

SEMI ANNUAL PERFORMANCE REPORT

19 December 2007 – 31 March 2008

SUBMITTED TO

USAID/Nepal

BY:

JSI R&T for the NEPAL FAMILY HEALTH PROGRAM II



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Cooperative Agreement Number: 367-A-00-08-00001-00
Reporting Period: 19 December 2007 – 31 March 2008
Start Date: December 19, 2007
End Date: September 30, 2012

Background

JSI Research & Training Institute, Inc. was awarded a Cooperative Agreement to implement the Nepal Family Health Program II starting on 19 December 2007 and ending on 30 September 2012. NFHP-II is being implemented by JSI Research & Training Institute, Inc. and its partners – Save the Children, EngenderHealth, JHPIEGO, World Education, Nepal Technical Assistance Group, Nepal Fertility Care Center, Management Support Services and the Nepal Red Cross Society.

Objective

The goal of the project is to improve provision and use of public sector Family Planning/ Maternal, Neonatal and Child Health (FP/MNCH) and related social services supporting the Government of Nepal's intention to reduce fertility and mortality, as expressed in the Health Sector Strategy (2004); the Nepal Health Sector Program – Implementation Plan (2004-2009), particularly program outputs 1-4, and 6; and the Second Long Term Health Plan (1997-2017).

Report Organization

Though the NFHP II agreement started from 19 December 2007, USAID/Nepal awarded JSI pre-authorization letters for NFHP II activities from 29 October 2007. This first semi-annual report will therefore discuss the period from 29 October 2007 up to March 31, 2008. More than project activities, this report will cover and focus on start up, transition and inception phase of the project. But nevertheless progress on a few key project activities are mentioned which is indicative of a smooth transition from NFHP to NFHP II. Thus we have a separate section on Deliverables and Reporting requirements and a section on the security situation. Also included is the M & E table followed by a summary of expenditure.

Deliverables and Reporting Requirements:

As per contract the deliverable for the first 6 months of the project are as follows;

- 1) Semi-annual program performance reports: due 30 days after each period (October-March and April-September)
- 2) Workplan: first one due within 60 days of effective date, annually on August 31 thereafter
- 3) M&E Plan: within 30 days of effective date
- 4) Financial Reporting:
 - a. SF 269 due 30 days after the end of the quarter
 - b. SF 272 due 45 days after the end of the quarter

A draft version of the NFHP II workplan for year one was presented and discussed at the Inception Meeting held on 4 January 2008 and attended by NFHP II CTO, USAID HFP Director and other staff, while from NFHP II all senior technical staff were present. A final version was submitted with 60 days. Similarly, the M & E plan was discussed at the inception meeting and finalized and submitted to our CTO within the stipulated time frame. A financial report is included in this document.

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Project Start-Up

There have been several management changes from Nepal Family Health Program I. Firstly the SMT has been expanded from 3 to 7 members and includes partners such as SAVE and EngenderHealth. The previous Management Team has been renamed Senior Technical Team and expanded and given more mandate and decision making authority. These changes were made in consultation with JSI Boston staff who were in Kathmandu to assist with transition and project start up.

Regional and field level staffing was accomplished quickly as most were selected from the existing staff. Unfortunately, about 30% of NFHP staff had to be let go due to shortage of available positions.

Western Regional Field Office moved to Bhrikuti Nagar, Ward No. 13, Nepalgunj in early January 2008 which is close to the highway to facilitate easy and efficient move to and from program districts.

Eastern Regional Field Office initially proposed to move to Chandranigapur. For security reasons, at least for the time being the office will remain in Hetauda.

5 Vehicles have been allocated to Kathmandu office, 3 to Eastern Regional Field Office and 4 to Western Regional Field Office.

Staffing pattern is as follows :

Location	JSI	Others	To be hired	Total
Kathmandu	46	14	-	60
Eastern Region Field Office	11	2	-	13
Eastern Region District Based	9	4	8	21
Western Region Field Office	13	5	-	18
Western Districts Based	13	13	8	34
Total	92	38	16	146

The selection of ISP Service in NFHP II offices (Kathmandu, Hetauda & Nepalgunj) through Fiber Optical Cable was recently made. The new service provider is Subisu Cablenet Pvt. Ltd.

Annual Maintenance Contract Selection for Kathmandu office has been awarded to DOS Trading Pvt. Ltd. The selection of Annual Maintenance Contract for the two Field offices is in process.

JSI has pending sub-agreements with its Nepal Family Health Program II sub-partners. The official execution of full sub-agreements with all eight partners is on track. The sub-agreements are in various stages of information checking and review with our partners and JSI anticipates this task to be successfully completed shortly.

Security Situation in Program Districts During this reporting period the security situation in selected terai districts was not conducive for program implementation. There were frequent demonstrations, rallies, closure of government offices, bombing, shutdown of transportation, etc. In many terai districts curfew was implemented for about five days in the second week of February (February 18 to 22). The situation improved after agreement was reached between the Government of Nepal and Madhesi/Terai factions and parties on February 28, 2008. But except during curfew period, NFHP II field staff continued their technical support visits and other activities such as, supporting VSC mobile services, trainings, review meetings in areas where risks were low. During this period of insecurity in the terai CPDs, NFHP II focused its resources and activities in the other CPDs. In summary, among the 20 CPDs, 7 central terai districts (Siraha, Dhanusha, Mahottari, Sarlahi, Rautahat, Bara and Parsa) were heavily disturbed, 4 districts (Jhapa, Morang, Banke and Kannchanpur) were partially disturbed and remaining 9 districts (Sindhuli, Surkhet, Dang, Salyan, Dailekh, Kalikot, Pyuthan, Rolpa, and Jumla) were not affected during this reporting period.

1. Health Systems, Policy, Leadership & Management

1.1 Policy

1.1.5 - Master Plan for Developing Central and transit warehouse has been completed.

1.2 National Level Leadership/ Management Capacity

1.2.1 - NFHP has reviewed the new Procurement Act 2007 and presented to USAID and NFHP audiences with its recommendations. A presentation to EDPs is planned for May 7, 2008

Support districts in maintaining quality services by providing district fund

Since its beginning, district funds have are being used for various interventions as identified by QAWG. In the changed context of NFHP II, the criteria for budget allocation and fund use are being reviewed and revised. In new CPDs district funds are allocated considering population, geographical situation and number of health facilities. Additionally, adequate emphasis has been given to better and easy use of the fund.

1.2.3 TA/ capacity building in MoHP PPICD AWP&B process.

NFHP II is included in the Task Force to develop output based Annual Work Plan and Budget (AWPB).

