Nepal Family Health Program Year Two Assessment

Ann K. Blanc

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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 The main body of the report provides information for 20 indicators based on various sources including published and unpublished data from the Health Management Information System (HMIS) and the Logistics Management Information System (LMIS) maintained by the Ministry of Health,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.

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

Overall Program Indicators

Performance	Indicator	Data source	Frequency of	Reference	Value of
indicator	definition		data collection	period	indicator
0-1 Under Five	Number of	DHS	Approx. every	The five year	91
Mortality*	deaths under age		five years	period	confidence
National	five per 1000			preceding the	interval=
	live births			survey	(82-101)
CPDs only					99
Non-CPDs	Unit: Rate				87
0-2 Total	Average number	DHS	Approx. every	The three year	4.1
Fertility Rate*	of children that		five years	period	confidence
National	would be born			preceding the	interval=
	to a woman			survey	(3.9-4.3)
	during her				
	childbearing				
	years at current				
	rates				
CPDs only					4.0
Non-CPDs	Unit: Rate				4.2
0-3	Percentage of	DHS	Approx. every	2001	35.4%
Contraceptive	married women	DIIS	five years	2001	33.470
Prevalence	of reproductive		live years		
Rate*	age using a				
National	modern				
rvationar	contraceptive				
	method				
	memou				
CPDs only					40.0%
Non-CPDs	Unit: Percentage				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	LMIS	Quarterly	Mid-July 2002 - Mid-July 2003	27%
	Unit: Percentage				

^{*} 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.

	-					eporting avacross four			Percent of health
District	Condom	In- jectables	Pills	ORS	Vitamin A	Cotrim	Iron	All 7	facilities with all seven commodities in <i>all four</i> quarters
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 uweighted cases, FCHV survey 2003
Unweighted cases Weighted cases

	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

	All FCHVs				Treatm	nent FCHV	s only	All FCHVs
				Weighted			Weighted	3 or 4
District	Condoms	Pills	ORS	number	Cotrim	All four	number	commodities
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).

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	Performance indicator	Indicator definition	Data source	Frequency of data collection	Reference period	Value of indicator
been initiated Unit: Number		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	monitoring	Annually	– Mid-July	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

	# of pn	eumonia case	es treated	# of pneumonia cases treated in			
	by CHWs				health facilities		
	,	dren 2-60 m			dren 0-60 mo		
	2000-	2001-	2002-	2000-	2001-	2002-	
District	2001	2002	2003	2001	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	ı	ı	7809	
Mahotari	-	-	2912	ı	ı	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, 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 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	Number who received			Percen	tage who re	ceived
	children	appropriate treatment			appro	opriate treat	ment
	presenting to	App-				App-	
Number of	health workers	3 rd day	ropriate		3 rd day	ropriate	
CHWs	with pneumonia	follow-	dose for		follow-	dose for	
interviewed	symptoms	up	age	Both	up	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	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	Reports		Number of	Reports		
	FCHVs	Received		FCHVs	Received		
	Reporting	from FCHVs	Percentage	Reporting	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	6189	78	
Bardiya	831	7,313	73	831	7330	74	
Bajura	257	1,297	42	135	1671	103	
Kailali	1,197	7,099	49	1197	8790	61	
Kanchanpur	692	6,215	75	644	6238	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	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	Unit:Percentage				43% 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 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

ividusies vaccination coverage							
		2001-2002			2002-2003		
	Number of			Number of	Number of		
	children aged	Number of		children aged	Number of		
	9-11 months	children aged	Coverage	9-11 months	children aged	Coverage	
District	vaccinated	0-11 months	(Percent)	vaccinated	0-11 months	(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, VHWs, MCHWs) and health facilities in core program districts where community-based pneumonia treatment has been initiated	NFHP Monitoring Reports	Annually	Mid-July 2002 - Mid-July 2003	68%
L	Similar Greentage			l	

^{*} 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.

15

	•		en age 0-59			
	Estimated #	of cases of		pneumonia		
	pneumonia (children 0-59	treated by CF	IWs or health	% of presenting	ng pneumonia
	mon	ths)*	facil	ities	cases treate	d by CHWs
District	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	Data source	Frequency of	Reference	Value of
indicator	definition		data collection	period	indicator
2-1 District	Number of	Supervision	Annually	2003	6
Hospitals	district hospitals	reports			
Offering Post-	offering PAC				
Abortion Care	services in				
Services	CPDs				
	Unit:Number				

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.

