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आपूर्ति व्यवस्था तथा बाल स्वास्थ्य सहयोग सेवा परियोजना  
**Logistics and Child Health Support Services Project**

HMG Ministry of Health Project in cooperation with USAID  
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August 19, 1999.

Dr. Glenn Post,  
Chief, O/HFP,  
USAID, Nepal.

**SUBJECT: Contract 367-C-00-97-00082-00  
Nepal Logistics and Child Health Support Services Project  
Quarterly Report -April 1- June 30, 1999.**

Dear Glenn, *glenn*

Please find herewith our quarterly report for the period April 1 through June 30, 1999 for subject contract. I look forward to receiving any feedback that you may have regarding this report.

I regret the delay in submitting this report. We were waiting for the preparation of the third trimester and annual reports from HMIS/MOH on the use of Vitamin A capsules.

Yours sincerely,

Penny Dawson,  
Team Leader,  
JSI/Nepal.

Cc. Lyndon Brown, O/HFP, USAID/Nepal  
JSI/Boston  
MASS  
NTAG

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# JSI QUARTERLY PERFORMANCE MONITORING REPORT

PROJECT NAME: LOGISTICS AND CHILD HEALTH SUPPORT SERVICES PROJECT

PROJECT NUMBER: 367-C-00-97-00082-00

REPORTING PERIOD: 1 April 1999-30 June 1999

## Background:

The Logistics and Child Health Support Services Project began on June 15, 1997 and is scheduled for completion June 14, 2002. The total contract budget is \$11,950,136.

The contract activities will contribute to achieving the Nepal USAID Mission's strategic objective two, reduced fertility and improved maternal and child health, by providing management and logistical support and limited technical assistance to the following programs:

- Logistics management of health commodities,
- National Vitamin A Deficiency Control Program,
- National Control of Acute Respiratory Infection Program,
- National Control of Diarrheal Disease Program,
- National Female Community Health Volunteer Program,
- National Traditional Birth Attendant Program,
- National Family Planning Program,
- MOH Department of Health Services Financial Section.

## Report Organization:

Each quarterly Performance Monitoring Report is organized by performance objective with major activities during the quarter that contributed toward the performance goal listed under the objective. Any problems, unanticipated events or significant accomplishments are detailed in the discussion section for each objective.

A summary of expenditures, organized by contract LIN numbers, appears at the end of the Report.

## Integrated Logistics Management

| EOP Result:  | Yr 2 Milestone: | Progress Toward Milestone<br>This Quarter: |
|--|-----------------|--|
| a) LMIS fully functioning in all 75 districts with 80 percent of functioning facilities reporting in a timely and accurate manner. | 65%             | 74%  |

### Major Activities this Quarter:

- District and regional Logistics Management Information System (LMIS) feedback reports (3rd quarter, 2055/56) were generated/checked and dispatched to all districts and regions.
- New ERA staff, on behalf of Logistics Management Division (LMD), entered into the LMIS system 4,574 LMIS quarterly reports (2,971 of 3rd quarter, 1,603 of 2nd and 1st quarters)
- LMIS quarterly forms (17,057) and stockbooks (4,077) for all health facilities and district and regional medical stores for FY 2056/57 were printed and dispatched to districts and regions.
- Pipeline Report for April-June 1999 was prepared and circulated among donor agencies and concerned divisions of the Department of Health Services (DHS).

### Discussion:

- New ERA continues to support the LMIS section of the Logistics Management Division. This support is scheduled to end on December 31, 1999.
- Contract of two New ERA staff, HMIS Officer and HMIS Supervisor, working with the HMIS Section of DHS ended on 30 June, 1999. All JSI/New Era support to HMIS is scheduled to end 31 December, 1999.

| <b>EOP Result:</b>  | <b>Yr 2 Milestone:</b> | <b>Progress Toward Milestone:</b> |
|---|------------------------|-----------------------------------|
| b) 70 Percent of sample storage facilities at each level meet acceptable standards for storage of all MOH products. | 55%                    | <b>This Quarter:</b><br>90%*      |

**Major Activities this Quarter :**

- Provided 38 racks, 69 pallets, 1 steel cupboard and 1 mouse trap (non-lethal) to health facilities.
- Assistance to LMD to upgrade the skills of regional warehouses staff continued.
- Assistance from JSI to facilitate the RPM Project's work with DDA along with participation in the GTZ PHC Project and the logistics component of the JICA Tuberculosis Project is ongoing.
- Assisted LMD and National Health Training Centre (NHTC) to finalize District Basic Logistics Training (DBLT) curriculum.
- Supported NHTC to conducted Training of Trainers (TOT) in DBLT for staff from all Regional Training Centers. A total of 18 participants trained.
- Printed and distributed DBLT curriculum and procedures manual for all 5 Regional Training Centre (RTC).
- Facilitated RTC staff with District Basic Logistics Training for district level store personnel working on logistics through all Regional Training Centers with support from JSI regional teams (47 participants).
- Assisted RTC staff to conduct below district level Basic Logistics Training (BLT) for the newly appointed/transferred logistics personnel (73 persons).
- Assisted Eastern Regional Training Centre with Inventory Control Procedure training for drop-out participants of PHC, HP and SHP from Ilam, Saptari and Dhankuta districts (68 participants). Printed necessary training materials.
- Supervision and monitoring visits were made by NHTC, LMD and JSI staff to Western, Central, Eastern and Mid-Western Regional Training Centres to support District Level Basic Logistics Training.

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\* Using acceptable logistics standards 60 health facilities (generally two district stores, 4 HP stores and 6 SHP stores of each region) were sampled to examine the store standards and rated good, satisfactory, or poor by JSI Regional Field Office staff.

- Assisted JICA Tuberculosis Project with Tuberculosis Logistics Management Skill Training for district level logistics personnel.
- Developed draft pre-service logistics curriculum for Community Medicine Auxiliary (CMA) (AHWs) level course. Consideration is being given to include logistics issues in pre-service training curriculum of CMA through Council for Technical Education Vocational Training (CTEVT).
- Assisted in incorporating a chapter on logistics management in Reproductive Health Program's operational manuals published by Family Health Division, DHS. A separate manual was produced for District, PHC, HP/SHP levels.
- MASS Support Team worked with MoH staff to reorganize stores in the following district hospitals:
  - Kalaiya (Bara), Rasuwa, Ramechhap and Tamghas (Gulmi).
- MASS formed auctioning Evaluation Committees in the following district hospitals:
  - Tamghas (Gulmi), Jomsom (Mustang) and Arghakhanchi
- A sum of Rs. 18,840 was deposited to HMG Consolidated Fund and 514 square feet has been vacated after auctioning of unusable commodities lying at Tamaghas (Gulmi), Jomsom (Mustang), Taulihawa (Kapilbastu) and Sidharthanagar (Rupandehi) hospitals.
- Ninety-six steel racks and ninety-five pallets (received from USAID/Nepal) were distributed by MASS to different district health offices.