1.2.15 Support to CHD for CB IMCI implementation

HF in CB-IMCI districts are facing difficulties in treating sick neonates due to unavailability of 2nd line drugs. NFHP II assisted the CHD in initiating the process (Tippani) to include these drugs in the GoN essential drug list. NFHP II provided 500 CB-IMCI printed registers for distribution in CPDs. NFHP monitored the CB-IMCI HF level clinical training in Dailekh.

1.2.16 Support to conduct International conference on new born Vitamin A - Helped organize an international conference on low dose vitamin A in Kathmandu on Dec. 7, 2007.

1.2.17 Revision of CB-IMCI training Materials

Assisted CHD to organize a 2 day workshop to review & revise CB-IMCI training materials.

1.2.20 Coordinate with FHD and CHD regarding CB-MNC/MINI expansion and maintenance

Recognizing the importance of community approaches for improving maternal and neonatal health in the country, NFHP II has been coordinating with FHD and CHD to expand CB-MNC/MINI interventions. The objectives of this coordination is to incorporate CBMNC into national CB-IMCI and Maternal and Neonatal Health (MNH) programs. NFHP II will also be coordinating with FHD and CHD for the piloting of new MNH interventions at the national

level and its Core Program Districts (CPDs).

During this reporting period, CB-MNC plan has been incorporated into FHD's annual workplan for 2008/09.

The Government of Nepal (GON) is working to pilot Community Based Neonatal Care Program (CB-NCP). NFHP II has been actively providing technical assistance in policy/advocacy, development of training materials, training guidelines, monitoring tools and Behavior Change Communication (BCC). NFHP II is represented in the different sub-committees formed under CB-NCP. The experience, materials and outcome of CB-MNC and MINI interventions are being utilized to develop the various components of CB-NCP. Birth preparedness, promotion of SBA-assisted delivery and promotion of clean delivery practices, postpartum care including essential newborn, management of low birth weight and possible severe bacterial and local bacterial infections are all now incorporated in the CB-NCP in an integrated fashion and will be piloted by partners supporting GON. Design work of CB-NCP is expected to be completed by next quarter.

1.2.23 Provide TA to NHTC in maintaining training database -

Provided continued technical support to NHTC for maintaining training data. During this quarter 256 participants of Basic Logistics Training for MCHW/VHWs, which were from Nuwakot, Ramechhap and Lalitpur districts are entered in the database. Similarly information of 22 participants FP and MNH training has been entered into the database. We are still working collecting information for COFP/C from RHTC.

1.3.7 Assist DHO to mainstream and institutionalize QAWG for improved performance and quality and use of district funds

The Quality Assurance Working Group (QAWG) has been established in all NFHP II Core Program Districts (CPD) for the enhancement of quality FP, MNCH services and had proven to be great support to regularize quality services. A group of district supervisors with the leadership of D/PHO in support of NFHP II decides as per the need identified during the TSV to take appropriate actions. Several NFHP II districts are new and different in terms of geography, population and availability of services. In order to better align with the present context, the QAWG has been review and being revised. Adequate emphasis has been given to identify priority technical area (s) which needs intervention, conduction of effective QAWG meetings and completion of actions. In addition to TSV, other important sources of information such as district supervision system, Ilaka and district review meeting would be use to identify need.

1.3.12 Prepare district level profiles - demographics, health sector performance, resources available, local partners

Beginning of NFHP II a policy decision was made to make district profile in 20 CPDs of NFHP II. The overall purpose of the profile is to identify the exiting situation, gaps and needs of the FP/MNCH services in 20 CPDs and development of district specific action plan. It is expected that these district profiles would a kind of dynamic document. Information of the district profile will be updated and compared at least each year and identify requirement of the efforts to be focused in technical area.

During preparation many references were considered and key ones are HMIS data 2063/064, CBS/DPN, LMIS data 2063/064, National Transportation Profile (Logistics), MoHP data etc.

From early conceptualization phase, series of discussions were done to decide what information this district profile must have.

In general, 20 areas have been considered. Similarly, there are 10 areas in demographics, 7 in major cast /ethnicity and religion, 9 in health workforce, 12 in child health, 14 in family planning, 10 in maternal and newborn health, 5 in hospital services, 5 in service utilization, 4 each in health logistics and literacy and life skills. In addition to these information of list of

key organizations working health and education sector is also collected. Final draft of District profile of all 20 CPDs completed this quarter before the district planning visit. This profile served as one of the main reference document, which helped us to know district beforehand so the our interaction with D(P)HO, DEO, DDC and other agencies became fruitful.

1.4 Logistics

1.4.1 Logistics support/TA to LMD (monitoring, forecasting, procurement, distribution, etc)

Assisted LMD and coordinated with CHD and NTAG for distribution of Vitamin A and Albendazole to all 75 districts for April 18-19 national bi-annual supplemental day. This year's Annual Commodities Distribution Program (ACDP), which used to be funded by UNFPA, is going to be conducted with funds from LMD's transportation budget with technical assistance from NFHP II.

1.4.2 Commodity Security forecasting

Quarterly pipeline monitoring meeting was held in LMD to discuss the shipment, procurement, and future requirement status of 14 key commodities. The shipments and procurement status of contraceptives and other essential commodities including vaccines are good. NFHP II worked with Family Health Division in quantifying the total need of contraceptives for coming FY 2065/66.

1.4.3 Logistic training staff in peripheral HFs, DPHOs and district stores

Trainer preparation (TOT) workshop was organized from January 23-25, 2008 in Kathmandu for participants from 26 districts¹, RHTC, Regional Health Directorate. Participants were HET, district storekeepers and resource persons from Logistic Management Division. We trained 137 MCHWs and 119 VHWs in basic logistics. It is expected that with such training will improve LMIS reporting and distribution of key commodities to FCHVs and health facilities.

NHTC and LMD organized a 4-day instructional design workshop between March 26-29, 2008 to revise the procurement training package, incorporating changes from the newly published Public Procurement Act 2063 and regulations published in 2064, with technical assistance and financial support from NFHP-II. Participants included staff from the financial section of the Department of Health Services, Ministry of Health, Public Procurement Monitoring Unit of the Office of Prime Minister, District Treasury Controller office, NCASC and Office of Auditor General. We also provided the crucial expert opinion and technical assistance in the revision of the procurement training package.

1.4.5 LMIS strengthening (web-based LMIS, inventory program for district)

NFHP-II and USAID | DELIVER assisted the Logistics Management Division to organize one-day workshop on web-based logistics information systems and Inventory Management Program for RMS and Districts. Participants were from LMD, USAID/NFHP-II, KfW, and SSMP. LMD, with financial support from SSMP and technical assistance from NFHP II, organized a 3-day Training of Trainers on Web-based Logistics Management Information System (LMIS), equipment Inventory System, and inventory program for RMS and districts.

