer to this period. The project ends in December 2006 but the indicators will only cover the period through mid-July 2006.

Nepal Family Health Program Year Four Assessment

November 2005



New ERA



Project Staff

This report was prepared by Dr. Yagya B. Karki, a consultant. He was assisted by New ERA staff Mr. Nirakar Acharya, Ms. Sarita Vaidya, Mr. Sanu Raja Shakya and Mr. Rajendra Kumar Shrestha. Technical assistance was provided by Macro International Inc.

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* Also a USAID PMP indicator

Abbreviation/Acronyms

CBS	Central Bureau of Statistics
CB-IMCI	Community-based Integrated Management of Childhood Illness
CHW	Community Health Worker
CPD	Core Program District
CPR	Contraceptive Prevalence Rate
CYP	Couple Years of Protection
DHO	District Health Office
DHS	Demographic and Health Survey
DoHS	Department of Health Services
EOP	End of Program
FCHV	Female Community Health Volunteer
HF	Health Facility
HMG	His Majesty's Government
HMIS	Health Management Information System
HP	Health Post
SHP	Sub-health Post
INGO	International Non-governmental Organisation
IUD	Intra-uterine Device
LMIS	Logistic Management Information System
MCHW	Maternal and Child Health Worker
MOH	Ministry of Health
MOHP	Ministry of Health and Population
NFHP	Nepal Family Health Program
NFCC	Nepal Fertility Care Center
NGO	Non-Governmental Organisation
NTAG	Nepal Technical Assistant Group
ORS	Oral Rehydration Salt
ORT	Oral Rehydration Therapy
PAC	Post-abortion Care
PHCC	Primary Health Care Centre
RHCC	Reproductive Health Coordination Committee
Rs	Rupees
TBD	To be Decided
TFR	Total Fertility Rate
UNFPA	United Nations Fund for Population Activities
U5MR	Under Five Mortality Rate
VHW	Village Health Worker

Introduction

The Nepal Family Health Program (NFHP) began in December 2001. This assessment covers Year Four of the project (Mid-July 2004 – Mid-July 2005). The main body of the report provides information for 20 indicators based on various sources including published and unpublished data from the Health Management Information System (HMIS) and the Logistics Management Information System (LMIS) maintained by the Ministry of Health and Population¹, monitoring data collected by NFHP, and a survey of Female Community Health Volunteers (FCHVs) conducted by New Era. The indicators are those appearing in the NFHP monitoring and evaluation plan as of November 2004. A summary of indicators and targets is shown in **Appendix A**.

The NFHP is implemented in 17 core program districts (CPDs)² covering approximately 37 percent of the total population of Nepal (CBS and UNFPA, June 2002). The core program districts and their locations are listed below:

S.N.	District name	Location	S.N.	District name	Location
1.	Jhapa	Low land Terai	10.	Chitwan	Low land Terai
2.	Morang	Low land Terai	11.	Nawalparasi	Low land Terai
3.	Sunsari	Low land Terai	12.	Banke	Low land Terai
4.	Siraha	Low land Terai	13.	Bardiya	Low land Terai
5.	Dhanusha	Low land Terai	14.	Kailali	Low land Terai
6.	Mahottari	Low land Terai	15.	Kanchanpur	Low land Terai
7.	Rautahat	Low land Terai	16.	Rasuwa	High Mountain district
8.	Bara	Low land Terai	17.	Bajura	High Mountain district
9.	Parsa	Low land Terai			

The Terai districts have been listed starting from the Far-East and ending in the Far-West of the country. Rasuwa is located in the Central High Mountain region north of the Kathmandu Valley and Bajura in the Far-Western High Mountain region.

NFHP supports the strengthening of the district and community health system with a focus on family planning and maternal health services, and provides technical assistance for five national health programs including family planning, safe motherhood, vitamin A, community-based integrated management of childhood illness (CB-IMCI), support for female community health volunteers (FCHVs), and support for the national integrated logistics system.

¹ The MOH was restructured in 2005 and now it is known as the Ministry of Health and Population.

² Limited technical assistance is also provided in 10 additional districts which are not included in this assessment.

Overall Program Indicators

Performance indicator	Indicator definition	Data source	Frequency of data collection	Reference period	Value of indicator
0-1 Under Five Mortality Rate (U5MR)* National	Number of deaths under age five per 1000 live births	DHS 2001 ³	Approx. every five years	The five year period preceding the survey	91 confidence interval= (82-101)
CPDs only Non-CPDs	Unit: Rate				99 87
0-2 Total Fertility Rate (TFR)* National	Average number of children that would be born to a woman during her childbearing years (15-49) at current rates	DHS 2001	Approx. every five years	The three year period preceding the survey	4.11 confidence interval= (3.9-4.3)
CPDs only Non-CPDs	Unit: Rate				4.0 4.2
0-3 Contraceptive Prevalence Rate (CPR)* National	Percentage of married women of reproductive age (15-49) using a modern contraceptive method	DHS 2001	Approx. every five years	2001	35.4
CPDs only Non-CPDs	Unit: Percentage				40.0 32.5

* Also a USAID PMP indicator

These national level population-based indicators are derived from the 2001 Nepal Demographic and Health Survey (DHS 2001), a nationally representative survey of 8,726 ever-married women age 15-49. The DHS 2001 round also interviewed 2,261 ever-married men age 15-59. These indicators were discussed in the Baseline Assessment (Ann K. Blanc, 2002).

These indicators will not be available again until the next Demographic and Health Survey is conducted in 2006.

- ✓ The EOP target for indicator 0-1 (under-five mortality rate) is 70 per 1000 live births.
- ✓ The EOP target for indicator 0-2 (Total Fertility Rate) is 3.6 children per woman.
- ✓ The EOP target for indicator 0-3 (Contraceptive Prevalence Rate) is 41 percent.

³ Ministry of Health [Nepal], New ERA, and ORC Macro. 2002

Component I Indicators

Performance indicator	Indicator definition	Data source	Frequency of data collection	Reference period	Value of indicator
1-1 Availability of Commodities at Government Health Facilities*	Percentage of health facilities (PHCCs, HPs, SHPs) that maintain availability of 7 key commodities in CPDs year round Unit: Percentage	LMIS ⁴	Quarterly+ Annually	Mid-July 2004 – Mid-July 2005	66%

* Also a USAID PMP indicator

This indicator measures the year round availability of seven key commodities at health facilities: condoms, oral pills, ORS packets, DepoProvera (injectables), iron tablets, vitamin A tablets, and cotrimoxazole. The data are provided by storekeepers at health facilities such as primary health care centers (PHCCs), health posts (HPs) and sub health posts (SHPs) to the Logistics Management Division at the Ministry of Health and Population.

