An Analytical Report on National Survey of Female Community Health Volunteers of Nepal

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~ New ERA Study Team

FOREWORD

Female Community Health Volunteers (FCHVs) program was formulated in 1988. Several revisions were made in the program in response to the changing context of health and development in Nepal. The FCHV program is basically designed to promote health through interfering the community and the health institution and/or health workers in the public sectors. The FCHV program focuses on family planning, maternal/neonatal and child health. Vitamin A distribution program. The activity of FCHV is contributing to Nepal's goal of reducing the total fertility rate and under five mortality and maternal mortality rates. There are about 50,000 FCHVs who have been contributing in the attainment of uplifting of health status of women and children of Nepal.

It is gratifying to note that a detailed and nationally representative survey of Female Community Health Volunteers of Nepal has been carried out first time. It attempts to give a nationally representative and district specific picture of the FCHV program including their personal characteristics, their interactions with their communities and with local health services and their contribution to the major health programs of the Ministry of Health and population.

It is obvious from this report that the contribution of FCHV in the development of health status has been significant. On behalf of the Family Health Division/DoHS. I would like to deeply appreciate the work of FCHVs and bow to the volunteerisms spirit they have. I hope this report will help in further developing policy issues and formulate future programs.

The Family Health Division would like to extend sincere thanks to USAID/ ORC Macro International for providing financial and technical supports and New ERA for completing this survey.

I would like to thank all concerned institutions and persons who have contributed in this study.

Dr. Bal Krishna Suvedi
Director
Family Health Division
Ministry of Health, Nepal

ABBREVIATONS

ANC	Antenatal Care
ARI	Acute Respiratory Infection
BCC	Behavior Change Communication
BPP	Birth Preparedness Package
CARE	CARE International
CB-IMCI	Community-Based Integrated Management of Childhood Illness
CPD	Core Program District
DACAW	Decentralized Action for Children and Women
DHS	Demographic Health Survey
FCHV	Female Community Health Volunteer
FM	Frequency Modulation
HIV/AIDS	Human Immunodeficiency Virus/ Acquired Immunodeficiency Syndrome
HMIS	Health Management Information System
HP	Health Posts
ID	Identity Card
IMNMP	Intensification of Maternal an Neonatal Micronutrient Program
INGO	International Non-Governmental Organization
IPC	Inter Personal communication
MCHW	Maternal and Child Health Worker
MOH	Ministry of Health
NFHP	Nepal Family Health Program
NGOs	Non Governmental Organization
NTAG	Nepali Technical Assistance Group
ORC	Out Reach Clinics.
ORS	Oral Dehydration Solution
ORT	Oral Dehydration Therapy
PHC	Primary Health Clinics
PLAN	PLAN International
PLIC	Protecting Livelihood in Crisis
SHP	Sub Health Posts
TBA	Traditional Birth Attendant
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VDC	Village Development Committee
VHW	Village Health Worker

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EXECUTIVE SUMMARY

Nepal's nearly 50,000 FCHVs have served as an important source of information for their communities, a link with government health services and a source of direct services in a number of important areas. The 2006 Female Community Health Volunteers (FCHV) national survey, combined with data from routine health information systems and information from the 2006 Nepal Demographic and Health Survey, demonstrate that:

FCHVs play an important role in contributing to a variety of key public health programs, including family planning, maternal care, sick childcare, vitamin A supplementation/ deworming and immunization coverage. FCHVs are present in nearly all rural wards, stable in their jobs, reasonably representative of the people they serve, and motivated to continue working at current or higher levels.

Overall levels of contact between FCHVs and the government health system and their continued training are good in most districts. FCHV performance is closely linked to supplies, support (for example from the Nepal Family Health Program) and motivation. With these they can reach a higher percentage of those in need, but without them their performance can fall to low levels. Except for FCHVs with small catchment populations, the available evidence shows that FCHVs may not automatically know about all pregnancies, births, children or other health issues in their area. If they are to provide good service they need to be both motivated to find those in need and families need to understand and expect their role (as with the vitamin A program).

There are excellent prospects for the continued functioning of Nepal's FCHVs and, with well designed and supported programs, they may be able to expand their activities and impact.

The FCHV survey shows that

- FCHV numbers and presence: There are currently about 47,000 FCHVs in rural Nepal and nearly 3,000 in municipalities. The survey found that FCHVs are present in over 97 percent of rural wards in Nepal;
- Catchment populations: The variation in the size of wards and the mixture of ward-based and population-based districts means that there is a large variation in the population covered by different FCHVs, even within the same geographic zone;
- Population-based program: Currently 28 districts have a population-based program with additional FCHVs in large population wards. If this model is expanded to all districts there would need to be about 12,000 additional FCHVs, or 25 percent more than the current number. As a more limited expansion, 2,300 extra FCHVs would be required to ensure that no FCHVs in Terai districts cover more than 1,000 population;
- Catchment population and FCHV performance: Most evidence suggests that program coverage decreases rapidly with increased catchment population per FCHV (even though FCHV activity levels rise). This decline is reduced or eliminated for programs which have high population demand (like the vitamin A distribution program) or strong support.

Summary of FCHV Characteristics

- Age: The median age of FCHVs is 38 years. Less than 1 percent of FCHVs are less than 20 years and 4 percent are over 60 years;
- Education. Forty-two percent of FCHVs have completed primary school or gone on to secondary education, 16 percent have attended but not completed primary school and 42 percent have never been to school. FCHVs are much better educated than rural women of their age;
- Literacy: Sixty-two percent of all FCHVs are literate, 22 percent of FCHVs who have not been to school are literate. Literacy varies greatly by district and by caste/ethnic group, with lowest rates of literacy among Muslim, Terai middle caste and Dalit FCHVs;
- Literacy and job performance: Illiterate FCHVs tend to perform equally well as literate FCHVs in terms of most services provided. As such there does not appear to be any reason for changing the policy that permits illiterate FCHVs to serve a community when a suitable literate candidate cannot be found;
- Caste/ethnicity. FCHVs represent Janjati and middle caste groups at nearly their rate in the population and represent Muslim and Dalit members at about half their rate in the population.
- Length of Service: On average the annual turnover of FCHVs is about 4 percent. The turnover is high in a few districts only;
- Workload and Attitudes Towards Work: FCHVs work an average of 5.1 hours per week. Seventy-seven percent of FCHVs would like to spend more time working as FCHVs in the future and only two percent prefer to spend less time;
- Serving the Dalits and Muslims: There is some evidence that FCHVs treat Dalits and Muslims more than their proportion in the population. FCHVs may be a good way to increase service coverage for underserved groups, but programs need to be designed with this end in mind. It cannot be assumed.

Health System and Media Supports

- Sources of information: The main source of information for FCHVs is their local health facility and training sessions. Mass media (especially radio) is an important secondary source of information for about half of FCHVs;
- Supervision. Eighty-nine percent of FCHVs meet regularly with their supervisor;
- High level supervision: Fifty-one percent of FCHVs have discussed their work personally with a supervisor from outside their VDC in the past year. This is 76 percent in NFHP supported districts;
- Meetings: Seventy-one percent of FCHVs attended a meeting at their health facility one month before the survey;
- Reporting. Eighty percent of FCHVs report regularly to their health facility;
- Basic training and supplies: There is a substantial backlog of new FCHVs who have not received basic training (although the survey was not able to estimate their number);
- Recent training: Most FCHVs (97 percent) have attended a training session in the past six months, indicating that nearly all are receiving regular training;
- Radio exposure: Eighty-five percent of FCHVs have a radio and 78 percent listen to the radio at least once a week. This is much higher than for the general rural population;
- Radio program exposure: Two-thirds (66 percent) of FCHVs have listened to the distance education program for FCHVs in the past six months (Sewa nai dharma ho),

although only 22 percent of FCHVs listen "regularly". In 12 focus districts under the NFHP, 92 percent of FCHVs listen to this program and 43 percent of these listen regularly. Eighty-one percent of FCHVs have listened to any type of health program on the radio, much higher than listening among the general population. The drama serial (Gyan nai shakti ho) is not as widely listened to as the government health education program (Jana swasthya karyakram);

- FCHV magazine (Hamro Kura): At the time of the survey only 19 percent of FCHVs had received this magazine, mostly in a limited number of districts. For the most part illiterate FCHVs do not report having had the magazine read to them.

Community Support

- Mother's groups: Eighty-five percent of FCHVs report having support from mother's groups and 68 percent report that these groups help them with their work;
- Incentives: One-fifth (21 percent) of FCHVs report getting a cash incentive for meetings and 22 percent report getting an in-kind incentive. In about 10 districts over half of FCHVs receive each type of incentive;
- Endowment funds: One-fifth (21 percent) of FCHVs report having an endowment fund in their VDC, but only 17 percent (4 percent of total) reported that the fund was used in the last year to support FCHVs. About 10-15 percent of FCHVs answers on whether their VDC has an endowment fund are different from the national list;
- FCHV day. More than half (55 percent) of FCHVs have heard of the FCHV Day and one-third (31 percent) of FCHVs have celebrated FCHV Day. This varies widely by district;
- FCHV ID card: Seventy-two percent of FCHVs have an identification card.

Family Planning

- Pill and condom supplies: The NFHP program increased supplies of pills and condoms for FCHVs from about 30 percent to over 80 percent in project districts while there has been no improvement in other districts;
- Pill and condom provision: Although pills and condoms are not common methods of family planning, FCHVs provide about one-third of public sector distribution and play a larger role in NFHP districts were they are better supplied and motivated;
- Injectables and sterilization: Most FCHVs refer for these services (91% for injectables and 78% for sterilization), although it is not possible to determine what proportion of all clients they counsel or refer.
- Communication skills: Four-fifths (80 percent) of FCHVs report no difficulty in discussing reproductive health issues with men. When asked about inter-personal communication skills FCHVs mostly mention the basics of the interaction (asking about the problem and providing relevant information) and general politeness, but rarely mention assuring confidentiality.

HIV/AIDS, Out Reach Clinics and First Aid

- HIV/AIDS: FCHVs have substantially better knowledge of HIV/AIDS than rural women, and somewhat better than rural men, but misconceptions remain in some areas. Eighty-four percent of FCHVs report that they provide education on HIV in their community;
- Outreach clinics: Nearly half (48 percent) of FCHVs report having an outreach clinic near their catchment area. In 32 districts less than 30 percent of FCHVs reported a nearby outreach clinic, which may indicate low levels of activity. Eighty-three percent

of FCHVs with an outreach clinic report attending the clinic to help, while the remainder report referring patients;

- First aid: Two-thirds (64 percent) of FCHVs report providing first aide in the month prior to the survey.

Maternal and Newborn Care

- Counseling in pregnancy: Nearly all (99 percent) FCHVs report providing counseling during pregnancy, but only a fifth (21 percent) of rural women (27 percent in Terai districts) recall receiving this counseling. Eighty-five percent of women who see an FCHV during pregnancy also go for antenatal care;
- Advice during pregnancy focuses on traditional messages (nutrition, going for antenatal care, receiving tetanus toxoid injections and taking iron tablets). Advise of the use of a skilled birth attendant was only mentioned by 30 percent of FCHVs and preparing for possibly emergencies by only 11 percent (for saving money) and 4 percent (for making plan);
- Danger signs: FCHVs were able to name an average of three of the five danger signs associated with pregnancy;
- Iron/folate distribution: FCHVs in the 22 districts with iron intensification program were much more likely to report having iron than FCHVs in districts that did not have such a program (75 percent compared with 27 percent) and giving iron (97 percent compared with 44 percent). Women in these districts were more likely to report taking iron and receiving ANC;
- Presence at delivery: About three-quarters (72 percent) of FCHVs report being present at a delivery in the past year. Seventeen percent report being TBAs, but FCHV-TBAs only go to an average of 4.3 deliveries per year;
- Essential newborn care: Over 90 percent of FCHVs know about using a new/boiled blade to cut the cord and about early breastfeeding, but only 52-66 percent know about early wiping, drying, putting nothing on the cord stump and delaying bathing for 24 hours. Except for cord stump care, their knowledge is better than actual practice, and FCHVs in selected districts with special programs have much better knowledge;
- Post-partum visits. Ninety-five percent of FCHVs report making post-partum visits and 75 percent of these are within three days of birth.
- Post-partum vitamin A: Eighty-two percent of FCHVs report providing vitamin A capsules to women post-partum.

CB-IMCI – Community based pneumonia treatment (available in 33 districts only)

- Commodities: Over 80% of FCHVs have the medication, books and cards for this program. NFHP does better in supplying cotrim (87% vs. 79%) than other external support programs. Lack of external support (in Nuwakot) results in very low rates of supply and a weak program;
- Children treated for ARI: 88% of FCHVs have examined children with ARI in the six months prior to the survey and saw an average of 14 children each. The 2006 NDHS survey indicates that about 10 percent of children with ARI in CB-IMCI districts go to FCHVs compared with 19 percent of children who go to government rural facilities, about 50 percent who go to private facilities (including pharmacies) and 28 percent who do not go for care at all. In the NFHP districts the FCHV portion increases to 13 percent;

- Children treated for pneumonia: On average, treatment FCHVs treat seven cases of pneumonia over six months, or about one per month. Only 13 percent of treatment FCHVs failed to treat any children over six months;
- Inability to treat due to lack of cotrim: Nine percent of potential treatments were prevented by lack of cotrim, particularly in Nuwakot, where 62 percent of potential treatments were prevented.
- Referral of severe disease: Treatment FCHVs refer one child for about every four they treat themselves;
- Referral of sick newborns: Forty-two percent of FCHVs report referring a sick newborn (<2 months old) in the past six months;
- Treatment vs. referral FCHVs: The evidence from districts that have all treatment FCHVs is that 88 percent of FCHVs treat successfully if trained. In at least some districts with referral FCHVs the population to treatment FCHV ratio becomes high (>1000). So there appears to be little reason to continue to create referral FCHVs and there may be reason to switch referral FCHVs to treatment FCHVs, at least in some districts.

Diarrhea Care:

- ORS: Only half (49 percent) of FCHVs had ORS at the time of interview (69 percent in NFHP districts) and not having ORS was closely associated with not providing treatment for diarrhea;
- Diarrhea treatments: Half (50 percent) of FCHVs report giving ORS in the month prior to the survey. Only 60 percent of treatments were to the high priority target group (children under age five), but this appears to be similar to the proportions treated at health facilities. From the 2006 NDHS survey almost one-fifth of the children who went for treatment for diarrhea went to an FCHV;
- Treatments and populations. Although diarrhea treatment per FCHV increases with increased catchment population, treatment per 1000 population declines rapidly;
- Zinc for Diarrhea. In the pilot district (Parbat), FCHVs have a good knowledge of zinc treatment and only provided zinc to children under age five.

Vitamin A and Deworming

- Vitamin A distribution: Nearly all (98 percent) FCHVs report participating in the twice annual vitamin A and deworming sessions for children under five;
- Vitamin A coverage: From the mini-surveys conducted by NTAG, 96 percent of targeted children receive vitamin A and 92 percent of targeted children receive deworming medication. The 2006 NDHS survey found that 90 percent and 84 percent coverage for vitamin A and deworming, respectively. All doses are provided by FCHVs.

Immunizations

- Routine immunizations: Ninety-one percent of FCHVs report that a regular immunization session covers their population. Seventy-eight percent of these FCHVs attend the session to assist while the remainder refer patients;
- Polio campaigns: Two-thirds (68 percent) of FCHVs have participated in the national polio immunization campaigns. In most districts they are either the sole distributors or a large part of the distribution team.

CHAPTER – I
INTRODUCTION

1.1 Background and Objectives

The Female Community Health Volunteer (FCHV) Program in Nepal was started by the Ministry of Health and Population in 1988. It was seen as a means to improve community participation and enhance the outreach of health services through local women working voluntarily. The initial program called for one FCHV per ward in rural areas, and national implementation was completed in 1992. In the mid-1990s additional FCHVs were recruited in 28 districts according to a "population based" ratio and some FCHVs were recruited in urban areas, leading to a current total of nearly 50,000 FCHVs in Nepal.

As part of its monitoring of the Nepal Family Health Program (NFHP) in 17 districts, USAID has been supporting an annual survey of 100 FCHVs in each of these districts since 2002. In 2006, working with the FCHV program office of the Family Health Division (FHD) of the Department of Health Services, USAID agreed to expand the survey to include rural areas of all 75 districts in Nepal. The main objective of the survey was to give a nationally representative and district specific picture of the FCHV program, including their personal characteristics, their interactions with their communities and with local health services, and their contribution to a number of major health programs of the Ministry of Health and Population. NFHP provides extensive support to FCHVs in its 17 core program districts as part of its activities. In many areas, the survey allows a comparison of FCHV performance with and without such support. To the extent possible, information from this survey would be compared to other data, such as the 2006 Demographic and Health Survey and the Annual Report of the Health Management Information System (HMIS) to check for consistency and to provide a more complete perspective of the role of FCHVs in Nepal. Unlike the earlier surveys of FCHVs, that were restricted to USAID-funded program districts, and some non-program districts, this is the first time a detailed, nationally representative survey of FCHVs has been carried out. It is hoped that the results will help illuminate various FCHV policy issues, improve the potential and address the limitations of the FCHV program.

1.2 FCHV Activities

FCHVs work in a number of health program areas, mostly focused on reproductive health and child health, although they may have also received brief training in many other public health programs of the Ministry of Health and Population (MoHP). Their work is divided between education of the public, promotion of government health services, and direct provision of select services. Their main activities can be summarized as follows:

- Family Planning.
  - Education and promotion regarding all family planning methods
  - Provision of pills and condoms
- Maternal and Newborn Health
  - Education in pregnancy and promotion of antenatal care, iron supplements and tetanus toxoid
  - Provision of iron supplements in selected districts
  - Promotion of birth preparedness, including use of a skilled birth attendant and/or emergency preparations (particularly in selected districts)

    - Promotion of good newborn care practices
    - Provision of vitamin A to post-partum mothers
- Child Health
    - Promotion of good nutrition, hygienic and healthy behaviors
    - Treatment of simple pneumonia with cotrim and referral of serious cases (CB-IMCI/CBAC program districts)
    - Treatment of diarrhea with Oral Rehydration Solution (ORS)
    - Treatment of diarrhea with zinc (pilot districts)
    - Distribution of high dose vitamin A and deworming tablets twice yearly to targeted children under age five
    - Support for childhood immunizations and provision of polio drops during national immunization days
- Other Conditions
    - Provide education and promotional services for other diseases (e.g., HIV/AIDS)
    - Provision of limited first aid/treatment of minor illnesses
- Administrative Duties
    - Activate and serve as the secretary for the local mother's group
    - Report to the local health facility monthly using the Ward register through their local supervisor

Most of these activities date from the start of the program, but vitamin A and deworming was added phase-wise between 1993 and 2002. Treatment of childhood pneumonia, zinc therapy for diarrhea, and distribution of iron/folate to pregnant women are examples of activities that are being expanded phase-wise by district, and for which the goal is national coverage within a few years. There are a wide variety of other programs that have used FCHVs at the district level (e.g. improved maternal-newborn care), but it has not been decided if they will become part of the national program or not.