1.4.6 Management support for district-store construction (Kfw-funded construction)

Under the current phase there have been 9 stores under construction, of which 2 have been handed over and in operation. See Annex 1 for details. Discussion with KfW is ongoing to construct district storerooms in remaining districts of the country. To date district storerooms have been constructed in 45 districts and one cold room in Pathalैया transit store have been completed.

1.4.7 Logistics-Related Technical assistance to RMS/Districts

Technical support visits were carried out to Sindhuli, Ramechhap, Surkhet, Gorkha, Tanahu,

¹ (Solukhumbu, Terathum, Lalitpur, Ramechhap ,Nuwakot, Sindhuli and Rasuwa),

Sarlahi, Kapilbastu, Nawalparasi, Lalitpur to calculate the procurement needs and determine transportation budget needs. NFHP II also provided on the job training to new store keepers in Gorkha and Tanahu.

1.4.8 Funding support for logistical and other support in emergency situations

Assisted LMD in distribution of condoms 285,000 pcs, Depo 16,000 vials, OCPs 9,600 cycles, ORS 5,000 sachets, vitamin A 55,000 tab, iron 300,000 tabs, chloroquine 40,000 tabs, primaquine 20,000 tab and leprosy drugs to DHO Sindhuli, Sarlahi, Siraha, RMS Butwal, RMS Biratnagar, RMS Nepalgunj and RMS Dhangadhi. These commodities were distributed through air courier using USAID/DELIVER emergency budget during Tarai Band and road blockade.

1.4.9 Provide technical support to LMIS unit

Provided technical assistance to LMIS unit supervisor to generate quarterly pipeline report for 14 key commodities.

1.4.10 TA to NCASC, LMD and MoHP on HIV/AIDS logistics

During this reporting period, 8 joint visits were made with NCASC staff to ARV sites. During the supervision/ technical support visits on-site coaching and training was given. HIV drugs are available in all ART sites and there were no stockouts of HIV drugs. Also use of dispensing tool (a computer software program which calculate dispense quantity of HIV drugs by category of HIV/AIDs) has started in ART sites.

2. Service Delivery

2.1 Health Facility

2.1.1 Conduct Situation Analysis and program performance

An approach and tools to characterize VDC health system in CPDs have been developed. All NFHP II staff will be oriented and data collection will be combined with TSVs in all CPDs.

2.1.6 Provide support in training system

With change in TA/DA rate of GON, technical support was provided to carry out logistics, FP and RH training. Additionally, together with other supporting external development partners, support was provided for training allowance rate analysis and standardization and uniformity. In spite of willingness of several agencies, due to various constraints, it seems that it is extremely difficult to achieve standardized rate.

Preliminary discussion has started to develop basic counseling and client provider interaction training. It is expected to be designed in modular way so that other technical areas of RH besides FP could be integrated and also expected have significant impact on the way current COFP/C training is being provided.

Last year upon request of program division NHTC decided to issue 'full' certificate to participants only after receiving information that the trained provider has completed providing particular number of services (procedure) in area where s/he was trained. Now this is becoming management challenge to NHTC. Technical support was provided to resolve this issue.

Provided support estimated cost for the Sangini (N-MARK) training so that it could be better integrated into the NHTC training system.

2.1.10 Develop and pilot scalable alternative learning approaches.

With high demand of program division to training its providers in various FP training, we are having preliminary discussion with FHD and NHTC regarding this activity. NFHP II would provide technical support to design approaches for training including NSV, ML how knowledge portion could be done before participant leave their duty station for skill portion of the training.

2.1.13 HF technical support visits with skill development for DHO staff, with skills transfer in technical areas (strengthening technical supervision function with the district public health system) and use standards to assess and improve quality of the services by strengthening technical support visits in performance improvement approaches.

Though the TSV is an important intervention, because of limited staff and districts with different geography and accessibility, the modalities of TSV are expected to be significantly different to meet these new challenges. In-depth discussions are being held with various teams regarding TSV modalities so the effective technical support could be provided. In this regard TSV guidelines are being revised to strengthen it further and orientation to field office has been planned early next month (April 08).

For its initial period, TSV is being carried out together with VDC Health System Profile preparation and information collected during this process would be used to identify priority interventions. Adequate emphasis has been given to use Ilaka level information and linkages with the QAWG.

Regarding strengthening technical supervision function with district public health system, we are collecting and review information from district planning visits.

2.1.15 Review and refine use of client exit interviews

The client exit interview questionnaires has been reviewed and revised and now being finalized. Previously it was more subjective and highly dependent on level of expectation of the client rather than actual performance. The revised questionnaire is expected to capture quality of the services better objectively.

2.1.18 Family planning training centers and training:

The CFWC and ICTC continued to provide FP/MCH services and FP training with support from our partner NFCC. Achievements in FP training include 12 in Minilap, 20 in NS, 4 in IUCD, 3 in implant and 77 in COFP/C during this FY.

2.1.30 Support D(P)HOs to organize VSC preparatory meeting.

The VSC preparatory meetings were organized as planned in 13 districts² and NFHP II found these meetings were very useful and effective for planning VSC services.

2.1.20 Develop management plan and facilitate smooth handover of CFWC and ICTC to MoHP

Though the activity was planned for the later half of the year, preliminary discussion with FHD and NHTC has started. During CFWC Management Committee meeting held on 11 March 2008, discussion was done about it and what process would be followed.

2.1.31 Assist D(P)HOs to conduct mobile and static VSC services

RH team from Kathmandu (in some districts with FHD staff) has provided TSV to mobile and static VSC service sites in ten districts³. Gaps were observed in the quality of services and

² Kanchanpur, Banke, Dang, Surkhet, Parsa, Bara, Rautahat, Sarlahi, Sindhuli, Mahatori, Dhanusa, Siraha and Morang

³ Bara, Rautahat, Dhanusa, Mohottari, Sindhuli, Siraha, Kanchanpur, Kailali, Bardiya and Banke.

discussions are ongoing at FHD to address these gaps.

So far this fiscal year compared with targets for the whole year, achievement is 57% nationally and 63% (VSC data 8 months and spacing data 6 months) in CPDs. For the last 2 years FP service performances has not been meeting the expected level. For this year there are a few obvious reasons like conflict in Tarai and delayed training due to increase TA/DA rate. We felt that these reasons are not sufficient to understand the whole issue. Therefore, NFHP II has started analyzing this issue to understand the reasons behind the low performance. We have started looking at district wise performance for the last three year, and also VSC implementation planned versus implementation status. In addition, we have been contacting D(P)HO to know their reasons and opinions on this issue.