The data show that, in the 17 core program districts (CPD), 66 percent of reporting facilities maintained year round availability of all seven commodities compared to 44 percent during the previous year (Ann K. Blanc, 2004). It is worth noting that the indicator is based on a stringent criterion – the availability in all four quarters of all seven commodities (at least as based on available reports). This means that if a facility reports it is out of stock of even one commodity in one quarter it will not meet the requirement for the indicator.

This year's achievement of 66 percent exceeded the target set at 44 percent. In fact, this year's achievement is higher than the EOP target of 50 percent. Thirteen out of seventeen districts have already crossed the 50 percent EOP target and one district had 100 percent of its health facilities with all seven commodities in all four quarters. It must, however, be noted that despite this level of achievement, it appears that sustaining a high level is not guaranteed. For instance, in three districts the overall achievement has fallen sharply. In Bajura it fell from 26% in 2003/04 to 4% in 2004/05, in Kailali it fell from 79% to 26% and in Kanchanpur from 67% to 48%.

Overall, the commodity most likely to be out of stock was Vitamin A tablets in 2000/01 (Ann K. Blanc, 2002), 2002/03 (Ann K. Blanc, 2003) and 2003/04 (Ann K. Blanc, 2004). However this year the commodity most likely to be out of stock is iron tablets (although absolute rates of iron tablets slightly increased). Across districts, the average percentage with iron tablets available ranges from 76 percent in Bajura to 100 percent in Sunsari. The average availability of DepoProvera (injectables) and pills is 90 percent or greater in every district. Among the other five commodities, the average percentage available is less than 90 percent in only a few districts. On average, in any given quarter, 85 percent of facilities reporting have all seven commodities available.

- ✓ The Year Four target for indicator 1-1 was 44 percent.
- ✓ The EOP target for indicator 1-1 is 50 percent.

⁴ Logistic Management Information System (LMIS)

Average percent of health facilities reporting availability of Commodity in a quarter (average across four quarters)									Percent of health facilities with all seven commodities in all four quarters
District	Condom	In-jectables	Pills	ORS	Vitamin A	Cotrim	Iron	All 7	
Jhapa	100	100	100	99	99	100	99	97	90
Morang	98	98	97	97	93	97	98	91	79
Siraha	99	99	99	95	96	95	97	89	71
Sunsari	100	100	100	100	100	100	100	100	100
Bara	93	97	96	79	86	91	96	62	27
Chitwan	98	99	99	98	99	97	94	87	68
Dhanusha	100	100	100	100	100	100	95	88	69
Mahottari	99	99	99	99	98	96	97	94	84
Parsa	94	96	97	95	96	96	93	85	66
Rasuwa	100	100	99	99	100	100	99	96	82
Rautahat	100	100	97	96	99	99	100	98	93
Nawalparasi	97	98	98	97	95	94	90	82	56
Banke	99	100	99	97	99	96	98	95	81
Bardiya	96	100	99	98	95	99	97	90	70
Bajura	70	99	93	69	75	85	76	33	4
Kailali	92	99	92	93	98	97	86	71	26
Kanchanpur	94	100	93	97	99	98	88	81	48
17 CPDs	96	99	97	95	96	96	94	85	66

Performance indicator	Indicator definition	Data source	Frequency of data collection	Reference period	Value of indicator
1-2 Availability of Commodities at Community Level	Percentage of FCHVs who have 4 key commodities available Unit: Percentage	Survey	Annually	July-September 2005	55 %

This indicator measures the availability of four key commodities (three in case of referral) among Female Community Health Volunteers (FCHVs). FCHVs are community-based health workers who are trained to provide basic health services and health education, including distribution of condoms and oral pills, treatment of ARI in children, treatment of diarrhea with ORS, and the distribution of Vitamin A capsules to children (Bernklau, 2002). NFHP collaborates with the Ministry of Health and Population to support the FCHV program in the 17 core districts.

The data for this indicator were collected in a survey of a sample of 1665 FCHVs in randomly selected wards throughout the 17 core program districts. The survey was conducted by New ERA Ltd. The response rate was 97.9%. Across districts, the number of complete interviews ranges from 90 to 100. All interviews were conducted from July 16- September 9, 2005.

The sample was designed to be representative of the FCHVs in each district and of the total population of FCHVs in the 17 districts. To select the sample, all VDCs and their corresponding wards in each CPD were listed. Then, wards were selected systematically using a sampling interval calculated by dividing the number of wards by 100. Within each selected ward, the FCHV was selected for interview. In wards that contained more than one FCHV, one was randomly selected for interview. To combine the respondents into a sample that is representative of all FCHVs in the CPDs, the data are weighted by the total number of FCHVs in each district (see table below). These totals

are taken from records kept by NTAG (Nepal Technical Assistance Group). These numbers are close, but not identical, to those reported in the 2003/2004 HMIS report.⁵ The number of unweighted and weighted cases and the results for indicator 1- 2 are shown below.

There are two types of FCHVs in the districts. ‘Treatment’ FCHVs are trained to identify and treat cases of pneumonia in children under age five. ‘Referral’ FCHVs are trained to identify and refer cases of pneumonia but not to treat them, so they would not be expected to have cotrimoxazole available. Indicator 1-2 is defined as the percentage of FCHVs who, at the time of interviews, had available all of the commodities they would be expected to have. For ‘Treatment’ FCHVs, these would include all four commodities – condoms, pills, ORS, and cotrimoxazole. For ‘Referral’ FCHVs, these would include only condoms, pills, and ORS.

The overall proportion of FCHVs who had the expected commodities is 55 percent with district percentages ranging from 13 percent in Bajura to 85 percent in Morang. The low percentages with ORS in a few districts –Siraha, Mahottari, Rautahat, Bara, Parsa, Bardiya and Bajura – contribute to low overall availability of commodities in these districts. There are a number of reasons for the lower availability in some districts. First, beginning fiscal year 2003/04, the Ministry of Health budget for ORS was sent to districts for district- level procurement instead of central procurement, as was the practice previously. This change resulted in some districts procuring less ORS than needed or as budgeted. Second, the price of ORS at the district level is somewhat higher than at the central level which also resulted in fewer packets procured. Finally, due to the ongoing conflict situation, a number of health facilities and FCHVs are inaccessible for supervision and monitoring. This prevented the effective monitoring of ORS availability by NFHP and MOH staff. Finally, due to the ongoing conflict situation, some health facilities and FCHVs, such as in Bajura may have been less accessible for supervision, monitoring and re-supply.