1.3 Village Development Committee (VDC) and Municipal FCHVs

This national study identified a total of 49,884 FCHVs working in Nepal. Six percent of these FCHVs are working in urban areas (municipalities). Municipal FCHVs were usually recruited to assist with the mass distribution programs for vitamin A, deworming tablets and polio. In most municipalities FCHVs do not have other responsibilities. Some municipal FCHVs are on the national Ministry of Health and Population (MOHP) list, but many receive support for their training or other financial support directly from the municipalities (or in some cases through NGOs). A summary of FCHV numbers by work area and the source of support they receive are shown in Table 1.1. The National FCHV survey only sampled FCHVs working in Village Development Committees (rural areas) and so does not provide information about the municipal FCHV program.

Table 1.1: Number of FCHVs in VDCs and Municipalities and Their Supports

Characteristics	Number of FCHVs	Percent
VDCs	46,992	94.2
Municipalities	2,892	5.8
Total	**49,884**	**100.0**
Receiving support from MOHP	48,549	97.3
Receiving support from others	1,335	2.7
Total	**49,884**	**100.0**

Source: FHD, DHOs, NFHP

Details on the number of VDCs, municipalities and numbers of each type of FCHV are shown in Annex Table 1.1. This table also shows which districts have a population-based FCHV program and which have implemented community-based pneumonia treatment, and districts receiving support from the NFHP. The NFHP, in particular, considers support of FCHVs as a major activity and this study frequently compares districts supported by the NFHP to those without this support.

1.4 Population and Ward Based FCHVs

The institution of a population-based FCHV program in 28 districts had a large impact both on the numbers of FCHVs and the average population they cover. Implementation of the population-based program was halted in part because of fears that it would be difficult to adequately support such a large number of FCHVs. Population-based districts have, on average, 16 FCHVs per VDC instead of the nine that are found under the ward-based program. Two other districts have also expanded their FCHV numbers to similar levels (Kanchanpur and Kapilbastu), but are not official population-based districts.

The effect of the population-based policy on districts in each of Nepal's three geographic zones is shown in Table 1.2. Although population-based districts have less than half of Nepal's rural population they have more than half the FCHVs, and the mean FCHV to population ratio is substantially lower in each geographic zone. Details for each district are shown in Map 1 and Annex Table 1.2.

Table 1.2: Summary Information on Ward and Population-Based FCHV Programs

Districts With Ward-Based FCHVs				
	Terai	**Hill**	**Mountain**	**Total**
Number of Districts	11	22	12	45
Population (rural)	5,768,267	4,833,334	1,192,985	11,794,586
FCHVs	8,165	9,909	3,577	21,651
Population/FCHV	706	488	334	
Districts with Population-Based FCHVs				
Number of Districts	9	17	4	30
Population (rural)	3,976,289	3,701,500	451,169	8,128,958
FCHVs	8,749	13,695	2,897	25,341
Population/FCHV	454	270	156	

Note: Populations and FCHVs exclude urban areas. Kanchanpur and Kapilbastu are listed with the population-based districts due to their FCHV/VDC ratios.

In 2003, the MOHP revised the national FCHV policy again, leaving it up to individual districts to decide whether they would pursue a population-based or ward-based strategy. They also increased the target population to FCHV ratio to one FCHV per 1,000 population in the Terai, one per 350 in the Hills and one per 250 in Mountain districts. Table 1.2 shows that, on average, population-based districts are well within this target. In ward-based districts, Terai FCHVs already fall within the target on average while Hill and Mountain FCHVs are above it.

However, VDC and ward populations vary greatly not only between geographic zones, but also within districts. The national survey asked individual FCHVs about the number of households served in their catchments areas. Nearly all FCHVs in ward-based districts provided answers which in aggregate were consistent with district averages. FCHVs in

population-based districts were sometimes not sure of their catchment population or mentioned answers for their whole ward, even if it had two or more FCHVs. Assuming that population-based districts already have adequate FCHVs the study calculated how many additional FCHVs would be needed nationally to ensure that all FCHVs served populations within the new FCHV policy guidelines. The results are shown in Table 1.3.

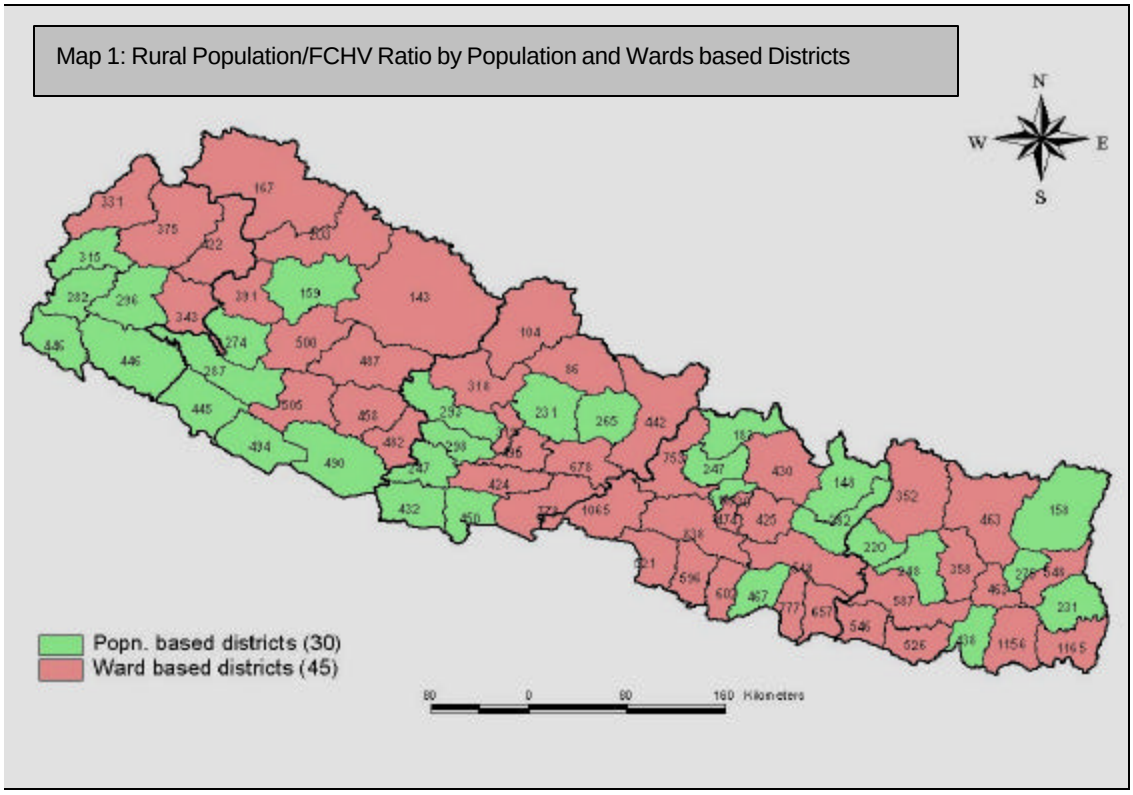


Table 1.3: Additional FCHVs Needed to Reach New Population-Based Guidelines

	Ward Based Districts	Current FCHVs	Additional FCHVs
Terai	11	8,165	2,286
Hill	22	9,909	7,420
Mountain	12	3,577	2,696
Total	**45**	**21,651**	**12,402**

Note: Kapilbastu and Kanchanpur are listed with the population-based districts

This represents an increase of about 25 percent over the current numbers of FCHVs nationally. In the Terai the increase is only 14 percent over current numbers and would prevent FCHVs there from having to serve very large populations. Alternatively, as FCHVs retire, excessive numbers in some population-based districts could be allowed to decline gradually so as to eventually even the workload across a geographic zone without adding to the total number of FCHVs.

If population coverage makes little difference to the ability of FCHVs to carry out their tasks, then there is little need to pursue a population-based approach. The impact of population catchment area on FCHV service is examined further in the subsequent sections of this report. In general, this study found that FCHVs covering more than a minimal population may not know about all pregnancies, births or children in their areas. For many programs there is evidence that although FCHVs with larger catchments do work harder, their coverage of larger populations declines. However, if a program is very popular with the community

(such as vitamin A distribution) catchment population does not make any difference. Also FCHVs are limited by lack of supplies or support as much as by large catchment populations.

1.5 Survey Implementation

Design and Sample Selection: All surveys since 2002 have been implemented by New ERA with technical assistance from Macro International Inc. with funding from USAID/Nepal, and the cooperation of the Family Health Division of the Department of Health Services. In 2006 the survey was expanded to include not only 100 FCHVs from each of the 17 NFHP supported districts, but also 100 FCHVs from all UNICEF DACAW and expanded impact program districts and 50 FCHVs from every other district in Nepal (Annex Table 1.1). Hence, a total of 5,750 FCHVs were selected from all 75 districts of Nepal. In each district FCHVs serving in VDCs were pre-selected. If a particular FCHV could not be interviewed, another FCHV was not substituted. Selection was done so that FCHVs selected would represent all the rural FCHVs in that district. In ward-based districts selection was based on a simple systematic sample of wards from VDCs in the district. In population-based districts wards were weighted by population size (roughly corresponding to the number of FCHVs in the ward) and the required number of FCHVs were selected. One FCHV per ward was then chosen at random to be interviewed.

Data Collection: A total of 86 interviewers were recruited for the survey with preference for those with prior experience in FCHV surveys. They received a seven-day training including field-testing of the questionnaire, role-play sessions, demonstration of the FCHV commodities and good field management techniques to maintain data quality. Experts from the Ministry of Health and Population, USAID and NFHP were involved in this exercise. Interview teams of two to six persons visited each district, briefed district officials and conducted interviews.

After seven days of fieldwork all survey teams came to one of three regional meetings for review of the survey process and checking of data entry and quality in the questionnaires. In 13 cases teams were sent back to correct inconsistencies in the data. Data collection continued with supervisory spot checks and a second round of review meetings were held in Kathmandu.

The survey was implemented between August and December 2006. NFHP districts were covered first to ensure that the survey would be carried out at the same time of year as prior FCHV surveys. Overall, New ERA was able to survey 5,526 FCHVs out of 5,750 selected. Table 1.4 shows the reasons interviews were not completed. Only 0.4 percent of localities reported that there was no FCHV in service at the time of the survey, although for another two percent there may have been no effective FCHV. By this measure FCHVs do appear to be available nearly everywhere in rural Nepal.

Table 1.4: Completion of Surveys and Reasons for Non-completion

	Number	Percent
FCHV not at home	45	0.78
FCHV absent from the ward for a long time	111	1.93
FCHV no longer in service or died	25	0.43
Refused	1	0.02
Too remote to visit (Dolpa -33, Bajura-7)	40	0.70
Other	2	0.03
Completed	5,526	96
Total	**5,750**	**100**

Data Entry: All completed questionnaires were re-checked, edited and data entered at New ERA, and numerical codes were assigned, when possible, to "other" entries. Data analysis was carried out using SPSS and MS Access for data manipulation. Tables were exported to MS Excel, which was used for generating charts.

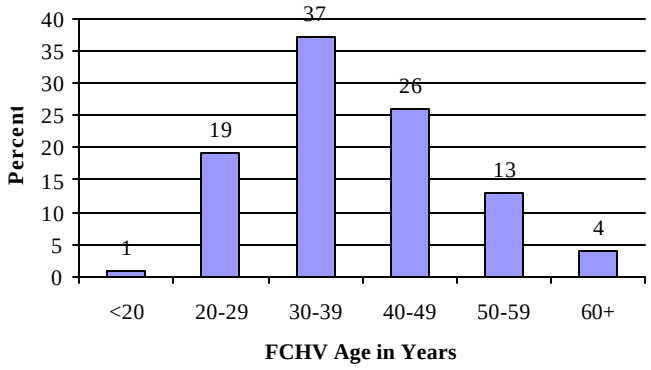
Statistical Reliability: Although the overall survey involved a large sample of FCHVs, individual districts have between 50 and 100 FCHVs each. This limits the power to determine differences between individual districts. For districts with a sample size of 50, only differences of about 28 percentage points (absolute rates) can be considered statistically significant ($p<0.05$). For districts with 100 FCHVs, surveyed differences of 20 percentage points are likely to be statistically significant. Observations based on groups of districts (e.g., NFHP supported) or large numbers of FCHVs are much more precise. Unless otherwise noted all data presented has been weighted so as to represent the population of all FCHVs in the group specified. Results by district are not given in the main report, but tables with details for each district are shown in the annex tables.

CHAPTER – II
FCHV CHARACTERISTICS

2.1 Age of FCHVs

By policy, FCHVs are expected to be mature women who are married and have children of their own. This is to make sure that they are respected in the community and that they are less likely to move away (as often happens among younger women at the time of marriage). The median age of FCHVs nationally is 38 years, and only one percent of FCHVs are less than 20 years old (Figure 2.1 and Annex Table 2.1).

Figure 2.1: FCHVs by Age



The median age of FCHVs varies moderately by district. Median ages are high in districts with little turnover (e.g. 47 years in Dhading, 46 years in Rautahat), so that FCHVs in those districts have been "aging in place" since the start of the program. The overall number of FCHVs who are age 60 or older is only four percent and there is no evidence that these women cannot continue functioning as an FCHV as long as they are willing and physically able.

2.2 Education and Literacy

FCHVs were asked about their years of education and their literacy (which was tested by having those with less than a complete primary education read a simple sentence). Forty-two percent of FCHVs have not attended school, 16 percent have partially attended primary school and 42 percent have completed primary school or gone on to secondary school (7 percent have finished SLC). Sixty-two percent of FCHVs nationally are literate, while 38 percent are illiterate (Annex Table 2.2). Most became literate in school, but 22 percent of the FCHVs who have no formal education have become literate, perhaps through adult education classes (Table 2.1). In comparison to other women of the same age, FCHVs are much more likely to have received an education, although there is a strong trend towards improved education among all women with time (Table 2.2). As expected, younger FCHVs are much more likely to be literate than older

Table 2.1: Literacy versus Education in FCHVs

	Literate (%)
No school	22
Some primary (1-4 yrs)	72
Primary or more (5+ yrs)	99

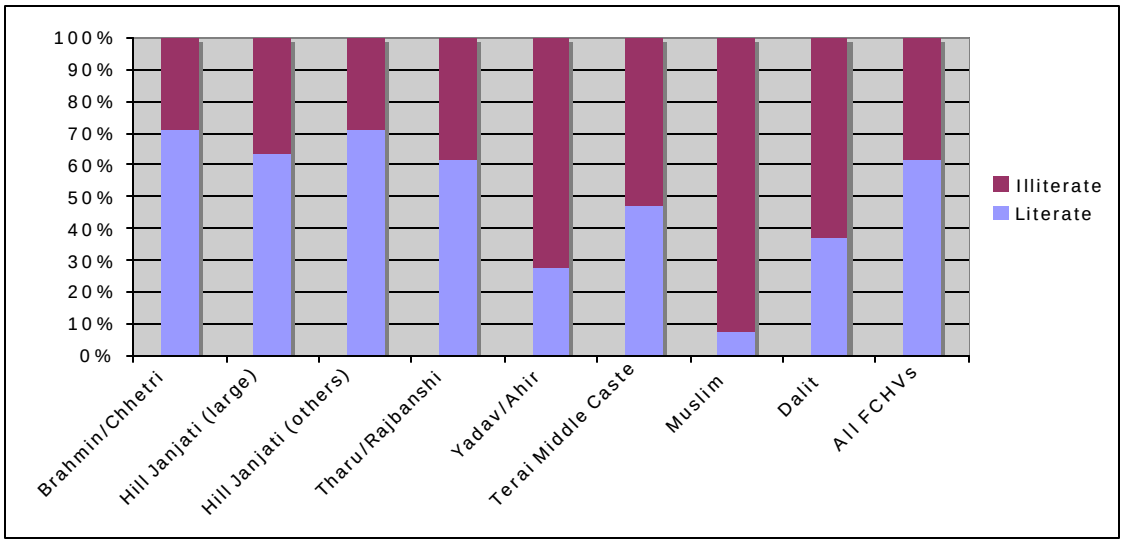
Table 2.2: Education of FCHVs vs. All Women by Age Group

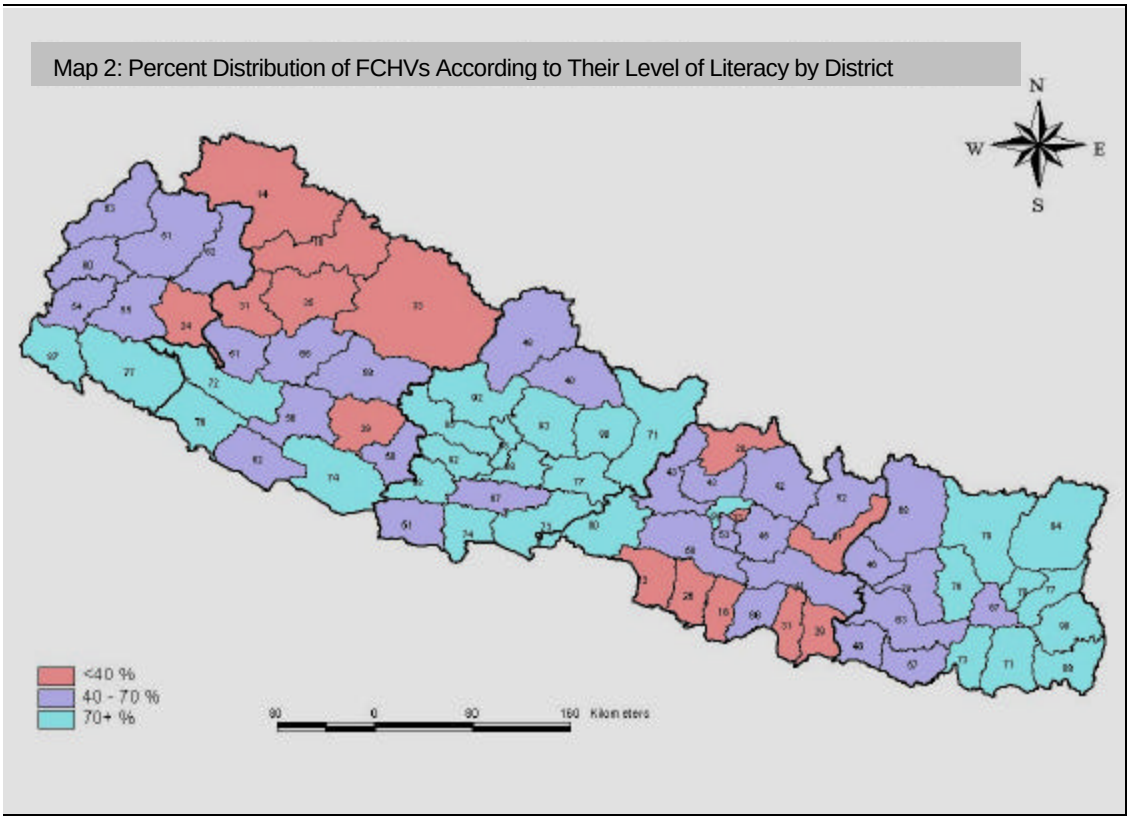
Age range	% Completed Primary School (5+ yrs)	
	FCHVs	All women (DHS)
20-29	69	42
30-39	53	19
40-49	26	7
50-59	12	4
60+	3	1

FCHVs. FCHVs who are Brahmin, Chhetri or Hill Janjait are more likely to be literate than Muslims, Terai middle castes and Dalits (Figure 2.2).