2.1.45 Further develop CB-MNC interventions/approaches.

CHX, uniject genta. Prevention of eclampsia with use of aspirin and calcium – NFHP II has continued coordination at global level with various partners for further development of CB-MNC interventions and approaches. Design work for chlorexidine cord care is being discussed among various partners, both at national and global levels. Proposal on use of uniject gentamycin by FCHVs has been re-submitted to NHRC for review. During this quarter, GON has approved the piloting of Neonatal Vitamin A. Modalities/design is being discussed among CHD/GON, UNICEF and experts for implementation of Neonatal Vitamin A intervention.

2.1.46 Support National Safe-Motherhood/Neonatal Sub-Committee

NFHP II sponsored a technical session at the conference of Perinatal Society of Nepal to disseminate CBMNC program outcome on January 12, 2008.

TA for National BPP Program -

During this period, support was provided to expand BPP at national level and implementation in NFHP districts. At the national level, NFHP II has been providing technical assistance to FHD for planning and implementation of BPP such as budgeting, selecting districts, preparing implementation plan and organizing review/refresher meeting. NFHP II is continually supporting to organize Master TOT and trainers preparation for BPP. At the district and community level, NFHP II supported the organization of District Training of Trainers (DTOT) in Surkhet in February 2008. DHO/DPHO from Salyan, Rolpa and Dailekh has requested NFHP II to support the initiation of BPP and we will do so over the coming months.

2.2 CB Service Delivery; CBIMCI, CBMNC, Nutrition, FCHV

2.2.1 Manage and support CHW level Review monitoring meeting

NFHP II center and field office staff facilitated and monitored the FCHV/VHW/MCHW level review monitoring meeting in Kailali, Bardiya, Sankhusabha, Parbat, and Surkhet. At these meetings service data were collected and necessary commodities were also supplied to the CHWs.

2.2.2 Expansion of CB-IMCI

As per the CB-IMCI Supplemental work plan for FY 2007/08, in Pyuthan and Syanja districts, training has been completed and both HF level staff and CHWs have started to manage sick under 5 children according to CB-IMCI technical guidelines. District level planning and orientation has been carried out in Dailekh with the technical and financial support of NFHP. The community level training activities will be started from 27 th April onwards and will be done by SUDIN, an NGO.

2.2.7 Technical support in Sankhuwasabha, Syanja, Parbat, Doti, Dadeldhura and Bajhang NFHP /USAID is providing full time field officers who are conducting TSVs and other support such as supply of the materials and Drugs etc.

2.2.9 New CB-MNC Districts

During this reporting period two new districts, Sindhuli and Jumla were selected for the expansion of CB-MNC intervention in the year 2008. The two districts were selected based on few criteria like being hill districts, existence of CB-IMCI, low human development indexes, difficult geography for institutional delivery etc. The need assessments and district planning were carried out for both the districts.

2.2.10 Refine CB-MNC

The CB-MNC interventions package is being revised during this period. New components have been added to the existing CBMNC package to make it a package with continuum of care from pregnancy to neonatal period. New components like neonatal sepsis management, Low birth weight management, management of Hypothermia, Postnatal visits by FCHVs and Birth Asphyxia management have been included. The revised CB-MNC interventions are given a modular form with a plan of phase wise introduction of each module at community level. The revised CB-MNC materials are being developed in consensus among external developmental partners and in line with the CB-NCP package. Draft package consists of 3 training modules for FCHVs covering all CB-MNC interventions.

Suggested training modules for CB-MNC

Module 1:	Birth Preparedness, Post natal visits by FCHVs and LBW management
Module 2:	Prevention of PPH at homebirth using MSC
Module 3:	Management of PSBI and LBIs at community level

The modular and phased wise approach for CB-MNC interventions is being discussed in CB-NCP subcommittees and in Safe mother hood subcommittee. The training curriculum/guideline is being prepared in consensus among various partners, GON, Plan International, CARE, UNICEF, SSMP and others. This process is initiated together through GON's CB-NCP training design, where all the modules except use of MSC for prevention of PPH at homebirth. Training contents, duration of the training and modality of the intervention is yet to finalize, which will be finalized in the next period.

2.2.11 Pilot new Elements of CB-MNC

New elements of CB-MNC (e.g. Neonatal vitamin A, uniject gentamycin, chlorexidine for cord stump care, calcium for eclampsia prevention, suitable approach to vitamin A deficiency management in pregnancy, birth asphyxia management by ANMs/MCHWs, etc.) have moved forward for pilot over this period.

Neonatal Vitamin A: The dissemination meeting was conducted on Dec. 7 2007. Ministry of Health and Population has approved for piloting Neonatal vitamin A supplementation in four districts. This intervention will be piloted in collaboration with UNICEF. The intervention will be piloted in two models; the first will be FCHV dosing model which is proposed to be piloted in Morang and the other will be self-dosing by Mother which is proposed to be piloted in Banke. Each of these models will be tested in two additional hill districts which will be finalized in coordination with UNICEF and MOHP.

Uniject Gentamicin: Use of uniject gentamycin has moved forward. The proposed Uniject Gentamicin design stage trial in Morang is under evaluation of MOHP. The (draft) training modules, job aids and monitoring materials have already been developed. The proposal is being evaluated by Nepal Health Research Council and Nepal Medical Council. The further steps for policy approval will be carried out in next reporting period.

Chlorhexidine for cord stump care: Global level dissemination meeting was organized in December 2007. The further steps for piloting the intervention is being discussed with Family Health Division, MOHP.

Calcium for eclampsia prevention: Global level discussion is being held with various partners and FHD. FHD has already formed Technical Advisory Committee to plan implementation of the intervention.

Suitable approach to vitamin A deficiency management in pregnancy: Subject to further discussion and planning based on national and international experiences.

Birth asphyxia management by ANMs/MCHWs: The government's CB-NCP has proposed to manage birth asphyxia at community level. NFHP II has proposed to manage it by ANMs and MCHWs in Banke. This is in the process of further discussion at FHD.

2.2.12 Revise counseling/ health ed materials

Discussion is being held among the experts within NFHP II, GON and partners for revision of flip charts on BPP and prevention of PPH at homebirth. This will be in consistence with BPP/PNC and prevention of PPH training module (2.2.10). Instead of key chains, discussions are being conducted to use fliers (covering messages on focused MNH BCC at household level). The latter is subject to approval from FHD.