Number of weighted and unweighted cases, FCHV survey 2005

District	Unweighted cases	Weighted cases*
Jhapa	99	60
Morang	100	79
Sunsari	100	144
Siraha	100	129
Dhanusha	98	123
Mahottari	99	92
Rasuwa	95	33
Rautahat	98	123
Bara	99	119
Parsa	100	100
Chitwan	97	55
Nawalparasi	99	96
Banke	99	90
Bardiya	97	113
Bajura	90	35
Kailali	99	171
Kanchanpur	96	101
17 CPDs	1665	1,665

⁵ The total number of FCHVs is identical in the NTAG records and the HMIS, except for 5 districts. In all 5 districts, the HMIS total is greater than the NTAG total (Differences are: Jhapa-4, Nawalparasi-8, Bajura-17, Kailali-71, and Kanchanpur-86).

Percentage of FCHVs who had commodities available during interview, 2005

District	All FCHVs				Treatment FCHVs only			All FCHVs
	Condoms	Pills	ORS	Weighted number	Cotrim	All four	Weighted number	3 or 4 commodities
Jhapa	89.9	94.9	99.0	60	94.7	87.7	35	83.8
Morang	93.0	95.0	94.0	79	99.0	85.0	79	85.0
Sunsari	84.0	76.0	86.0	144	87.1	62.9	101	54.0
Siraha	90.0	88.0	66.0	129	98.4	54.1	79	58.0
Dhanusha	88.8	82.7	83.7	123	92.7	52.7	69	59.2
Mahottari	79.8	80.8	65.7	92	83.9	50.0	52	46.5
Rasuwa	71.6	81.1	74.7	33	83.8	50.0	28	50.5
Rautahat	73.5	67.3	32.7	123	65.2	18.2	83	21.4
Bara	93.9	85.9	54.5	119	69.9	39.7	88	37.4
Parsa	89.0	87.0	69.0	100	89.2	62.2	74	58.0
Chitwan	94.8	94.8	93.8	55	95.3	82.6	49	82.5
Nawalparasi	81.8	85.9	91.9	96	90.1	64.8	69	65.7
Banke	76.8	75.8	73.7	90	82.7	55.8	47	53.5
Bardiya	80.4	68.0	70.1	113	96.4	53.6	33	41.2
Bajura	34.4	64.4	41.1	35	45.5	13.6	35	13.3
Kailali	84.8	76.8	77.8	171	87.2	56.4	68	60.6
Kanchanpur	91.7	87.5	90.6	101	97.3	67.6	39	72.9
CPDs	84.3	81.3	73.9	1665	85.8	55.9	1,026	55.1

- ✓ The Year Four target for indicator 1-2 was 56 percent
- ✓ The EOP target for indicator 1-2 is 60 percent (revised in Year Two).

Performance indicator	Indicator definition	Data source	Frequency of data collection	Reference period	Value of indicator
1-3 Pneumonia Treatment*	Number of pneumonia cases in children (0-59) months treated by community health workers (FCHVs, MCHWs, VHWs) and health facilities in CPDs where community based pneumonia has been initiated Unit: Number	NFHP monitoring records	Annually	Mid-July 2004 – Mid-July 2005	262,071

* Also a USAID PMP indicator

The indicator measures the number of pneumonia cases in children aged 0-59 months that were treated by community health workers (CHWs) including FCHVs, maternal child health workers (MCHWs), and village health workers (VHWs) and by health facilities in selected districts. It does not include children treated by the private sector.

During the reference period, all 17 CPDs had trained community health workers to identify and treat pneumonia among children. These data are taken from the treatment books maintained by CHWs and reported to the District Health Office. The data are then compiled by NFHP staff.

The indicator shows that, during Year Four, 155,640 children aged 2-59 months were treated for pneumonia by CHWs and 106,431 children aged 0-59 months were treated in health facilities for a total of 262,071 children. This represents an increase of 11,927 cases from Year Three. Most of this increase is due to increases in both CHW and health facility treatments in the existing program districts rather than by addition of the last district to the program this year.

- ✓ The Year Four target for indicator 1-3 was 250,000 in 17 districts.
- ✓ The EOP target for indicator 1-3 is 260,000 in 17 districts (revised in Year Two).

Number of pneumonia cases treated by CHWs and health facilities by year

District	# of pneumonia cases treated by CHWs (children 2-59 months)					# of pneumonia cases treated in health facilities (children 0-59 months)				
	2000- 2001	2001- 2002	2002- 2003	2003- 2004	2004- 2005	2000- 2001	2001- 2002	2002- 2003	2003- 2004	2004- 2005
Jhapa	8861	10694	13060	13209	13658	8611	11551	14255	12208	10843
Morang	17177	17295	19921	22698	22501	8418	7942	9068	8330	9539
Sunsari	8761	9166	11081	10220	12431	8055	11203	10604	7614	10196
Siraha	8272	13648	15051	13574	11583	10927	17037	17443	13098	12127
Dhanusha	-	-	6471	10042	10527	-	-	7809	9181	7448
Mahottari	-	-	2912	10973	12579	-	-	6310	6650	6929
Rasuwa	1148	879	1238	1355	1156	929	1049	1216	971	902
Rautahat	12746	10050	9506	12889	11524	6780	6294	8482	8482	9417
Bara	5756	5720	7462	10994	11788	3905	5092	6141	7702	7332
Parsa	3961	4196	5407	8529	9712	3961	4170	4052	3881	4007
Chitwan	6195	4528	5653	5535	6188	4631	4398	4020	3476	3408
Nawalparasi	4988	6462	5879	6791	8158	6401	6871	6392	5762	6149
Bardiya	7329	4607	8093	5276	5778	5067	5555	5147	6819	5715
Bajura	2306	1751	1751	3554	3474	825	1134	1715	2272	1957
Kanchanpur	-	3889	2717	3000	3174	-	4464	4041	3554	2783
Kailali	-	-	-	7628	7626	-	-	-	3877	3971
Banke	-	-	-	-	3783	-	-	-	-	3708
12 CPDs	87500	-	-	-	-	68510	-	-	-	-
13 CPDs	-	92885	-	-	-	-	86760	-	-	-
15 CPDs	-	-	116202	-	-	-	-	10669 5	-	-
16 CPDs	-	-	-	146267	-	-	-	-	10387 7	-
17 CPDs	-	-	-	-	155,64 0	-	-	-	-	106,431

Number of pneumonia cases treated by CHWs and health facilities and increase in number treated