**Discussion:**

- Auctioning process for next lot of old vehicles lying at Teku complex is on going.
- MASS will work with MoH staff of the following district hospitals to reorganize stores in the coming quarter:
  - A. Store reorganization
    - Jiri (Dolakha), Nuwakot, Dhading and some district hospitals of Central Development Region.
  - B. Auctioning of unusable commodities:
    - District Hospitals under Eastern Development Region  
Bhojpur, Terhathum and Panchather
    - District Hospitals under Western Development Region  
Arghakhanchi, Parbat, Nawalparasi and Bahadurgunj (Kapilbastu)
    - District Hospitals under Central Development Region  
Rasuwa, Ramechhap, Bhaktapur, Bara and Rauthat

| <b>EOP Result:</b>  | <b>Yr 2 Milestone:</b> | <b>Progress Toward Milestone</b>   |
|---|------------------------|--|
| c) Percentage of MoH health institutions which report a stock out for any contraceptive method during the year reduced from 40 percent to 10 percent. | <b>35%</b>             | <b>This Quarter:</b><br><b>Condom 15%</b><br><b>Depo 11%</b><br><b>Oral Pills 7%</b> |

**Major Activities this Quarter :**

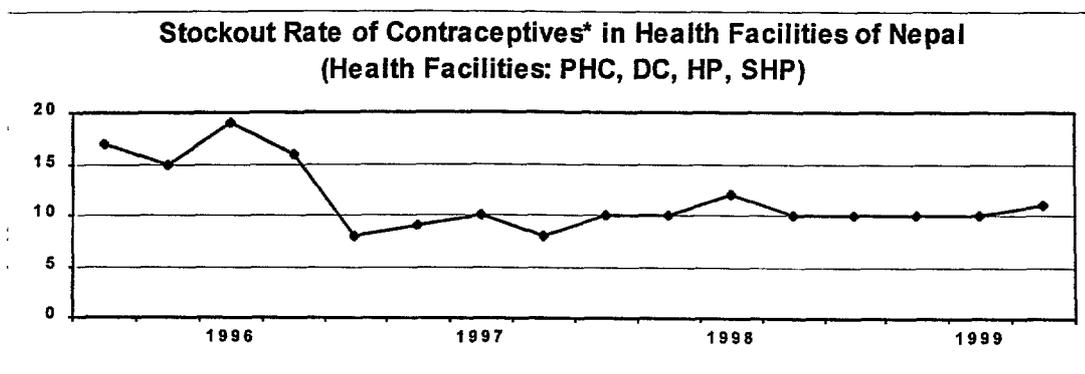
- FPLM consultant Paula Nersessian and the JSI/Nepal LMIS Advisor drafted a proposal outlining the need for district storerooms. The proposal analyzed store space requirements currently and projected for 2009 and concluded that 76% of districts are in immediate need for a proper storeroom and by 2009 91% of Nepal's District will require additional space.
- Project staff conducted logistics supervision and monitoring visits as follows: District stores- 82, Regional Medical Stores (RMS) - 25, PHCs- 35, HPs- 56, SHPs- 68, RD, RTC and I/NGOs- 42. This activity contributes to the accomplishment of all logistics objectives. Logistics staff also supervised and monitored the Vitamin A distribution program on April 19 and 20, 1999.
- Organized a Distribution Team meeting at LMD under the chairmanship of Dr. S.S. Jha, Director, LMD to facilitate the distribution of LMIS forms and stockbooks to health facilities.
  - LMD agreed to distribute LMIS forms and stockbooks to 23 districts for the next FY 057/58. Remaining districts will be delivered by JSI/N. In past all transportation cost was borne by JSI/N.
  - The Distribution Team was authorized to review the private transportation tender and provide suggestions to make the private transportation initiative effective and reliable.
- JSI/N central staff visited 4 JSI regional field offices (Eastern, Central, Western and Mid-West) to assist in the preparation of district transportation profiles.
- JSI staff facilitated with delivery and movement of the following quantities of contraceptives and program items to various health facilities:

| <b>Items</b> | <b>Quantity</b> | <b>Items</b>        | <b>Quantity</b> |
|--------------|-----------------|---------------------|-----------------|
| Condoms      | 56,000 pieces   | ORS                 | 14,400 pkts     |
| Depo         | 11,800 vials    | Medicines and other | 33 cartons      |
| Oral pills   | 1,300 cycles    | Cotrimoxazole       | 10,000 tablets  |

- An inter regional observation tour was organized for 6 storekeepers from the Western Region. The objective of the tour was to familiarize them with logistics activities in other regions and provide an opportunity to interact and share experiences with the goal of improving their

performance. The 6 storekeepers visited the LMIS Unit in Kathmandu, Pathalैया Transit Warehouse, Regional Medical Store, Biratnagar, DHO stores of Makwanpur, Morang and Dhankuta districts and a few health facilities en-route.

- A team consisting of JSI/N Deputy Team Leader, Ms. Paula Nersessian from FPLM and Western Regional Logistics Management Team (LMT) visited Tibetan refugee camps in Kaski and DHOs of Myagdi, Baglung and Parbat districts. Western LMTs also visited the Tibetan refugee camp in Tanahun district.
- Western LMTs conducted in the JSI Pokhara office a one day logistics orientation for Community Health Workers from Tibetan Refugee Camp in the JSI Pokhara office.
- Mid-Western LMTs met with DHO staff from Dolpa, Mugu, Humla, Surkhet, Bardiya, Jumla districts and discussed reducing errors on LMIS reports, increasing LMIS reporting status and using the LMIS Feedback Report in procurement and distribution decision making.
- Mid-Western LMTs visited the Tharu Women Upliftment Center in Bardiya, attached with The Asia Foundation. They provided orientation on how to obtain contraceptives from the DHO office and submit LMIS reports on time.
- Mid-Western LMTs met the Program Officer of INF Nepalgunj, Supervisor of INF Surkhet



and DFID staff and discussed logistics co-ordination activities at the field level.

- Mid-Western LMTs met PHOs of Jajarkot, Salyan and Kalikot districts at the RMS Nepalgunj and discussed LMIS reporting status and the use of Feedback Reports.

\* Condoms, Oral pills, Depo

**Discussion:**

- Monitoring of Central and Regional Medical Stores for timely distribution of commodities continues by the LMD distribution and transportation team with assistance from JSI.