For revision of M&E forms, the first workshop held on January 2008 has outlined the key indicators for each component of CB-MNC. Forms and registers simplification process will be completed by the next reporting period.

2.2.13 CB-MNC-Related Policy

NFHP II has been advocating and providing technical support to expand community-based MNH services at national, regional and community level. Policy for neonatal Vitamin A supplementation has recently been approved by the GON.

The revised CB-MNC interventions is being developed in consensus with MOHP, other external developmental partners and with the upcoming new born care package from CHD/FHD.

2.2.14 CB-MNC/ MINI-Related Dissemination

NFHP II is frequently sharing its experiences and lessons learned regarding CB-MNC at national forums. Over this period, NFHP presented on CB-MNC and MINI during national conference of peri-natal society (PESON) from 11-12 Jan 08; Maternal mortality impact of CB-MNC in Banke during national conference of Nepal Society of Gynecologists and Obstetricians (NESOG) from 27-28 March 08 and Experience of MINI in management of neonatal infections during the national conference of Nepal Pediatric Society (NEPAS).

NFHP II also prepared summative report¹ of community based interventions for MNH and distributed to the partners and experts at the national and international level. Technical brief on CB-MNC also has been published and distributed.

During this period, NFHP II published survey report on CB-MNC, which compares the baseline and follow-on results of Jhapa, Banke and Kanchanpur. The survey results has shown improvement in all aspects of MNH behaviours, which the interventions has focused as summarized in Table 1 (Refer to survey report² for detail).

¹ Community-Based Maternal and Neonatal Care, summative report

² Baseline and follow-up surveys of Community-Based Maternal and Neonatal Care work in Jhapa, Banke and Kanchanpur

Table 1: Summary of key behaviors changed at household level during baseline and follow-on period in Jhapa, Banke and Kanchanpur

Key behaviours	Jhapa		Banke		Kanchanpur	
	Baseline	Follow-on	Baseline	Follow-on	Baseline	Follow-on
ANC check up from HF (at least once)	74.2	88.1	76.9	91.4	81.0	87.9
Received iron during ANC	67.8	81.8	69.8	92.9	74.9	87.1
Received Inj. TT	69.8	82.6	76.3	93.6	76.8	85.3
Received deworming tablets	27.1	71.8	31.7	82.0	51.4	76.3
Financial preparedness for birth	64.8	83.4	67.7	83.5	62.2	77.6
Identification of HF for birth	5.0	18.0	1.0	8.7	4.0	9.1
Birth attendants identified	2.9	7.1	3.3	21.7	3.2	10.4
Transportation arrangement	3.1	18.1	1.1	15.4	5.2	12.4
Delivery by SBA	36.3	45.3	10.6	17.1	17.1	23.9
Delivery at HF	34.1	42.3	10.0	16.1	13.4	20.5
FCHV contacted women within 3 days of birth	19.4	27.0	31.9	42.7	27.9	64.0
Postpartum women took vitamin A	36.3	68.9	31.6	63.9	62.5	77.1
Birth registration	26.3	34.9	18.7	44.2	11.9	16.2
Newborn babies dried and wrapped properly	50.2	65.6	46.2	84.5	60.6	72.4
Delayed bathing (after 24 hrs. only)	17.4	51.0	13.8	64.6	38.4	59.6
Immediate breast feeding (within 1 hr.)	33.1	41.0	33.9	70.5	67.6	66.6
Fed colostrum to newborns	79.0	90.5	78.5	93.9	89.6	92.9
Women attended mothers' group meeting	1.7	10.1	7.5	21.1	20.6	22.3

2.2.15 CB-MNC-Related TA

NFHP II provided technical support to partner organizations in planning and implementation of CB-MNC related interventions. NFHP II participated in joint meetings of USAID, CARE, Plan Nepal and MIRA and shared its experiences and lessons learned in community based MNH services. NFHP II also provided technical assistance in planning, designing and carrying out baseline survey/needs assessment, development of monitoring and training tools to CARE and Plan Nepal.

CARE Nepal is awarded from USAID to implement Community Responsive Antenatal, Delivery and Life Essential (CRADLE) for Mothers and Newborns Project under Child Survival Grant where NFHP II supported to revise the proposal, to develop M&E indicators and to prepare the detail implementation plan for Doti and Kailali districts. The support was provided at central level as well as at field level. Plan Nepal is awarded to implement LIBON project under child survival grant, where NFHP II supported to prepare budget, develop the M&E indicators, develop MNH package and detail implementation plan (DIP) for Sunsari and Parsa districts.

ACCESS project core funds has been awarded to Save the Children, to expand Low Birth Weight Management of Neonates in Kanchanpur. NFHP II has provided feedback in the planning of implementation of this short project and has also supported to organize district planning meetings and finalizing the monitoring indicators and tools. The support will be

expanded to field level during training and regular supervision during implementation of the program.

2.2.16 Verbal Autopsy

NFHP II is continually monitoring the maternal deaths in Banke and administering the verbal autopsy tool for finding out the causes of deaths. The person, who was involved in administering the verbal autopsy is hired for NFHP II to maintain the consistency and uniformity in data collection. To date, 41 maternal deaths have been reported, which will be analysed for finding out the causes of deaths. For comparing the mortality impact, collection of data on maternal deaths during pre-intervention period will be explored in the next quarter.

2.2.18 CB-MNC Maintenance Support

Over this period, NFHP II central and district staff provided regular technical assistance and monitored CB-MNC interventions in Jhapa, Banke and Kanchanpur. During NFHP II, new staffs are hired for Jhapa, Banke and Kanchanpur, who were placed to the district with orientations.

Over this period NFHP II staff provided regular TSV to maintain and sustain the activities. TSVs were conducted to HFs, FCHVs pregnant and recently delivered women. NFHP II also organized joint planning and monitoring with DPHOs for effective implementation of CB-MNC interventions. NFHP II staff members also participated in the DPHO's monthly staff meetings, Ilaka and VDC level meetings to ensure the availability of commodities, coverage of the interventions to target audiences, timely submissions of reports, proper feedback. In addition, NFHP II staff also supported to MNH activities at the district level such as organizing SM day (8 March), Polio immunization (March 15, 16), Vitamin A supplementation to under-five years children, etc.

2.2.19 Revision of CB-MNC indicators and M&E tools

Finalized core indicators for CB-MNC program to allow monitoring with a minimum support from EDP. The neonatal infections management component will be incorporated in the CB-MNC package for future scale up. Based on those indicators, 3 types of FCHV pictorial registers have been drafted.

2.2.20 Prepare and distribute CB-MNC reports

Selected findings from the 3 district survey was shared during the PESON meeting held on January 11-13, 2008. These reports have been recently printed and will be distributed widely.