District	# of pneumonia cases treated by CHWs or in health facilities					Increase in number of cases treated compared to previous year			
	2000- 2001	2001- 2002	2002- 2003	2003- 2004	2004- 2005	Year 1 - Baseline	Year 2 - Year 1	Year 3 - Year 2	Year 4 - Year 3
All CPDs	156,010	179,645	225,897	250,144	262,071	23,635	46,252	24,247	11,927

Performance indicator	Indicator definition	Data source	Frequency of data collection	Reference period	Value of indicator
1-4 Quality of Pneumonia Treatment*	Percentage of children presenting to health workers (FCHVs, MCHWs, VHVs) with pneumonia symptoms who received appropriate treatment (in CPDs where community-based pneumonia treatment has been initiated) Unit: Percentage	Supervision checklist FCHV record review	Annually	Mid-July 2004 – Mid-July 2005	97 %

* Also a USAID PMP indicator

This indicator measures the percentage of children presenting to CHWs with pneumonia symptoms who received appropriate treatment. “Appropriate treatment” is defined as cases that are followed up by the health worker on the third day and who received the correct dose of cotrimoxazole for their age group. (Different doses are prescribed depending on whether the child is 2-12 months old or 13-59 months).

During the reference period, 98 percent of children with pneumonia symptoms were followed up on the third day and 99 percent were given the appropriate dose of cotrimoxazole for their age. Ninety seven percent were both followed up and given the appropriate dose compared to 95 percent during Year Three.

Children Presenting to Health Workers and Receiving Appropriate Treatment, 17 CPDs

Number of CHWs interviewed	Number of children presenting to HWs with pneumonia symptoms	Number who received appropriate treatment			Percentage who received appropriate treatment		
		3 rd day follow-up	Appropriate dose for age	Both	3 rd day follow-up	Appropriate dose for age	Both
3,214	19,048	18,581	18,890	18,467	98	99	97

- ✓ The Year Four target for indicator 1-4 was > 90 percent in 17 districts.
- ✓ The EOP target for indicator 1-4 is > 90 percent in 17 districts.

Performance indicator	Indicator definition	Data source	Frequency of data collection	Reference period	Value of indicator
1-5 FCHVs Services Reflected in HMIS Data	Percentage of FCHVs reports included in service data through HMIS in CPDs Unit: Percentage	HMIS	Annually	Mid-July 2004 – Mid-July 2005	87 %

This indicator is intended to measure the extent to which the HMIS is able to assess the separate contribution of FCHVs to service delivery.

Each FCHV should submit 12 monthly reports. The denominator of the indicator is obtained by multiplying the number of FCHVs by 12. The number of reports received is the numerator. Overall, 87 percent of FCHVs reported compared to 84 percent in Year Three. Note the number of FCHVs reporting increased substantially in Sunsari, Chitwan, Nawalparasi, Kailali and Kanchanpur districts.

- ✓ The Year Four target for indicator 1-5 was >= 85 percent.
- ✓ The EOP target for indicator 1-5 is >= 85 percent (revised in Year Two).

FCHVs Reporting

District	2003/2004			2004/2005		
	Number of FCHVs Reporting	Reports Received from FCHVs	Percentage	Number of FCHVs Reporting	Reports Received from FCHVs	Percentage
Jhapa	445	5,123	96	445	5251	98
Morang	585	6,761	96	585	6822	97
Siraha	954	11,248	98	954	11111	97
Sunsari	1064	8,916	70	1064	9932	78
Bara	882	9,581	91	882	9997	94
Chitwan	405	3,839	79	405	4281	88
Dhanusha	909	10,708	98	909	10725	98
Mahottari	684	7,896	96	684	8069	98
Parsa	738	8,530	96	738	8167	92
Rasuwa	245	1,839	63	245	1881	64
Rautahat	909	9,487	87	909	9228	85
Nawalparasi	713	6,910	81	704	7511	89
Banke	665	6,208	78	665	6287	79
Bardiya	837	8,068	80	838	8431	84
Bajura	262	1,968	63	252	1583	52
Kailali	1268	10,392	68	1102	10798	82
Kanchanpur	835	6,873	69	835	7559	75
17 CPDs	12,400	124,347	84	12,216	127,633	87

Performance indicator	Indicator definition	Data source	Frequency of data collection	Reference period	Value of indicator
1-6 Treatment of Night-blind Pregnant Women*	Number of pregnant night-blind women treated with Vitamin A in intervention CPDs Unit: Number	NFHP program reports	Annually beginning in year 2/3	Mid-July 2004 – Mid-July 2005	732

* Also a USAID PMP indicator

The Vitamin A supplementation program for pregnant women has been piloted in three districts (Sunsari, Parsa, and Chitwan). During the reference year, i.e., mid July 2004 to mid July 2005 a total of 732 pregnant women with night blindness were treated in three districts compared to 64 in the previous year. Since the program started after July 2004 in Parsa and Chitwan, this year's figure does not represent a full year of activities for these three program districts.

✓ The EOP target for indicator 1-6 is to be decided (TBD).

Performance indicator	Indicator definition	Data source	Frequency of data collection	Reference period	Value of indicator
1-7 ORT Use in Children Under 5* National	Percentage of children (under 5 years) with diarrhea in preceding 2 weeks who received Oral Rehydration Therapy (ORS or increased fluids)	DHS survey	Every 5 years	2001	47%
CPDs only					43%
Non-CPDs	Unit: Percentage				49%

* Also a USAID PMP indicator

This indicator measures the extent to which children under age five with diarrhea were treated with oral rehydration therapy (ORT). ORT includes either treatment with an ORS packet or an increase in fluids. These data are derived from interviews with women of reproductive age in the Nepal Demographic and Health Survey which was conducted January – June 2001.

This indicator will not be available again until the next Demographic and Health Survey is conducted.

- ✓ The EOP target for indicator 1-7 is 60 percent.

Performance indicator	Indicator definition	Data source	Frequency of data collection	Reference period	Value of indicator
1-8 Measles Vaccination	Percentage of children who received measles vaccination by 12 months of age in CPDs Unit: Percentage	HMIS	Annually	Mid-July 2004– Mid-July 2005	86 %

* Also a USAID PMP indicator

The recommended age for measles vaccination in Nepal is when the child reaches nine months of age or soon after. All children should be vaccinated before they reach their first birthday. This indicator measures the percentage of children who received measles vaccine by age 12 months during the reference period. The number of children age 9-11 months vaccinated for measles is taken from the 2004/2005 HMIS report. The denominator used is the number of children aged 0-11 months from the HMIS. The number of children age 0-11 months approximates the number of births that occurred in the prior year (less that who died) which, in turn, is roughly the number of children who would pass through the target age for vaccination in a given year.