Looking at the variation by district (Map 2), it appears that literacy is associated with low overall education levels in women (e.g. the central Terai and some mountain districts – see 2006 DHS for data). However, there are exceptions, and these may represent a conscious effort in some districts to identify literate women to be FCHVs.

Figure 2.2: FCHV Literacy by Caste/Ethnic Group





Literacy and job performance. Literacy has never been a job requirement for FCHVs but national policy encourages the selection of educated FCHVs. Anecdotally, illiterate FCHVs sometimes require more time to learn new tasks. On the other hand, illiterate FCHVs, particularly those from disadvantaged groups, may have much better access to the poor and so it may be well worth the extra effort to train them.

Table 2.3: Literacy and Job Performance

	Literate FCHVs	Illiterate FCHVs
Average Households Covered/FCHV (47 districts)	115	93
Average work hours per week	5.4	4.7
Pills – Have	62%	60%
- Provide (Average clients last month)	2.9	2.2
Condoms – Have	58%	60%
- Provide (Average clients last month)	2.5	2.7
Injectable Contraceptive – refer	91%	90%
Sterilization – refer	78%	77%
Give iron/folate in pregnancy	62%	66%
Attend ORC clinic (if one in their area)	85%	78%
Have Vitamin A at time of survey	57%	45%
Give Vitamin A post-partum	84%	80%
See children with ARI	89%	87%
Average Number of children seen with ARI	16.7	11.3
Treatment FCHVs who have cotrim	86%	78%
Treatment FCHVs – Average pneumonia treatments	7.9	5.6
Give ORS in last month	51%	48%
Attend EPI clinics	80%	75%
Distribute polio immunizations	68%	68%
Provide first aide	68%	57%
Feel difficult to discuss RH with men	18%	23%

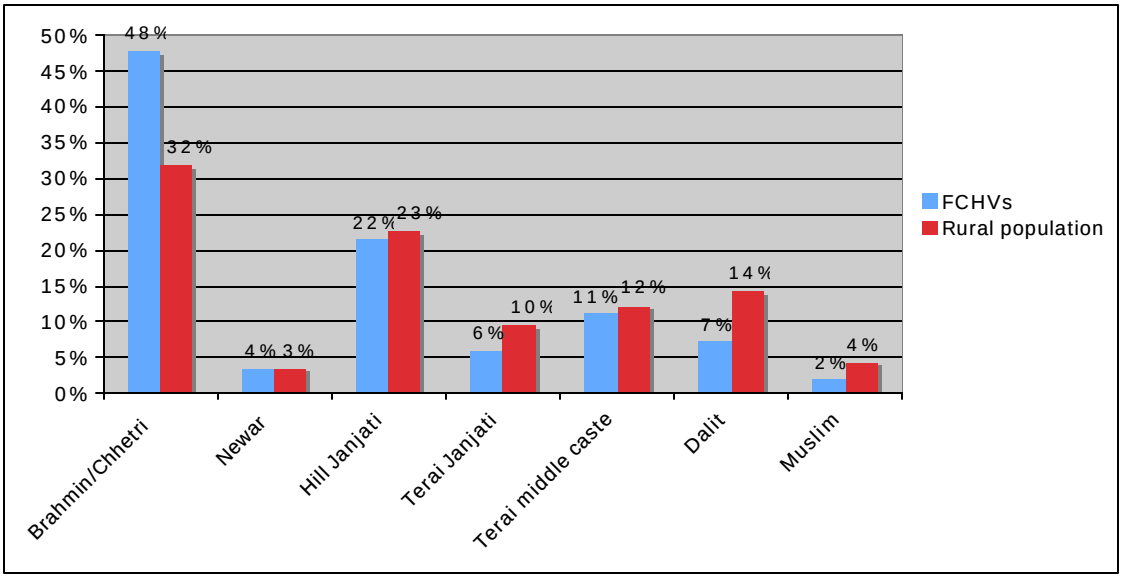
This survey allows us to look at key FCHV outputs by literacy. This is shown in Table 2.3. The table shows a mixed picture. Illiterate FCHVs, on average cover somewhat smaller populations (perhaps because in larger populations it was easier to find a literate candidate) and they work shorter hours as well. There is little difference in the level of most activities by the literacy status of FCHVs. The difference in treatment of pneumonia cases is only 10 percent once the size of the catchment population is taken into account. There does not appear to be any reason on the basis of performance to change the policy regarding illiterate FCHVs.

2.3 Caste and Ethnicity

FCHVs are recruited locally, but there has been disagreement as to whether they represent all of Nepal's social groups well or not. Some studies have found that FCHVs are frequently recruited from local advantaged families while other villages have adopted a more participatory approach to selecting an FCHV. The desire that FCHVs be educated may also restrict participation to groups who are more likely to be educated. The national FCHV survey provides the first opportunity to look at this issue systematically.

The findings by district are shown in Annex Tables 2.3 and 2.4 and Figure 2.3. Overall, the VDC (rural) population in the 75 districts, excluding undefined and other small caste groups based on the 2001 Census, shows that 32% of the population belongs to the Brahmin/Chhetri group, 3.4% to Newars, 23% to Hill Janjati, 10% to Terai Janjati, 12% to Terai middle caste, 4.3% to Muslim and 14% to Dalit groups. FCHVs overall are about equivalent to the population for Newars, Hill Janjati and Terai middle castes. Terai Janjati are under-represented by about a third. Dalits and Muslims are under-represented by about half. To some extent this is influenced by the variation in population/FCHV ratio in hill and mountain districts (which overall have a higher proportion of the Brahmin/Chhetri), and a population based comparison might show FCHVs closer to equal representation between the groups.

Figure 2.3: Proportion of FCHVs by Ethnic/Caste Group Compared to Rural Population



It is not known what method of selection for FCHVs produces better representation, or whether the caste/ethnic group of an FCHV has much influence on her job performance. The assumption that community participation will result in better representation may not always be true. In Kanchanpur district CARE assisted community groups in making selections of FCHVs. While the Janjati groups (mostly Tharu) were well represented in the selections, Dalits were rarely chosen, although they make up 17 percent of the rural population. On the other hand there is an anecdote that in some districts in the central Terai, Dalits and Muslims are well represented because of local elites. This was because they sometimes did not want women from higher status families to become FCHVs.

In conclusion, it appears that the picture is mixed. FCHVs do well in representing some groups, and are able to represent Dalit and Muslims at half their rate in the population. This may be better than what other programs have accomplished, but the program is still some distance from fully equal participation by all groups.

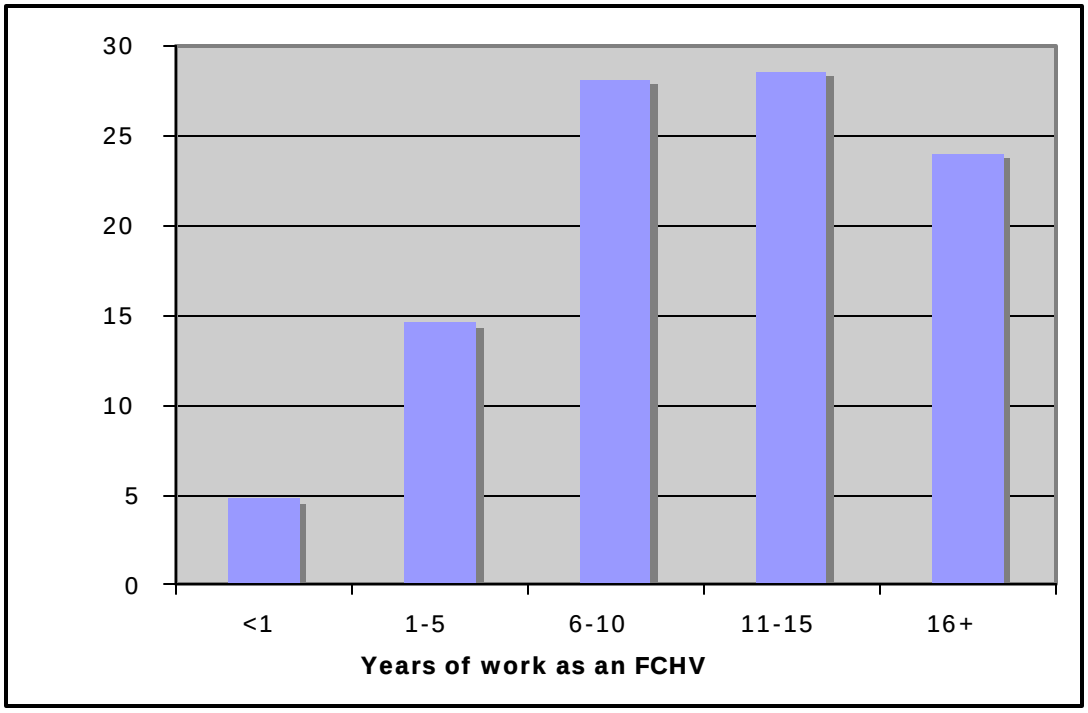
2.4 Length of Service and Turnover Rates

FCHVs were asked how long they had served as an FCHV. The answers are shown in Figure 2.4. FCHVs were originally recruited between 1988, when the program started, and 1992, when national expansion was completed. Additional FCHVs were recruited for 28 population-based districts in the mid-1990s with two other districts switching to a population-based system in subsequent years. Many of the 53 percent of FCHVs who had served for more than 10 years are among the original participants in the program. There have been almost no new FHCV positions created in the past 5 years, so the nearly 20 percent of new FCHVs in that time period tell us that the FCHV annual turnover rate nationally is about four percent per year.

This is very low for a volunteer cadre and is probably less than for government health workers. This low rate of turnover means that the investment in training FCHVs yields benefits over many years. This also shows that, in spite of no payment for most work, most FCHVs are motivated to serve for many years. Newer FCHVs are somewhat younger and

more literate than longer-serving FCHVs, as would be expected (77 percent have completed primary school compared to 33 percent of longer-serving FHCVs). New FCHVs appear to have about the same caste/ethnic make-up as longer-serving FCHVs but this is difficult to judge since we do not know the caste/ethnic make-up of the women they are replacing.

Figure 2.4: Length of Service in FCHVs



Looking at individual districts (Annex Table 2.5), it is clear that turnover rates vary tremendously. There are seven districts (Sankhuwasaba, Myagdi, Humla, Jajarkot, Salyan, Bajura and Bajhang) in which turnover in the last five years has been 40-55 percent. It is noticeable that these are all relatively remote and usually mountain districts, although there are other mountain districts that have normal rates of turnover. Such high rates of turnover might pose problems for selected FCHV programs in these districts. It is not clear from this data if FCHV turnover is more a function of FCHVs asking to leave their job, or health facility and district health personnel replacing them for one or more reasons. The FCHV program may wish to investigate districts with high turnover rates to determine why so many FCHVs have been replaced and how to improve their retention.

It is clear that if programs require specific training for FCHVs this needs to be repeated periodically to include new FCHVs. The need for training appears to vary by program type. For example, coverage of vitamin A distribution is nearly universal in spite of FCHV turnover and the lack of program-specific training in most districts for many years. The tasks for vitamin A distribution are fairly simple and can be learned from other FCHVs or health facility staff, and the communities expect these services. It appears that new FCHVs can learn these tasks during the routine monthly or annual meetings that are part of the FCHV program. For other tasks, such as general health education, promotion of family planning and provision of ORS, it appears that the annual review meetings or a "refresher course" offered every five years or so may be able to handle the training needs of new FCHVs. Some specific programs such as treatment of childhood pneumonia may be more difficult to learn in

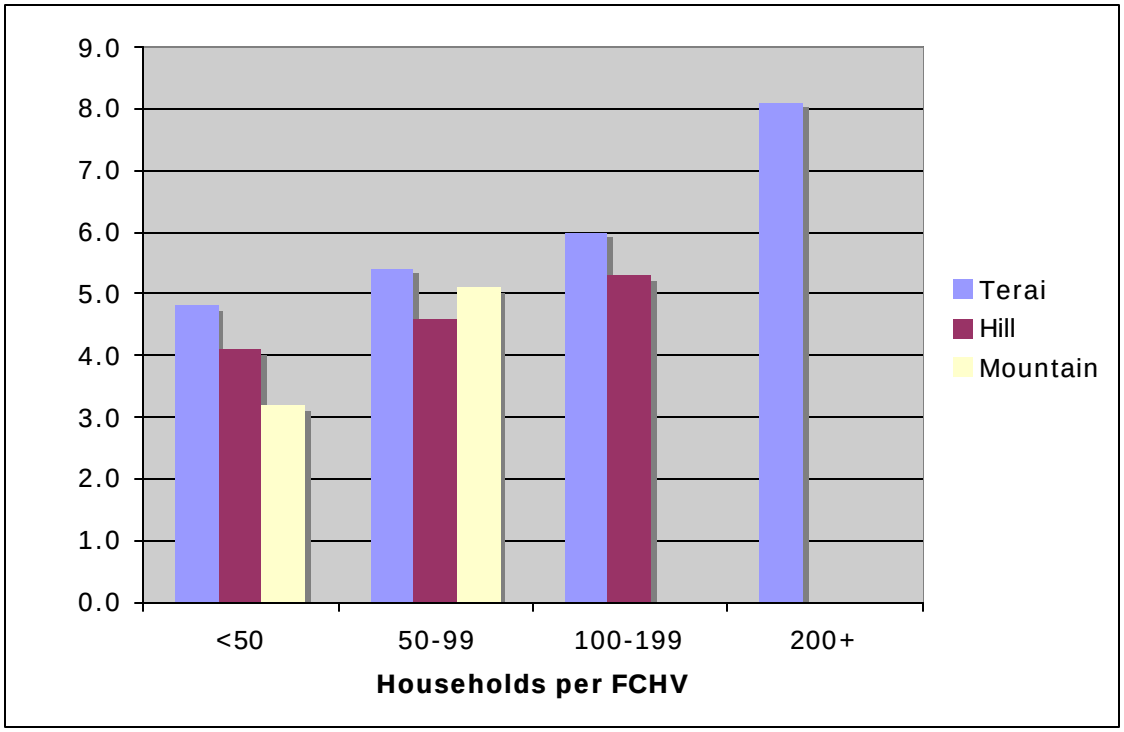
brief review meetings. If these cannot be included in refresher courses, then a schedule of periodic training for new FCHVs needs to be included in the national program and districts with high recent turnover rates should receive this as a priority

2.5 Workload and Attitude Towards Work

FCHVs were asked how many days in the past week they had done work as FCHVs and then how many hours per day they work on those days. The mean number of days per week worked is three, while the mean number of hours per day is 1.7. The mean number of hours per week worked is 5.1. Only six percent of FCHVs said they did no work as an FCHV in the past week. FCHVs may have to work more hours during weeks with special activities such as vitamin A distribution or polio campaigns.

The relationship between workload, number of households covered and geographic zone was examined (Figure 2.5). This showed that workload does increase with increased catchment population, although doubling the catchment population does not double the workload. It also shows that Terai-based FCHVs appear to report slightly higher workloads than those in Hills or Mountains for the same number of households. This may be due to higher FCHV activities in most Terai districts as promoted through the support of the NFHP program. Comparing districts with community based pneumonia treatment to those without showed only a very small increase in workload in districts with this program (about 0.2 hours per week).

Figure 2.5: FCHV Workload by Households Covered and Geographic Zone



Note: Data is from 47 districts (population-based districts are excluded). Only data based on 100+ FCHVs per category is shown.

FCHVs were also asked whether in the future they would like to spend more time working as an FCHV, about the same time as currently, or less time. This question was not tied to any statement about training or other incentives. Seventy-six percent of FCHVs report that they

would like to spend more time doing their work in the future than they spend now, twenty-two percent said they would like to spend the same time and only two percent said they would like to spend less time.

Attitude towards work were similar whether the FCHV reported being currently busy or not, with slightly less enthusiasm among FCHVs who work the least (Table 2.4). This is as expected, since FCHVs can to a large extent decide how much time they want to put into their jobs. It is encouraging, however, that even busy FCHVs are mostly willing to take on new tasks.

Table 2.4: Work Hours and Attitude Towards More Work

Current Work per Week	In the Future They Would Like to Work (%)			Total
	More	Same	Less	
0-1.9 hours	71	24	5	708
2-4.9 hours	77	21	4	2,215
5-9.9 hours	78	21	1	1,385
10+ hours	77	21	2	887

2.6 Serving the Disadvantaged

There is much discussion in the health sector about inequities in access to health services, which tend to disproportionately benefit the economically and socially better off population, and the need to reach disadvantaged and marginalized groups. There have been anecdotes that FCHVs are particularly well suited to reach the disadvantaged both because of their presence in every ward and because they themselves are often from middle or disadvantaged groups. Because FCHV services are almost always free, they may be preferred by the disadvantaged while the advantaged may prefer to access the formal health sector.