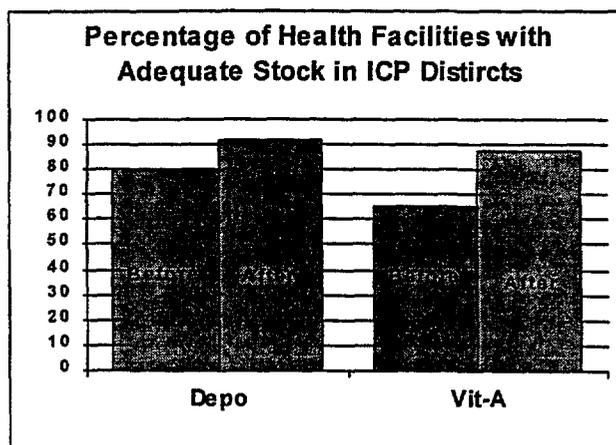
| EOP Result   | Yr 2 Milestone: | Progress Toward Milestone<br>This Quarter:  |         |     |       |     |             |     |      |     |         |     |                   |     |
|--|-----------------|---|---------|-----|-------|-----|-------------|-----|------|-----|---------|-----|-------------------|-----|
| d) 60 Percent of facilities where inventory control procedures (ICP) have been introduced have adequate stocks of essential commodities. | 55%             | <table> <tr><td>Condom-</td><td>95%</td></tr> <tr><td>Depo-</td><td>92%</td></tr> <tr><td>Oral Pills-</td><td>94%</td></tr> <tr><td>ORS-</td><td>94%</td></tr> <tr><td>Vit- A-</td><td>87%</td></tr> <tr><td>Cotrim. 100/20mg-</td><td>73%</td></tr> </table> | Condom- | 95% | Depo- | 92% | Oral Pills- | 94% | ORS- | 94% | Vit- A- | 87% | Cotrim. 100/20mg- | 73% |
| Condom-  | 95%             |   |         |     |       |     |             |     |      |     |         |     |                   |     |
| Depo-  | 92%             |   |         |     |       |     |             |     |      |     |         |     |                   |     |
| Oral Pills-  | 94%             |   |         |     |       |     |             |     |      |     |         |     |                   |     |
| ORS-   | 94%             |   |         |     |       |     |             |     |      |     |         |     |                   |     |
| Vit- A-  | 87%             |   |         |     |       |     |             |     |      |     |         |     |                   |     |
| Cotrim. 100/20mg-  | 73%             |   |         |     |       |     |             |     |      |     |         |     |                   |     |

**Major Activities this Quarter:**

- JSI central level personal and LMTs from Eastern and Central Regions continue to monitor follow-up on ICP implementation districts (Ilam, Dhankuta, Saptari, Sunsari, Chitwan and Makawanpur).
- The ICP Evaluation Team submitted its report. The team’s findings are that ICP is effective in reducing stock outs and establishing a routine supply procedure. Based on the team’s recommendation DHS has decided to implement ICP in all the districts of Eastern Region during fiscal year 1999/2000 and expand to other regions in subsequent years. The decision has been circulated to the Eastern Regional Directorate, RMS and DHOs.

**Discussion:**

- Constraints like absence of storekeepers, transfer of trained personnel, inadequate motivation of DHO staff and inadequate quantity of program products hinder ICP implementation. Despite these difficulties ICP has brought encouraging changes in the logistics system in ICP districts.



- Sufficient availability of ORS and cotrimoxazole in ICP districts to permit all health facilities to be supplied to their authorized stock level (five month’s consumption) has been a persistent problem. Targets are set and commodities are purchased based on the expected frequency of diarrhea and ARI among children. However, facilities distribute the commodities to adults as well as children presenting with diahorrea and ARI. Demand for the target population also exceeds the supply. Project staff continue to work with DHS program managers to address this problem.

## National Vitamin A Deficiency Control Program (NVAP)

|  |                         |   |
|--|-------------------------|---|
| <b>EOP Result:</b>   | <b>Yr. 2 Milestone:</b> | <b>Progress Towards Milestone<br/>This Quarter:</b> |
| a) 75 districts participating in Vitamin A capsule distribution and nutrition education activities | <b>52 Districts</b>     | <b>53 districts</b>                                 |

### Major Activities This Quarter:

- Vitamin A capsules were distributed in 53 program districts dosing approximately 2.3 million children in the April round.
- Refresher Training at health post and community level in Manang district was completed this quarter. Eighty-four participants received Health Post Level Refresher Training at 19 training sites (9 in Mustang and 10 in Manang), and 459 participants received Community Level Refresher Training at 20 (10 in Manang and 10 in Mustang) sites.
- District Level Introductory Training was completed in 4 new districts (Taplejung, Sankhuwasabha, Okhakhunga, Udaypur).

Details on participants of trainings:

| <i>Description</i> | <i>Total # of<br/>Participants</i> | <i>District<br/>Level<br/>Introductory</i> | <i>Refresher HP<br/>Level</i> | <i>Community</i> |
|--------------------|------------------------------------|--|-------------------------------|------------------|
| Local Development  | 188                                | 18   | 19                            | 151              |
| Agriculture        | 98                                 | 16   | 16                            | 66               |
| Education          | 52                                 | 15   | 37                            | -                |
| Health Staff       | 126                                | 93   | 5                             | 28               |
| FCHV               | 194                                | -  | -                             | 194              |
| Women Development  | 10                                 | 9  | -                             | 1                |
| NGO/INGO           | 46                                 | 20   | 7                             | 19               |
| <b>Total</b>       | <b>714</b>                         | <b>171</b>                                 | <b>84</b>                     | <b>459</b>       |

- Vitamin A Strengthening and Promotion Teams consisting of 4 to 5 persons visited most of the 42 “old districts” for strengthening and promotion of the Vitamin A capsule supplementation program. The teams found that most of the districts could not conduct Female Community Health Volunteer (FCHV) refresher/review meetings due to unavailability of the budget. The failure to conduct refresher/review meetings led to difficulty in handing over Vitamin A capsules in time (because the usual practice is Vitamin A capsules are distributed during refresher/review meetings). The districts which could not conduct FCHV Refresher Meeting during this quarter are:

Darchula  
Humla  
Dolpa  
Myagdi

Jhapa  
Jumla  
Dailekh  
Palpa

Nawalparasi  
Kalikot  
Parbat  
Morang

Dadeldhura  
Mugu  
Gulmi

- NTAG along with Child Health Division, the Ministry of Health (MOH) organized the Annual Vitamin A Review Meeting. The meeting was chaired by the Director General and convened with the following objectives: i) orientation on Vitamin A program and its present status, ii) discussion with Regional Directors on how to monitor the program, iii) discussion of problems raised during implementation of the program and possible solutions; and iv) discussion on how to sustain the program after the withdrawal of funding. Dr. Govind Prasad Ojha, Director of Child Division, Dr. Laxmi Raj Pathak, Director, FHD, Dr. Saroj Rajendra, Chief, Nutrition Section, Dr. Chhatra Amatya, Chief, NHIECC, representatives from JSI, USAID and concerned departments and five Regional Health Directors participated in the meeting.
- During the April round of capsule supplementation 400 mg Albendazole tablets provided by NAAA-Mago sales were distributed through PHCs in 12 VDCs under Kanchanpur PHC of Saptari District. Approximately 7,000 children 2-5 years of age received the tablets.
- Vitamin A songs and poems composed during trainings by FCHVs of Bhojpur and Tehrathum districts were compiled and selected ones will be published in the Amrit Newsletter.
- Vitamin A magic shows were staged at Campion College Fete 1999 at Jawlakhel and at the UMN Offices in Kathmandu and Taplejung.
- Leaflets printed by UNICEF on Vitamin A capsule supplementation dates and messages were distributed in all program districts through NGOs, I/NGOs, Local Clubs, Health Staff, etc.
- To increase awareness of Vitamin A supplementation dates, time and venue, miking was done in 8 Eastern districts (Jhapa, Morang, Sunsari, Panchthar, Ilam, Dhankuta, Siraha and Saptari), 5 Central districts (Dhanusa, Mahotari, Bara, Parsa and Rautahat), 2 Western districts (Nawalparasi and Rupendehi), 2 Mid-Western districts (Banke and Bardia) and 2 Far-Western districts (Kailali and Kanchanpur). Cinema slides were also shown with the same objective in most cinema halls of the Terai.
- Audio cassettes on Vitamin A messages were developed and distributed in mass gathering places, “pan pasal”, restaurants, etc. Information on the Vitamin A capsule supplementation program in different languages were developed and broadcasted from central and regional radio stations.
- TV spots on the Vitamin A program and Vitamin A messages were developed and shown for two weeks prior to the capsule supplementation dates.
- NTAG teams were sent to expansion districts for developing training schedules. The completed training schedules were sent to DPHOs, NGOs and INGOs of the program districts.

**Discussion:**

- The Vitamin A trainings for all three levels (district, health facility, community) could not be initiated as scheduled because of the 2<sup>nd</sup> Phase General Parliamentary Election held May 17, 1999. The election compelled the training to be delayed until June 1, 1999.

| <b>EOP Result:</b>   | <b>Yr. 2 Milestone:</b> | <b>Progress Towards Milestone<br/>This Quarter:</b> |
|--|-------------------------|---|
| b) National average of 70 percent of children in target area 6 – 60 months of age who have received vitamin A capsule during national capsule distribution day | <b>70%</b>              | <b>98%</b>  |

#### Major Activities this Quarter:

- Mini-survey questionnaire was edited and printed. Panchthar, Ilam, Khotang, Bhojpur, Mustang, Manang, Dhankuta and Tehrathum districts were selected for the survey.
- Mini-survey teams were given a 3-day orientation on survey tools and methodology. The field practice on mini-survey was done in Dhadikot VDC of Bhaktapur district on April 26. Three mini-survey teams were formed and sent to selected districts to conduct the mini-survey. The statistical assistants of each district where the mini-survey was conducted were trained and used as enumerators.
- The results of the mini-survey are:

| Districts      | Phase    | Coverage (%) |
|----------------|----------|--------------|
| Mustang        | Phase-X  | 98           |
| Panchthar      | Phase-XI | 98           |
| Ilam           | Phase-XI | 97           |
| Khotang        | Phase-XI | 99           |
| Bhojpur        | Phase-XI | 99           |
| Manang         | Phase-X  | 98           |
| Tehrathum      | Phase-XI | 100          |
| Dhankuta       | Phase-XI | 99           |
| <b>Average</b> |          | <b>98.5</b>  |

- Twenty-three JSI Central and Field Level staff monitored the April round of Vitamin A distribution in 200 sites of 18 districts.
- JSI Child Health Field Officers (CHFOs) conducted supervisory visits to support Vitamin A activities at 243 health facilities and interviewed 265 FCHVs in NVAP districts.

#### Other Nutrition:

- JSI Child Health Field Officers tested the iodine content of salt at 947 locations and found that 88% of salt samples had at least some iodine content (defined as 7, 15 or 30 PPM)<sup>1</sup>

<sup>1</sup>There is not consensus on the level of accuracy of salt testing solutions. While some data suggest that trained observers can differentiate between the color change reflecting different levels of iodine, most feel the solutions provide a 'presence or absence' reading. Programmatically it is helpful to know whether household salt has been iodized (presence of any iodine), hence the reporting of this proportion. The proportion of adequately iodized salt reported (greater than 30ppm) is likely to represent a wide range, given the limitations of the salt test solution

- CHFOs reviewed growth monitoring and iron supplementation activities at 131 health facilities in different regions of Nepal.

**Discussion:**

- The mini-survey could not be completed as scheduled in the Vitamin A workplan because of the election held on May 17, 1999. However, in all districts except Dhankuta and Terathum arrangements were made to conduct the survey prior to May 17, 1999. The local administration did not allow the mini-survey in Dhankuta and Terathum districts before the election. The survey team was able to conduct the mini-survey in Dhankuta and Terathum after May 20, 1999.
- The mini-survey could not be conducted in Kalikot district due to Maoist activities. The plan to conduct the mini-survey in a near-by district, Jumla, had to be canceled due to unavailability of flights to Jumla.

| EOP Result:   | Yr. 2 Milestone: | Progress Towards Milestone:<br>This Quarter: |
|---|------------------|--|
| c) 75 districts reporting use of Vitamin A case management protocols, including measles case management, through HMIS | 20 districts     | 64 Districts<br>(from HMIS Annual Report)    |