In the 17 CPD districts, 86 percent of children were vaccinated during this period compared to 90 percent during Year Three. In Jhapa, Dhanusha, and Mahottari, coverage exceeds 100 percent. It is not clear whether this is due to an error in the number of children vaccinated or in the estimate of the number of eligible children.

- ✓ The Year Four target for indicator 1-8 was >80 percent.
- ✓ The EOP target for indicator 1-8 is > 80 percent.

Measles vaccination coverage

District	2003-2004			2004-2005		
	Number of children aged 9-11 months vaccinated	Number of children aged 0-11 months	Coverage (Percent)	Number of children aged 9-11 months vaccinated	Number of children aged 0-11 months	Coverage (Percent)
Jhapa	17,712	17,728	100	18720	17878	104
Morang	21,149	22,356	95	18363	22550	81
Siraha	13,944	15,477	90	15372	15575	99
Sunsari	16,378	18,186	90	15943	18381	87
Bara	14,793	17,151	86	13104	17312	76
Chitwan	10,432	14,831	70	10788	15009	72
Dhanusha	19,974	19,024	105	20053	19175	105
Mahottari	15,933	14,371	111	15862	14456	110
Parsa	12,645	15,221	83	11031	15365	72
Rasuwa	1,245	1,404	89	1183	1415	84
Rautahat	16,764	13,979	120	13990	14078	99
Nawalparasi	14,286	17,751	80	14513	17977	81
Banke	11,262	12,671	89	10177	12838	79
Bardiya	10,700	12,710	84	9508	12883	74
Bajura	3,451	4,455	77	2651	4482	59
Kailali	17,738	22,638	78	17591	23010	76
Kanchanpur	10,146	13,529	75	10667	13728	78
17 CPDs	228,552	253,482	90	219516	256112	86

Performance indicator	Indicator definition	Data source	Frequency of data collection	Reference period	Value of indicator
1-9 Pneumonia Treatment*	Percentage of expected pneumonia cases in children (0-59 months) treated by community health workers (FCHVs, VHVs, MCHVs) and health facilities in core program districts where community-based pneumonia treatment has been initiated Unit: Percentage	NFHP Monitoring Reports	Annually	Mid-July 2004 – Mid-July 2005	66.18 %

* Also a USAID PMP indicator

This indicator measures coverage of pneumonia treatment. The number of expected pneumonia cases is based on an assumed incidence rate of 300 per 1000 (Dawson, 2001).

Based on the assumed incidence rate and the total population of children age 0-59 months reported in the HMIS, there were 396,013 cases of pneumonia among children age 0-59 months during Year Four in the 17 districts in which community-based pneumonia treatment has been initiated.⁶ Approximately 66.18 percent of cases were treated either in health facilities or by CHWs. Fifty eight percent of treated cases were treated by CHWs.

- ✓ The Year Four target for indicator 1-9 was 68.4%.
- ✓ The EOP target for indicator 1-9 is 70%.

⁶ Although CHWs only treat children age 2-59 months it is appropriate to use children age 0-59 months in the denominator because children under age 2 months should be treated in health facilities.

Percent of children with pneumonia treated by CHWs or health facilities and percent of presenting cases treated by CHWs

District	Estimated # of cases of pneumonia (children 0-59 months)*		% of children age 0-59 months with pneumonia treated by CHWs or health facilities		% of presenting pneumonia cases treated by CHWs	
	2003-2004	2004-2005	2003-2004	2004-2005	2003-2004	2004-2005
Jhapa	26956	27263	94	90	52	56
Morang	34783	35198	89	91	73	70
Siraha	25680	25966	104	91	51	49
Sunsari	27620	28001	65	81	57	55
Bara	26731	27080	70	71	59	62
Chitwan	21095	21403	43	45	61	64
Dhanusha	30740	31109	63	58	52	59
Mahottari	24706	24967	71	78	62	64
Parsa	23872	24188	52	57	69	71
Rasuwa	1969	1991	118	103	58	56
Rautahat	23600	23870	91	88	60	55
Nawalparasi	26512	26913	47	53	54	57
Bardiya	19021	19337	64	59	44	50
Bajura	5716	5762	102	94	61	64
Kailali	33512	34159	34	34	66	66
Kanchanpur	19471	19811	34	30	46	53
Banke	-	18995	-	39	-	51
16 CPDs	371984	396013	67	66.18	58	59

*30 percent of total number of children age 0-59 months from HMIS

Component II Indicators

Performance indicator	Indicator definition	Data source	Frequency of data collection	Reference period	Value of indicator
2-1 Districts Offering Post-Abortion Care Services	Number of CPDs with hospitals or PHCCs offering PAC services Unit: Number	Supervision reports	Annually	2005	15

Fifteen districts currently have functioning post-abortion care (PAC) services. These hospitals or PHCCs are located in Nawalparasi, Chitwan, Parsa, Bara, Dhanusha, Banke, Kailali, Jhapa, Morang, Sunsari, Bardiya, Siraha, Mahottari, Rautahat and Kanchanpur. The criteria for 'functioning' post-abortion care include: at least 3-4 clients per month, a physical facility that has been upgraded according to a needs assessment, trained manpower, infection prevention practices, family planning services and counseling, and a commitment on the part of the facility to provide these services.

- ✓ The Year Four target for indicator 2-1 was 15 CPDs.
- ✓ The EOP target for indicator 2-1 is 17 CPDs.

Performance indicator	Indicator definition	Data source	Frequency of data collection	Reference period	Value of indicator
2-2 HMG/NGO RH Coordination	Number of CPDs holding RHCC meetings in their districts at least quarterly Unit: Number	NFCC reports	Annually	Mid-July 2004 – Mid-July 2005	15

This indicator measures the number of CPDs with Reproductive Health Coordination Committees (RHCCs) meeting at least quarterly. These committees are composed of representatives from both government and NGO institutions and are intended to facilitate the provision of reproductive health services in a district. During Year Four, 15 of the 17 CPDs had formed an RHCC that met at least quarterly (Jhapa, Morang, Sunsari, Mahottari, Dhanusha, Bara, Parsa, Chitwan, Rasuwa, Nawalparasi, Banke, Bardiya, Kailali, Kanchanpur, Bajura).

- ✓ The Year Four target for indicator 2-2 was 15 districts.
- ✓ The EOP target for indicator 2-2 is 17 districts.