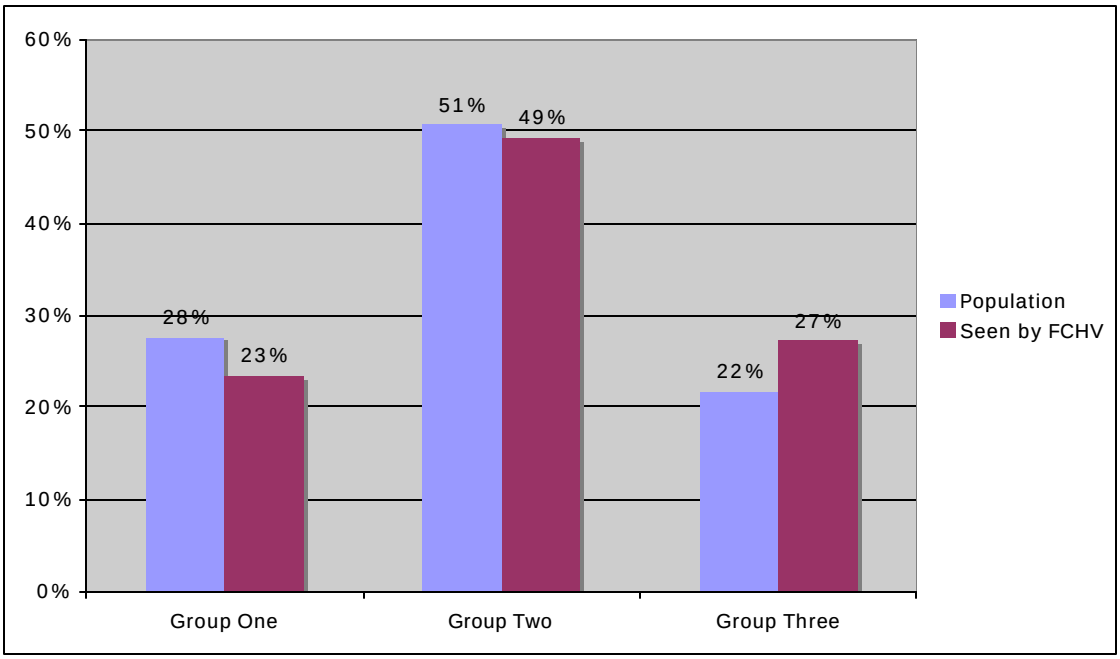
The national FCHV survey looked at this issue in relationship to two services. The first is counseling of women during pregnancy and the second was care for children with ARI in the 33 districts with CB-IMCI/CBAC. Both of these services are done by nearly all FCHVs in sufficient quantities for analysis. FCHVs were asked how many pregnant women they had seen in the past year and the number of children seen in the past six months for ARI, and the caste/ethnic group of the last three clients they had seen. Nearly all FCHVs were able to give this information. The caste/ethnic data was summarized into three groups:

First group = Brahmin, Chhetri, Newar;
Second group = All other ethnic (Janjati) groups and Terai middle caste;
Third group = Dalit, Muslim.

The answers were weighted by the number of clients each FCHV reported seeing, summed for the district and then summed across districts. The calculations were also checked without weighting by number of clients and yielded nearly identical results.

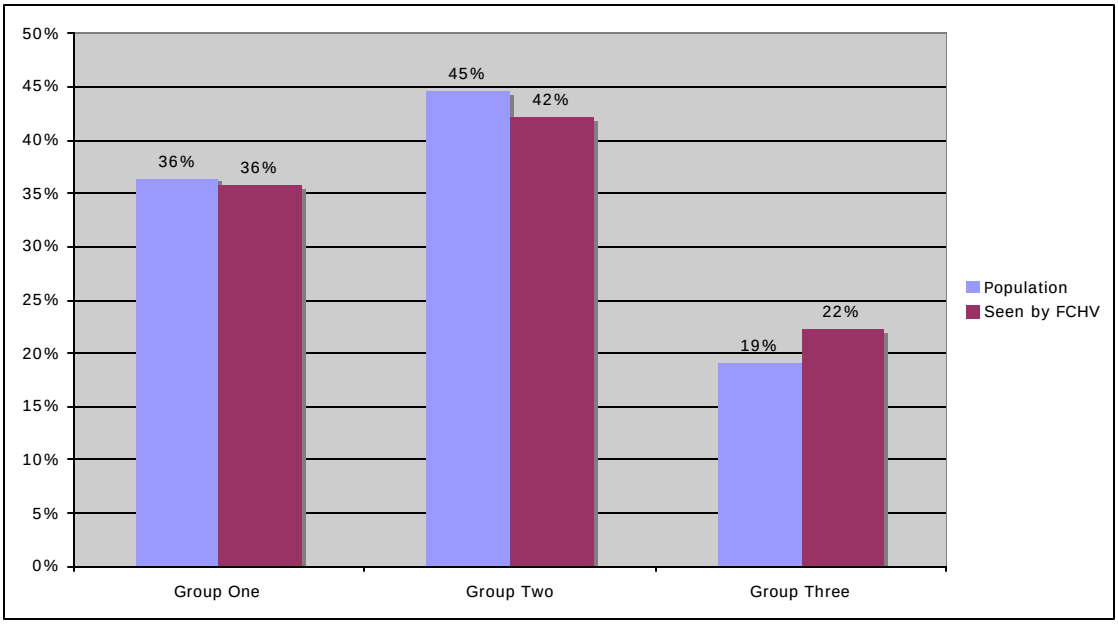
Data on ARI are presented in Figure 2.6 and Figure 2.7 shows information on pregnant women. Both show that FCHVs appear to serve a higher proportion from group three than their share in the population.

Figure 2.6: Distribution of Caste/Ethnic Groups in the Population and Among Children with ARI Seen by FCHVs in 33 CB-IMCI Districts, by FCHV Report



Note: Group one = Brahmin, Chhetri, Newar, Group two = Terai middle caste and other Janjati, Group three = Dalit and Muslim. Population refers to rural population only.

Figure 2.7: Distribution of Caste/Ethnic Groups in the Population and Among Pregnant Women



Note: Group one = Brahmin, Chhetri, Newar, Group two = Terai middle caste and other Janjati, Group three = Dalit and Muslim. Population refers to rural population only.

Similar information was looked at from the 2006 DHS survey. In this case the picture was mixed. For children with ARI, FCHVs did appear to see Dalits and Muslims more often than other children, while rural government facilities saw others more. However, the opposite was true for children with diarrhea. For pregnant women, FCHVs appeared to see middle groups more often than advantaged or disadvantaged. This may be because FCHVs are more active in seeing pregnant women in the Terai, which has a higher proportion of Middle caste and Janjatis than other areas. Looking at wealth quintiles in pregnant women it was clear that FCHVs do not often serve the highest quintile (since they may prefer to get their services elsewhere), but they also did not serve the lowest quintile at high rates.

Taking all the data available, it appears that FCHVs may have good access to socially disadvantaged groups, and may sometimes reach them preferentially, but this cannot be assumed in all cases. Programs need to be designed to encourage FCHVs to reach those not reached by regular government services.

CHAPTER – III
FCHV SUPPORTS

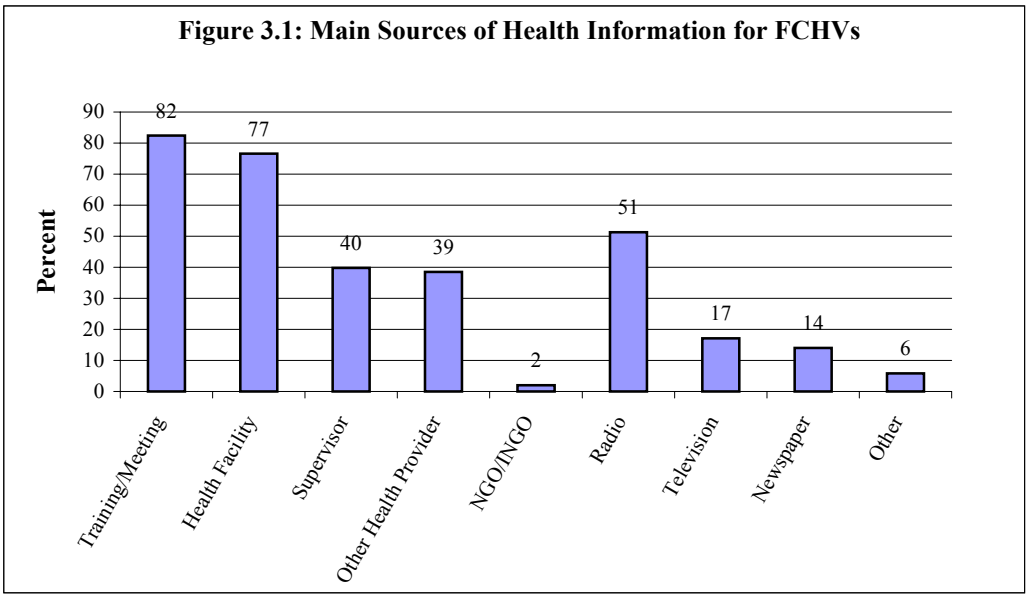
3.1 Sources of Information for FCHVs

FCHVs were asked what their main sources of health information were. All answers were spontaneous, although FCHVs were prompted to name additional sources if they only gave one at first. By far the most common sources of information mentioned were the FCHV meetings/trainings (82 percent) and their local public health facilities (77 percent). The FCHV's supervisor was mentioned less often, 40 percent, and other health providers at about the same rate (38 percent). Other health providers are other staff from the local health facility. There was not much variation by district or FCHV characteristics in these answers.

In terms of mass media, the radio is an important source of health information (mentioned by 51 percent of FCHVs) but television or newspapers are much less common sources of health information (17 percent and 14 percent, respectively). As expected, the newspaper as a source of information is much higher among the literate than the illiterate (22 percent compared with 2 percent). This difference is not as high for television (24 percent among the literate versus 6 percent among the illiterate) and, even less so for radio (58 percent among the literate versus 40 percent among the illiterate). It is clear that for a large proportion of FCHVs, mass media is an important supplemental source of information (Figure 3.1).

Other FCHVs were not often spontaneously mentioned as a source of information (11 percent). NGOs were rarely mentioned (2 percent) and even in districts where CARE has been active in working with FCHVs they were not reported by a high percentage of FCHVs (e.g. Kanchanpur (17 percent) and Bajhang (16 percent). This may be due to the practice of carrying out most NGO activities in conjunction with local facility health staff, so that FCHVs do not recognize the difference. Details by district are in Annex Table 3.1.

Figure 3.1: Main Sources of Health Information for FCHVs



3.2 Supervision, Meetings, Reporting and Training

Qualitative studies of FCHVs have sometimes reported low levels of contact with the formal health service, while others have not noted this problem. The national survey allows us to measure levels of contact more objectively.

Supervision: FCHVs were asked the last time they met with their supervisor (generally the VHW of the local health facility). Seventy-two percent said that they had met with their supervisor less than one month prior to the survey. This increases to 89% if you include those who answered "one month" before the survey, indicating frequent contact for most FCHVs. Nearly all FCHVs met with their supervisor at least once in the past six months (97 percent) and only 3 percent had long term problems with lack of contact (Annex Table 3.2).

Contact with persons from outside their local VDC is useful for FCHVs in terms of their having an opportunity to learn and to show them the importance that higher level staff give to the FCHV program. FCHVs were asked about the last time they met and discussed individually about their work with someone from outside the VDC. The survey did not try to separate district/national government from district/national project staff since this might not be clear to the FCHV.

About half of FCHVs reported this sort of contact sometime in the past year. Another 11 percent had had such contact in a prior year. Thirty-eight percent of FCHVs have never had a discussion with someone outside their own VDC about their work (Annex Table 3.3). Under the NFHP, visits with FCHVs are part of the objectives of the project, both from the NFHP and district government staff. Due to poor security, a number of VDCs were often inaccessible to NFHP staff. In the 17 program districts, 76 percent of FCHVs report having had a higher level supervisory visit within the past year, seven percent more than a year ago and only 17 percent with no supervisory visit at all. A few other districts appear to have achieved good rates of high level supervision (sometimes associated with a specific project or NGO such as PLAN in Makwanpur), but the success of the NFHP program in this regard is notable (Table 3.1 and Figure 3.2).

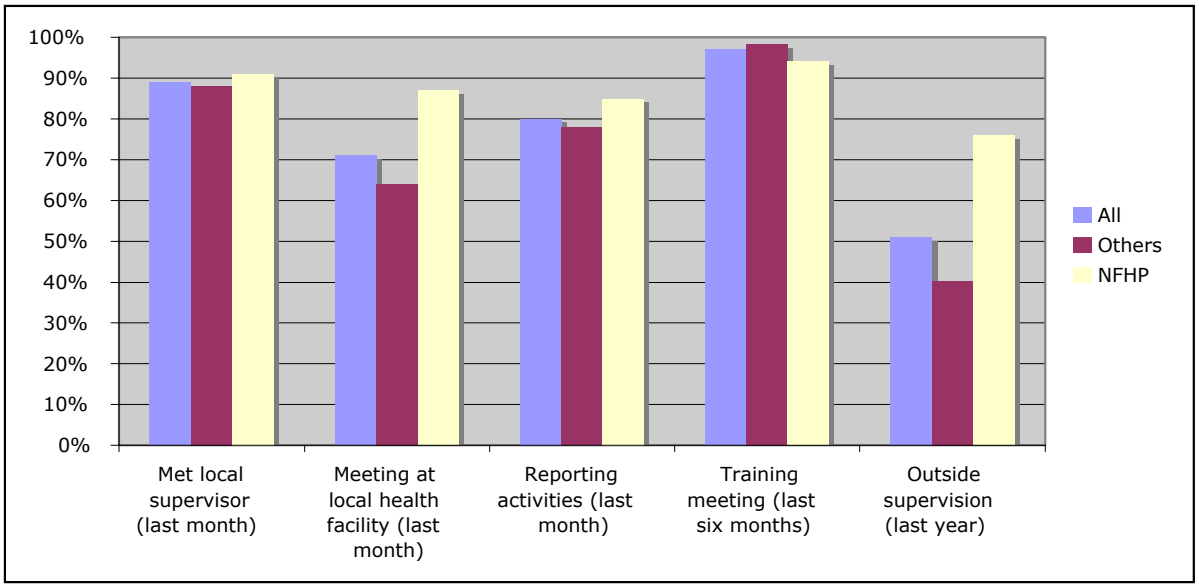
Table 3.1: FCHV Supervision

	Visit with local supervisor in past month (%)	Visit with outside supervisor in past year (%)
NFHP districts	91	76
Other districts	88	40
Total %	**89**	**51**

Meetings at the Health Facility: Nationally, 45 percent of FCHVs report having attended a meeting at the health facility less than one month prior to the survey. This increases to 71 percent if you include those who answered "one month ago". This is a surprising finding since the original design of the FCHV program did not include monthly meetings at health facilities. Instead the VHW was expected to visit and supervise FCHVs once a month at home. Over time it appears that most health facilities have decided to have monthly meetings. All FCHVs should attend meetings at least every six months as part of the annual cycle of review meetings for FCHVs (of which there are two to three per year).

There are nine districts where 20-50 percent of FCHVs report never having been to meetings at their health facilities. These are all either mountain or hill districts. However, in all these districts nearly all FCHVs report having received an allowance for a training or meeting within the last six months, so these figures may simply mean that their meetings take place somewhere else besides the health facility (Annex Table 3.6).

Figure 3.2: Participation of FCHVs in Supervision, Meetings and Report by NFHP vs. Other Districts



Note: First two items include FCHVs who answered "one month ago"

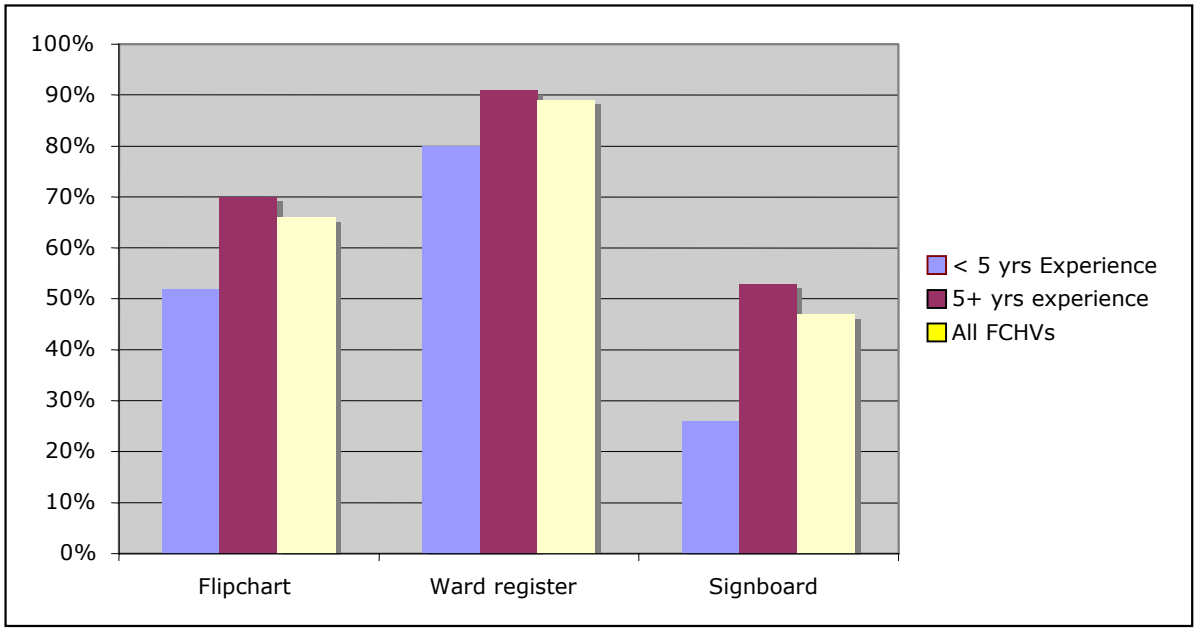
Reporting: Health facilities are expected to gather reports on FCHV activities on a monthly basis as part of their routine reports to the district level, which are aggregated and sent to the national level. Eighty percent of FCHVs said they had made a report of their activities to either their supervisor or at the health facility in the past month. The HMIS annual report indicates the aggregate total of FCHV reports received each year against those expected. This has shown steady progress over the years and was 80 percent in 2005/2006, which fits with the survey findings

Given the high rate of contacts with either supervisors or health facilities routine reporting should not be difficult for over 90 percent of FCHVs, so it is not clear why only 80 percent reported contact. There are several districts in which FCHVs with high rates of supervisor contact and/or meetings indicate low rates of reporting (Annex Table 3.2).

