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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 18, 2000.

Ms. Catherine Thompson,  
Acting Chief, Office of  
Health and Family Planning,  
USAID/Nepal.

**Subject:** Contract: 367-C-00-97-00082-00  
Nepal Logistics and Child Health Support Service Project  
Quarterly Report: April 1 - June 30, 2000.

Dear Cathy, *Cathy*

Please find herewith our quarterly report for the period April 1 through June 30, 2000. I would be happy to answer any questions that you might have about this report, and look forward to receiving your feedback.

Yours sincerely,

Penny Dawson,  
Team Leader,  
JSI/Nepal.

cc. Lyndon Brown, JHU CS Fellow, 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: April 1, 2000 - June 30, 2000

## 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 \$14,201,240.

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:

- 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
- 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.

## JSI Quarterly Report Acronyms and Abbreviations

ACDP	Annual Commodity Distribution Program
ADRA	Adventist Development Relief Agency
AHW	Auxiliary Health Worker
AIDS	Acquired Immune Deficiency Syndrome
AMDA	Asian Medical Doctors Association
ANM	Assistant Nurse Mid-wife
ARI	Acute Respiratory Infections
CBAC	Community-Based ARI/CDD
CDD	Control of Diarrheal Diseases
CDP	Community Drug Program
CFWC	Chhetrapati Family Welfare Center
CHFO	Child Health Field Officers (JSI staff)
CHW	Community Health Workers (FCHV, VHW/MCHW)
COFP	Comprehensive Family Planning
CPT	Contraceptive Procurement Table
CR	Central Region
CRS	Contraceptives Retail Sales Company
CWH	Central Warehouse, Teku
D/J	Dhami/Jhankri
DA	Daily Allowance
DC	District Clinic
DDC	District Development Committee
DFID	Department for International Development (British Agency)
DHO	District Health Office
DHS	Department of Health Services
DOQIM	Determining Order Quantities in Inventory Management
DOTS	Directly Observed Treatment, Short Course
DPHO	District Public Health Officer
EOP	End of Project
EPI	Expanded Program for Immunization
ER	Eastern Region
FCHV	Female Community Health Volunteer
FEFO	First Expiry, First Out
FP	Family Planning
FPA	Family Planning Assistant
FPAN	Family Planning Association of Nepal
FPLM	Family Planning Logistics Management Project
FWR	Far-Western Region
HF	Health Facility
HMG/N	His Majesty's Government/Nepal
HMIS	Health Management Information Systems
HP	Health Post
HPI	Health Post Incharge
I/NGO	International Non-Governmental Organization
ICP	Inventory Control Procedure
IEC	Information, Education and Communication
IUD	Intra Uterine Devices
IVACG	International Vitamin A Consultative Group
JICA	Japan International Cooperation Agency
JSI	John Snow, Incorporated
KfW	Kreditanstalt für Wiederaufbau (German Agency)
LCHSSP	Logistics and Child Health Support Services Project

LMD	Logistics Management Division
LMIS	Logistics Management Information System
LMT	Logistics Management Team of JSI/N
LSIP	Logistics System Improvement Plan
MASS	Management Support Services Pvt. Ltd.
MCHW	Maternal Child Health Worker
MOEC	Ministry of Education and Culture
MOH	Ministry of Health
MOLD	Ministry of Local Development
MOS	Month of Stock
MSC	Marie Stopes Clinic
MST	Mass Support Team
MWR	Mid-Western Region
NFHS	Nepal Family Health Survey
NFY	Nepali Fiscal Year
NGO	Non-Governmental Organization
NHEICC	National Health Education, Information and Communication Center
NHTC	National Health Training Centre
NID	National Immunization Day
NRCS	Nepal Red Cross Society
NRs	Nepal Rupees
NSV	No-Scalpel Vasectomy
NTAG	Nepali Technical Assistance Group
NVAP	National Vitamin A Program
OPD	Out Patient Department
ORS	Oral Rehydration Salt
ORT	Oral Rehydration Therapy
PAC	Post Abortion Care
PFHP	Population and Family Health Project
PHC	Primary Health Care
PIU	Project Implementation Unit, Department of Health Services
RHD	Regional Health Directorate
RLA	Regional Logistics Advisor (JSI staff)
RMS	Regional Medical Store
RPM	Rational Pharmaceutical Management Project
RR	Respiratory Rates
RTC	Regional Training Centre
SDC	Swiss Development Cooperation
SHP	Sub-Health Post
SPN	Sunaulo Parivar Nepal
TOT	Training of Trainers
TWH	Transit Warehouse, Pathalैया
UMN	United Mission to Nepal
UNFPA	United Nations Fund for Population Activities
UNICEF	United Nations Children Fund
USAID	United States Agency for International Development
VAC	Vitamin A Capsules
VDC	Village Development Committee
VHW	Village Health Worker
VSC	Voluntary Surgical Contraception
WHO	World Health Organization
WR	Western Region

## Integrated Logistics Management

EOP Result	Year 3 Milestone	Progress Toward Milestone
a) LMIS fully functioning in all 75 districts with 80 percent of functioning facilities reporting in a timely and accurate manner.	70%	78%

### Major Activities

- District and Regional LMIS Feedback Reports (3<sup>rd</sup> quarter, 2056/57) were generated/checked and dispatched to all districts and regions.
- Under purchase order from JSI MASS staff, on behalf of the Logistics Management Division (LMD), entered 3,287 LMIS quarterly reporting forms.
- Development of the computer program "Inventory System for Regional Medical Stores" was completed. The program is installed and operational at RMS, Nepalgunj. The store in-charge was trained on the operation of the system.
- Development of Windows-based Logistics Management Information System for LMIS Unit, LMD/Teku was completed. The local consultant is working on finalizing a Users' Manual and a Technical Manual.
- May 2000 Pipeline Report was prepared and circulated among Donor Agencies and concerned Divisions of Department of Health Services (DHS).
- Stock book and Quarterly LMIS Forms for RMSs, District Stores and Health Facilities for NFY 2057/58 were printed and distributed to all 75 Districts and all Regional Medical Stores.

### Discussion

- Stock books for Health Posts and Sub Health Posts were designed and printed to last two fiscal years. This will result in future significant cost reductions for this item.
- The purchase order from JSI to MASS that covers operating of LMIS runs through 15 July 2000. The proposal under consideration is for LMIS Unit salaries, reproduction expenses, costs for distribution of reports and for the printing of LMIS forms for NFY 2058/59 be covered by the NFY 2057/58 Family Planning Supplemental Workplan.

EOP Result	Year 3 Milestone	Progress Toward Milestone
b) 70 percent of sample storage facilities at each level meet acceptable standards for storage of all MOH products.	60%	63%*

\* Data from randomly selected supervision checklists compiled by JSI RLAs for 60 health facilities (two district stores, 4 HPs, 6 SHP stores of each region)

### Major Activities

- Logistics orientation session was conducted for Nursing staff (Senior ANM/Staff Nurse/ANM) for Strengthening District Health Services at National Health Training Centre (NHTC) Kathmandu and Regional Training Centre (RTC) Pokhara. The orientation was requested by the Health Manpower and Institution Development Division (HMIDD), DHS.
- Assisted NHTC and LMD to produce an Integrated Health Logistics Procedure Manual for use by all health institutions.
- Training materials for Training of Trainers (TOT), Basic Logistics Training (BLT) and Determining Order Quantities in Inventory Management (DOQIM/ICP) workshops printed.
- Assisted LMD, PIU to organize a study tour on logistics to Bangladesh for LMD and PIU logistics staff at PIU expense. Ten persons including 7 storekeepers participated in this program. The JSI/N Deputy Team Leader and JSI/N Logistic Advisors for Field Monitoring, Training and LMIS accompanied this group. One person from USAID also was on the study tour. FPLM/Bangladesh assisted the program in Bangladesh. JSI/N staff expenses were funded by FPLM/Nepal.
- Assisted FPLM Training Consultant, Mr. Daniel Thompson in developing Regional Logistics Advisor (RLA) training materials.
- Assisted the RPM project with monitoring and supervision of logistics training at Regional Training Centre (RTC) Pathlaiya and Department of Drug Administration (DDA) Kathmandu.
- Jhapa, Khotang, Panchather, Siraha and Mugu District stores were thoroughly reorganized and rearrange per LMIS and FEFO order.
- Meeting held with DHOs from Khotang and Panchthar Districts in Eastern Development Regional Health Directorate's office to discuss ways the DHOs can enhance the store standards in their Districts.
- Assisted Regional Health Directorate (RHD), Far-Western to circulate a letter to DHOs requesting regular submission of LMIS forms, not to allow stockouts of program items and the importance of maintaining FEFO.
- Nineteen racks, 25 wooden pallets, 4 cupboards and 6 mousetraps were provided to health facilities.