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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 \geq =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

	Prim	ary He	alth Ce	nters			Healt	h Posts	<u>s</u>		<u>S</u> 1	ub-He	alth P	ost		All
Region					Qtr					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.	Avg.
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. o	f PHO	Cs+H	Ps+SH	Ps = 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.

indicator	definition		Frequency of data collection	Reference period	Value of indicator
Supplementation Coverage* me na receivit ca the ro su	ercentage of hildren (6-59 nonths) ationwide who eceived a itamin A apsule during ne preceding ound of upplementation 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	Vitamin A Supplementation Coverage 2002/2003									
Estimated # of children										
	(6-59 months) nationwide who National Weighted Coverage									
Target Population (6-59 months)	received A Vitamin A Capsules	(C)								
(A)	(B)	(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

				Yea (2001-	ar 1 -2002)		ar 2 -2003)			
Indicator	Definition	Data Source	Baseline (2000- 2001)	Target	Actual	Target	Actual	Year 3 (2003- 2004)	Year 4 (2004- 2005)	Year 5 (EOP)* (2005-2006)
Overall Progra	m									
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		DIIS	33.470	IVA	IVA	IVA	INA	NA	IVA	41/0
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%

				Yea (2001-			ar 2 -2003)			
Indicator	Definition	Data Source	Baseline (2000- 2001)	Target	Actual	Target	Actual	Year 3 (2003- 2004)	Year 4 (2004- 2005)	Year 5 (EOP)* (2005-2006)
1-3	Number of pneumonia									
Pneumonia	cases in children (age 0-									
Treatment	60 months) treated by									
	community health									
	workers (FCHVs,									
	MCHWs, VHWs) and in									
	health facilities in									
	districts where	NELID	156 010 :	171 000 :	170 (45 :	170,000	225 907			
	community-based pneumonia treatment has	NFHP	156,010 in 12	171,000 in 13	179,645 in 13	178,000 in 15	225,897 in 15	235,000 in	250,000 in	260,000 in 17
	been initiated	monitoring records	districts	districts	districts	districts	districts	16 districts	17 districts	districts
1-4	Percentage of children	records	districts	districts	districts	districts	districts	10 districts	1 / districts	districts
Quality of	presenting to health									
Pneumonia	workers (FCHVs,									
Treatment	MCHWs, VHWs) with									
	pneumonia symptoms									
	who receive appropriate									
1	treatment in CPDs where	Supervisio								
	community-based	n checklist,								
	pneumonia treatment has	record	92% in 13		95% in 13		93% in 15			
	been initiated	review	CPDs	>90%	CPDs	>90%	districts	>90%	>90%	>90 %
1-5 FCHVs	Percentage of health									
Services	facilities in CPDs									
Reflected in	reporting FCHV service									
HMIS Data	data (separately) through	ID GG	600/	6507	710/	700 /	000/	0.50	0.50/	0.50/
	HMIS	HMIS	60%	65%	71%	70%	80%	>=85&	>=85%	>=85%

				Yea (2001-			ar 2 -2003)			
Indicator	Definition	Data Source	Baseline (2000- 2001)	Target	Actual	Target	Actual	Year 3 (2003- 2004)	Year 4 (2004- 2005)	Year 5 (EOP)* (2005-2006)
1-6 Treatment of Night-blind Pregnant	Number of pregnant night-blind women treated with Vitamin A in intervention CPDs									
Women	moor control of Bu	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	NFHP Monitoring								
	initiated	Records	62%	63.6%	65%	65.2%	68%	66.8%	68.4%	70.0%

				Year 1 (2001-2002)		Year 2 (2002-2003)				
		Data	Baseline (2000-	(2001	2002)	(2002		Year 3 (2003-	Year 4 (2004-	Year 5 (EOP)*
Indicator	Definition	Source	2001)	Target	Actual	Target	Actual	2004)	2005)	(2005-2006)
Component II										
2-1	Number of district									
District	hospitals offering PAC									
Hospitals	services in CPDs	Cum amuiai a								
Offering PAC Services		Supervisio	4	4	4	7	6	10	13	17
2-2	Number of CPDs holding	n reports	4	4	4	/	0	10	13	1 /
HMG/NGO	RHCC meetings in their	NFCC								
Coordination	districts at least quarterly	reports	NA	2	2	7	7	12	15	17
2-3	Annual protection against	Теропіз	1171			,	,	12	13	17
Couple Years	pregnancy afforded by									
of Protection	contraceptives distributed									
	in CPDs	HMIS	572,172	612,224	602,148	644,298	645,069	690,224	738,539	790,237
2-4	Percentage of PHCs and									
Health Facility	HPs in CPDs that receive									
Supervision	a quarterly supervision									
	visit by DHO staff	TBD	Unknown	NA	NA	NA	82%	>=85%	>=85%	>=85%
Component III					T			ı		
3-1	Annual protection against									
Couple Years of Protection	pregnancy afforded by									
(National)	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	Percentage of functioning	HIVIIS	1,284,049	1,340,002	1,2/1,119	1,334,073	1,300,791	1,437,231	1,309,092	1,364,347
Reporting of	health facilities (DHs,									
LMIS	PHCs, HPs, and SHPs)									
Data by Health	reporting LMIS data									
Facilities	within 2 months after end									
(National)	of quarter	LMIS	79%	80%	90%	81%	85%	>=85%	>=85%	>=85%

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