#### Major Activities this Quarter:

- Since HMIS Section, MOH did not receive VAC use data from some districts on time, third trimester (March - July) data has not been reported. The data presented above is from the HMIS annual report (mid-July 98 - mid-July 99) prepared on the basis of reports received from HMIS.
- Review of the HMIS data of annual report (Mid-July 98- Mid-July 99) revealed that 11 districts did not report any case treatment. Among these, eight districts (Darchula, Humla, Kalikot, Mugu, Mustang, Mahotari, Khotang, Siraha) are NVAP districts and 3 districts (Jajarkot, Ramechhap, Taplejung) are non-NVAP districts.
- From the new fiscal year (2056/57) HMIS has agreed to modify its form and include the number of cases treated with Vitamin A capsules. The number of children dosed during the mass capsule distribution will be placed under the miscellaneous section of the HMIS form.
- Meeting was held with CEDPA and Nepal Safe Motherhood staff on how the local community could be best informed about case treatment and post-partum dosing and monitoring of these services in the health posts.
- Dr. Govinda Prasad Ojha, Director, CHD and Dr. Saroj Rajendra, Chief, Nutrition Section were briefed on the status of the case treatment protocol and post-part dosing.
- NTAG and JSI staff participated in the 2-day workshop in Dharan on case treatment protocol and post-partum dosing and discussed ways case treatment and post-partum dosing could be made more effective.
- NTAG shared information and ideas on case treatment and post-partum dosing with Nepal Family Planning Office and PLAN International office in Banke and requested these organizations to introduce case treatment and post-partum dosing in their regular clinics and service centers.
- To facilitate distribution Vitamin A IEC materials on case treatment and post-partum dosing were distributed in Banke district to the District Public Health Office, Nepal Family Planning Office, PLAN International, JSI Nepalgunj office, Phattewal Eye Hospital and Bheri Zonal Hospital.
- Provided orientation to 171 health post and sub-health post staff of 4 districts (Taplejung-38, Udayapur - 47, Sankhuwasabha - 44, Okhaldhunga - 42) during District Level Introductory Training.

# National Control of Acute Respiratory Infection Program

| EOP Result:   | Yr 2 Milestone:    | Progress Toward Milestone This Quarter: |
|---|--------------------|---|
| a) Fourteen districts will participate in the National Community-based ARI Program. | <b>8 Districts</b> | <b>11 Districts</b>                     |

## Major Activities This Quarter:

- Expansion of the community-based ARI program continued during this quarter with traditional healers orientation in 2 new districts (Rasuwa and Bajura) and second phase FCHV Training in 3 new districts (Rasuwa, Bajura, Siraha).
- JSI Central/Field Level staff and I/NGO partners provided technical assistance for the following trainings:

| Districts | Traditional Healer Orientation | 2nd Phase FCHV Training |            |
|-----------|--------------------------------|-------------------------|------------|
|           |                                | FCHVs                   | VHVs/MCHVs |
| Rasuwa    | 47                             | 159                     | 27         |
| Bajura    | 69                             | 227                     | 42         |
| Siraha    | *                              | 973                     | 170        |
|           | 116                            | 1359                    | 239        |

\* completed in previous period.

- Provided technical assistance to prepare CB-IMCI (Community-Based Integrated Management for Childhood Illnesses) workplan and budget for 1999/2000 for expansion to Nawalparasi, Bardiya and Kanchanpur districts.
- Provided technical assistance to revise the DDC/VDC orientation booklet and DDC/VDC orientation chart.
- Facilitated the supply of 300 MCHW bags to 5 districts: Rasuwa, Siraha, Rauthat, Bara and Bajura.
- Provided technical assistance to conduct district level monitoring meeting in the following districts:

| Districts | Participants |     |          |
|-----------|--------------|-----|----------|
|           | HA/SAHW      | AHW | VHW/MCHW |
| Parsa     | 12           | 53  | 5        |
| Makwanpur | 10           | 30  | 13       |
| Total     | 22           | 83  | 18       |

- Provided technical assistance to conduct ARI Refresher Training in Sunsari for the following participants - FCHVs - 428, VHW/MCHW - 87.
- JSI staff facilitated the orientation of CDD/ARI focal persons from 5 District Health Offices (Bajura, Rasuwa, Bara, Rauthat, Siraha) and I/NGOs working in these districts. A total of 13 persons participated in the 3 day orientation in Bharatpur. The objectives were: to clarify the roles and reporting mechanisms; to develop monitoring skills; to become familiar with checklists and summary sheets to be used. These objectives were achieved through discussions and the conduct of field practice at all levels. This was also very helpful to remind I/NGOs partners to collect the monitoring reports and send them regularly to JSI for collating and data analysis.

#### **Discussion:**

- CDD/ARI Section wanted to rapidly expand the community-based ARI Program. The program being community-based needs extensive monitoring and supervision. CDD/ARI Section and its partners do not have enough manpower to support this activities. Therefore, partners were sought for collaboration; CARE, SCF/US, ADRA and PLAN have shown keen interest to work with Community-Based ARI in Bajura, Siraha, Rasuwa and Bara/Rauthat districts respectively. CDD/ARI Section, JSI and the partners worked together to develop a plan for monitoring training based on results from each district planning workshop. JSI and partners are making supervision and monitoring visits and providing feedback to DHO and the CDD/ARI Section.
- MASS provided logistical support for the training and orientation activities described above and supported administrative staff for the Child Health Division (CHD) as per the supplemental workplan.
- MASS provided support for supervisory visits by two CHD staff to two districts.
- MASS provided necessary logistics support (diskettes, ring file, pens, photocopy paper, paper cutter, glue sticks, envelopes, punching machine, stapler pin, heavy duty punching machine and mouse pad) to CHD.

|  |                        |   |
|--|------------------------|---|
| <b>EOP Result:</b>   | <b>Yr 2 Milestone:</b> | <b>Progress Toward Milestone<br/>This Quarter:</b>                            |
| b) Sixty percent of children 0-60 months of age with pneumonia symptoms will be referred or treated appropriately by FCHVs and VHVs in target districts. | <b>60%</b>             | <b>82%</b> (Treated and Referred)<br><b>94%</b> (Marking consistent age/dose) |

**Major Activities This Quarter:**

- JSI's Child Health Field Officers conducted monitoring visits in support of the ARI program as follows:

| Level           | # of visits |
|-----------------|-------------|
| Health Post     | 56          |
| Sub-Health Post | 71          |
| Community       | 642         |

**Pneumonia Symptoms Knowledge and Skill of the CHWs Assessed During Supervision by CHFOs:**

| District Category  | Knew 2 Cut Off Rates | Counted RR Rate Correctly | Knew 4 or More than 4 danger signs | Knew Cotrim dose for 2 age groups | Had Cotrimoxazole |
|--------------------|----------------------|---------------------------|------------------------------------|-----------------------------------|-------------------|
| <b>A (228)</b>     | 96%                  | 98%                       | 95%                                | 98%                               | 75%               |
| <b>B (414)</b>     | 82%                  | 81%                       | 95%                                | 88%                               | 69%               |
| <b>Total (642)</b> | <b>87%</b>           | <b>87%</b>                | <b>95%</b>                         | <b>91%</b>                        | <b>71%</b>        |

*A districts - commenced before 1998/99 (Jhapa, Morang, Sunsari, Makwanpur, Parsa, Chitwan)*

*B Districts - commenced in 1998/99 (Siraha, Rautahat, Bara, Rasuwa, Bajura)*

- CHFOs distributed 51,430 cotrimoxazole tablets, 37 timers, and 315 other ARI materials to health facilities and community level health workers.
- A follow-up study to determine effectiveness of orientation given to traditional healers (Dhami/Jhankris) on CDD/ARI was conducted. The final report was prepared and sent for printing. The dissemination of the report will be carried out in next quarter.
- JSI/Hetauda CHFO facilitated an observation visit by staff of SCF(US), Nuwakot to observe the ARI program in Chitwan and Makwanpur districts.