- MASS Support Team (MST) worked with MOH staff to reorganize stores in Dang, Baitadi and Darchula District Hospitals.
- MASS coordinated formation of Auctioning Evaluation Committees in the following hospitals:

Hospital	Region
Panchthar	Eastern
Bara	Central
Rautahat (Gaur)	Central
Nuwakot	Central
Dang	Mid-Western
Dadeldhura	Far-Western
Baitadi	Far-Western
Darchula	Far-Western

- Auctioning of unusable commodities was completed in the following District Hospitals:

Hospital	Region	Proceeds (NRS)	Area cleared (Square feet)
Panchathar	Eastern	4,051	80
Bara	Central	11,000	180
Sarlahi	Central	8,001	150
Nuwakot	Central	14,350	200
Dang	Mid-Western	10,551	300
Bardiya	Mid-Western	9,800	180
Dadeldhura	Far-Western	1,045	150
Baitadi	Far-Western	5,600	240
<b>Total</b>		<b>64,398</b>	<b>1,480</b>

- Store-reorganization of LMD warehouses at Teku
  - Store cleanup and reorganization of Teku warehouses continued all quarter
  - NHTC stores were cleaned and reorganized
  - NRs. 251,000 was realized from auctioning unusable commodities such as broken furniture, etc. About 1,030 square feet of area in the stores was cleared.

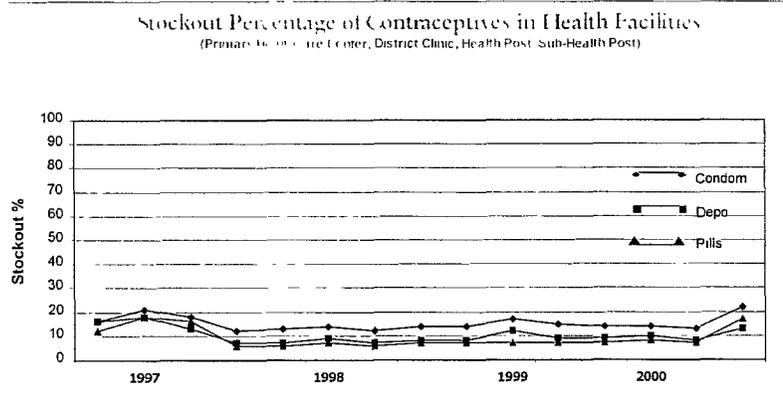
## Discussion

- MST will work with MOH staff to reorganize district hospital stores and warehouses of

Logistics Management Division at Teku in the coming quarter:

- District Hospital Store Reorganization  
Contacts will be made in the remaining districts under Far-Western Region depending upon weather conditions and availability of District Health Officers.
  - Teku LMD Warehouse  
MST will continue to clean and reorganize LMD Warehouses at Teku and also assist in auctioning of unusable goods.
  - Auctioning of unusable commodities (District Hospitals)  
MST will work with MOH staff to auction unusable commodities in district hospitals where Phase I activities (Cleaning and reorganization) have been completed.
- A KfW consultant has prepared a proposal for construction of district storerooms in Kaski, Chitwan and Morang Districts. The proposal calls for stores built along the specifications prepared by JSI for LMD in September 1999.

EOP Result	Year 3 Milestone	Progress Toward Milestone
c) Percentage of MOH health institutions which report a stockout for any contraceptive method during the year reduced from 40 percent to 10 percent.	<b>30%</b>	<b>Condom – 22%</b> <b>Depo – 13%</b> <b>Pills – 17%</b> <b>Average - 17%</b>



### Major Activities

- Deputy Team Leader visited Solukhumbu DHO and health facilities to monitor the vitamin A capsule distribution program and observe the stock situation and supervise store standards.
- Assisted LMD in the Annual Commodity Distribution Program (ACDP). ACDP distributes 16 MOS of contraceptives to all districts in Nepal. The following quantities of commodities were distributed: Condom- 8,340,000 pieces, Depo (with syringe) 809,400 vials, Oral Pills- 373,200 cycles, IUD- 2,300 packs, Norplant- 1,830 sets, LMIS Reporting Forms- 16,748 pieces, Stockbooks- 4,058 pieces and various IEC materials to 55 districts.
- Regional Logistics Advisor attended a meeting at Karkando SHP, Banke District to discuss with SHP staff and VDC staff drug expiry problem. Banke is a Community Drug Program (CDP) district and since drugs are not distributed free some have expired.
- Assisted LMD storekeepers to make regular and emergency supplies to the Districts and Regional Medical Stores.
- Coordinated with DPHO Banke and the NGO, Banke Mahila Arthik Swabalamban Samaj (BMASS) to ensure the continued supply of FP commodities to BMASS.
- Coordinated the transfer of 45,400 pieces of condoms with a short expiry date from Sankhuwasabha District Store to the Red Cross, Udyapur where they will be dispensed before expiry.
- RLAs and CHFO attended a coordinating meeting with Western Regional Health Director and DPHO Kaski and briefed them on logistics and child health activities.

- Deputy Team Leader participated in a meeting at USAID/W with staff from USAID/Nepal and representatives from the Contraceptive and Logistics Management Division, USAID/W to discuss the future shortfall in family planning contraceptives for the DHS program.
- RLA from Western Region completed exchange field visit to Central Region. Purpose was to expose the RLA to the working style and supply system in a region outside his own.
- At request of DHO, Doti District, RLA met PHC, HP and SHP incharges at RHTC, Dhangadhi and briefed them on importance of LMIS and maintaining adequate stock of program items.
- RLA participated in the DOTs training for HPs incharge in Bajhang District and briefed on logistics activities and LMIS report.
- RLA assisted LMD, Regional Medical Store (RMS) Dhandgadi and CARE/Plan International with the establishment of a cold-chain sub-center in a remote part of Bajhang District.
- RLA, Central Region, Deputy Team Leader and Ms. Holly Shepherd, JSI/Boston visited Transit Warehouse Pathalaiya, SHP Jeetpur, DPHO Parsa and RMS Hetauda for logistics supervision.
- RLA with DPHO, Parsa District visited VHW's training program at Red Cross Building, Parsa and discussed logistics activities.
- RLA organized one day workshop with Storekeeper of Sindhuli District and discussed various logistics management activities, LMIS reporting status and stockout situation.
- Logistics Advisor, Field Monitoring and the Eastern Development Region RLAs visited Siraha DHO, Udayapur DHO, Morang DHO, RMS Biratnagar and various health facilities to monitor logistics activities.
- RLA, Central Development Region and Logistics Advisor, Field Monitoring visited DPHO Chitwan, SHP Shaktikhor, Child Welfare Society, Shaktikhor, DHO Makwanpur, Manahari PHC and RMS Hetauda to monitor the stock situation and supervise store standards.
- Project staff conducted logistics supervision and monitoring visits as follows:  
District stores- 103, Others facilities; PHCs- 19, HPs- 58, SHPs- 85, RMS, RHD, RTC and I/NGOs- 57. This activity contributes to the accomplishment of all logistics objectives.
- Deputy Team Leader served as one of four panel members on the panel "Contraceptive Planning: Where will the Families of 2020 Get Their Contraceptives?" at the 2000 Global Health Council Conference in Arlington, VA. He presented an overview of the Nepal integrated health logistics system.

