

Nepal Family Health Program Year Four Assessment

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New ERA



Project Staff

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* Also a USAID PMP indicator

Abbreviation/Acronyms

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

Introduction

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 The main body of the report provides information for 20 indicators based on various sources including published and unpublished data from the Health Management Information System (HMIS) and the Logistics Management Information System (LMIS) maintained by the Ministry of Health and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

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

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

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

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

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

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

Overall Program Indicators

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

* Also a USAID PMP indicator

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

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

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

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

Component I Indicators

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

* Also a USAID PMP indicator

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

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

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

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

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

⁴ Logistic Management Information System (LMIS)

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

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

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

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

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

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

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

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

Number of weighted and unweighted cases, FCHV survey 2005

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

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

Percentage of FCHVs who had commodities available during interview, 2005

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

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

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

* Also a USAID PMP indicator

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

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

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

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

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

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

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

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

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

* Also a USAID PMP indicator

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

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

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

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

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

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

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

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

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

FCHVs Reporting

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

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

* Also a USAID PMP indicator

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

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

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

* Also a USAID PMP indicator

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

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

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

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

* Also a USAID PMP indicator

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

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

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

Measles vaccination coverage

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

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

* Also a USAID PMP indicator

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

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

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

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

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

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

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

Component II Indicators

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

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

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

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

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

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

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

* Also a USAID PMP indicator

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

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

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

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

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

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

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

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

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

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

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

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

Year Four

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

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

Component III Indicators

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

* Also a USAID PMP indicator

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

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

National CYP, Year Three 2003-2004

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

National CYP, Year Four 2004-2005

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

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

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

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

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

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

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

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

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

* Also a USAID PMP indicator

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

Vitamin A Supplementation Coverage 2003/2004

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

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

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

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

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

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Appendix A: Indicators and Targets

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

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

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

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

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

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

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