Training - Basic/Refresher and Supplies: Basic training for new FCHVs was originally 24 days at the start of the program (divided into three sessions), which was reduced to 20 days in 1990 and 15 days in 1995. With the new FCHV policy in 2003, basic training was increased to 18 days, including two nine-day sessions two months apart. The policy also instituted a five-year cycle of five day "refresher" trainings, to help maintain the skills of FCHVs and to replace key supplies.

The national survey did not ask FCHVs if they had received basic training, but it did ask if they had materials that should be provided at basic training. These include a multi-topic flipchart for giving health education, a ward register for recording her basic activities and an FCHV signboard to be placed in her house as an advertisement of her status. As expected, newer FCHVs (with less than five years experience) many of whom have not received basic training, are much less likely to have these items. Ward registers were the most commonly provided, since they are needed as part of routine reporting, while flipcharts and signboards are often missing, even for experienced FCHVs (Figure 3.3).

Figure 3.3: FCHV Possession of Items Distributed at Basic Training by Years of Experience



FCHVs were asked if they had either the old program manual, or the new manual, which is being distributed as part of the first cycle of refresher trainings. One would expect that in a given district nearly all or none of the FCHVs would have the new manual, since refresher training is proceeding district by district. Overall 58 percent of FCHVs have the new manual, 18 percent have an old manual and 24 percent have no manual at all.

Training – Recent: Training sessions for FCHVs include one- to two-day review meetings three times per year that are a routine part of the program, longer annual review meetings in the NFHP program, orientation training prior to polio distribution and a wide variety of trainings supported by other projects. One feature in common with all of these trainings is that FCHVs receive an allowance for the time lost to other activities during the training. In some districts FCHVs may also receive allowances for coming to monthly health facility meetings, but this is not common. In the survey, it was expected that FCHVs would not be able to distinguish clearly between the many types of training and reviews they may have been exposed to. Instead they were simply asked when they had last received any training that involved an allowance.

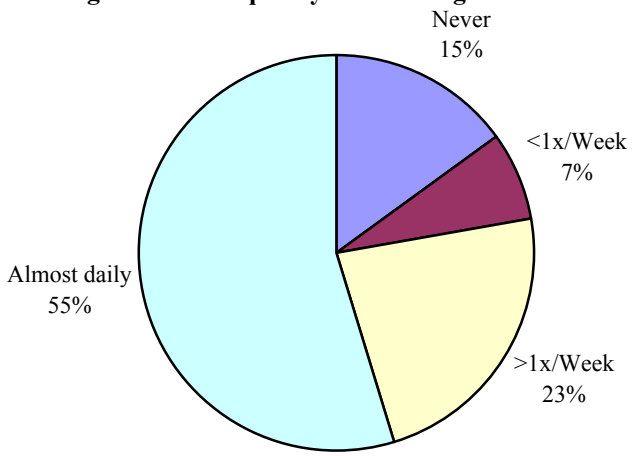
Ninety-seven percent of FCHVs reported having received an allowance within the past six months, which is reassuring in terms of showing that nearly all FCHVs receive training from the health system on a regular basis. It was surprising that 36 percent of FCHVs said they had received an allowance within the past one month (Annex Table 3.6) since only 21 percent report that there are cash allowances for meetings in their VDC.

The survey also asked whether anyone from outside the VDC participated in the most recent training that the FCHV went to. This was the case for 31 percent of the trainings (49% in the NFHP supported districts). Having a district government or project staff member assist in local trainings helps ensure the quality of the messages that go to FCHVs. However, this statistic is difficult to interpret since the survey only asked about the most recent training. A higher percentage of FCHVs may have been exposed to an outside trainer if all trainings over a six month or one year period were considered (Annex Table 3.6).

3.3 Exposure to Media Programs

Radio Listening: Most FCHVs report owning a radio (85 percent) and most of them report listening every day (55 percent) or at least once a week (77 percent). It is surprising that 15 percent of FCHVs never listen to the radio at all. Radio ownership and listening was slightly less for illiterate FCHVs than literate FCHVs (79 percent and 88 percent versus 88 percent and 94 percent). But radio clearly reaches most illiterate FCHVs as well. Findings from the 2006 NDHS survey show that 59 percent of rural households report having a radio. A few districts have relatively low levels of exposure to the radio. These are usually mountainous areas (e.g. Mustang and Mugu), although FCHVs in Kapilbastu also have low ownership and listening habits. Nearly all FCHVs have at least some control over which programs they listen to on the radio (see Figure 3.4 and Annex Table 3.7)

Figure 3.3: Frequency of Listening to the Radio



FCHVs were asked if they could understand Nepali on the radio. Overall 82 percent could understand it easily and 10 percent with "some difficulty". However in a few districts this problem is greater. Between one quarter to one half of FCHVs in the central Terai (from Danusha to Parsa) and in Kapilbastu either report "great difficulty" or cannot understand Nepali at all on the radio. This problem is also found to a lesser extent among FCHVs in some Mountain districts (Annex Table 3.8).

Radio Health Programs: FCHVs were asked if they had heard any radio program about health and/or family planning over the past six months, and then were asked about three specific programs. They are:

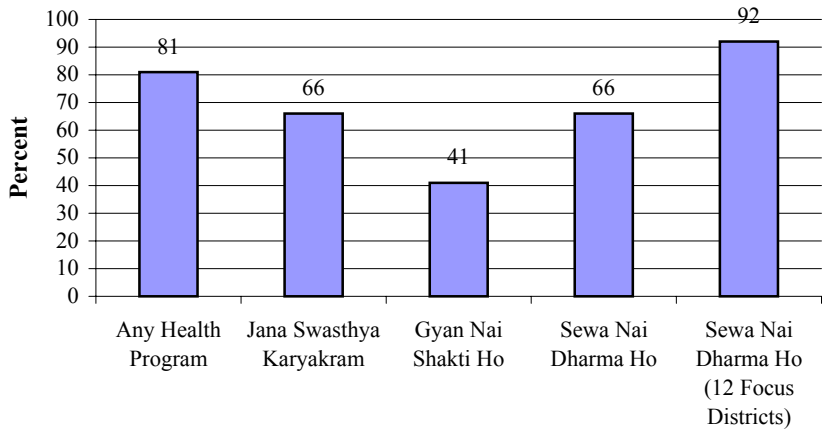
- Jana Swasthya Karyakram (Public Health Program): This is a public health program of the Ministry of Health and Population. It has been on the air for 15 years, and airs three times a week on Radio Nepal. It is meant for the general public and covers a wide variety of health topics.

- Gyan Nai Shakti Ho (Knowledge is Power): This is a program for the general public that is supported through the Nepal Family Health Program. It is a drama serial (15 minutes per episode and 52 episodes per season), which through stories provides updated information on family planning, and promotes family health and health care seeking behaviors. It is broadcast once a week on Radio Nepal. Eventually, three FM stations were contracted to also carry these broadcasts since the reception of Radio Nepal is poor in some areas of the country. This program has been used for "radio listener groups" often targeting disadvantaged groups and sometimes broadcast in other languages.

- Sewa Nai Dharma Ho (Service is Reward): This program is supported by NFHP and is specifically targeted at FCHVs as a "distance education" program. It is meant to update their family health knowledge and improve their interpersonal communication skills to more effectively carry out their role as FCHVs. As with the drama serial, it is broadcast once a week on Radio Nepal and also on three local FM stations. NFHP promoted this program in 11 Terai and one Mountain district from 2004 through 2007. This included district and ilaka level meetings and distribution of supplementary learning materials to go with the radio program including radios (to ensure the FCHVs would have one to listen to). Other promotional activities were aired on the radio and through the FCHV newsletter.

The results are shown in Figure 3.5 and Annex Table 3.9.1. Nationally 81 percent of FCHVs have listened to a health or family planning program in the past six months. Sixty-six percent listened to Jana Swasthya Karyakram, 41 percent to Gyan Nai Shakti Ho and 66 percent to the program specifically targeted at FCHVs (Sewa Nai Dharma Ho). The impact of NFHP's promotional work in the focus districts is clearly evident, with about 92 percent of FCHVs in those 12 districts reporting having listened to the show. This is especially notable since many of the focus districts are those with the highest percentage of FCHVs who have difficulty understanding Nepali on the radio. There are a few other districts that also have high rates of listening to this show.

Figure 3.5: Percentage of FCHVs who have Listened to Specific Radio Programs in the Past Six Months



A similar question on radio listening was asked of all women age 15-49 in the 2006 NDHS survey, which showed that FCHVs are much more likely than other women to be exposed to these programs. Among all rural women, only 28 percent had heard Jana Swasthya Karyakram, 20 percent Gyan Nai Shakti Ho, and 25 percent Sewa Nai Dharma Ho in the few months prior to the survey.

FCHVs who reported listening to Sewa Nai Dharma Ho were asked if they did so "regularly", "sometimes" or "rarely". Nationally, only 22 percent of those who heard the program reported listening regularly with most of the remainder reporting listening "sometimes". FCHVs who both listen and listen regularly to this program was much higher in the 12 NFHP focus districts (40 percent) versus other districts (8 percent). When asked the reason they do not listen more regularly, FCHVs usually replied that they were too busy (90 percent)

although some mentioned the broadcast time as being unsuitable (38 percent) (Annex Table 3.9.2).

Overall, radio provides an important supplementary source of health information to a majority of FCHVs, although they listen to shows targeted at the general population as much as programs specific to FCHVs. With increased effort, as in the 12 focus districts, the proportion listening at least sometimes to the FCHV distance education program goes up to over 90 percent, making radio a vehicle for reaching nearly all FCHVs.

Magazine (Hamro Kura): Hamro Kura is a twice-annual magazine for FCHVs that is published with the support of NFHP starting in October 2004. The magazine consists of a collection of success stories, experiences, challenges, articles, poems, etc. most of which come from the thousands of letters received from listeners to Sewa Nai Dharma Ho. Distribution to FCHVs is often through special programs, such as national vitamin A days. For the first year this magazine was only distributed to 17 NFHP core program districts, but in 2006, distribution covered all 75 districts.

In the survey only 19 percent of FCHVs reported having received this magazine. Distribution was largely confined to NFHP districts, in which 53 percent of FCHVs reported having received the magazine (it appears that some NFHP districts were also left out of distribution – see Annex Table 3.9.2). Overall, only 60 percent of FCHVs who report having received the magazine report having read it. This is almost entirely explained by literacy, with 91 percent of literate FCHVs versus only 12 percent of illiterate FCHVs reading the magazine (or presumably have someone read it to them). It is not clear if the low overall distribution of the magazine is because the program was still limited at the time of the survey or if the distribution channels chosen have not been effective in reaching the FCHVs.

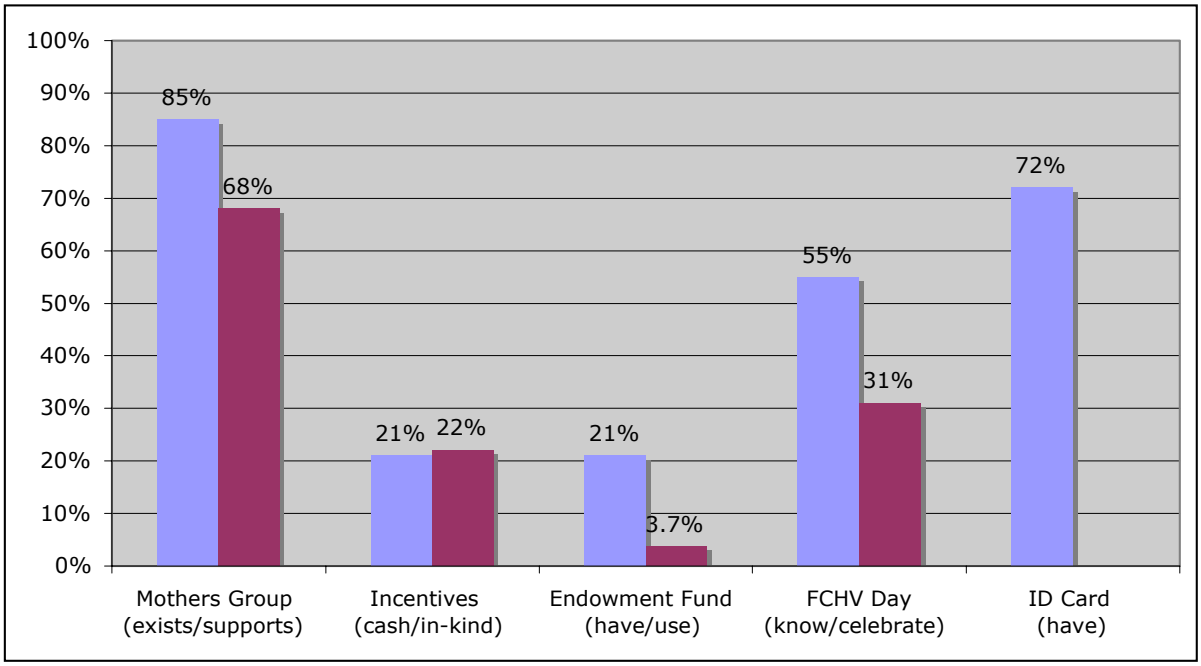
3.4 Community Supports

Mother's Groups: According to policy, FCHVs are expected to be selected by a mother's group that is made up of all mothers in the community and she is expected to be a member of the mother's group executive committee, which is to meet monthly to discuss health issues and support the FCHV in her work. Actual practice varies widely. In some cases FCHVs are chosen by local health workers or other leaders and a mother's group may only be formed afterwards to endorse the decision. Over time mother's groups may become inactive.

FCHVs were asked whether they meet with a mother's group, how often they meet and how many members typically attend a meeting. Eighty-five percent of FCHVs report working with a mother's group. The median number of participants for a mother's group meeting is 15, with little variation between districts. The median number of meetings per year is 12, again with little variation. There are 10 districts, all in the hills and mountains, with less than 60 percent of FCHVs having a mother's group (range 26-55 percent). There are 16 districts where 40 percent or more of FCHVs that have mother's group meet infrequently (6 times per year or less). Again these are all hill and mountain districts.

FCHVs were also asked whether mother's groups provide support for their work as an FCHV. Overall 68 percent of FCHVs reported that they received assistance from the group for their work. As with the existence and meetings of mother's group, activity appears to be much higher in the Terai and lowest in mountain districts (with some exceptions – only 44 percent support in Bardia).

Figure 3.6: FCHV Community Supports



Cash Incentives: FCHVs were asked whether they receive a cash incentive to attend regular meetings at the health facility. This is sometimes supported by VDCs, by districts or by NGO/donor projects. The overall only 21 percent of FCHVs receive such incentives, but in 10 districts between 50-94 percent of FCHVs report receiving an allowance,

In-kind Incentives: In lieu of cash, some VDCs, districts and projects provide in-kind incentives for FCHVs to motivate them. Again these are not common nationally, with only 22 percent of FCHVs reporting receiving in-kind incentives. But once again there are 10 districts in which most FCHVs have received this type of incentive (50-82 percent).

FCHV Endowment Funds: Endowment funds established in 2002 are yet another type of community incentive for FCHVs. These are funds that are placed in a special type of bank account in which the principle cannot be withdrawn, but the interest is available. In general signature rights over the account are shared between a VDC official, Health Institute In-charge or an FCHV. The interest from the Endowment Fund is expected to be used to support minor expenses of FCHVs (such as tea and snacks for meetings) and the fund itself provides evidence of the community's support for the FCHVs. Endowment fund contributions can come from the local VDC, the district or external projects and the concept is supported by the Ministry of Health and Population. The Nepali Technical Assistance Group (NTAG) conceived of the idea of endowment funds and promotes their establishment throughout Nepal. A total of 710 VDCs have established this fund as of June 2006 and another 778 are expected to be set-up by December 2007.

FCHVs were asked whether they had an endowment fund in their VDC. Twenty-one percent reported they had a fund, 70 percent said that they didn't and eight percent said that they did not know. When compared with NTAG's list of funds the responses of the FCHVs matched moderately well. In VDCs where NTAG has a fund listed, 67 percent of the FCHVs knew about it and eight percent were not sure, but 25 percent reported that no such fund existed.

In VDCs which NTAG did not list having a fund, 10 percent of FCHVs believed they did have an endowment fund (8 percent were unsure). There were four districts in which this was quite common. (see Annex Table 3.10.1).

It is not clear if these discrepancies are due to lack of knowledge on the part of the FCHVs, FCHVs mistaking other allowances for an endowment fund, incomplete or inaccurate information on the NTAG list, or possibly some funds not being known to nor available to the FCHVs they are intended to support.

Among the 1,302 FCHVs surveyed who say that they have an endowment fund, only 17 percent reported that the interest from the fund was used in any way during the past year (and 5 percent were unsure). In many cases FCHVs may want the fund to grow, or the amount in the fund is too small to support any activities, so they leave it alone in hopes that compounded interest or further contributions will increase its value. However this means that relatively few FCHVs (about 4 percent nationally) see actual use of endowment funds to support their work.

FCHV Day: A national FCHV Day was established as part of the revised FCHV policy in 2003 and districts are encouraged to hold events to celebrate this day. The survey found that 55 percent of FCHVs know about the FCHV Day. Of these, 57 percent celebrated it in the year prior to the survey. Districts often depend on outside projects to help hold FCHV Day celebrations so the level of activity varies between districts from zero to near 100 percent (Annex Table 3.10.2).

FCHV ID Card: Another idea to increase the recognition and prestige of FCHVs and a means to motivate them has been to provide them with an identification card (usually a photo ID) that they can wear when working or visiting health facilities. Seventy-two percent of FCHVs surveyed reported that they had an identification card. This also varied by district (Annex 3.10.2) with some districts not participating in this program.