- JSI staff facilitated the delivery and movement of the following quantities of contraceptives and program items to various health facilities during their routine field visits :

<b>Item</b>	<b>Quantity</b>	<b>Item</b>	<b>Quantity</b>
Condom	171,900 pieces	IUD	130 packs
Depo	15,000 vials	Ferrous Sulphate	9,000 tablets
Oral Pills	26,800 cycles	ORS	6,200 pkts

### **Discussion**

- Discussions are on-going with the DFID funded District Health Strengthening Project in Rupandehi District to test alternate ways of collecting and processing LMIS data and for the DFID Project to fund construction of a district store.
- The delay in conducting ACDP resulted in a slight increase in stockouts of contraceptives at service delivery sites. ACDP was completed in the middle of this reporting quarter, it is anticipated that contraceptive stock availability at service delivery sites will improve in future quarters.

EOP Result	Year 3 Milestone	Progress Toward Milestone	
d) 60 Percent of facilities where inventory control procedures (ICP) have been introduced have adequate stocks of essential commodities.	60%	<b>Condom</b>	- 75%
		<b>Depo</b>	- 80%
		<b>Pills</b>	- 80%
		<b>ORS</b>	- 73%
		<b>Vitamin A</b>	- 62%
		<b>Cotrim.100/20 mg</b>	- 43%
		<b>Average</b>	- 68%

**Major Activities**

- Monitoring of the ICP program in all the districts of the Eastern Region and two districts of Central Region (Chitwan and Makwanpur) continues.
- Efforts to ensure the availability of program supplies at Region, Districts and facility are ongoing. Necessary paper work was completed at DHS to expand ICP to Western and Far-Western Region in NFY 2057/58.
- The Logistics Training Working Group decided to change the title ICP to the unwieldy Determining Order Quantities in Inventory Management-DOQIM!
- Two day DOQIM/ICP curriculum review workshop completed. Personnel from NHTC, LMD and JSI participated.
- Assisted LMD, NHTC to produce curriculum for Determining Order Quantity in Inventory Management training.
- Logistics Advisor, Distribution visited 7 districts of Western Development Region and JSI Western and Mid-Western Regional Field Office to up-date the MOH Logistics Distribution Network Profiles for the two regions.

**Discussion**

- Training for DOQIM expansion in Western and Far-Western Region will be completed by November, 2000.

## National Vitamin A Deficiency Control Program

EOP Result	Year 3 Milestone	Progress Towards Milestone
a) 75 districts participating in Vitamin A capsule distribution and nutrition education activities	<b>62 Districts</b>	<b>64 districts</b>

### Major Activities

- NVAP introduced in Kathmandu, Lalitpur, Bhaktapur, Nuwakot and Rasuwa Districts during April 2000 round of dosing.
- Introductory and Refresher vitamin A Training conducted in this quarter are given below.

### Introductory Training:

District Level

Sindhupalchowk  
Kavrepalanchowk  
Dolakha  
Ramechhap  
Sindhuli

Health Post Level

Sindhupalchowk

Community Level

Sindhupalchowk  
Katmandu Municipality

Level of Training	# of Training Sites	# of Participants
District	5	240
Health Post	11	897
Community	39	2,123
<b>Total</b>	<b>55</b>	<b>3,260</b>

### Refresher Training:

Health Post Level

Taplejung

Community Level

Taplejung

Level of Training	# of Training Sites	# of Participants
Health Post	10	660
Community	32	1,647
<b>Total</b>	<b>42</b>	<b>2,307</b>

- One day Multi-sectoral Meeting - In the third round of supplementation, full responsibility for the management of the program is handed over to the district health office. To prepare for this a one-day multi-sectoral training is conducted to reinforce messages and to emphasize how to build and maintain coordination and linkages in the district. Multi-sectoral meetings were conducted in Bhojpur, Panthar, Ilam, Dhankuta and Tehrathum Districts. One hundred and seventy-seven individuals participated in the meetings; 5,744 individuals were trained/oriented/participated this quarter in the introductory training, refresher training and multi-sectoral meeting at three levels.

- Promotional Campaign
  - To inform people about vitamin A capsule supplementation date, time and venue, miking was done in the Eastern (Ilam, Panchthar, Dhankuta, Sunsari, Jhapa, Morang, Siraha and Saptari); Central (Kathmandu, Lalitpur, Bhaktapur, Nuwakot, Rasuwa, Dhanusa, Mohatari, Bara, Parsa and Rautahat); Western (Nawalparasi, Rupendehi, Kaski, Tanahun, Parbat, Baglung, Myagdi, Shyangya, Palpa, Argakhachi, Gulmi, and Kapilbastu); Mid-Western (Banke, Bardia, Dang and Surkhet) and Far-Western (Kailali, Kanchanpur, Dadeldhura and Doti) Development Regions. Cinema slides providing supplementation details were also shown in most cinema halls.
  - Audiocassettes with vitamin A messages were developed and distributed in mass gathering places, “pan pasal”, restaurants, etc. Messages on vitamin A capsule supplementation program in different languages was developed and broadcast from central and regional radio stations.
  - TV spots on the NVAP and vitamin A messages were developed and shown 16 times prior to capsule supplementation dates in April. T-shirts bearing vitamin A messages were printed and distributed. Leaflets and posters were also printed and distributed.
- On April 18 and 19 vitamin A capsules were supplemented to 2.5 million children in 64 districts. The two-day supplementation event was organized in all wards of the 64 districts. During the supplementation event local NGOs, INGOs, VDC members, Ward Chairmen, teachers, Female Ward Members assisted the FCHVs.
- U.S. Ambassador H.E. Ralph Frank, Australian Ambassador H.E. Crispin Conroy, Joint and Under Secretarys from MOH, MOLD, NPC and MOEC observed the capsule supplementation. Representatives from USAID, JSI, AusAID, UNICEF, Micro-nutrient Initiative/CCO etc. also observed vitamin A supplementation.
- NGO Coordination Activity
  - Introductory Training Schedule distributed to different partner organizations working on health and nutrition.
  - Visited Rural Health Development Project/SDC, Action Aid/Nepal and ADRA and requested their participation in the Introductory Training being conducted in the five new districts.
  - Distributed “Elements of Success” to partner organizations, government offices and other organizations working in the field of health and nutrition.
  - Arranged observation visit for Ms. Radhika Roka, NRCS; Mr. Umesh Dhakal, NRCS; and Mr. Pramish Thapa, FPAN to the Community Level Introductory Training in Sankhu, Bhaktapur.

- Letter of thanks, giving participants names, sent to all NGO/INGOs which sent participants to vitamin A trainings.
- Submitted a copy of the list of participants at the District Level Introductory Training to the Director, Child Health Division with a copy to the Chief, Nutrition Section, Child Health Division.
- During the quarter the introductory and refresher training schedule was fixed with the co-ordination of DHOs of the program districts.
- NTAG personnel visited the October 2000 Expansion District Health Offices (Sindhupalchok, Kavrepalanchok, Dolakha, Sindhuli and Ramechhap) and in discussions with DHO staff fixed dates for vitamin A training.
- Assisted MOH and partners in preparation of annual workplan for NVAP activities (2000/2001).

#### **Discussion**

- New Districts for October 2000 round are Sindhupalchowk, Kavrepalanchowk, Dolakha, Ramechhap, Sindhuli.