**Discussion:**

- During regular monitoring visits, CHFOs collected treatment data on community health workers (CHWs) performance. CHWs had followed-up 1903/2313 (82%) of the 10 most recent treated cases. They followed up 162/204 (79%) of the 10 most recent referred cases for a total follow-up of 2065/2517 (82%) of treated or referred cases. Their records were correct in 94% (2165/2313) of cases showing the appropriate cotrimoxazole dose according to age group.

## National Control of Diarrheal Disease Control Program

| EOP Result:   | Yr 2 Milestone:  | Progress Toward Milestone<br>This Quarter: |
|---|------------------|--|
| a) The MOH will distribute at least 1,100,000 ORS packets per year. | <b>1,100,000</b> | <b>1,648,616*</b>                          |

\*Distributed during July 98 - April 1999

### Major Activities This Quarter:

- CHFOs conducted supervisory visits to support CDD/ARI/Child Health activities in 18 districts (in addition to ARI program supervision):

| Level of Visits        | # of Visits |
|------------------------|-------------|
| District Health Office | 23          |
| Health Post            | 56          |
| Sub-Health Post        | 75          |
| VHW/MCHW               | 79          |
| FCHV                   | 211         |
| <b>Total</b>           | <b>444</b>  |

- CHFOs distributed: ORS -2,807 packets; blue measuring cups - 172; oral pills -102 cycles; condoms - 6,070; Depo - 870; CDD/ARI Posters (5 types) - 271 sets; other IEC materials - 339; ORT Corner - 21; other (Vitamin A Treatment Protocols, mother's booklets, scissors, Vitamin A capsules) - 168.
- CHFOs monitored the adequacy of storage standards in 61 health facilities.
- Provided training to 58 peons in Bardiya district on management of diarrheal diseases and importance of Vitamin A. JSI/Nepal Mid-Western CHFO is following-up. A final report will be prepared comparing the pre, post and follow-up knowledge displayed by the trained peons.

### Discussion:

- Eighty-four percent of the 131 health facilities visited had ORS stock on the day of the visit and 79% (103/131) had ORT/corner materials but only 84% of the 103 ORT/corners were functioning.
- Eighty-three percent of the visited HFs had measuring devices for preparation of ORS. Staff at eighty-two percent of the HFs which had measuring devices could measure the correct volume of water.
- Fifty-one percent of the 211 FCHVs interviewed had ORS on the day of the visit and 95% were able to demonstrate the correct preparation, including the correct volume of water.

## National Female Community Health Volunteer Program

| EOP Result:  | Yr 2 Milestone: | Progress Toward Milestone<br>This Quarter:   |
|--|-----------------|--|
| a) 75 Percent of active FCHVs reporting provision of MCH services to their MOH supervisors | 55%             | <b>FCHVs reported* distributing commodities in past one month as follows:</b><br><b>ORS - 37%</b><br><b>Condoms - 69%</b><br><b>Pills - 38%</b><br><b>At least one Activity - 78%</b><br><b>Vitamin A - 97% (last round)</b> |

\*During interviews with JSI CHFO and DHO Staff

### Major Activities This Quarter:

- CHFOs and DHO staff conducted interviews with 211 FCHVs and collected information on the services (ORS, condoms and oral pill distribution) provided. Results are summarized under "Progress Toward Milestone".
- CHFOs and DHO staff conducted interviews with 265 FCHVs (in NVAP districts) and collected information on their participation during the last round of Vitamin A capsule distribution.

### Activities of the Program Officer/FCHV

- Participated in the meeting held at Family Health Division (FHD), Teku on May 4, 1999. The meeting was under the chairmanship of Dr. L.R. Pathak, Director, FHD. Participants from FHD and NHTC and representatives from UNICEF, UNFPA, USAID and JSI discussed Female Community Health Volunteer Program activities and budget for fiscal year 2056/57 (1999-2000).
- Participated in the Family Planning Assistants (FCHV focal person at the district health office) Workshop held at Hetauda, from May 27-29, 1999.
- Assisted the Section Chief, FCHV Section, Family Health Division in preparing the workplan of the FCHV Program for fiscal year 2056/57 (1999-2000).
- Assisted NHTC staff in preparing FCHV training activities for the fiscal year 2056/57 (1999-2000).
- Made field visits to Mahotari, Siraha, and Jhapa districts to observe and participate in the FCHV review/refresher meetings held at health facilities.
- Visited Rautahat district to support the Vitamin A distribution program.
- Visited Rautahat district to monitor ARI program activities.

**Discussion:**

- MASS provided logistical support for supervisory visits by one staff from FCHV/FHD to two districts and supplied stationery to FCHV Section/FHD.
- MASS provided support for the FCHV program exchange visits. Sixteen FCHVs from the Far Western Region were taken to Kathmandu and Kaski (Pokhara).
- Hired Office Secretary for Family Health Division as per recommendation of Director, FHD.

## National Traditional Birth Attendant Program

|  |  |  |
|--|--|--|
| <b>EOP Result:</b><br>a) Supplemental Workplans for the National Traditional Birth Attendant Program successfully implemented each year. | <b>Yr 2 Milestone:</b><br>2055/56 workplan completed | <b>Progress Toward Milestone This Quarter:</b><br>Supplemental Workplan Implementation in Progress |
|--|--|--|

### Major Activities This Quarter

- Funds budgeted for printing of a TBA manual, after approval from USAID/N, were used to procure 510 TBA Kit Boxes from MCH Products Pvt. Ltd. The kits were supplied to LMD.