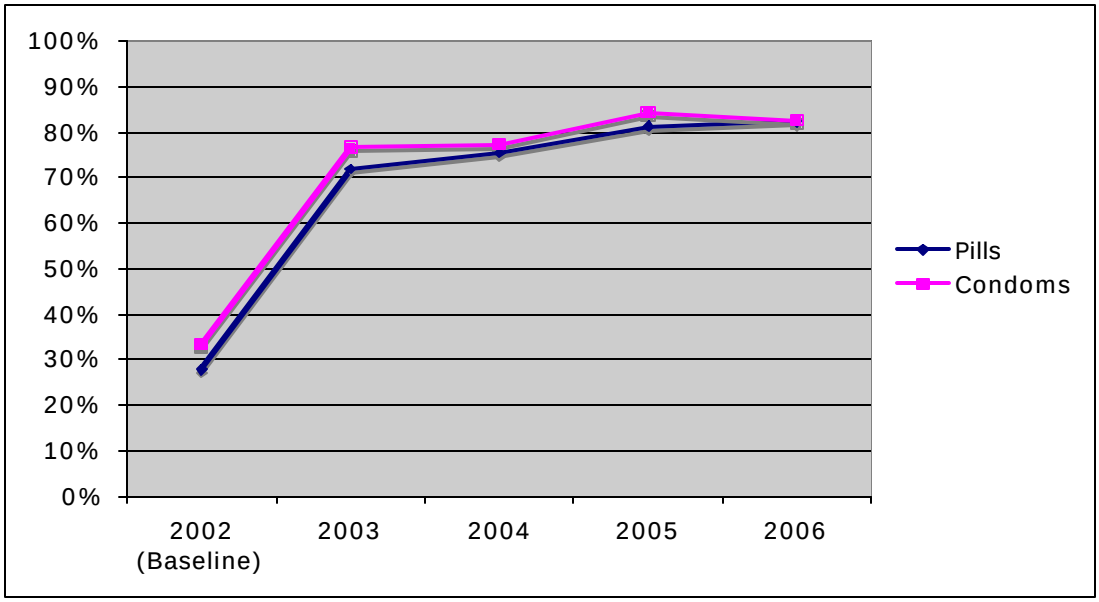
CHAPTER – IV
FAMILY PLANNING, HIV, OUTREACH CLINICS AND FIRST AID

4.1 Family Planning

From the start of the program, FCHVs have been expected to promote family planning use, and supply pills and condoms. However, given that injectables and sterilization are by far the most popular methods of family planning, FCHVs' role in family planning is somewhat limited. The 2006 national FCHV survey attempted to determine the extent of FCHV support for Nepal's family planning services, the type of services they provide and the factors that may help or hinder their involvement.

Pills and Condoms - Supplies. FCHVs were asked whether they had any pills or condoms at the time of the survey. Overall only 44 percent had pills and 42 percent had condoms. The NFHP has had a tremendous influence on the percentage of FCHVs having supplies of these methods, with 82 percent of FCHVs in NFHP-supported districts having supplies of pills and 83 percent having supplies of condom, compared to only 31 percent and 28 percent of FCHVs having pills and condoms, respectively, in non-NFHP supported districts. This high coverage under the NFHP has been maintained over several years, starting from a low baseline prior to the project (Figure 4.1). In addition, FCHVs who did not have these commodities were asked why. A large proportion of FCHVs without pills or condoms in other districts report that they don't have any need for them (39% for pills and 46% for condoms). So the NFHP has improved both the regular supply of these contraceptives and FCHV attitudes towards them (Annex Table 4.1).

Figure 4.1: FCHVs with Pills and Condoms in NFHP Supported Districts



Distribution of Pills: Nationally, only 44 percent of FCHVs actually gave out any pills in the past month to an average of 3.6 customers, while 74 percent of FCHVs gave out pills in the

past month to an average of 3.9 customers in NFHP districts. This corresponds to about 75,000 pill customers nationally for FCHVs. In comparison, data from both the National Health Management Information System annual report (HMIS) 2005-2006 and the 2006 NDHS indicate that about 30,000 women may get pills regularly from FCHVs. It is possible that FCHVs report women as "customers" for pills even if they usually get their supply from a shop or health facility. The HMIS shows that 54 percent of pills distributed by FCHVs were from the NFHP districts, which is consistent with the pattern of distribution among FCHVs from the FCHV survey.

According to data from NDHS 2006 FCHVs provide about one-third of all pills that are distributed in the public sector in Nepal. The main factors preventing a larger role for FCHVs is a lack of supply and the lack of motivation to promote this method. The NFHP experience shows that these obstacles can be overcome. Pills satisfy a small, but growing portion of overall family planning needs in Nepal and FCHVs make a significant contribution towards meeting this need.

Distribution of Condoms: Nationally, only 38 percent of FCHVs gave out condoms in the month prior to the survey to an average of 4 clients compared 79 percent of FCHVs to an average of 4.3 clients in the NFHP districts. This approximates to about 75,000 clients overall for condoms. This is much higher than what is reported in the 2006 NDHS where 5 percent of currently married women report using condoms for family planning, 30 percent of whom get their supplies from the public sector with 9 percent of them obtaining their supplies from FCHVs. This approximates to about 21,000 clients. However, it is difficult to compare the figures since condoms are not always used for family planning, and use can be irregular (and so not reported as a family planning method in the DHS). The HMIS doesn't report current users for condoms provided through FCHVs, but does note that 58 percent of all FCHVs who distributed condoms were from the 17 NFHP supported districts, which is in keeping with the FCHV survey results.

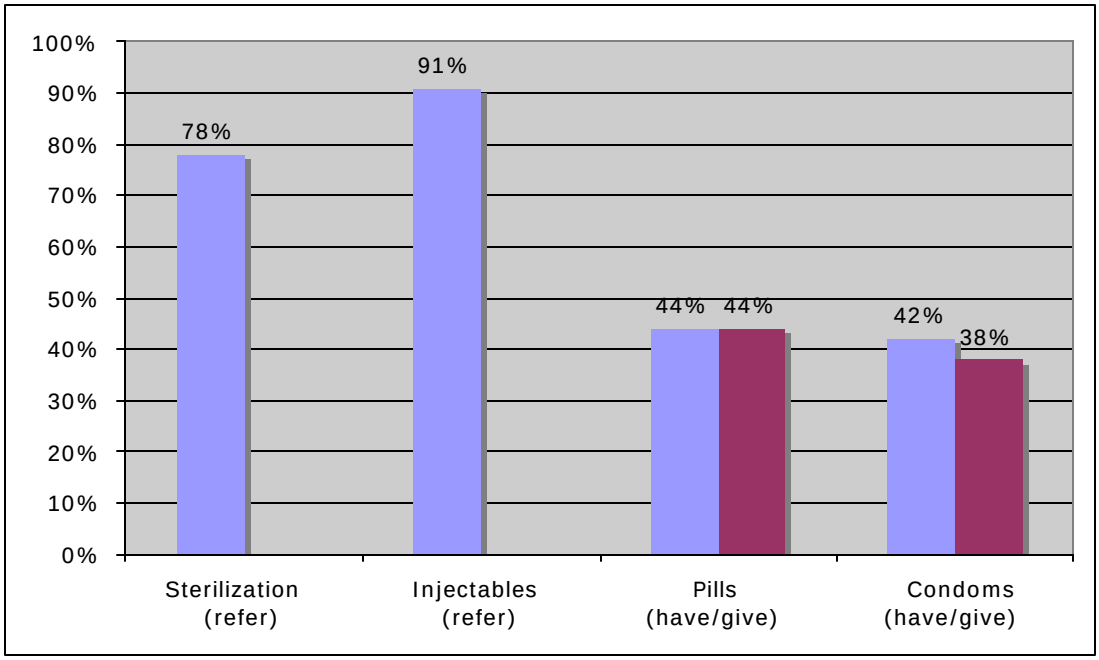
In any case, it is clear that FCHVs are a small, but significant source of supply of condoms for family planning, and the NFHP program has greatly increased their ability to do this.

Referrals for Injectables: Unlike pills and condoms, where many FCHVs are inhibited by the lack of supply and demand, 91 percent of FCHVs reported that they have referred women for contraceptive injectables in the past and with an average of 7.3 women referred in the past 12 months. There is no clear difference between NFHP supported and other districts. The 2006 NDHS survey shows that about 410,000 users get injectables from the public sector, which is somewhat less than the 520,000 current users as reported by the HMIS data. Either of these figures is compatible with the FCHV survey report, but a precise measure of the FCHV contribution to either new or ongoing users cannot be made. It is clear that a high percentage of FCHVs do consider family planning promotion as part of their job and report actively carrying it out.

Referrals for Sterilization: Seventy-eight percent of FCHVs nationally have ever referred someone for voluntary sterilization. This is slightly higher in the NFHP districts at 90 percent, possibly because NFHP districts are mostly in the Terai, where this is the most popular method of family planning. FCHVs who have referred clients for sterilization report an average of 4.8 women referred in the past 12 months. This is clearly an over-estimate since only half this number of individuals receive sterilization referrals in the public sector in a year. Asking for a one year recall is difficult, so it would not be surprising if many FCHVs

include all the people they could remember referring in their answer, regardless of how long ago it had been.

Figure 4.2: FCHVs Participation in Family Planning



Communication Skills: FCHVs were asked if they had any difficulty in discussing reproductive health topics with men. Twenty percent of FCHVs reported difficulty. This was somewhat higher in a number of mountain and remote districts. In practice it is expected that FCHVs mostly discuss reproductive health topics with women (Annex Table 4.2).

FCHVs were also asked about inter-personal communication skills (IPC), by emphasizing the importance of good rapport with a client and then asking the FCHV "what should an FCHV do to establish good rapport with a client". FCHV training in IPC generally focus on seven skills, but FCHVs were not read the list or told how many items to mention (although they were prompted to mention more). The results are shown on Table 4.1.

Table 4.1: Skills Mentioned by FCHVs

Inter-Personal Communication (IPC) Skill	%
- Asking the client about their problem	82
- Providing relevant information	83
- Treating the client with respect	60
- Listening carefully	44
- Greeting the client hospitably	40
- Maintaining eye contact and smiling	9
- Assuring confidentiality	7

FCHVs most often report finding out what the client wants and providing them information, which are the basics of the interaction. About half of FCHVs mentioned treating the client with respect, listening carefully or being hospitable. Specific IPC skills such as maintaining eye contact or assuring confidentiality were not often mentioned. There was relatively little variation between districts on these skills, although FCHVs in Jhapa, Kathmandu, Parbat and Banke did marginally better than others.

4.2 HIV/AIDS

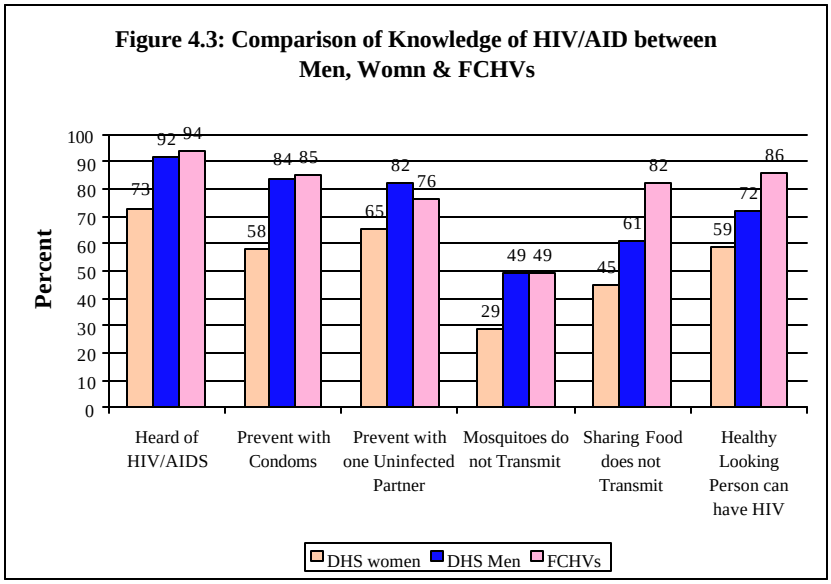
The national survey asked about FCHV knowledge and practices regarding HIV/AIDS. Although there are many communication channels used to educate the public about HIV/AIDS, FCHVs may play a particularly important role in reaching the remote and marginalized populations.

Knowledge of HIV: FCHVs were asked a series of six knowledge questions related to HIV-AIDS. One was a general question on whether they had ever heard of an illness called AIDS,, two were related to ways someone could reduce their risk of getting AIDS (i.e. having just one uninfected sexual partner, and; using a condom every time they have sexual intercourse) and three were related to common misconceptions about HIV (i.e. can AIDS be transmitted by mosquito bites; can a person contract HIV by sharing food with someone who is infected; and, can a healthy looking person have the AIDS virus).

Table 4.2: FCHV Knowledge of HIV/AIDS Compared to Women and Men

	FCHV survey (median age 39) %	2006 NDHS women 15-49 %	2006 NDHS men 15-49 %
Heard of HIV/AIDS	94	73	92
Prevent HIV by using condoms at every sexual intercourse	85	58	84
Prevent HIV by restricting sexual intercourse to one uninfected partner	76	65	82
Mosquitoes do not transmit HIV	49	29	49
AIDS is not transmitted by sharing food with an HIV-infected person	82	45	61
A healthy-looking person can have the AIDs virus	86	59	72

Note: 2006 NDHS figures include both urban and rural areas. Rural rates would be slightly lower.



As shown in Table 4.2 and figure 4.3 FCHVs were much better informed about HIV than women in general in the community (as shown from identical questions asked in the 2006

NDHS survey). Men tend to have better knowledge of HIV than women, but FCHVs tend to match or even do better than men. Knowledge was better among FCHVs who were literate or who were younger (as found in the2006 NDHS). FCHVs who belonged to the Dalit, Muslim and Terai caste groups (e.g. Yadav/ahir) had significantly less knowledge, as did FCHVs in remote mountain districts, although all of these factors correspond closely with education. There were a few districts, such as Arghakhanchi, in which FCHVs showed much better knowledge than knowledge which may be due to the influence of special programs.

FCHVs as HIV Educators: Eighty-four percent of FCHVs report providing information on HIV to their neighbors, and nearly two-thirds of them report doing so in the past one month (with the others mostly doing so in the past six months). Literate FCHVs are slightly more active than illiterates, but there are not large differences by FCHV age or caste/ethnic group.

In conclusion, FCHVs tend to be more knowledgeable about HIV than their neighbors, particularly other women, although there are gaps in the knowledge of many FCHVs. Most FCHVs an active source of HIV information in their community.

4.3 Outreach Clinics

All rural health facilities, in addition to providing antenatal and other services on site, are expected to provide "outreach" services in 3-5 locations within the VDC on a once-a-month basis. The outreach clinic is usually staffed by the Maternal Child Health Worker (MCHW), and/or Village Health Worker (VHW). The content of outreach services varies, but can include family planning services (particularly providing injectables), antenatal care, and care for minor illnesses. Actual implementation of outreach services may be inconsistent.

FCHVs were asked if there was an outreach clinic serving their ward and whether they participated in its work. Forty-eight percent said there is such a clinic. It is difficult to determine a "correct" figure for this question since FCHVs who live in wards close to the health facility would not be expected to have an outreach clinic. However, an outreach clinic would be expected to serve over half of FCHVs. There were 32 districts in which the number of FCHVs answering yes to this question was less than 30 percent, which could be taken to mean that many outreach clinics in these districts are not functioning regularly, or that they leave large parts of the VDCs uncovered. Eighty-three percent of FCHVs with an outreach clinic nearby report that they attend the clinic to help out and nearly all the rest report referring patients to the clinic.

Most of the low performing districts are in the hills and mountains, but there are exceptions, like Jajarkot, in which 93 percent of FCHVs report having an outreach clinic and 93 percent of these attend the clinic themselves to help out. It is not known why districts like Jajarkot have such high performance, but it may be associated with the World Food Program distribution of supplemental food for pregnant women via outreach clinics in some food deficit districts (Annex Table 4.4).

4.4 First Aid

FCHVs are given some basic training on first aid for cuts, abrasions and burns as part of their initial training. In the original "package" of goods provided to an FCHV as part of basic training there are paracetamol tablets, iodine, gentian violet, cotton, bandages and scissors.

These supplies are usually not replenished by the health facility. The FCHV is supposed to purchase these herself.

The national survey asked FCHVs if they still had supplies of iodine and gentian violet and whether they still treat patients for minor illnesses, including how many they had treated in the past month. There is no national program or donor project to support this project, so the level of activity gives an indication of whether the FCHVs and the community find this valuable.

Overall, only 30 percent of FCHVs had iodine and 38 percent had gentian violet at the time of the survey. Rates were quite high in Banke (85 percent and 92 percent, respectively) although this may have been because of new supplies provided by a special maternal/newborn care project in this district.

However, 64 percent of FCHVs reported having provided treatment for a minor illness in the month prior to the survey, and those providing services report an average 4.9 patients per month. It is probable that most minor illnesses were treated with paracetamol and so the lack of iodine or gentian violet does not inhibit most first aid. There was relatively little variation between districts for this question, with only five districts having less than 40 percent of FCHVs report giving this service (Annex Table 4.4). There was no substantial difference for NFHP supported districts or CB-IMCI districts. On the high end, FCHVs in Chitwan appear to be busy providers. Ninety-five percent of them see an average of 8.6 patients a month. So in spite of lack of support, first aid does appear to be an ongoing part of most FCHVs' work.

CHAPTER – V
MATERNAL AND NEWBORN CARE

5.1 Counseling during Pregnancy

Coverage: The best source of information on coverage is likely to be from the 2006 NDHS survey. Women who delivered in the five years prior to the survey were prompted to see if they discussed their pregnancy with an FCHV during their last pregnancy in the five years before the survey. Twenty-one percent of rural women reported discussing their pregnancy with an FCHV, with 27 percent of women in Terai districts and only 12 percent in the Hill and Mountain districts. This corresponds to the existence of a number of district level programs to encourage FCHVs to visit pregnant women in the Terai (e.g. SNL programs, NFHP's CB-MNC and PLAN's child survival projects). Overall, 72 percent of women reported receiving antenatal care from a health provider. Seventeen percent saw both a health provider and an FCHV. Only three percent of women saw only an FCHV and 25 percent saw no one.