<b>EOP Result</b>	<b>Year 3 Milestone</b>	<b>Progress Towards Milestone</b>
b) National average of 80 percent of children in target areas 6 to 60 months of age who have received a vitamin A capsule during the preceding national capsule distribution day.	<b>70%</b>	<b>93.5%</b>

### Major Activities

- District-wise mini-survey results are shown below:

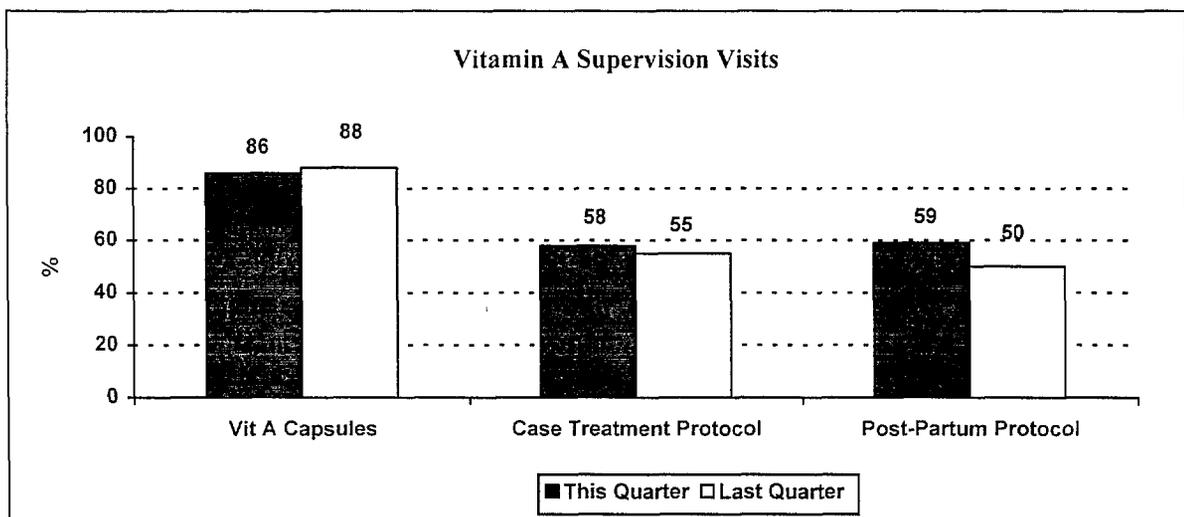
District	Coverage %
Sunsari	85
Lalitpur	90
Bhaktapur	93
Kathmandu	88
Nuwakot	99
Rasuwa	99
Rauthat	90
Palpa	98
Arghakhanchi	95
Surkhet	93
Jumla	95
Bajhang	99
Kanchanpur	89
Baitadi	96
<b>Average</b>	<b>93.5%</b>

Kathmandu Municipality coverage – 81%

- The mini-survey after the April round of capsule supplementation was conducted to determine capsule coverage rate, effectiveness of training and nutrition education and, to examine ways to improve and strengthen capsule coverage.
- The following activities were performed in preparation for the April mini-survey:
  - Mini-survey questionnaires were reviewed and printed.
  - Mini-survey team was identified and mini-survey dates fixed.
  - 14 mini-survey districts were selected using NVAP mini-survey protocol.
  - 10 wards from Kathmandu Municipality were randomly selected to determine capsule coverage for Kathmandu Municipality. On the advice of Dr. Robin Houston sampling was redesigned and over-sampling was done to determine the capsule coverage in Kathmandu Municipality.
- Training on mini-survey methodology was conducted in two batches. Program coordinators of NVAP, Asst. Statisticians from different districts and a few newcomers comprised the 40 participants of the first batch. The second batch of 35 participants were logistics staff of NVAP and two newcomers. The facilitators/observers were Dr. Saroj Prasad Rajendra from the Nutrition Section, Child Health Division; Mr. Ram Shrestha, from NTAG; Miss Liv Elin Torheim from UNICEF; Mr. M. R. Maharjan from

Micronutrients Initiative, Mr. K. Lamichhane, Mr. D.C. Poudel and Sushil Karki from JSI; Mr. K. P. Acharya and Mr. Sanjay Rijal from NTAG; and Mr. Babu Kaji Thapa from New ERA for both batches.

- Seven mini-survey teams started May 6, 2000 and completed the surveys May 23, 2000.
- The completed CDD/ARI, Iron and Iodine/Salt questionnaires were separated from the vitamin A questionnaires and sent to JSI and UNICEF respectively.
- Data entry
  - The 2,645 vitamin A, CDD/ARI, Iron and Iodine/Salt questionnaires were counted, numbered and checked for completeness.
  - Coding of the vitamin A data was done for demographic variables i.e. caste as well as for open questions.
  - Data from each vitamin A questionnaire were entered using EPI-Info software.
- Other activities
  - Compiled all monitoring and evaluation documents from 1993 - 1999.
  - Started to aggregate FCHV data from the 1993-1999 mini-surveys for analysis.
  - Dr. Robin Houston assisted the transfer of Mothers' Questionnaire data to MS-Access.
  - Presented the aggregate data set to Mr. P.O. Blomquist (UNICEF), Dr. Penny Dawson (JSI) and Mr. Lyndon Brown (USAID).
- JSI CHFOs conducted supervisory visits to support vitamin A activities at 167 health facilities. During the visits CHFOs supplied vitamin A capsules, Case Treatment Protocol and Post-Partum Protocols when needed. The percentage of observed availability of vitamin A capsules, Case Treatment Protocols and Post-Partum Protocols at the visited 167 health facilities is shown below.



- JSI printed a report “Empowered Women Save Children’s Lives: A report from Nepal’s National Vitamin A Program” and distributed to over 150 people in different organizations (HMG, USAID, INGO, NGOs)
- NTAG Director participated in the Global Health Council’s 27th Annual Conference in the U.S.A. June 13-16, 2000. He presented a paper entitled “Nurturing Success: Mobilization and Implementation of Effective Micronutrient Programs: Mobilizing community Volunteers to Save Nepalese Children’s Lives.” In recognition of his work with the NVAP he received the Best Practices in Global Health Award.
- Twenty-four JSI Central and field level staff monitored the April round of vitamin A distribution at 207 sites in 22 districts.

<b>EOP Result</b>	<b>Year 3 Milestone</b>	<b>Progress Towards Milestone</b>
c) 75 districts report vitamin A capsule use for case management.	<b>40 districts</b>	<b>No data this quarter</b>

### Major Activities

- Orientation on case treatment and post-partum dosing was given to FCHVs during community level training held in Kathmandu, April 7- 9, 2000. FCHV participants were requested to refer vitamin A deficiency cases to the nearest health institution in their VDC.
- Follow-up activities for case treatment and post-partum dosing were performed at Tathali, Bageshori, Chhaling and Nagarkot Health Posts in Bhaktapur District during field visits for promotional and capsule supplementation activities.
- Periodic visits were made to HMIS in May to review sample reports forwarded from DHOs of different districts. The reports were checked to determine if cases treated for xerophthalmia, measles, prolonged diarrhea and post-partum dosing were reported regularly. Regular reporting from most districts was noticed.
- Contacted Dr. Baburam Gautam, Kathmandu Municipality to request a copy of reporting on case treatment and post-partum dosing, when case treatment services were rendered in ward clinics.
- Visited District Health Office, Dhulikhel PHC, Dhulikhel Hospital and Panchkhal Health Post in Kavre District; Barhabise PHC in Sindhupalchowk District; Gundu Health Post, Sipadole Health Post and Kwang Hai Korean Health Centre in Bhaktapur District and Bungmati and Thecho Health Post in Lalitpur District. Visited these health institutions to determine if case treatment and post-partum dosing was made correctly. Provided orientation to the concerned staff who were not involved in the introductory orientation to NVAP.
- Orientation given to Sipadole VDC Committee on importance of case treatment and post-partum dosing and to refer any xerophthalmia, measles, prolonged diarrhea, malnutrition and post-partum cases to the nearest health institutions.
- District Level Orientation for multi-sector participants was conducted in five districts (see below). During the orientation focus was given to case treatment and post partum dosing. Ideas were shared among participants on how to disseminate information on NVAP and creating awareness on referring cases for treatment. Visits to review progress on case treatment and post-partum dosing were made in different health institutions.