Performance indicator	Indicator definition	Data source	Frequency of data collection	Reference period	Value of indicator
2-3 Couple Years of Protection (CYP) in CPDs*	Annual protection against pregnancy afforded by contraceptives distributed in CPDs Unit: CYPs	HMIS	Annually	Mid-July 2004 – Mid-July 2005	739,907

* Also a USAID PMP indicator

Couple years of protection (CYP) estimates the protection provided by family planning services during a one-year period, based upon the volume of all contraceptives distributed to clients during that period for condoms, pills, and injectables and on new acceptors for IUDs, Norplant, and sterilizations. The CYP is calculated by multiplying the quantity of each method distributed to clients by a conversion factor, which is an estimate of the duration of contraceptive protection provided per unit of that method.⁷ For this assessment, six methods are included in the calculation of CYP: pills, condoms, DepoProvera, Norplant, IUD, and sterilization. The CYP for each method are then summed over all methods to obtain a total CYP figure.

The total CYP for the 17 program districts is 739,907 compared to 717,403 for Year Three. This is an increase of approximately 3 percent. The overall increase is due to increases in most methods. For individual districts, the CYP varies from around 109,000 in Morang to about 3,000 in Rasuwa.

- ✓ The Year Four target for indicator 2-3 was 767,621.
- ✓ The EOP target for indicator 2-3 is 796,228 (7 percent annual increase) (revised in Year Four).

⁷ The USAID-accepted conversion factors used here are: pills: 15 cycles per CYP, condoms: 120 units per CYP, DepoProvera: 4 doses per CYP, IUD: 3.5 per IUD inserted, NORPLANT: 3.5 per implant inserted, sterilization: 10 years per procedure. All CYPs for long-term methods are credited in the year in which the client accepted the method. The conversion factors used by the Ministry of Health differ from those used here.

Couple Years of Protection (CYP) by method and district, Year Three 2003-2004

District	Condom	Pills	Depo	IUD	Norplant	Sterilizatio	All
Jhapa	3,357	2,947	13,407	641	802	30,430	51,582
Morang	4,531	4,488	16,626	2,223	2,139	82,700	112,706
Siraha	3,233	1,006	5,771	613	399	36,160	47,180
Sunsari	2,491	2,106	10,501	1,001	648	26,410	43,157
Bara	2,106	656	3,516	200	60	18,430	24,967
Chitwan	4,870	2,128	6,441	581	665	25,310	39,995
Dhanusha	4,302	724	5,706	168	585	43,970	55,454
Mahottari	2,090	1,472	5,133	994	102	36,740	46,531
Parsa	1,960	515	4,950	532	396	69,240	77,592
Rasuwa	569	91	784	49	21	1,710	3,225
Rautahat	2,068	689	2,636	53	95	33,630	39,170
Nawalparasi	3,928	1,449	7,012	294	522	17,030	30,235
Banke	5,024	1,213	5,716	564	683	14,560	27,758
Bardiya	3,763	813	11,684	497	693	17,220	34,670
Bajura	630	264	824	-	-	2,540	4,258
Kailali	7,579	2,888	9,765	399	595	34,530,	55,756
Kanchanpur	3,072	1,015	4,019	214	378	14,470	23,167
17 CPDs	55,572	24,465	114,489	9,020	8,778	505,080	717,403

Couple Years of Protection (CYP) by method and district, Year Four 2004-2005

District	Condom	Pills	Depo	IUD	Norplant	Sterilization	All methods
Jhapa	3211	3199	16073	665	938	39490	63576
Morang	4381	3978	16349	1358	1862	81600	109528
Siraha	3333	1070	5882	802	669	37900	49656
Sunsari	2729	2583	12364	788	1201	20650	40315
Bara	2910	1183	5086	595	490	21350	31614
Chitwan	4919	2049	7229	858	546	22590	38191
Dhanusha	4892	804	6186	553	987	51830	65252
Mahottari	2337	2109	6759	1187	84	40540	53,016
Parsa	2122	609	4557	382	392	73630	81692
Rasuwa	638	92	812	-	4	1640	3186
Rautahat	2293	827	2581	95	109	38180	44085
Nawalparasi	4144	1458	6825	329	396	20090	33242
Banke	3090	1080	6016	427	851	13280	24744
Bardiya	3571	896	5602	312	760	15810	26951
Bajura	221	280	681	-	21	2030	3233
Kailali	7269	3025	10721	399	721	31760	53895
Kanchanpur	2494	1409	4593	207	588	8440	17731
17 CPDs	54,554	26,651	118,316	8,957	10,619	520,820	739,907

Performance indicator	Indicator definition	Data source	Frequency of data collection	Reference period	Value of indicator
2-4 Health Facility (HF) Supervision	Percentage of PHCCs and HPs in CPDs that receive a quarterly supervision visit by DHO staff Unit: Percentage	NFHP supervision reports	Quarterly+ Annually	Mid-July 2004 – Mid-July 2005	73 %

This indicator measures the extent to which Primary Health Care Centers (PHCCs) and Health Posts (HPs) are provided with adequate supervision by District Health Office staff. Some supervisory visits to Health Posts are made by staff of Primary Health Care Centers and some by staff working at the District Health Office. The data are collected during NFHP monitoring visits. During the visit, health facility staffs are asked whether they received a supervisory visit in the last quarter.

Since individual health facilities are visited a variable number of times by NFHP staff in a given year, the data from one visit chosen at random is used for those facilities for which there is more than one observation available. For Year Four, 58 of 61 PHCCs were visited at least once by NFHP staff and 128 of 146 HPs were visited. The increase in the number of facilities monitored by NFHP staff compared to Year Three is due mainly to some improvements in security situation compared to Year Three.

The proportion of primary health care centers that received a quarterly supervision visit from DHO staff is 84 percent compared to 94 percent in Year Three. The comparable percentages for health posts are 68 percent and 83 percent. The actual number of NFHP visited facilities with a recent DPHO visit increased from 130 to 136 from last year to this year, so it is not clear if the decrease in this indicator is more because of a real fall in DPHO supervision activities, or more due to an increase in the denominator of NFHP visits in locations that are not typically visited by DPHO staff.

Year Four

Type of HFs	# monitored by NFHP	# supervised by DHO staff of those monitored by NFHP	% supervised by DHO staff
Primary Health Care Centers	58	49	84
Health Posts	128	87	68
Total	186	136	73

- ✓ The Year Four target for indicator 2-4 was ≥ 85 percent
- ✓ The EOP target for indicator 2-4 is ≥ 85 percent.