2.2.22 Provide TA to national technical groups

FP Sub committee: Meeting of February 22, 2008 decided to organize 'A National Review workshop. The proposed workshop will: 1) Review the status of the recommendation made in the Repositioning Family Planning Strategies document; 2) Discuss the findings of further analysis of DHS on family planning; and 3) Review current achievements and develop a joint work plan with EDPs and other stakeholders. In addition, meeting recommended that it is time to review and update VSC service guideline currently being used. The practice of organizing VSC preparatory meetings found very useful for planning VSC services and recommended to implement this activity to others districts.

SMNH Sub-Committee: Provided financial and technical support to organize 'Third National Safe Motherhood and Newborn Review Workshop' at Hotel Mirabel, Dhulikhel on 20-21 January 2008. The outcome was 'a draft SMNH workplan for the FY 2008-09. The Safemotherhood Newsletter is in press.

2.2.25 Vitamin A coverage survey (mini-survey)

The post October 2007 round mini-survey was conducted in 8 randomly selected districts⁴. The findings showed the Vitamin A capsule coverage, 97.7% and de-worming tablets coverage, 96.5% for October 2007 round.

2.2.31 to 2.2.35 FCHV Program

The supplementary budget for FCHV Trimester Review is provided for 84 additional First and second trimester meetings for FY 2007/08 have been held as planned.

Orientations were to be conducted at district level for DDC members, NGOs, concern district level officials on revised FCHV Fund management, but this is yet to be done due to delay in endorsement of the new policy by the cabinet.

FHD has identified and MASS has contracted with a consultant to assist with revision of the FCHV Strategy.

2.3 Strategic Information/M & E

2.3.2 Revise and roll out TSV monitoring tools and guideline

Based on the NFHP-II M&E plan, TSV tools for health facility level and community level drafted and shared with central NFHP-II technical. This will be also shared with the field officers before finalization. The guideline for TSVs is also in progress.

2.3.5 HMIS capacity building at center and district level

NFHP II is supporting a staff at the HMIS section in Kathmandu to supervise data entry, data verification and generation of reports and feedback system. At districts we have initiated the task of assessing and building their capacity on analysing and using data, maintaining data quality and feedback system. As part of this process a rapid health facility level survey of HMIS was conducted in 3 districts, Jhapa, Sarlahi, Bara and Parsa. Moreover, NFHP-II staff supported to the DHO/DPHOs in conducting training on revised HMIS tools.

2.3.6 Process 2006 DHS data to establish baseline for NFHP-II

This task has been completed and 5 copies of the reports have been submitted to USAID. The report contains data tables for selected variables generated for NFHP-II rural CPDs and compared with rural data of non-NFHP II districts, and at national aggregate.

2.3.7 Provide technical support for FCHV survey

NFHP-II provided technical support in the design of questionnaire for 2008 survey.

3. Community

3.1. Community Participation in Governance of Local Health Services

3.1.1. to 3.1.7 Implementing CHFP in 4 CPDs

Four CPDs Kanchanpur, Banke, Surkhet and Dang were selected for special inputs based on;

- Health facilities have been handed over to local HFOMCs
- Combination of new and old working districts
- Districts with low HDI

TOT on CHFP was conducted between March 10-15, 2008 at NHTC training hall for 15 (NHTC-4, RHTC-8 and D(P)HO – 3) trainers. Field practice of the training was done at different health facilities of Lalitpur districts. NHTC, RHTC and DPHO focal person reached consensus to implement 2 days interaction package followed by 9 modular packages for

⁴ Jhapa, Sunsari, Arghakhanchi, Dang, Jajarkot, Doti, Kailali and Dadeldhura

HFOMC strengthening.

3.2 Community Efficacy – Literacy

Initially it was decided to implement the Literacy and Life Skills program in 6 CPDs, namely, Rolpa, Surkhet, Dang ,Banke, Mohottari and Sarlahi. In 4 CPDs the following local NGOs were selected on the basis of their past performance to implement the program:

1. Mahila Upkar Manch Kohalpur in Banke
2. Women Association for Marginalized women (WAM) in Surkhet
3. Samaj Kalyan Samiti Lamahi in Dang
4. Development concern Society (DECOS) in Rolpa

In the remaining 2 terai districts these activities were delayed due to security reasons.

3.3 Behavior

Provided technical support to NHEICC in developing standardized technical contain on FP messages

4. Cross Cutting

4.1.1 District level planning

The general objective of this activity was is to familiarize the DHO/DPHO DEO and LDO in the CPDs about NFHP II, assess the needs of the districts and prioritize possible future program interventions through NFHP II. The plan was to have several senior staff (SMT & STT) participate in this process.

District planning meetings have been completed in 17 CPDs (out of 20) and in 3 CB-IMCI districts (out of 7). During these district planning process it was clearly mentioned that NFHP II was funded by USAID and also discussed was the USAID Population Policy clauses. A formal MOU outlining the roles and responsibilities of both parties, namely, DHO and NFHP II, was signed in each district where this activity was conducted.



Mr. Bishwo N. Poudyal NFHP II western region Field Manager and Mr. Ramesh Adhikari, Senior Administrator, DHO, Surkhet exchanging signed MOU in Surkhet District

Annex 1: Status of District Stores Construction

S. N.	District	DHO Stores	Current stage of work	% work Complete	Remarks
1	Ramechhap	Ramechhap	All complete	100%	Completion certificate issued
2	Pyuthan	Bijwar	All complete	100%	Completion certificate issued
3	Rolpa	Libang	All complete	100%	Completion certificate issued
4	Dailekh	Dailekh	All complete	100%	Completion certificate issued.
5	Surkhet	Surkhet	All complete	100%	Key Handed. Store has started operating.
6	Achham	Mangalsen	All complete	100%	Key Handed.
7	Banke	Nepalgunj	Will complete after 2 weeks	90%	
8	Morang	Biratnagar	All complete	100%	Completion certificate issued
9	Khotang	Diktel	Under construction	25%	Ground floor casting completed.