<b>Districts</b>	<b># Participants</b>
Sindhupalchok	40
Kavrepalanchok	57
Dolakha	45
Ramechhap	39
Sindhuli	59

- Participated in the training of HP In-charges in Ilam and Mahottari Districts and reinforced importance of case treatment and post-partum dosing.
- NTAG personnel visited health facilities in Mahottari, Dhanusa, Saptari, Sunsari, Jhapa, Ilam, Sarlahi, Chitawan, Kavre, Lalitpur and Sindhupalchok Districts with the purpose of implementing, reviewing records and reporting of case treatment and post-partum dosing. DHOs, DPHOs and Supervisors were briefed on case treatment and post-partum dosing during district monthly and quarterly Health Post In-charge meetings. Most Health Facilities recorded and reported case treatment and post-partum dosing correctly. Surplus vitamin A capsules were redistributed to facilities which were understocked.

# National Control of Acute Respiratory Infection Program

EOP Result	Year 3 Milestone	Progress Toward Milestone
a) Fourteen districts will participate in the National Community-based ARI Program.	10 Districts	13 Districts

## Major Activities

- Expansion of the Community Based-Integrated Management of Childhood Illnesses (CB-IMCI) Program was completed in Bardiya and Nawalparasi Districts. Second phase CB-IMCI training for FCHVs was completed in Bardiya and Traditional Healers Orientation completed in Bardiya and Nawalparasi Districts.

2 <sup>nd</sup> Phase Training FCHV Level in Bardiya		Traditional Healer Orientation	
FCHVs	VHW/MCHWs	Bardiya	Nawalparasi
784	54	101	239

- JSI Child Health central and field level staff monitored 51% of batches of FCHV 2<sup>nd</sup> Phase Training and 40% of batches of Traditional Healer Orientation.
- Child Health Staff facilitated a District Level Monitoring Meeting and VHW/MCHW Review/Monitoring meeting at Bajura. Fifty-nine participants (40 VHW/MCHWs and 19 HF staff) and 53 participants (29 HF/DHO staff and 24 District Development Committee Members) attended the VHW/MCHW Review/Monitoring Meeting and District Level Monitoring Meeting respectively.
- Determined the quantity required, packed and transported training materials to Bardiya, Nawalparasi, Kanchanpur, Bajura Districts and JSI Field Offices.
- Provided technical assistance to CB-IMCI training for following HF staff.

HPI Level Training Kanchanpur	SHPI Training	
	Nawalparasi	Bardiya
21	20	44

- CHFOs provided technical assistance to Community-based ARI/CDD (CBAC) Districts in conducting the following VHW/MCHW Monitoring Meetings:

District	VHW/MCHWs	Facilitators from District/HF	Total
Siraha	158	106	264
Bajura	40	19	59
Morang	93	68	161
<b>Total</b>	<b>291</b>	<b>193</b>	<b>484</b>

- Child Health Program Officer, participated in the UNICEF-organized Community IMCI Conference June 20 – 23, 2000 in Durban, South Africa. There were participants from more than 25 countries and representatives from; WHO, USAID, World Bank and

I/NGOs. Taking part in group discussion he presented highlights from the Nepal ARI and vitamin A programs. There was much discussion on the Nepal ARI and vitamin A programs and they were mentioned in the closing session. Despite a request to the conference organizer, Dr. Vincent Orinda, UNICEF, HQ, there was not time for him to make a formal presentation in a plenary session.

- Team Leader participated in the Global Health Council's 27th Annual Conference June 13-16, 2000 in Washington DC. She presented the paper "Successful Community-Based Program for Treatment of Pneumonia - Nepal." Presentations were also made to USAID/DC staff on the ARI and Vitamin A program in Nepal.
- Provided technical assistance to a CBAC District Level Monitoring Meeting in Bajura District. One hundred seventy five HF/DH staff and 92 District Development Committee members participated.
- Assisted MOH and partners in preparation of annual workplan for CB-IMCI activities (2000/2001).
- At USAID's request, JSI supported travel costs for Mr. S.K. Regmi, Secretary, MOH and Dr. H.D.Shah, CHD Director to Washington DC to attend the Global Health Council Meeting.

#### **Discussion**

- MASS provided logistical support for VHW/MCHW Monitoring Meetings in 3 districts (Siraha, Bajura, Morang), 2<sup>nd</sup> Phase FCHV Training and Traditional Healer Orientation and supported CHD administrative and supervisory staff per the Supplemental Workplan.
- As requested by the DHS CDD/ARI Section, MASS supplied: 24 reams of photocopy paper, 6 boxes of computer diskettes, 2 mouse pads, 3 dozen pilot pens, 6 plastic ring files, 2 dozen pencils, 8 packets of stapler pins, 2 packets of transparency sheets, 3 CD drive lens cleaner kits, 4 bottles of Max Kleen, and 2 pilot pens.
- As requested by the DHS CDD/ARI Section, MASS printed and delivered to the CDD/ARI Section: 1,500 FCHV pictorial manuals, 1,500 home therapy cards, 1,500 treatment cards, 1,500 classification cards, 2,500 treatment books, 1,000 referral books, 1,500 VHW/MCHW reporting/recording forms, 1,500 HF reporting/recording forms, 500 cotrimoxazole dose/respiratory rate cut off cards, 1,000 ARI treatment charts, and 300 trainer's guides.
- MASS provided support for supervisory visits by 3 CHD/DHS staff to 6 districts.

EOP Result	Year 3 Milestone	Progress Toward Milestone
b) Sixty percent of children 0-60 months of age with pneumonia symptoms who present to FCHVs, VHVs or MCHVs will be referred or treated appropriately in target districts.	60%	89% Marking third day follow-up 96% Marking consistent age/dose* 89% Marking consistent age/dose and third day follow-up*

\* treated cases only

### Major Activities

- CHFOs and I/NGO staff conducted monitoring visits in support of the ARI program as follows:

Organization	Level	# of visits
JSI	Health Post	53
	Sub-Health Post	82
	Community	412
	<b>Total</b>	<b>547</b>
I/NGO	Health Post	13
	Sub-Health Post	53
	Community	374
	<b>Total</b>	<b>440</b>
<b>Grand Total</b>		<b>987</b>

- The following monitoring reports were received from I/NGO partners:

I/NGO	Districts	CHWs Interviewed	Interview Time Period
CARE	Bajura	77	*
ADRA	Rasuwa	31	Apr/May
PLAN	Bara	86	Apr-June
	Rauthat	180	Apr-June
<b>Total</b>		<b>374</b>	

\*Date mentioned Jan-May, data received May 2000.

- Results of monitoring visits with CHWs (FCHVs, VHVs, MCHVs):

#### CHW Pneumonia Symptoms Knowledge and Skill Assessed During CHFOs' and I/NGOs' Supervision:

District Category	Knew 2 Cut-Off Rates	Counted RR Rate Correctly	Knew 4 or More Danger Signs	Knew Cotrim. Dose for 2 Age Groups	Had Cotrimoxazole
A* (107)	98%	99%	97%	99%	84%
B** (507)	86%	87%	96%	93%	79%
C# (172)	97%	98%	96%	98%	86%
<b>Total (786)</b>	<b>90%</b>	<b>91%</b>	<b>96%</b>	<b>95%</b>	<b>81%</b>

\* A Districts - initiated before 1998/99 (Jhapa, Morang, Sunsari, Makwanpur, Parsa, Chitwan)

\*\* B Districts - initiated in 1998/99 (Siraha, Rauthat, Bara, Rasuwa, Bajura)