Component III Indicators

Performance indicator	Indicator definition	Data source	Frequency of data collection	Reference period	Value of indicator
3-1 Couple Years of Protection (CYP) at the National Level*	Annual protection against pregnancy afforded by contraceptives distributed nationally Unit: CYPs	HMIS	Annually	Mid-July 2004 – Mid-July 2005	1,525,447

* Also a USAID PMP indicator

The total CYP at the national level is 1,525,447, an increase of about 3.5 percent compared to Year Three. There are increases in CYP for Pills, Injectables, IUD, Norplant and Sterilization methods.

CYP for condom has slightly lower this year compared to Year Three. CYP increase of 10% was observed for Pills and Norplant in Year Four compared to Year Three.

National CYP, Year Three 2003-2004

Method	Condom	Pills	Injectables	IUD	Norplant	Sterilization	All methods
CYP	142,289	70,914	363,191	28,452	29,040	840,150	1,474,035

National CYP, Year Four 2004-2005

Method	Condom	Pills	Injectables	IUD	Norplant	Sterilization	All methods
CYP	139,129	78,326	373,233	29,789	31,990	872,980	1,525,447

- ✓ The Year Four target for this indicator was 1,547,737.
- ✓ The EOP target for this indicator is 1,608,460 (5 percent annual increase) (revised in Year Four).

Performance indicator	Indicator definition	Data Source	Frequency of data collection	Reference period	Value of indicator
3-2 Reporting of LMIS Data by Health Facilities *	Percentage of functioning health facilities (DHs*, PHCCs, HPs, and SHPs) nationwide reporting LMIS data within 2 months after end of quarter	LMIS	Quarterly	Mid July 2004 – Mid-July 2005	87%

This indicator measures the extent to which functioning health facilities report LMIS data in a timely manner (within two months after the end of the quarter). Overall, 87 percent reported within two months compared to 88 percent in Year Three.

Region	Primary Health Centers					Health Posts					Sub-Health Post					All Qtr Avg.
	Qtr					Qtr					Qtr					
	1 st	2 nd	3 rd	4 th	Avg.	1 st	2 nd	3 rd	4 th	Avg.	1 st	2 nd	3 rd	4 th	Avg.	
Eastern	77	90	92	98	89	79	90	91	91	88	72	82	86	88	82	86
Central	71	92	92	98	88	84	89	96	95	91	78	86	90	91	86	89
Western	86	92	92	100	93	83	86	95	99	91	87	88	88	97	90	91
M-Western	70	78	81	78	77	74	82	83	85	81	66	70	80	85	75	78
F-Western	78	100	100	94	93	79	99	92	96	92	81	91	91	92	89	91
NEPAL	76	90	91	94	88	80	89	91	93	88	77	83	87	91	85	87
(Number of PHCC = 189; HP =697; SHP = 3,130)										Total No. of PHCCs+HPs+SHPs =						4,016

- ✓ The Year Three target for indicator 3-2 was \geq 85 percent.
- ✓ The EOP target for indicator 3-2 is \geq 85 percent.

*District Hospitals have started reporting to LMIS. However, District hospitals share a same store with District health offices in many districts and do not maintain separate stock books. Logistics Management Division has instructed them to maintain a separate stock book and fill-up the LMIS forms. It is expected to increase the number in coming quarters.

Region	District Hospitals				
	Qtr				
	1 st	2 nd	3 rd	4 th	Avg.
Eastern	0	14	21	50	21
Central	100	21	29	36	47
Western	89	56	81	94	80
M-Western	50	10	18	46	31
F-Western	0	0	0	14	4
NEPAL	48	20	30	48	36
(Total number of reporting DHs = 34)					

Performance indicator	Indicator definition	Data source	Frequency of data collection	Reference period	Value of indicator
3-3 Vitamin A Supplementation Coverage*	Percentage of children (6-59 months) nationwide who received a vitamin A capsule during the preceding round of supplementation Unit: Percentage	Mini-surveys	Annually	Mid-July 2004 – Mid-July 2005	96

* Also a USAID PMP indicator

This indicator measures coverage of Vitamin A supplementation among children aged 6-59 months during the preceding round of supplementation. The data are derived from post supplementation mini-surveys of mothers/caretakers. Selected districts participate in the surveys for each of two rounds in each fiscal year with different districts included in each round. The data for the two rounds are then combined, weighted by the estimated number of children in the target population (age 6-59 months) in each district, and a national level estimate is derived (as described in Houston, 2000). The value of the indicator used here was calculated by NFHP staff.

Vitamin A Supplementation Coverage 2003/2004

Target Population (6-59 months) (A)	Estimated # of children (6-59 months) nationwide who received Vitamin A Capsules (B)	National Weighted Coverage (C) (B/A) * 100
3,292,241	3,164,817	96

- ✓ The Year Four and EOP targets for indicator 3-3 are to maintain the level of Vitamin A coverage at greater than 90 percent.

Performance indicator	Indicator definition	Data Source	Frequency of data collection	Reference period	Value of indicator
3-4 HMG Purchase of Contraceptives	Percentage increase in HMG budget contribution to the purchase of family planning commodities	HMG Budget	Annually	Mid July 2004 – Mid-July 2005	Rs 7.7 million

For Year Four, the amount budgeted by HMG for the purchase of family planning commodities was 7.7 million rupees, a decrease since Year Two (Rs. 8.5 million) but more than 10% above the Year Three figure (Rs. 6.9 million).

- ✓ The Year Four target for indicator 3-4 was a 10 percent annual increase (absolute value of 7.3 million rupees).
- ✓ The EOP target for indicator 3-4 is to maintain a 10 percent annual increase since baseline (which would result in an absolute value of 8.0 million rupees at EOP).

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Appendix A: Indicators and Targets

Indicator	Definition	Data Source	Baseline (2000-2001)	Year 1 (2001-2002)		Year 2 (2002-2003)		Year 3 (2003-2004)		Year 4 (2004-2005)		Year 5 (EOP)* (2005-2006)
				Target	Actual	Target	Actual	Target	Actual	Target	Actual	
Overall Program												
0-1 Under Five Mortality (National)	Number of deaths per 1000 live births	DHS 2001	91 per 1000 live births	NA	NA	NA	NA	NA	NA	NA	NA	70 per 1000 live births
0-2 Total Fertility Rate (National)	Average number of children that would be born to a woman during her childbearing years at current rates	DHS 2001	4.1	NA	NA	NA	NA	NA	NA	NA	NA	3.6
0-3 Contraceptive Prevalence Rate (National)	Percentage of MWRA using modern contraceptive methods	DHS 2001	35.4%	NA	NA	NA	NA	NA	NA	NA	NA	41%
Component I												
1-1 Commodities Available at Health Facilities	Percentage of health facilities (PHCCs, HPs, SHPs) that maintain availability of 7 commodities in CPDs year round	LMIS	20%	26%	27%	32%	27%	38%	44%	44%	66%	50%
1-2 Commodities Available at Community Level	Percentage of FCHVs in CPDs who have 3 or 4 key commodities available	FCHV survey	NA	NA	12%	12%	48%	52%	48%	56%	55%	60%