Annex 2: NFHP II M & E Table

No	Indicator Definition	Indicator Measurement	Source	Baseline	Reporting Frequency	Current reporting period	Expected Achievements for Year 1 (2007/ 08)
Impact Indicators							
1	Neonatal Mortality (National)	<i>Numerator:</i> Number of deaths within first month of life per 1000 live births <i>Denominator:</i> Total number of live births in same year <i>Unit of Measurement:</i> Rate	DHS	33	Once at End of Project	NA	NA
2	Infant Mortality (National)	<i>Numerator:</i> Number of deaths within first year of life per 1000 live births <i>Denominator:</i> Total number of live births in same year <i>Unit of Measurement:</i> Rate	DHS	48	Once at End of Project	NA	NA
3	Under 5 Mortality (National)	<i>Numerator:</i> Number of deaths within 5 years of life per 1000 live births <i>Denominator:</i> Total number of live births in same year <i>Unit of measurement:</i> Rate	DHS	61	Once at End of Project	NA	NA
4	Stunting Rates (height for age) among children under 5 years (National and CPDs)	<i>Numerator:</i> Number of children under 5 years whose height for age Z-score is below -2 SD from the median of the reference population. <i>Denominator:</i> Total number of under 5 years children weighed <i>Unit of Measurement:</i> Rate	DHS	49.3 (National) 53.0 (CPDs)	Once at End of Project	NA	NA
5	Total Fertility Rate (National)	Number of live births that a woman would have if she survived until the child bearing age and had children according to the current pattern of age specific fertility rates. <i>Unit of Measurement:</i> Rate	DHS	3.1	Once at End of Project	NA	NA

No	Indicator Definition	Indicator Measurement	Source	Baseline	Reporting Frequency	Current reporting period	Expected Achievements for Year 1 (2007/ 08)
6	Contraceptive Prevalence Rate (National and CPDs)	<i>Numerator:</i> Total number of women of reproductive age using a modern contraceptive method at a given point in time <i>Denominator:</i> Total number of women of reproductive age interviewed <i>Unit of Measurement:</i> Rate	DHS and NFHP-II Mid-term survey	44.2 (National) 41.6 (CPDs)	Once at End of Project	NA	NA
Health System, Policy and Leadership							
7	Number of key activities previously supported by USAID (NFHP activities and Supplemental work plan Activities) shifted under the GON responsibility.	Number of specific new commitments by GoN to assume responsibilities for functions covered by USAID in the last fiscal year. <i>Unit of Measurement:</i> Number	NFHP-II Records	0	Annual	NA	TBD
8	Percentage of PHCs and HPs in CPDs that receive a quarterly supervision visit by D(P)HO staff.	<i>Numerator:</i> Number of PHCs and HPs that receive a quarterly supervision visit by D(P)HO staff. <i>Denominator:</i> Total number of PHCs and HPs in the CPDs visited by NFHP II staff. <i>Unit of Measurement:</i> Percentage	NFHP-II TSV records	TBD	Semi annual	NA	TBD

No	Indicator Definition	Indicator Measurement	Source	Baseline	Reporting Frequency	Current reporting period	Expected Achievements for Year 1 (2007/ 08)
9	Percentage of health institutions participating in monthly Ilaka meeting and reviewing monthly monitoring worksheet. (CPDs)	<i>Numerator:</i> Number of health institutions participating in monthly Ilaka meetings and reviewing monthly monitoring worksheet <i>Denominator:</i> Total number of health institutions participating in visited Ilaka level HF by NFHP II staff <i>Unit of Measurement:</i> Percentage	NFHP-II Records	TBD	Semi-annual	NA	TBD
10	Number of USG-assisted service delivery points (PHCs, HPs, SHPs) in CPDs experiencing stock-outs of specific tracer drugs ⁵ . (National) OP Indicator	Number of USG-assisted service delivery points (PHCs, HPs, SHPs) in CPDs experiencing stock-outs of specific tracer drugs <i>Unit of Measurement:</i> Number	LMIS	652	Semi annual	425	602
11	Number of USG-assisted service delivery points (PHCs, HPs, SHPs) experiencing stock-outs of any contraceptives commodity ⁶ . (National) OP Indicator	Number of USG-assisted service delivery points (PHCs, HPs, SHPs) experiencing stock-outs of any contraceptives commodity <i>Unit of Measurement:</i> Number	LMIS	270	Semi annual	175	240

5 ORS, Iron, Cotrimoxazole, Vit A, Gentamycin, Oxytocin and Amoxicillin.

6 Condom, OC and Depo.

No	Indicator Definition	Indicator Measurement	Source	Baseline	Reporting Frequency	Current reporting period	Expected Achievements for Year 1 (2007/ 08)
12	Percentage of FCHVs in CPDs who have all key commodities ⁷ available at the time of visit, as appropriate for the programs in their district	<i>Numerator:</i> Number of FCHVs interviewed in CPDs who have all key commodities available at the time of visit in CPDs. <i>Denominator:</i> Total number of FCHVs interviewed in CPDs. <i>Unit of Measurement:</i> Percentage	Annual FCHV Survey	TBD	Annual	NA	TBD
Health Facility Level Service Delivery							
13	Annual protection against pregnancy afforded by contraceptives ⁸ distributed. (National and CPDs) OP Indicator	Quantities of pills and condoms distributed to clients; number of IUD and Norplant inserted to clients; number of Depo injected; and number of sterilization performed during the reference period. <i>Unit of Measurement:</i> Couple Years	HMIS	1,564,819 (National) 746,960 (CPDs)	Annual	NA	1,611,763 776,838
14	Number of people trained in FP/RH with USG funds. OP Indicator	Number of males trained in FP/RH with USG funds Number of females trained in FP/RH with USG funds <i>Unit of Measurement:</i> Number	TIMS	213 (M) 596 (F) (National)	Annual	NA	84 (M) 104 (F)
Community Based Service Delivery							

⁷ Condom, OC, ORS, cotrimoxazole and Iron folate.

⁸ CYP is calculated as: 120 Condom = 1 CYP; 15 pills cycles = 1 CYP; 4 doses Depo = 1 CYP; IUCD = 3.5 CYPs; Norplant = 3.5 CYPs; VSC = 10 CYPs.

