

Nepal Family Health Program

Baseline Assessment Report

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Study Undertaken and Report Written by

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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 The main body of the report provides information for 19 indicators based on various sources including published and unpublished data from the Health Management Information System (HMIS) and the Logistics Management Information System (LMIS) maintained by the Ministry of Health,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 (ORS 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.