## National Family Planning Program

|   |   |  |
|---|---|--|
| <p style="text-align: center;"><b>EOP Result:</b></p> <p>a) Supplemental workplans for the National Family Planning Program successfully implemented each year.</p> | <p style="text-align: center;"><b>Yr 2 Milestone:</b><br/><b>2055/56</b><br/><b>Workplan</b><br/><b>Completed</b></p> | <p style="text-align: center;"><b>Progress Toward Milestone</b><br/><b>This Quarter:</b></p> <p style="text-align: center;"><b>Supplemental workplan</b><br/><b>implementation in progress</b></p> |
|---|---|--|

### Major Activities This Quarter:

- Facilitated supervisory visits by the LMD Staff to four medical stores and the NHTC Director to follow-up comprehensive family planning programs in Janakpur and Pathlaiya.
- MASS provided logistical support for the following training activities:

| Activities                       | Participants |
|----------------------------------|--------------|
| IUD/NORPLANT Program Orientation | 42           |
| IUD Basic Training               | 10           |
| OT Management/IP Training        | 12           |
| COFP Training                    | 170          |
| Counseling Training              | 108          |
| NORPLANT Basic Training          | 8            |
| Post Abortion Care Training      | 14           |
| <b>Total</b>                     | <b>364</b>   |

- Reimbursement was made to mission hospitals/NGOs for the following per-case support:

| Procedure           | Organization           | Number      |
|---------------------|------------------------|-------------|
| Sterilization Cases | Mission/AMDA Hospitals | 148         |
| Sterilization Cases | FPAN/BPMHF             | 3431        |
| Minilap/Vasectomy   | ADRA                   | 96          |
| Vasectomy/TL        | Marie Stopes           | 293         |
| <b>Total</b>        |                        | <b>3968</b> |

- Provided USAID/N-loaned vehicle to FHD and NHTC for supervision visits and NSV on-site followup.
- Provided logistics support to VSC Management Workplan for Family Planning Assistants (FPAs) held in Hetauda and Pokhara. Total participants - 73.
- Reimbursed CRS Company Pvt. Ltd for the supply of 1,700 packets of VIREX and Radio Broadcasting Service for airing family planning radio jingles and spots.
- Printed and delivered to NHTC 3,506 copies of 25 different Family Planning Training Manuals.

## Department of Health Services Financial Section

| EOP Result   | Yr 2 Milestone:  | Progress Toward Milestone<br>This Quarter:              |
|--|--|---|
| <p>a) Statements of expenditure and request for reimbursement report for MOH Redbook support submitted correctly to USAID on time each year beginning in 1998.</p> | <p><b>2055/56<br/>statements<br/>submitted on<br/>time</b></p> | <p><b>*2054/55 statements submitted<br/>on time</b></p> |

\*See note page 22

### Major Activities this Quarter:

- MASS helped in the preparation and compilation of a statement of expenditures of NFY 2055/2056 amounting to Rs. 4.36 million for Family Planning and FCHV activities of NHTC and Rs. 2.53 million for CDD/ARI activities for National Health Education, Information and Communication Centre for submission to USAID/N for reimbursement.
- MASS prepared a brief report on the process of rectification of discrepancies between Workplan and Redbooks budget for NFY 2055/2056 (1998/1999) and forwarded the report to JSI/Nepal as well as to each division/centre of the Department of Health Services.
- MASS helped in the process and preparation of FP/FHD, FP/FCHV/NHTC and CDD/ARI/NHEICC Workplan Budgets for Redbook, NFY 2056/2057 (1999/2000).
- MASS staff visited Kavre (Dhulikhel) District Health Office in June 1999. Concerned officials were found in confusion in programming and program-wise accounting activities. All areas were discussed in detail and necessary financial documents were reviewed, thereby easing their confusion.

### Discussion:

During the next three months MASS will:

- Assist in the preparation of Implementation Letter (USAID/N budget commitment) documents for NFY 2056/2057 (1999/2000).
- Follow-up activities for release of Redbook funds for NFY 2056/2057 (1999/2000) and in contact with the Office of the Financial Comptroller General, MOF regarding Implementation Letter (IL) documents.
- Assist in collecting and preparing expenditure reports of NFY 2055/2056 (1998/1999) for submission to USAID/N for reimbursement claims.

| <b>EOP Result:</b>  | <b>Yr 2 Milestone:</b>                 | <b>Progress Toward Milestone<br/>This Quarter:</b>   |
|---|--|--|
| b) Financial audits and reviews, beginning in 1998, reveal no significant problems in tracing financial information, and documentation is readily available for the review. | <b>95 % of 2055/56 costs allowable</b> | <b>*100% of 2054/55 expenditure reports submitted to USAID/N by mid-Feb 1999 deadline were allowable</b> |

\* Note: USAID/N's office of Financial Management (FM) has a mid-Feb deadline for submission of requests for reimbursement for the previous Nepali fiscal year. In this case the 97/98 (2054/55) accounts were submitted on time by mid-February 1999 and according to the Department of Health Services/MASS report, 100% of costs were allowable. However, only 65% of budgeted funds were actually expended. (See attached statement) For fiscal year 2055/56 (98/99) claims must be submitted by February 2000 and will be reported next year.

**Major Activities this Quarter:**

- Provided detailed information on the process for maintaining program-wise accounts and reports required for reimbursement, per USAID/N accounting procedures.

**Discussion:**

During the next three months MASS will assist with the following activities:

- Field visits in consultation with Financial Section, DHS to:
  - a) check and collect statements of expenditures; help in preparing and submitting in time;
  - b) discover the nature of problems in submitting reports timely and assist in solving such problems.
- MASS performance in providing financial management support to Financial Section of DHS will be compiled in a report that will provide information on various difficulties in budgeting and accounting activities.

**From April 1 - June 30/99**  
**RESULTS OF RECORD\* REVIEW FOR PNEUMONIA CASES**  
**TREATED OR REFERRED BY COMMUNITY HEALTH WORKERS (FCHVs/VHWs/MCHWs)**

| District Category | # Inter'd  | # / % of VHW/MCHWs//FCHVs who treated cases |              | Cases Treated             |  |   |             | # / % of VHWs/MCHWs/FCHVs who referred cases |           | Referred Cases            |   |            |              |
|-------------------|------------|---|--------------|---------------------------|--|---|-------------|--|-----------|---------------------------|---|------------|--------------|
|                   |            |   |              | # of 10 most recent cases | # / % of Cases marking consistent age and dose | # / % of Cases marking third day followup |             |  |           | # of 10 most recent cases | # / % of cases marking third day followup |            |              |
| A                 | 228        | 200   | (88%)        | 1576                      | 1503   | (95%)                                     | 1335        | (85%)  | 47        | (21%)                     | 146                                       | 120        | (82%)        |
| B                 | 414        | 230   | (56%)        | 737                       | 662  | (90%)                                     | 568         | (77%)  | 42        | (10%)                     | 58  | 42         | (72%)        |
| <b>Total</b>      | <b>642</b> | <b>430</b>                                  | <b>(67%)</b> | <b>2313</b>               | <b>2165</b>                                    | <b>(94%)</b>                              | <b>1903</b> | <b>(82%)</b>                                 | <b>89</b> | <b>(14%)</b>              | <b>204</b>                                | <b>162</b> | <b>(79%)</b> |

\* 10 most recent cases/health worker.