No	Indicator Definition	Indicator Measurement	Source	Baseline	Reporting Frequency	Current reporting period	Expected Achievements for Year 1 (2007/ 08)
15	Number of cases of child pneumonia treated with antibiotics by health facility or trained community health workers at national level. OP Indicator	Number of cases of child pneumonia treated with antibiotics by health facility or trained community health workers at national level. <i>Unit of Measurement: Number</i>	HMIS	439,187	Annual	NA	456754 (4% increase based on achievement)
16	Percentage of children age 2-59 months with diarrhea who were treated with both ORS and Zinc. (National i.e Zinc intervention districts)	<i>Numerator:</i> Number of children aged 2-59 months with diarrhea in the last two weeks who were treated with both ORS & zinc. <i>Denominator:</i> Total number of children aged 2-59 months with diarrhea in the last two weeks. <i>Unit of Measurement: Percentage</i>	DHS and NFHP-II Mid-term survey	0%	Every 5 year	NA	NA
17	Number of people trained in child health and nutrition through USG-supported programs. (National) OP Indicator	Number of males trained in child health and nutrition Number of females trained in child health and nutrition. <i>Unit of Measurement: Number</i>	GON records	10,974(F) 3,371 (M)	Annual	NA	2,000 (F) 1,000 (M)
18	Percentage of births that are attended by a SBA (doctor, nurse or mid-wife) in CPDs.	<i>Numerator:</i> Number of births that are attended by a SBA at home or health facility delivery in a year. <i>Denominator:</i> Total number of Expected pregnancies in the same year. <i>Unit of Measurement: Percentage</i>	HMIS, NFHP-II Mid-term survey and DHS	12.2 (DHS)	Annual	NA	TBD
19	Number of postpartum visit within 3 days of birth in CB-MNC districts. OP Indicator	Number of PPW visited by FCHVs within 3 days of delivery recorded in CBMNC register. <i>Unit of Measurement: Number</i>	CBMNC-Register	28,724	Semi-annual	3,739*	28,724

No	Indicator Definition	Indicator Measurement	Source	Baseline	Reporting Frequency	Current reporting period	Expected Achievements for Year 1 (2007/ 08)
20	Percentage of Recently Delivered Women (RDW) protected from PPH. (CBMNC-MSD districts)	<p><i>Numerator:</i> Number of RDW who delivered at a HF or delivered at home with support from SBA or took MSC tablets among delivered at home.</p> <p><i>Denominator:</i> Total number of RDW entered in CBMNC register in the CBMNC districts where MSC is distributed.</p> <p>Unit of Measurement: Percentage</p>	CBMNC-R	>= 90%	Semi-annual	94%*	>= 90%
21	Number of newborns receiving antibiotic (cotrim or/and gentamycin) treatment for infection from appropriate health workers. OP Indicator	<p>Number of newborns receiving antibiotic treatment for infections from appropriate health workers.</p> <p><i>Unit of Measurement:</i> Number</p>	GON records	734	Annual	NA	1,000
22	Percentage of newborns for whom bathing is delayed for at least 24 hours after birth among those recorded in CBMNC register.	<p><i>Numerator:</i> Number of newborns with <u>delayed bathing picture</u> circled in CBMNC-R</p> <p><i>Denominator:</i> Number recorded in CBMNC-R</p> <p><i>Unit of Measurement:</i> Percentage</p>	CB-MNC Register	80%	Semi-annual	94%* (data available only from Jhapa and Banke)	=>80%
23	Number of people trained in maternal/newborn health through USG-supported programs. OP Indicator	<p>Number of Males trained in maternal/newborn health through USG-supported programs.</p> <p>Number of Females trained in maternal/newborn health through USG-supported programs.</p> <p><i>Unit of Measurement:</i> Number</p>	NFHP-II records	2528 (F) 445 (M)	Annual	NA	1150 (F) 445 (M)

No	Indicator Definition	Indicator Measurement	Source	Baseline	Reporting Frequency	Current reporting period	Expected Achievements for Year 1 (2007/ 08)
24	Number of children (6-59 months) nationwide who received Vitamin A capsule during the preceding round of supplementation. OP Indicator	<i>Numerator:</i> Number of children 6-59 months who received a Vitamin A capsule during the preceding round of supplementation. <i>Denominator:</i> Total number of estimated children aged 6-59 months <i>Unit of Measurement:</i> Number	Vitamin A Supplementation survey and DHS	3,315,661	Annual	NA	3,160,000
25	Percentage of FCHVs who report community level support for their activities in the past one year (i.e. used FCHV fund or received cash allowances or in-kind support) in CPDs.	<i>Numerator:</i> Number of FCHVs who used FCHV fund or has received cash allowances (excluding regular govt. payments for refresher meetings or for polio days etc) or in-kind (e.g. Sari, bicycle etc) support for their activities from the community in the past one year. <i>Denominator:</i> Total number of FCHVs interviewed. <i>Unit of Measurement:</i> Percentage	Annual FCHV Survey	25%	Annual	NA	30%
Community Programs							
26	Percentage of HFOMCs conducted meeting with meeting minutes every month in CHFP districts.	<i>Numerator:</i> Number of HFOMCs with meeting minutes in last month <i>Denominator:</i> Total number of HFOMCs visited by NFHP staff in the last month. <i>Unit of measurement:</i> Percentage	HFOMC meeting minutes	15%	Semi-annual	NA	20%

No	Indicator Definition	Indicator Measurement	Source	Baseline	Reporting Frequency	Current reporting period	Expected Achievements for Year 1 (2007/ 08)
27	Among the HFOMCs that conducted meeting with meeting minutes, percentage that conducted effective meeting in the last month in focused CHFP VDCs.	<p><i>Numerator:</i> Number of HFOMCs meeting held with following all 3 procedures: i) 51% participation including at least a dalit and a woman member; ii) develop action plan, and iii) share responsibility</p> <p><i>Denominator:</i> Total number of HFOMCs meeting held with meeting minutes in last month</p> <p><i>Unit of measurement:</i> Percentage</p>	HFOMC meeting minutes	15%	Semi-annual	NA	20%
28	Percentage of dalit clients using health care services from a HF in focused VDCs of CHFP districts.	<p><i>Numerator:</i> Number of dalit clients registered in Master Register of HFs.</p> <p><i>Denominator:</i> Total number of clients registered in Master Register of HFs.</p> <p><i>Unit of Measurement:</i> Percentage</p>	HMIS	TBD	Semi-annual	NA	TBD
29	Percentage of GATE graduates enrolled in formal education.	<p><i>Numerator:</i> Number of new GATE graduates enrolled in formal education in a year.</p> <p><i>Denominator:</i> Total number of GATE graduates in the same year.</p> <p><i>Unit of Measurement:</i> Percentage</p>	WEI records	50%	Annual	NA	52%

No	Indicator Definition	Indicator Measurement	Source	Baseline	Reporting Frequency	Current reporting period	Expected Achievements for Year 1 (2007/ 08)
30	Percentage point increase in current use of contraceptives among newly literate married women of reproductive age (MWRA) between pre-test and post-test.	<p><i>Numerator:</i> Number of newly literate MWRA using a modern contraceptive among interviewed during pre-post test.</p> <p><i>Denominator:</i> Total number of newly literate MWRA interviewed during pre-post test.</p> <p><i>Unit of Measurement:</i> Percentage</p>	Pre-Post Survey (test)	NA	Annual	NA	15% point increase from pre-test

* Since March 2008 data has not received yet, only included January and February data.