In the national FCHV survey, 99 percent of FCHVs reported that they provide counseling to pregnant women and that they had counseled an average of 11.6 women in the year prior to the survey. Nationally this would correspond to 62 percent of estimated rural pregnancies (based on a rural population of nearly 20 million, a rural birth rate of 29.5 per 1,000 and 1.5 years worth of births to allow for women still pregnant). It appears that many FCHVs did not give an accurate count of women counseled, but may have guessed, based on the estimated number of births in their catchment area in the past year.

Coverage by Catchment Population: Taking data from the districts with accurate information on households each FCHV covers, the survey looked at the relationship of coverage of expected pregnancies to catchment population. As seen in Table 5.1, although FCHVs increased their level of work with increased catchment size this was not enough to keep up and estimated total coverage of their area declined. Given the inaccuracies in FCHVs own reports of counseling during pregnancy this table needs to be interpreted with caution.

Table 5.1: FCHV Catchments Population and Proportion of Pregnant Women Counseled

	Households per FCHV					
	<50	50-99	100-199	200-299	300-399	400-999
Number of FCHVs	602	1118	713	187	83	48
Average pregnant women counseled (past year)	5.3	9.0	12.3	17.8	23.6	25.1
Average households/FCHV	35	73	134	233	341	466
Percent expected pregnancies counseled	68	55	41	34	31	24

Note: Includes FCHVs from 47 districts with reliable information and number of households between 5 and 999; Assumes five persons per household and a rural CBR of 29.5/1000. Pregnant women counseled in a year are assumed to be 1.5 times the births (adding women who are in their 2nd or 3rd trimester at the end of the recall period).

Knowledge of Births by Catchment Population: Given the inaccuracies in FCHV recall of number of pregnant women counseled, the trend in decreasing coverage for larger catchment areas might not be accurate. As an independent check we asked FCHVs how many births had occurred within their catchment area within the past year. The results showed the same pattern as for pregnancy counseling (Table 5.2 and Figure 5.1). FCHVs with small catchment populations reported births at about the rate expected while those with

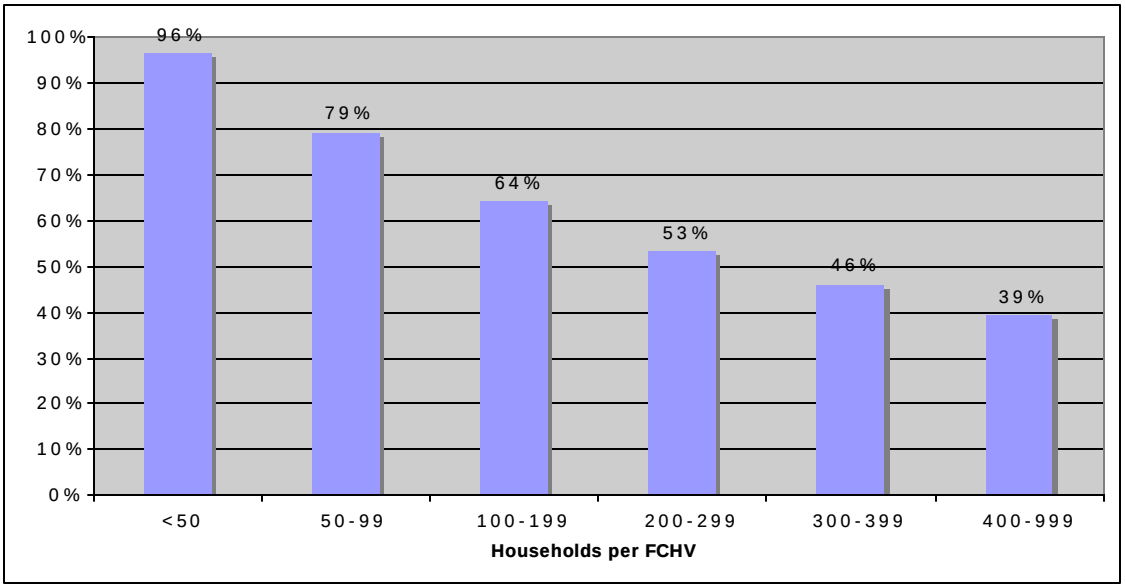
progressively larger populations reported a smaller proportion of births. This is in the absence of any formal role for FCHVs in providing assistance at birth. It is not known if FCHVs covering larger populations would do better if they were trained to provide a service at or around the time of birth.

Table 5.2: FCHV Catchment Population and Proportion of Annual Expected Births Recalled

	Households per FCHV					
	<50	**50-99**	**100-199**	**200-299**	**300-399**	**400-999**
Number of FCHVs	612	1118	709	186	82	47
Average births recalled per FCHV	5.0	8.6	12.7	18.4	23.5	27.6
Average households/FCHV	35	73	134	235	346	476
Expected births recalled (in %)	96	79	64	53	46	39

Note: Includes FCHVs from 47 districts with reliable information and number of households between 5 and 999; Assumes five persons per household and a rural CBR of 29.5/1000.

Figure 5.1: FCHV Catchment Population and Proportion of Annual Expected Births Recalled



Advice Given During Pregnancy: FCHVs were asked the advice they provide to pregnant women. The results are shown in Table 5.3. FCHVs were prompted to indicate multiple messages but were not prompted about whether they covered specific items. The traditional messages related to antenatal care, tetanus immunizations and iron tablets were commonly mentioned as were general advice on eating nutritious foods and activities during pregnancy (all mentioned by 59-94 percent of FCHVs). The traditional messages on danger signs during pregnancy were not often mentioned (12 percent), but it is not known if this reflects a failure to mention these to pregnant women in practice.

The more recent messages associated with the "Birth Preparedness Package", which include advice on the use of skilled birth attendants, saving money for an emergency and making transportation plans were much less commonly mentioned (4-30 percent). In some districts with active maternal/newborn care programs FCHVs did mention these items more often (e.g. Jhapa, Banke) but it is unclear if the "Birth Preparedness Package" program, which has been implemented in a number of districts, has had much impact on FCHV perceptions.

Distributing deworming tablets during pregnancy, which is a relatively new intervention in Nepal, and advice on night blindness, which has only been done on a pilot basis, were not frequently mentioned (4-17 percent).

Table 5.3: Advice Given During Pregnancy

	Percent of FCHVs
Eat nutritious food	94
Go for antenatal care	88
Take iron tablets	78
Get tetanus immunizations	70
Other advice on activities in pregnancy	59
Use a skilled birth attendant	30
Take deworming tablets	17
Warnings on danger signs	12
Save money for an emergency	11
Advice on night blindness	4
Make plans for emergency transport	4
Others	10

FCHVs were asked if they could name danger signs during pregnancy that require medical attention. Most FCHV training emphasizes five signs, but the FCHVs were not told the number or asked about specific signs. On average, FCHVs nationally mentioned 3.0 signs and only eight percent spontaneously mentioned all five. The rate at which each sign was mentioned is given in Table 5.4 and Annex Table 5.3.

Table 5.4: FCHV Knowledge of Danger Signs in Pregnancy

	Percent of FCHVs
Vaginal bleeding	90
Blurred vision or swelling of hands or face	66
Severe headache	58
Fainting or seizures	45
Severe lower abdominal pain	43

FCHVs in the 17 Nepal Family Health Program districts gave very similar answers in terms of advice during pregnancy and danger signs during pregnancy (although they did average 3.4 of the 5 signs). NFHP only emphasized maternal care in a few districts with special maternal-newborn care activities.

5.2 Iron during Pregnancy

Since 2003 the Ministry of Health and Population has introduced a program for FCHVs in 22 districts (about 47 percent of the national population) on "Intensification of Maternal and Neonatal Micronutrient Program (IMNMP). This program includes additional training for FCHVs to distribute iron to pregnant women, which has been done previously, but not systematically. In 2006-2007 there are plans to expand this program to an additional 19 districts and eventually reach national coverage.

The survey asked FCHVs if they had iron tablets at the time of the survey, if they provide these to pregnant women, and how many pregnant women they had provided them to in the past one year. The impact of the program has been very impressive, as seen in Table 5.5 and Annex Table 5.4.

Table 5.5: IMNMP and FCHVs Providing Iron to Pregnant Women

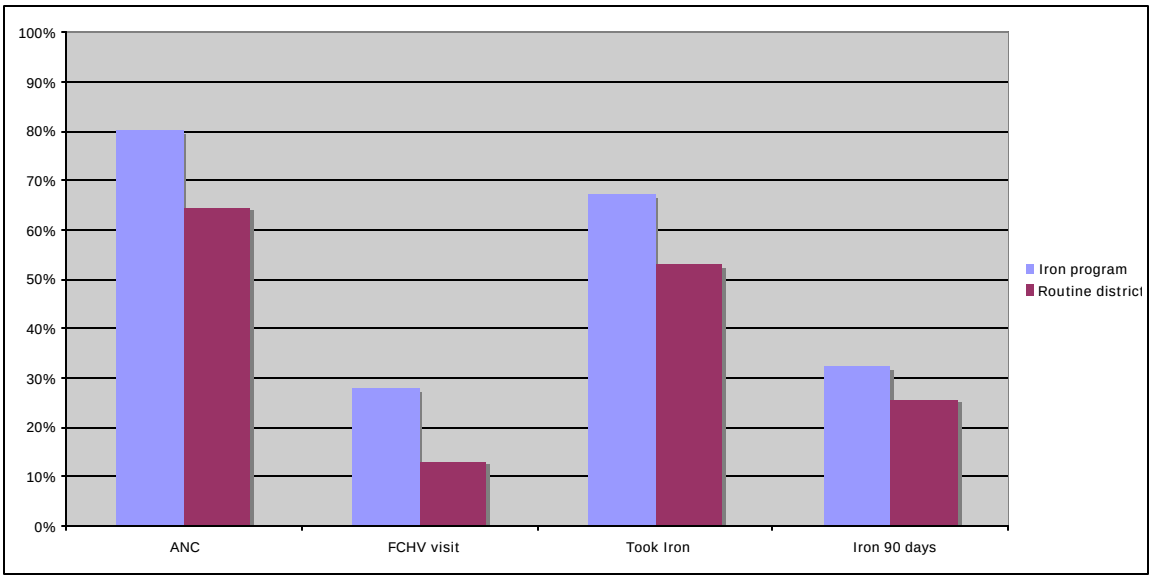
	IMNMP Program	Other Districts
Number of districts	22	48
FCHV has iron at time of survey	75	27
FCHV reports providing iron to (%) pregnant women (%)	97	44
For those providing iron, how many women on an average given iron in the past year	12.3	5.7

One worry about the IMNMP program is that if women are able to get iron from FCHVs they may decide to not go for antenatal care at a regular health facility. The HMIS annual reports for 2001-2002 (prior to the program) were compared to those for 2005-2006 (during the program). In the first reports the 22 districts accounted for 52 percent of all women going for antenatal care nationally versus 54 percent in the later time period. Use of antenatal care has

been rising rapidly in Nepal, and there is no evidence that the IMNMP program has hindered this trend in program districts.

The 2006 NDHS survey noted a large rise in the proportion of women who reported taking iron during their last pregnancy from 23 percent in 2001 to 59 percent in 2006. As shown in Figure 5.2, rates for the 2006 NDHS are higher in the districts which have the IMNMP program. This appears to be mediated through higher rates of both antenatal care (ANC) and FCHV visits, since women who report making ANC visits report similar rates of iron-intake in both groups. Perhaps being able to offer iron/folate tablets provides an incentive for FCHVs to be more active in contacting pregnant women, which in turn motivates the women to go for ANC.

Figure 5.2: Coverage of ANC, FCHV Visits, Iron Supplementation and Coverage for 90 Days in INMNP versus Routine Districts



Note: Data is from the NDHS 2006 additional analysis.

5.3 Delivery and Newborn Care

Presence at Delivery: Care for women at the time of delivery is not part of the FCHV job description, but it turns out that FCHVs are often present at deliveries. Seventy-two percent of all FCHVs reported that they were present at a delivery in the past year. On an average FCHVs who report being at a delivery say that they were present for 3.5 births in the past year. This would imply that FCHVs are present for about 20 percent of all deliveries in rural Nepal. Given the difficulty in accurately recalling events over the time period of one year, this is likely to be an over-estimate. Also the question only asks if the FCHV was present, and not whether she had assisted with the birth.

FCHVs as TBAs: Seventeen percent of FCHVs report that they also work as a TBA and 11 percent of FCHVs report having received TBA training in the past (some of whom also report that they are not TBAs currently). These FCHV-TBAs presumably do assist at the birth. Dalit (and Muslim) FCHVs are somewhat more likely to report working as a TBA than others, which may reflect the custom in parts of the Terai for TBAs to come from Dalit groups.

Although they are popular in some regions, overall, TBAs assisted at only 19 percent of births according to the 2006 NDHS. The national FCHV survey looked at FCHV-TBAs and others in terms of how many deliveries they were present at in the past one year. The numbers reported for trained TBA-FCHVs was only 4.6 per year on average, compared to 2.2 for ordinary FCHVs (Table 5.6). It appears that most TBAs are not very busy attending deliveries. There may be exceptions in some Terai districts where use of TBAs is more popular.

Table 5.6: FCHVs Present at Deliveries by TBA Status

	FCHVs		Births Last Year	
	#	%	Total	Per FCHV
FCHV-TBA trained	502	9	1,652	4.6
FCHV-TBA not trained	414	8	2,332	4.0
FCHV – not a TBA	4,610	83	9,983	2.2
Total	**5,526**	**100**	**13,967**	**2.5**

Essential Newborn Care: FCHVs were asked questions about cord care, drying, wrapping, bathing and breastfeeding for newborns (Figure 5.3).

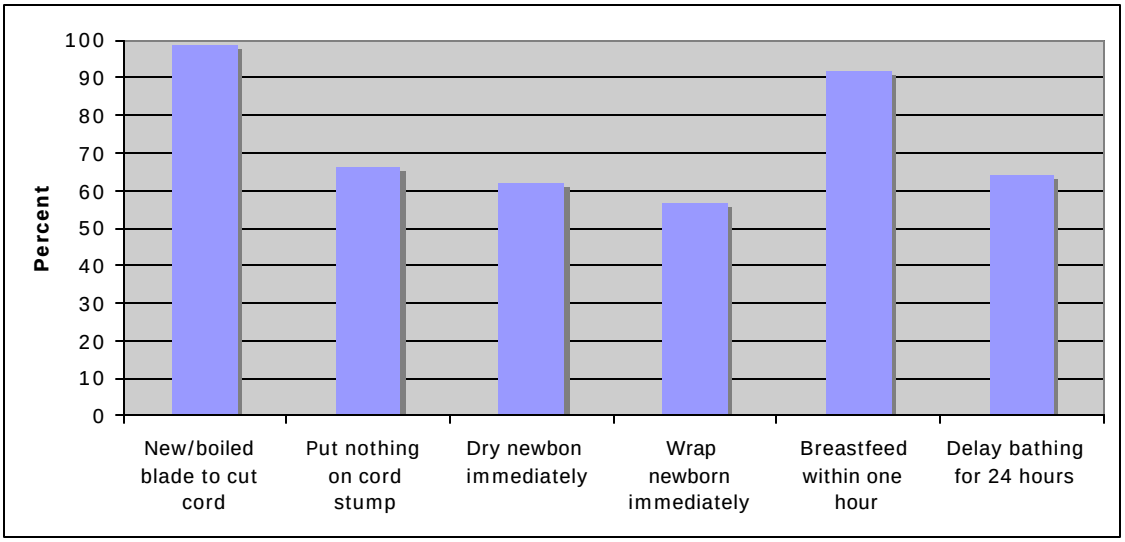
Knowledge that a new or boiled blade should be used for cutting the cord is nearly universal (99 percent). However, FCHVs were allowed to give more than one answer and a small percentage did mention using a knife, scissors or other device without saying that it should be boiled first (Table 5.7). For care of the cord stump, only 66 percent of FCHVs said that nothing should be put on the stump. Sixteen percent recommended putting oil on the stump, seven percent an unspecified ointment or powder, and six percent a variety of agents including ash, tumeric powder, ghee, *sindoor*, etc. Also popular were antiseptics (12 percent), either gentian violet or Dettol. Use of antiseptics is especially popular in a band of districts stretching from Siraha to Parsa where 28-88 percent of FCHVs recommend their use. This is interesting given the results of the recent randomized trial in Sarlahi which found that antiseptics on the cord may reduce early neonatal infections and deaths.

Newborns should be dried and wrapped immediately after delivery, although it is common practice to delay these actions until after the placenta is delivered. FCHVs were asked about the timing of both events. In both cases about 60 percent of FCHVs replied "Immediately" (53-57 percent) or "Before placenta is delivered" (4-5 percent). Nearly all the remainder replied "Within an hour".

Ninety-two percent of FCHVs supported early breastfeeding, either immediately after birth (43 percent) or within the first hour (49 percent). Six percent replied "After the newborn's bath". Most of these cases may also be within the first hour since FCHVs in these districts often favored early bathing. Less than three percent of FCHVs mentioned recommending a later time to start.

On bathing, 64 percent of FCHVs recommended delaying bathing for 24 hours after birth, which is the recommendation of essential newborn care programs so as to prevent hypothermia. Twenty-two percent mentioned that the newborn should be bathed within an hour and 15 percent within 2-24 hours after birth. These answers varied a great deal by district, with over half of FCHVs in 5 districts (all mountainous) recommending a bath within an hour after birth.

Figure 5.3: FCHV Knowledge of Essential Newborn Care



Newborn care practices found in the 2006 NDHS are compared to FCHV recommendations in Table 5.7. It is interesting to note that the biggest discrepancies are found for early breastfeeding, which has long been a message in FCHV training and delayed bathing, which is a relatively new message. Over time early breastfeeding practices in Nepal have improved (breastfeeding on the first day increased from 65 percent in 2001 to 85 percent in 2006) but they are still far from optimal. Nationally there has been little improvement in bathing practices, but two pilot districts showed large impacts of a program that involved FCHVs and others promoting this message (Kailali and Siraha under the SNL program).