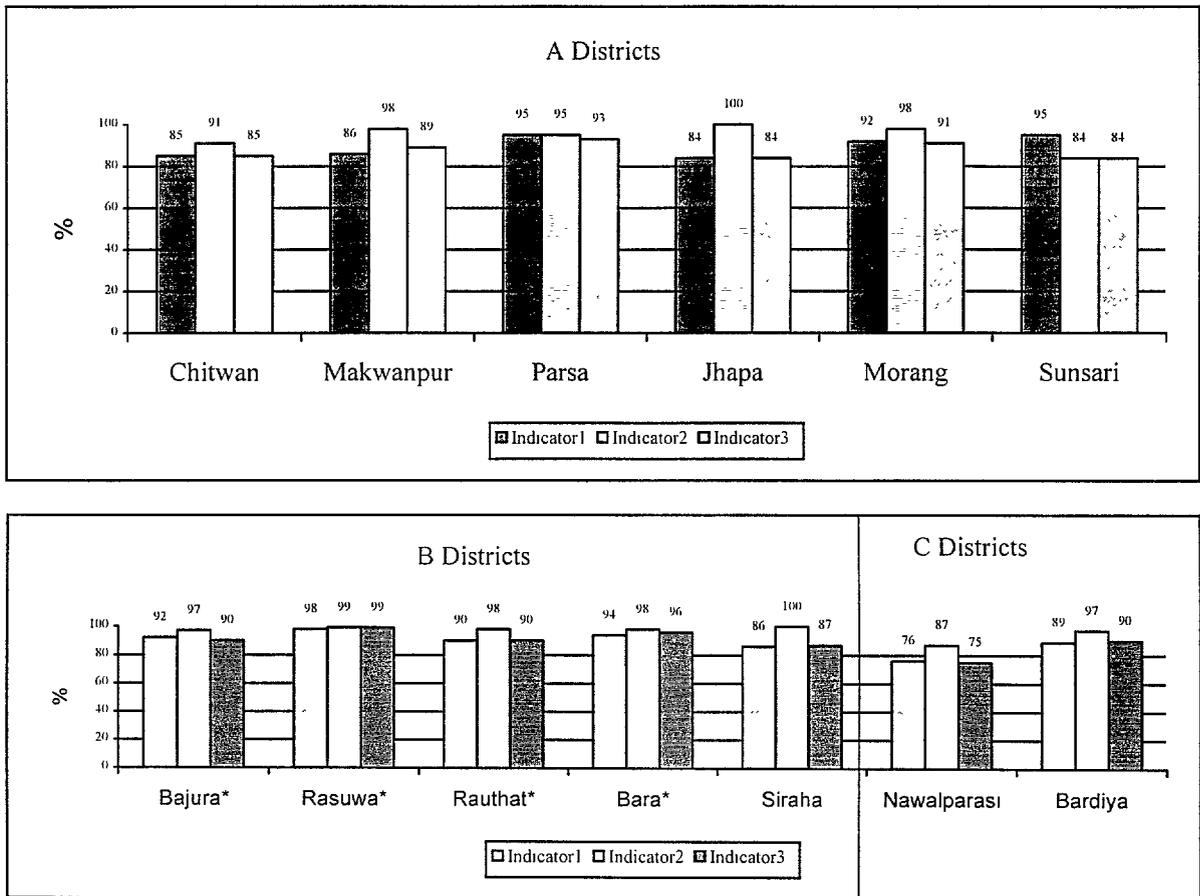
# C Districts - initiated 1999/2000 (Nawalparasi, Bardiya)

- CHFOs facilitated the distribution of 58,571 cotrimoxazole tablets, 15 timers and 601 other ARI materials to health facilities and CHWs.

### Discussion

- During regular monitoring visits, CHFOs and I/NGO staff collected data on CHW performance. CHWs followed-up 3,374/3,762 (90%) of the 10 most recently treated cases and 119/170 (70%) of the 10 most recently referred cases for a total follow-up of 3,493/3,932 (89%) of treated or referred cases. Their records were correct in 3,618/3,762 (96%) cases showing appropriate cotrimoxazole dose according to age group.
- District specific results are shown below:

### CHW Performance by District (April 1 - June 30, 2000)



\*Combined results from JSI and I/NGO monitoring reports.

Indicator1 – Marking third-day follow-up

Indicator2 – Marking consistent age/dose (only treated cases).

Indicator3 – Marking consistent age/dose and third-day follow-up (only treated cases).

A Districts – Chitwan, Makwanpur, Sunsari, Morang, Jhapa, Parsa

B Districts – Siraha, Bara, Rauthat, Rasuwa, Bajura

C Districts – Nawalparasi, Bardiya

## National Control of Diarrheal Disease Control Program

EOP Result	Year 3 Milestone	Progress Toward Milestone
a) The MOH will distribute at least 1,100,000 ORS packets per year.	<b>1,100,000</b>	<b>1,977,661*</b>

\*Distributed July 15, 1999 – April 15, 2000

### Major Activities

- CHFOs conducted supervisory visits to support CDD/ARI/Child Health activities in 26 Districts (excluding those previously reported for ARI – only):

Level of Visit	# of Visits
District Health Office	39
Health Post/PHC	76
Sub-Health Post	91
VHW/MCHW	96
FCHV	224
<b>Total</b>	<b>526</b>

- CHFOs distributed: ORS - 5,533 packets; blue measuring cups - 112; ORT corner materials - 25, Oral Pills - 6,451 cycles; Condoms - 39,850 pieces; CDD/ARI Posters (5 types) - 261 sets; Depo (with syringe) – 2,100 vials; other IEC materials - 161; other (Vitamin A Treatment Protocols, mother’s booklets) - 167.
- CHFOs monitored the adequacy of storage standards in 77 health facilities.

### Discussion

- Ninety-two percent of the 167 health facilities visited had ORS stock on the day of the visit and 77% (129/167) had ORT corner materials, of which 55% of the 129 ORT corners were functioning.
- Ninety-four percent of HFs visited had measuring devices for preparation of ORS. Staff at 98% of the HFs which had measuring devices measured the correct volume of water.
- Fifty-three percent of the 224 FCHVs interviewed had ORS on the day of the visit and 93% were able to demonstrate the correct preparation, including the correct volume of water.

## National Female Community Health Volunteer Program

EOP Result	Year 3 Milestone	Progress Toward Milestone										
a) 75 percent of FCHVs provide MCH services to their communities.	<b>60%</b>	<p>FCHVs reported* distributing following commodities in past one month:</p> <table style="width: 100%; border: none;"> <tr> <td style="padding-left: 20px;"><b>ORS</b></td> <td style="text-align: right;"><b>61%</b></td> </tr> <tr> <td style="padding-left: 20px;"><b>Condoms</b></td> <td style="text-align: right;"><b>32%</b></td> </tr> <tr> <td style="padding-left: 20px;"><b>Oral Pills</b></td> <td style="text-align: right;"><b>31%</b></td> </tr> <tr> <td style="padding-left: 20px;"><b>At least one activity</b></td> <td style="text-align: right;"><b>70%</b></td> </tr> <tr> <td style="padding-left: 20px;"><b>Vitamin A (last round)</b></td> <td style="text-align: right;"><b>99%</b></td> </tr> </table>	<b>ORS</b>	<b>61%</b>	<b>Condoms</b>	<b>32%</b>	<b>Oral Pills</b>	<b>31%</b>	<b>At least one activity</b>	<b>70%</b>	<b>Vitamin A (last round)</b>	<b>99%</b>
<b>ORS</b>	<b>61%</b>											
<b>Condoms</b>	<b>32%</b>											
<b>Oral Pills</b>	<b>31%</b>											
<b>At least one activity</b>	<b>70%</b>											
<b>Vitamin A (last round)</b>	<b>99%</b>											

\*During interviews with JSI CHFOs and DHO Staff

### Major Activities

- CHFOs and DHO staff interviewed and collected information from 180 FCHVs (in NVAP Districts) on their participation during the last round of vitamin A capsule distribution.
- CHFOs and DHO staff interviewed and collected information from 224 FCHVs on the services (ORS, condom and oral pill distribution) they provided. Results are summarized under "Progress Toward Milestone."
- Participated/observed the Family Planning Assistant's (FPA) Workshop at Pokhara which was organized to review the progress of the Family Planning, Primary Health Care Outreach Clinic and FCHV Programs and to plan for the coming fiscal year. FPAs serve as the FCHV Program focal persons in the District Health Office.
- Assisted the FCHV Section, FHD to prepare necessary papers/documents for the Regional FCHV Reward Program.
- Visited Nawalparasi District to observe/participate in the 2<sup>nd</sup> phase of the two day CB-IMCI FCHV training. The objective of the training was to determine how much the FCHVs were able to retain from the first training, provide refresher training as needed and to give additional training on CDD, EPI, Nutrition.
- Visited Ilam and Panchthar Districts to meet District Health Officers to discuss FCHV Program and also to support FCHV Program activities.
- Supplied 2,387 MCHW bags (USAID funded) to all MCHWs through RMSs. Similarly, 2,397 medicine kits (UNICEF funded) for new FCHVs were sent to the RMSs with a detailed distribution list.
- Assisted MOH and partners in preparation of annual national workplan for FCHV Program Activities (2000/2001).