A - (Jhapa, Morang, Sunsari, Makwanpur, Chitwan, Parsa ) commenced before 1998/99

B - (Siraha, Bara, Rauthat, Rasuwa, Bajura) commenced in 1998/99

Milestone Indicator of This Quarter is

Marking consistent age and dose: 94%

Marking third day followup: 82%

**John Snow Inc. / Nepal**  
**Nepal Logistics and Child Health Support Services Project**  
**Contract # 367-C-00-97-00082-00**  
**April 1 - June 30, 1999**

| SERVICES  | TOTAL<br>BUDGETED<br>AMOUNT | EXPENDITURES<br>AS AT<br>Mar 31, 1999 | EXPENDITURES<br>THIS QUARTER<br>(Apr/May/Jun) | REMAINING<br>UNEXPENDED<br>BALANCE |
|---|-----------------------------|---------------------------------------|---|------------------------------------|
| egrated Logistics                               | \$2,617,390                 | \$816,473                             | \$131,442                                     | \$1,669,475                        |
| min A Deficiency Control Program                | 3,707,719                   | 1,419,074                             | 180,113                                       | 2,108,532                          |
| piratory Infection/Diarrheal D. Control Program | 2,248,232                   | 633,744                               | 129,842                                       | 1,484,646                          |
| ale Community Health Volunteer                  | 508,984                     | 133,230                               | 28,638  | 347,116                            |
| ditional Birth Attendant Program                | 343,439                     | 69,443                                | 6,367   | 267,629                            |
| ily Planning Program                            | 1,501,898                   | 290,436                               | 108,524                                       | 1,102,939                          |
| H Service Finance Services                      | 229,317                     | 39,961                                | 4,937   | 184,419                            |
| itational Travel                                | 122,867                     | 25,301                                | 6270  | 91,296                             |
| ticipant Training                               |                             |                                       |   |                                    |
| ipment  | 50,500                      | 116,331                               |   | (65,831)                           |
| al Field Expenditures for June, 1999            |                             |                                       | 128,590                                       |                                    |
| ed Fee  | 619,790                     | 177,207                               | 29,807  | 412,776                            |
| <b>Total Costs Plus Fixed Fee</b>               | <b>\$11,950,136</b>         | <b>\$3,721,200</b>                    | <b>\$754,528</b>                              | <b>\$7,474,406</b>                 |

**NEPAL LOGISTICS AND CHILD HEALTH SUPPORT SERVICES PROJECT  
CONTRACT #367-C-00-97-00082-00**

**OBLIGATION INFORMATION**

**CONTRACT START DATE: June 15, 1997**

**CONTRACT END DATE : June 14, 2002**

**07/28/99**

| Obligation         | Contract Modification No | Obligated Amount      | Fund Cover Period |
|--------------------|--------------------------|-----------------------|-------------------|
| June 25, 1997      | Original                 | \$851,961.00          | October 30, 1997  |
| September 28, 1997 | #1                       | \$2,000,000.00        | June 15, 1998     |
| October 16, 1998   | #3                       | \$2,000,000.00        | July 31, 1999     |
| June 24, 1999      | #4                       | \$1,627,200.00        | March 31, 2000    |
|                    | <b>Total Obligated</b>   | <b>\$6,479,161.00</b> |                   |

**Total Obligated Amount (+) \$6,479,161.00**  
**Spent as of June, 1999\* (-) \$4,475,883.00**  
**Balance Obligated Amount for the period 6/99 - 3/00 \$2,003,278.00**

| Month      | Estimated Expense Monthly Average | Balance obligated Amount |
|------------|-----------------------------------|--------------------------|
| July, 1999 | \$250,000.00                      | \$1,753,278.00           |
| Aug, 1999  | \$250,000.00                      | \$1,503,278.00           |
| Sep, 1999  | \$250,000.00                      | \$1,253,278.00           |
| Oct, 1999  | \$250,000.00                      | \$1,003,278.00           |
| Nov, 1999  | \$250,000.00                      | \$753,278.00             |
| Dec, 1999  | \$250,000.00                      | \$503,278.00             |
| Jan, 2000  | \$250,000.00                      | \$253,278.00             |
| Feb, 2000  | \$250,000.00                      | \$3,278.00               |
| Mar, 2000  | \$250,000.00                      | (\$246,722.00)           |

**Note: Contract Modification No.2 - Integrate budget of CLINs 300 and 400 into one CLIN 300.**

**\*including Nepal June, 1999 expenses.**

# Department of Health Services

## Status of Expenditures Report for USAID/N Supported Activities NFY 2054/2055 (1997/1998)

(Amount in Rs.)

| S.N.         | Programs   | Annual Budget        | Claim Submitted for reimbursement | Percent % |
|--------------|--|----------------------|-----------------------------------|-----------|
|              |  | (A)                  | (B)                               | B/A*100   |
| 1            | FCHV Training (NHTC) (70-5-760)                  | 15,900,000.00        | 10,755,362.00                     | 68        |
| 2            | TBA Training (NHTC) (70-5-760)                   | 3,718,000.00         | 1,983,111.00                      | 53        |
| 3            | FP Training (NHTC) (70-4-760)                    | 2,987,000.00         | 1,569,092.00                      | 53        |
| 4            | CDD Program (NHEICC) (70-4-750)                  | 2,885,000.00         | 2,033,955.70                      | 71        |
| 5            | CDD Activity (CHD) (70-5-750)                    | 600,000.00           | 310,790.00                        | 52        |
| 6            | ARI Program (NHEICC) (70-4-750)                  | 960,000.00           | 782,000.00                        | 81        |
| 7            | FP Advertisement (NHEICC) (70-4-451)             | 300,000.00           | 300,000.00                        | 100       |
| 8            | FP Activities (FHD) (70-5-451)                   | 21,688,700.00        | 13,753,724.00                     | 63        |
| 9            | FCHV Program (FHD) (70-4-454)                    | 1,200,000.00         | 1,063,670.00                      | 89        |
| 10           | Vitamin 'A' (Nutrition) Program (CHD) (70-4-474) | 996,830.00           | 697,510.00                        | 70        |
| 11           | Vitamin 'A' (Nutrition) Program (CHD) (70-5-474) | 2,080,000.00         | 1,235,303.00                      | 59        |
| <b>Total</b> |  | <b>53,315,530.00</b> | <b>34,484,517.70</b>              | <b>65</b> |