Indicator	Definition	Data Source	Baseline (2000-2001)	Year 1 (2001-2002)		Year 2 (2002-2003)		Year 3 (2003-2004)		Year 4 (2004-2005)		Year 5 (EOP)* (2005-2006)
				Target	Actual	Target	Actual	Target	Actual	Target	Actual	
1-3 Pneumonia Treatment	Number of pneumonia cases in children (age 0-60 months) treated by community health workers (FCHVs, MCHWs, VHVs) and in health facilities in districts where community-based pneumonia treatment has been initiated	NFHP monitoring records	156,010 in 12 districts	171,000 in 13 districts	179,645 in 13 districts	178,000 in 15 districts	225,897 in 15 districts	235,000 in 16 districts	250,144 in 16 districts	250,000 in 17 districts	262,071 in 17 districts	260,000 in 17 districts
1-4 Quality of Pneumonia Treatment	Percentage of children presenting to health workers (FCHVs, MCHWs, VHVs) with pneumonia symptoms who receive appropriate treatment in CPDs where community-based pneumonia treatment has been initiated	Supervision checklist, record review	92% in 13 CPDs	>90%	95% in 13 CPDs	>90%	93% in 15 districts	>90%	95% in 16 districts	>90%	97% in 17 districts	>90 %

Indicator	Definition	Data Source	Baseline (2000-2001)	Year 1 (2001-2002)		Year 2 (2002-2003)		Year 3 (2003-2004)		Year 4 (2004-2005)		Year 5 (EOP)* (2005-2006)
				Target	Actual	Target	Actual	Target	Actual	Target	Actual	
1-5 FCHVs Services Reflected in HMIS Data	Percentage of health facilities in CPDs reporting FCHV service data (separately) through HMIS	HMIS	60%	65%	71%	70%	80%	>=85%	84%	>=85%	87%	>=85%
1-6 Treatment of Night-blind Pregnant Women	Number of pregnant night-blind women treated with Vitamin A in intervention CPDs	NTAG monitoring records	0%	NA	NA	NA	NA	NA	64 (Jan-June in Sunsari)	TBD	732	TBD
1-7 ORT Use in Children Under 5	Percentage of children (under 5 years) with diarrhea in preceding 2 weeks who received Oral Rehydration Therapy (ORS or increased fluids)	DHS	47%	NA	NA	NA	NA	NA	NA	NA	NA	60%
1-8 Measles Vaccination Coverage	Percentage of children who received measles vaccination by 12 months of age in CPDs	HMIS	77%	77%	77%	79%	84%	>80%	90%	>80%	86%	>80%

Indicator	Definition	Data Source	Baseline (2000-2001)	Year 1 (2001-2002)		Year 2 (2002-2003)		Year 3 (2003-2004)		Year 4 (2004-2005)		Year 5 (EOP)* (2005-2006)
				Target	Actual	Target	Actual	Target	Actual	Target	Actual	
1-9 Pneumonia Treatment	Percentage of expected pneumonia cases in children (0-59) months treated by community health workers (FCHVs, VHWs, MCHWs) and health facilities in core program districts where community-based treatment has been initiated	NFHP Monitoring Records	62%	63.6%	65%	65.2%	68%	66.8%	67%	68.4%	66.18%	70.0%
Component II												
2-1 Districts Offering PAC Services	Number of CPDS with hospitals or PHCCs offering PAC services	Supervision reports	4	4	4	7	6	10	13	15	15	17
2-2 HMG/NGO Coordination	Number of CPDs holding RHCC meetings in their districts at least quarterly	NFCC reports	NA	2	2	7	7	12	4	15	15	17

Indicator	Definition	Data Source	Baseline (2000-2001)	Year 1 (2001-2002)		Year 2 (2002-2003)		Year 3 (2003-2004)		Year 4 (2004-2005)		Year 5 (EOP)* (2005-2006)
				Target	Actual	Target	Actual	Target	Actual	Target	Actual	
2-3 Couple Years of Protection	Annual protection against pregnancy afforded by contraceptives distributed in CPDs	HMIS	572,172	612,224	602,148	644,298	645,069	690,224	717,403	767,621	739,907	796,228
2-4 Health Facility Supervision	Percentage of PHCCs and HPs in CPDs that receive a quarterly supervision visit by DHO staff	TBD	Unknown	NA	NA	NA	82%	>=85%	87%	>=85%	73%	>=85%
Component III												
3-1 Couple Years of Protection (National)	Annual protection against pregnancy afforded by contraceptive distributed	HMIS	1,284,649	1,348,882	1,271,119	1,334,675	1,368,791	1,437,231	1,474,035	1,547,737	1,525,447	1,608,460
3-2 Reporting of LMIS Data by Health Facilities (National)	Percentage of functioning health facilities (DHs, PHCCs, HPs, and SHPs) reporting LMIS data within 2 months after end of quarter	LMIS	79%	80%	90%	81%	85%	>=85%	88%	>=85%	87%	>=85%

Indicator	Definition	Data Source	Baseline (2000-2001)	Year 1 (2001-2002)		Year 2 (2002-2003)		Year 3 (2003-2004)		Year 4 (2004-2005)		Year 5 (EOP)* (2005-2006)
				Target	Actual	Target	Actual	Target	Actual	Target	Actual	
3-3 Vitamin A Supplementation Coverage (National)	Percentage of children (6-59 months) who received a Vitamin A capsule during the preceding round of supplementation	Mini-surveys	96%	> 90%	96%	> 90%	98%	> 90%	98%	> 90%	96%	> 90%
3-4 HMG Purchase of Contraceptives	Percent increase in HMG budget contribution to the purchase of family planning commodities	HMO budget	Rs. 5 million	+ 10% of baseline Rs. 5.5 million	+182% Rs. 10 million	+10% of Year One target Rs. 6.05 million	+40% Rs. 8.5 million	+10% of Year Two target Rs. 6.65 million	+3.8% Rs. 6.9 million	+10% of Year Three target Rs. 7.3 million	+5.48% Rs.7.7 Million	+10% of Year Four target Rs. 8.0 Million

* NFHP began in December 2000 but the Nepali fiscal year runs from mid-July to mid-July so the data for many indicators refer to this period. The project ends in December 2006 but the indicators will only cover the period through mid-July 2006.