## **Discussion**

- Communities are realizing the importance of the services provided by FCHVs. Some Village Development Communities (VDCs) are providing uniforms, others are providing monetary incentives. All District Development Communities and VDCs should be briefed and motivated to provide support to FCHV Program activities.
- New forms to analyze and follow-up the performance of FCHVs (based on the HMIS FCHV register No.27) have been developed. They are to be completed quarterly and semi-annually by VHWs, HFs and District Health Offices.
- MASS supplied to FCHV Coordinator and Office Secretary of Family Health Division: 6 reams of photocopy paper, 38 pilot pens, 18 ballpoint pens, 2 dozen pencils, 2 sets of transparency pens, 8 glue sticks, 4 notebooks, 2 reams of fuliscape paper, 13 packets of stapler pins, 8 highlighters, 10 rolls of cello tapes (big and small), 7 correction pens, 3 file folders, 6 Post-it Note pads, 1 file bag, 2 chair towels, 4 staplers, 2 scales, 3 pair of scissors, 1 pack of diskettes.

## Maternal Health Activities

<b>EOP Result</b>	<b>Year 3 Milestone</b>	<b>Progress Toward Milestone</b>
a) Supplemental Work plans for maternal health activities successfully implemented each year.	<b>NFY 2056/57 Workplan completed</b>	<b>No Supplemental Workplan for NFY 2056/57</b>

### Major Activities

- No Supplemental Workplan for NFY 2056/57.

## National Family Planning Program

EOP Result	Year 3 Milestone	Progress Toward Milestone
a) Supplemental workplans for the National Family Planning Program Successfully implemented each Year.	<b>NFY 2056/57 Workplan Completed</b>	<b>NFY 2056/57 Supplemental Workplan Completed</b>

### Major Activities

- MASS provided logistical support for the following family planning training activities:

Activities	Participants
Minilap	5
NORPLANT for Paramedics and Nurses	4
COFP and Counseling Course	350
COFP and Counseling Trainer's Update	12
PAC Training for Doctor/Nurse	20
Family Planning Clinical Methods Strengthening (IUD/NORPLANT) Orientation (new sites)	870
Norplant for Doctors	3
IUD Basic Training	19
Operation Theatre Technique Management Training	23
<b>Total</b>	<b>1306</b>

- MASS used Supplemental Workplan funds to purchase, on behalf of the FHD: 34 surgical drums, 18 autoclaves, 16 boilers, 23 Blood Pressures instrument sets, 4 gynecological beds, 4 mattress, 24 stove burners, 1400 sets of surgical gloves, 40 Makintoshes, 45 medical personnel aprons, 110 cotton rolls (400 gr.), 25 piece glove powder (Talc), 200 sets of utility gloves, 38 3-cell torches, 108 bars of toilet soap, 108 bars of laundry soap, 72 bed covers, 36 plastic buckets with tap and cover, 36 15lt. plastic buckets, 54 plastic basins, 36 plastic mugs, 38 medium towels, 190 small towels, 38 ½ kg. packets of detergent powder, 38 nail brushes, 38 soap cases, 2,400 tablet brufens (400 mg pain killer), 48 phial iron tablets, 3,300 Metronidazole (400 mg.) tablets, 880 Ciprofloxacin (500 mg.) tablets, 5,570 Doxycillion (100 mg.) tablets, 48 bottles Betadine (500 ml.), 240 pieces instrument wrapper, 30 puncture proof containers, and 30 plain tin containers. These items were delivered to LMD for delivery to PHCs that were identified as IUD/NORPLANT service centers.
- Reimbursed National Advertising and Marketing Pvt. Ltd (advertising agency) for 533 FP radio jingle spots on Radio Nepal. Radio Broadcasting Service was reimbursed for airing FP 15 minute program 13 times and a FP 20 minute program 13 times.

- Under the NSV and Minilap per-case support to Mission Hospital/NGOs the following institutions were reimbursed:

Institutions	Cases Reimbursed	
	Vasectomy	Minilap
Sunaulo Parviar Nepal/Marie Stopes Clinic (SPN/MS)	602	3,257
United Mission to Nepal (UMN)	9	0
Asian Medical Doctor Association (AMDA)	21	75
Chhetrapati Family Welfare Center (CFWC)	321	154
<b>Total</b>	<b>953</b>	<b>3,486</b>

- MASS provided support for VSC Management Workshop for FPAs and supervisory visits by three NHTC/FHD staff (NHTC Director, Public Health Nurse, Demographer) to six districts (Chitwan, Makwanpur, Kailali, Kanchanpur, Dhanusha, Jhapa).
- Reimbursed the following institutions for Mobile VSC Outreach Services:

Institutions	Vasectomy	Minilap
Nepal Fertility Care Center	290	1,310
FPAN	243	2,833
SPN/MSI	112	467
ADRA	247	621
<b>Total</b>	<b>892</b>	<b>5,231</b>

- Paid e-mail access for the entire quarter for FHD.

### Discussion

- Received additional claims for per-case support for reimbursement from ADRA Nepal, UMN and CFWC for 1,055, 332 and 542 cases respectively. The total claim is for 1,929 cases, there is budget to reimburse for 1,164 cases. MASS has written to FHD to facilitate the transfer of unused funds from the mobile outreach service budget to cover the additional cases.
- E-mail access for FHD terminated July 31, 2000.

## Department of Health Services Financial Section

EOP Result	Year 3 Milestone	Progress Toward Milestone
a) Statements of expenditure and request for reimbursement report for MOH Redbook support submitted correctly to USAID on time each year beginning in 1998.	<b>NFY 2056/57 statements submitted on time</b>	<b>* 2056/57 statements submitted on time</b>

\*See note page 29

### Major Activities

#### MASS:

- Assisted in collecting, preparing and submitting claims of NRs. 9 million for FP/FHD and 3.77 million for CDD/ARI/NHEICC activities for reimbursement for NFY 2056/57.
- Reviewed USAID contributions for Redbook Workplan budget because of discrepancies found in NHTC, FCHV training budget.
- Facilitated a June 28, 2000 meeting at the office of Ms. Laxmi Malla, Director, NHTC to discuss discrepancies between Redbook expenditures and Redbook budgets. It was decided to prepare the necessary documents for the Ministry of Finance to adjust USAID Redbook contributions to reflect budgeted amounts.

Presence at the NHTC meeting:

- Ms. Laxmi Malla, Director, NHTC
  - Ms. Panch Kumari Manandhar, Program Specialist, HFP/USAID
  - Mr. Sanjay Dahal, Program Officer, NHTC
  - Mr. Mukunda P. Chapagain, Accountant, NHTC
  - Mr. Durga B. Thapa, Program Finance Expert, MASS
  - Mr. Hari Sunder Rajbaidya, Program Finance Assistant, MASS
- Met with Mr. Padma Raj Bhatta, recently appointed Chief Financial Controller, DHS. Informed him of MASS role in support of Fiscal Section for USAID Workplan/Redbook budget activities.

### Discussion

- Failure to make timely availability of donor funds has created budgeting and accounting difficulties. Another problem is that districts receive inadequate imprest funds during the first trimester from HMG/N. They then take loans from any funding source for implementation of activities. This results in increased workload because the different funds require reimbursement and reconciliation. Therefore, unless higher level officials work to avoid budgetary problems, district level program activities supported by USAID will suffer.

During the next three months, the following activities will be undertaken:

- Field visits in consultation with Fiscal Section, DHS to: 1) check and collect statements of expenditures, help in preparing and timely submission, and 2) determine the nature of accounting problems and assist in solving such problems.
- Pursue collection and preparation of statement of expenditures for NFY 2056/57 (1999/2000) for all USAID/N supported Workplan activities.
- Conduct accounting seminar for central and district level accountants.

<b>EOP Result</b>	<b>Year 3 Milestone</b>	<b>Progress Toward Milestone</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 NFY 2056/57 costs allowable</b>	<b>*100% of 2055/56 expenditure reports submitted to USAID/N by mid-Feb 2000 deadline were allowable</b>

\*Note: USAID/N's office of Financial Management (FM) has a mid-February deadline for submission of requests for reimbursement for the previous Nepali fiscal year. The 1998/99 (2055/56) accounts were submitted by Mid-February 2000 and 100% of costs were allowable. However, only 82% of budgeted funds were actually expended (see page 33). For fiscal year 2057/58 (1999/2000) claims must be submitted by February 2001 and will be reported in next year's JSI 4<sup>th</sup> quarter report.

### Major Activities

- Visited Lamjung, Tanahu, Kaski, Myagdi, Baglung, Parbat, and Syangja Districts and collected statement of expenditures amounting to NRs. 1.32 million. In each district reviewed financial documents and familiarized district staff with USAID budgeting/accounting procedures including reimbursement process. The major finding is the late release of funds for the combined budget affects the implementation of all district level activities.

**RESULTS OF RECORD\* REVIEW FOR PNEUMONIA CASES TREATED OR REFERRED BY  
COMMUNITY HEALTH WORKERS (FCHVs/VHWs/MCHWs)**

**04/01/2000 to 06/30/2000**

Type of Districts**	# Interviewed	Treated										Referred			Treated/ Referred		
		VHW/MCHW/ FCHVs Who Treated Cases		Total 10 Most Recent Cases Reviewed	Cases Marking with Consistent Age and Dose		Cases Marking with Consistent Age/Dose and 3rd Day Followup		Cases Marking 3rd Day Followup		VHWs/MCHWs/ FCHVs Who Referred Cases		Total 10 Most Recent Cases Reviewed	Cases Marking 3rd Day Followup		Cases Marking 3rd Day Followup	
		#	%	#	#	%	#	%	#	%	#	%	#	#	%	#	%
A	107	94	88%	776	746	96%	678	87%	679	88%	6	6%	12	9	75%	688	87%
B	507	381	75%	2,071	,031	98%	,914	92%	1,928	93%	42	8%	75	51	68%	1,979	92%
C	172	156	91%	915	841	92%	754	82%	767	84%	42	24%	83	59	71%	826	83%
<b>Total</b>	<b>786</b>	<b>631</b>	<b>80%</b>	<b>3,762</b>	<b>3,618</b>	<b>96%</b>	<b>3,346</b>	<b>89%</b>	<b>3,374</b>	<b>90%</b>	<b>90</b>	<b>11%</b>	<b>170</b>	<b>119</b>	<b>70%</b>	<b>3,493</b>	<b>89%</b>

\* 10 most recent cases

\*\* A Districts: Jhapa, Morang, Sunsari, Makwanpur, Parsa

B Districts: Siraha, Rasuwa, Bara, Rauthat, Bajura

C Districts: Nawalparasi, Bardiya

Milestone Indicators: Marking 3rd day followup----- **89%**  
 Marking consistent age and dose----- **96%**  
 Marking consistent age/dose and 3rd day followup----- **89%**

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**John Snow Inc./Nepal**  
**Nepal Logistics and Child Health Support Services Project**  
**Contract #367-C-00-97-00082-00**  
**April 1, 2000 - June 30, 2000**

#	SERVICES	TOTAL BUDGETED AMOUNT	EXPENDITURES AS OF Mar 31, 2000	EXPENDITURES THIS QUARTER (Apr/May/June)	REMAINING UNEXPENDED BALANCE
1	Integrated Logistics	\$2,617,390	\$1,333,570	\$124,049	\$1,159,771
2	Vitamin A Deficiency Control Program	5,372,070	\$1,991,619	99,206	3,281,245
3	Acute Respiratory Infection/Diarrheal D. Control Program	2,248,232	\$1,054,922	77,663	1,115,646
4	Female Community Health Volunteer Program	508,984	\$218,468	15,146	275,370
5	Maternal Health Activities	513,439	\$94,808	7,950	410,681
6	Family Planning Program	1,801,898	\$633,630	19,794	1,148,474
7	DOH Services Financial Section	229,317	\$62,593	8,896	157,828
8	Invitational Travel	122,867	\$34,655	1167	87,046
9	Participant Training				
0	Equipment	50,500	\$120,651	3,648	(73,798)
	Nepal Field Expenditures for June, 2000			154,905	
1	Fixed Fee	736,543	\$277,685	45,180	413,679
<b>Total Costs Plus Fixed Fee</b>		<b>\$14,201,240</b>	<b>\$5,822,599</b>	<b>\$557,602</b>	<b>\$7,821,038</b>

Contract Modification No. 2 - Integrated budget of CLINs 0003 and 0004 into one CLIN 0003.

Contract Modification No. 6 - Changed the name of CLIN 0005 from TBA Program to "Maternal Health Activities".

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

**OBLIGATION INFORMATION**

**CONTRACT START DATE:  
CONTRACT END DATE:**

Obligation	Contract Modification No.	Obligated Amount	Fund Cover Period
June 25, 1997	Original	\$851,961	October 30, 1997
September 28, 1997	#1	\$2,000,000	June 15, 1998
October 16, 1998	#2	\$2,000,000	July 31, 2000
June 24, 1999	#4	\$1,627,200	March 31, 2000
February 29, 2000	#5	\$1,189,834	September 30, 2000
	<b>Total Obligated</b>	<b>\$7,668,995</b>	

Total Obligated Amount (+)	7,668,995
Spent as of June 30, 2000* (-)	6,380,201
Balance Obligated Amount for the period 5/00 - 9/00	<b>1,288,794</b>

Month	Estimated Expense Monthly Average	Balance obligated Amount
July, 2000	\$300,000	988,794
August, 2000	\$300,000	688,794
September, 2000	\$300,000	388,794
October, 2000	\$300,000	88,794
November, 2000	\$300,000	(211,206)

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

\* Including Nepal June, 2000 expenses.

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## Department of Health Services

### Status of Expenditures Report For USAID/N Supported Activities NFY 2055/56 (1998/1999)

S/N	Programs	Annual Budget (A)	Claim Submitted for Reimbursement (B)	% B/A*100
1	FCHV Training (NHTC) (70-5-760)	14,438,000	12,705,707	88
2.	TBA Training (NHTC) (70-5-760)	5,600,000	3,617,519	65
3.	FP Training (NHTC) (70-4-760)	3,010,000	2,046,949	68
4.	CDD Program (NHEICC) (70-4-750)	4,075,000	2,428,804	60
5.	ARI Program (NHEICC) (70-4-750)	1,700,000	1,555,325	91
6.	FP Advertisement (NHEICC) (70-4-451)	300,000	300,000	100
7.	FP Activities (FHD) (70-5-450)	22,989,000	21,549,680	94
8.	FCHV Program (FHD) (70-4-454)	2,350,500	1,338,785	57
9.	TBA Program (FHD) (70-5-546)	570,000	228,040	40
10.	CDD Activity (CHD) (70-5-472)	600,000	270,781	45
11.	Vitamin A (Nutrition Program/CHD) (70-4-474)	5,513,000	3,841,339	70
	Total	61,145,500	49,882,929	82