Table 5.7: Essential Newborn Care FCHV Recommendations versus Actual Practices

	FCHV (%)	Actual practice (%)
Use new/boiled blade to cut the cord	99	79
Put nothing on the cord stump	66	74
Dry newborn immediately/prior to placenta delivery	62	43
Wrap newborn immediately/prior to placenta delivery	57	44
Breastfeed within one hour	92	35
Delay bathing for 24 hours	64	9

Note: Actual practice is from the 2006 NDHS survey

It is apparent that special training can change FCHV attitudes. FCHVs in districts with a special newborn care program (e.g. Jhapa, Banke, Kailali, Kanchanpur) did much better than average in terms of correct knowledge for newborn care (generally 85 percent or better for cord care, drying, wrapping and bathing). It is interesting that Siraha, which participated in such a program, and Sarlahi, which had these messages in its CB-IMCI training, do not show high rates of correct knowledge among their FCHVs. Other districts (e.g. Baktapur, Salyan and Surkhet) also show high rates of correct knowledge and may have been supported through other programs (Annex Table 5.7).

5.4 Post-Partum Visits and Vitamin A

Ninety-five percent of FCHVs report that they make post-partum visits to women, so this is clearly seen as a routine activity in the FCHV program (Annex Table 5.5). When asked how long after birth their most recent post-partum visit had been, 31 percent of FCHVs reported

that it was within the first day and 44 percent mentioned within one to three days after birth. These answers support the idea that FCHVs may be a good way to reach women and newborns shortly after birth and provide interventions (as is currently being piloted in Morang).

Eighty-two percent of FCHVs reported that they provide vitamin A capsules to post-partum women and have given these to an average of 7.7 women in the past year. This would mean that over half of women who gave birth in rural areas received vitamin A from an FCHV. This is unlikely and again probably reflects over-reporting by the FCHVs from a one-year recall. Post-partum vitamin A was encouraged under the NFHP program and 97 percent of FCHVs in the 17 core program districts participated in this program compared to 76 percent in other districts (Annex Table 5.4).

The 2006 NDHS survey confirms that provision of post-partum vitamin A is increasing (from 10 percent of women in 2001 to 29 percent in 2006) with higher rates in the Terai.

CHAPTER – VI
CHILD HEALTH

6.1 CB-IMCI: Community-Based Integrated Management of Childhood Illness

The Ministry of Health and Population supports the CB-IMCI program as a method to improve the management of children with common illnesses. At the community level this involves training FCHVs, as well as Village Health Workers and Maternal Child Health Workers, who provide outreach from health facilities, in the diagnosis and management of simple pneumonia and in the identification and referral of children with more severe disease. Diarrhea is also part of CB-IMCI, but is already part of the national FCHV program and is reviewed separately. More complete IMCI training is provided to higher-level workers at health facilities. This program has expanded steadily from the first districts in 1996 (when it was called the CBAC "Community Based Acute Respiratory Infection (ARI) and Diarrhea Control" program) to almost half the districts in Nepal in 2006. In the national FCHV survey 33 districts included questions for CB-IMCI because they had completed FCHV level training at least six months prior to the survey. For analysis these are often divided into 18 districts that received ongoing support from the Nepal Family Health Program and 15 districts that were supported through other programs (UNICEF, CARE, Save the Children, PLAN, JICA, AusAid).

In order to carry out community pneumonia management, FCHVs are often divided into two groups, treatment FCHVs and referral FCHVs. Both receive the same two phases of training on diagnosis of pneumonia using a timer, recognition of danger signs, advice on home treatment in the absence of serious disease and filling out of referral forms if the child has severe disease. Treatment FCHVs also receive cotrim with which to treat uncomplicated pneumonia.

Unlike as in other parts of the survey, the number of pneumonia treatments by FCHVs could be checked against the FCHV's records at the time of the survey. Fifty-seven percent of treatment FCHVs provided information on pneumonia treatments from their records and 43 percent from memory. Those who reported from memory did not report higher rates than those who reported from records, so we expect that pneumonia treatment rates are not as liable to over-estimation as many other rates in this survey. Only about a quarter of FCHVs had records for their referrals for sick children, and these showed a higher rate among those without record books, so these rates may have been overestimated.

The national FCHV survey looks at the question of the extent of FCHVs contribution to the treatment of childhood pneumonia in Nepal and referral of seriously ill children, whether there are differences between NFHP supported and other districts, and the impact of the system of treatment and referral FCHVs.

Commodities: There are seven commodities associated with community pneumonia treatment. The most essential are pediatric cotrim to treat pneumonia and a special timer that allows the FCHV to count the child's respirations without having to look at a watch at the same time. A treatment book is used to record children treated for pneumonia and a referral book for children with serious illness who are referred. Finally there are three job aide cards, one for classification of children, one for home treatment of minor illnesses and one with the

cotrim dosing schedule. All materials combine pictures and text so they can be used by illiterate FCHVs (Figure 6.1).

In terms of commodities (Table 6.1), the NFHP supported districts do better at providing cotrim (87 percent versus 79 percent) but there is little difference in the percentages having a treatment book (97 percent each). NFHP supported districts are somewhat lower for all other commodities. The situation for ARI timers is worrisome, with 84 percent of NFHP district treatment FCHVs having a working timer versus 92 percent of other district treatment FCHVs. Referral FCHVs also need a timer, if only to make a diagnosis prior to referring, but about a quarter do not have one that is working. The situation for the referral book and job aide cards is similar, with 80-90 percent of FCHVs having these items and higher coverage in non-NFHP districts.

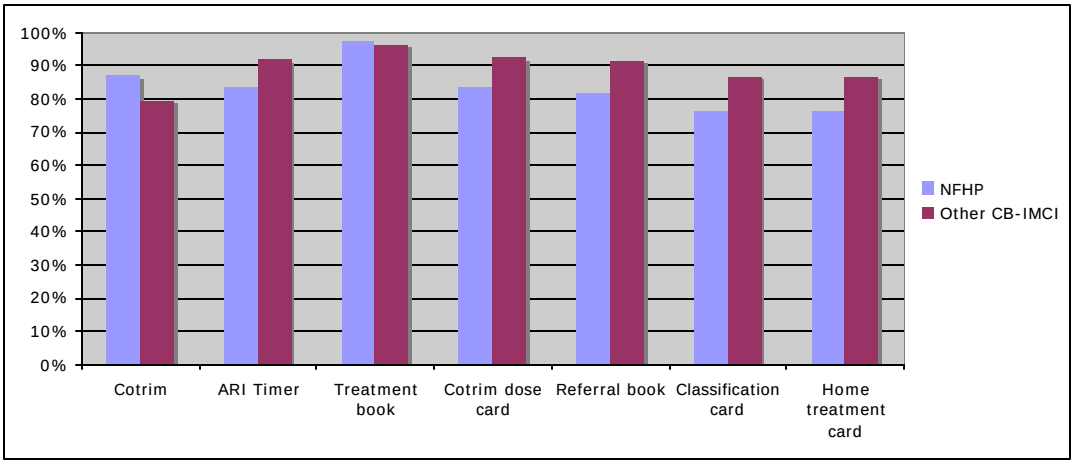
Table 6.1: Goods for Community Pneumonia Treatment

	All CB-IMCI	NFHP	Other CB-IMCI
Districts	33	17	16
Treatment FCHVs			
- Cotrim (%)	83	87	79
- ARI timer (%)	88	84	92
- Treatment book (%)	97	97	96
- Cotrim dose card (%)	88	84	92
All FCHVs			
- ARI timer (%)	80	73	90
- Referral book (%)	86	82	92
- Classification card (%)	81	77	87
- Home therapy card (%)	81	77	87

NFHP appears to focus its attention on the most critical commodity (cotrim) and not on less critical ones (e.g. job aides). NFHP does recognize the need to replace or repair timers as they wear out, but as of the time of the survey, they were falling behind in this task. Replacement of treatment books (and even referral books) was going better. NFHP districts have had the community pneumonia treatment program longer on average and there may be a gradual loss of some goods over time.

Among the individual districts, Nuwakot stands out as having the worst supply situation (Annex Table 6.1). Only 34 percent of treatment FCHVs have cotrim and only 42 percent have a working ARI timer. This district has not had an external supporting agency for several years.

Figure 6.1: Goods for Community Pneumonia Treatment



Note: First four items are with reference to treatment FCHVs only, next three are with reference to all FCHVs.

ARI Cases Seen: Eighty-eight percent of all FCHVs reported examining children with ARI in the past six months. The mean number of children seen (among those who saw anyone) was 14. Treatment FCHVs were on average somewhat busier than referral FCHVs (seeing 16 children on average versus 10). On a population basis the FCHVs saw about 39 cases of ARI per 100 children per year. This is only a fraction of the total expected cases of ARI in the community.

The 2006 NDHS provides independent evidence of where children with ARI go for service, as reported by families (Table 6.1). The total number of children with recent ARI was only 277, so the figures are subject to some random variation and interpretation should be cautious. Families were prompted to indicate whether they saw an FCHV, but not for other providers. About one-third of children in Nepal with ARI symptoms do not receive any treatment, about one-third receive private sector treatment (since about two-thirds of pharmacy visits are, in effect, private clinic visits, with the child examined), and about one-third receive public sector treatment (including FCHVs). FCHVs see eight percent of all ARI cases. In CB-IMCI districts, which cover over half the national population, there is an increase in use of FCHVs, but not as large as might be expected (they see 10 percent of all cases). In rural areas of the 17 NFHP supported districts (all of which are in the CB-IMCI program) FCHVs see 13 percent of all cases of ARI, compared to 17 percent for government facilities.

Under the CB-IMCI program it has been consistently reported that community health workers (which includes FCHVs, MCHWs and VHWs) treat slightly more pneumonia cases than the regular curative staff at the health facility. We would expect this to be reflected in the proportion of children with ARI seeing FCHVs compared to those seen at government facilities. In fact, for NFHP districts the ratio is close (17 percent at a government facility compared with 13 percent by FCHVs). The imbalance could be accounted for by the fact that from the family's perspective MCHW and VHW treatments belong on the facility side. For CB-IMCI districts as a whole, this ratio is further off (19 percent facility vs. 10 percent FCHV) and is more difficult to explain. Alternative explanations could be that FCHVs see more serious cases of ARI than health facilities or that they over-diagnose ARI as pneumonia more often than health facilities.

There is a large decline in cases not receiving treatment in CB-IMCI districts (28 percent versus 41 percent). This appears to be primarily due to a much higher rate of private sector visits in the Terai, where nearly all districts are in the CB-IMCI program. The increased rate of FCHV visits under CB-IMCI may also may a small contribution.

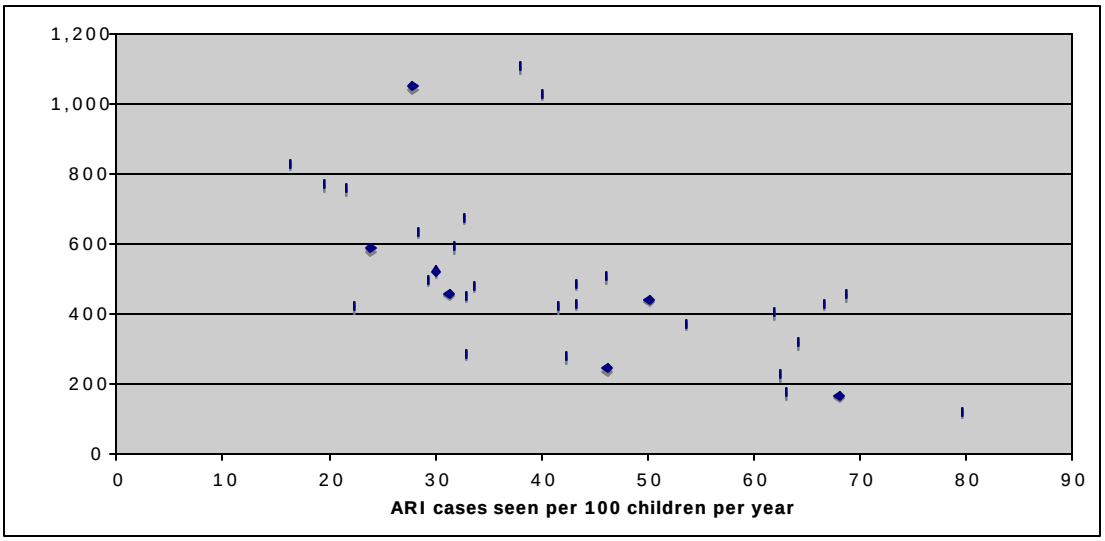
Table 6.2: Treatment of Childhood ARI in Nepal (DHS 2006)

	Nepal	Not CB-IMCI	CB-IMCI	NFHP (rural)
Districts	75	42	33	17
Number of ARI cases	277	120	157	79
Government Hospital (%)	8	9	8	7
Government facility (PHC/HP/SHP/OCR) (%)	20	21	19	17
FCHVs (%)	8	7	10	13
Private/NGO clinic (%)	17	13	21	21
Pharmacy (%)	2	15	32	34
No treatment (%)	34	41	28	29

Note: Some children went to more than one source of care.

ARI Cases Seen Versus FCHV/Population Ratio: There is a modest association of rate of seeing ARI cases in the population and the ratio of FCHVs to population (Figure 6.2). This suggests that FCHVs with smaller catchment areas see a larger proportion of sick children. The three districts with a high population to FCHV ratio (Jhapa, Morang and Chitwan) on the top of the figure, are far from the general trend line, are supported by NFHP, and have exceptionally active FCHVs.

Figure 6.2: Rate of Seeing Children with ARI vs. Population to FCHV Ratio for 33 Districts



Pneumonia Treatments: All trained FCHVs record the number of children they see with acute respiratory illness (cough, with or without fever or rapid breathing). Treatment FCHVs treat children between the ages of 2 months and 5 years who have simple pneumonia (based on respiratory rate), and all FCHVs refer children with symptoms of severe disease.

On average, each FCHV treated seven children for pneumonia in the six months prior to the survey, or just over one per month per FCHV. Thirteen percent of treatment FCHVs are inactive (they have not treated a child for pneumonia in six months). However most FCHVs who have been trained do treat pneumonia and they account for the bulk of all treatments. A small percent of FCHVs have become particularly popular and treat more than one child per week (Table 6.3).

Table 6.3: Pneumonia treatments in the six months prior to the survey

Particulars	% of Treatment FCHVs	% of Total Treatments
None	13	0
Less than one/month	43	19
One/month to one/week	41	66
More than one/week	3	15

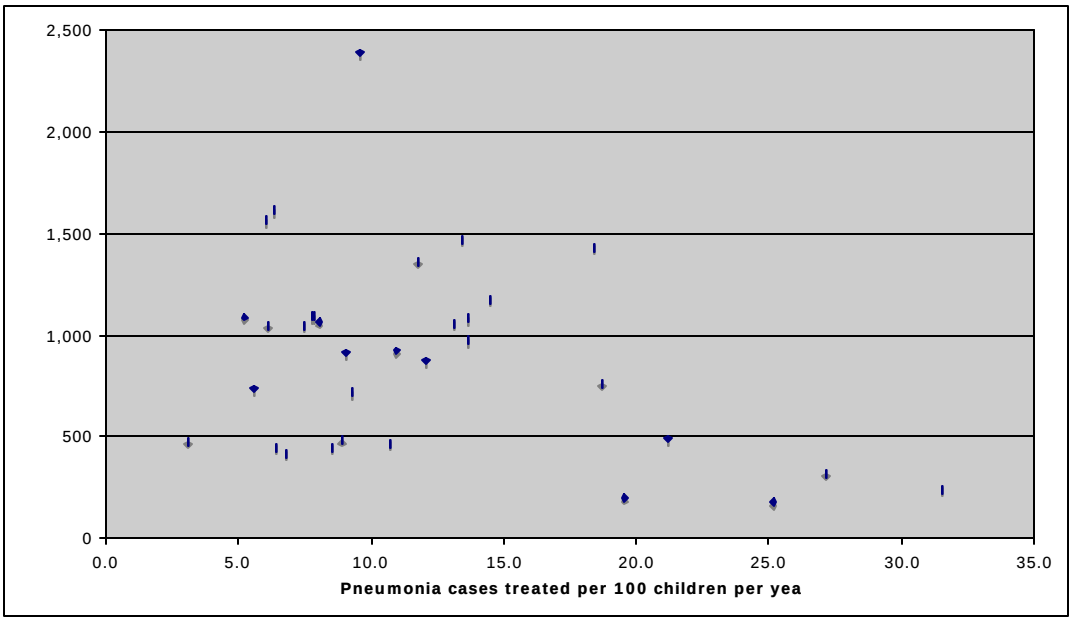
When looked at on a population basis, FCHVs provided about 11 pneumonia treatments per 100 child years. This is about one-third of the 30 per 100 estimated cases of pneumonia in children under age five in Nepal and corresponds to estimates of pneumonia cases treated under the CB-IMCI from routine reports. This community-based rate of treatment is a bit larger than that of government health facility treatments in CB-IMCI districts. The addition of community-based treatment therefore doubles the proportion of childhood pneumonia that is treated by the public sector in Nepal, and together they appear to treat two-thirds of expected childhood pneumonia cases.

If the public sector treats two-thirds of pneumonia cases in CB-IMCI districts, then the private sector could treat at most only one-third (assuming that none go untreated). This is not consistent with the observation that private sources treat more ARI in CB-IMCI districts than public sources (Table 6.3 above). It could be that the actual rate of pneumonia is higher than estimated, that more serious ARI cases tend to go to the public sector, or that the public sector over-diagnoses pneumonia in ARI, which inflates their contribution to total pneumonia care.

Pneumonia – Inability to Treat: FCHVs were asked whether a lack of cotrim had kept them from treating children in the past six months. Altogether nine percent of potential treatments were prevented by lack of this supply. This was particularly a problem in Nuwakot, where 62 percent of potential treatments were prevented by lack of supplies. In four other districts between 20 percent and 26 percent of treatments were prevented (Dhankuta, Makwanpur, Rupandehi and Bajura) (Annex Table 6.3).

Pneumonia Treatment and FCHV/Population Ratio: The survey looked at the impact of average population to treatment FCHV ratio on pneumonia treatment rates (Figure 6.3). This shows some trend, which may show that FCHVs on average do not cover large propulations as well as small populations. However some of the districts with the lowest population ratios and highest rates of treatment are in mountain areas, which may simply have higher rates of pneumonia rather than better case finding. The same relationship was examined by dividing FCHVs according to households in their catchment areas, and again a strong trend was found of higher treatment rates for small catchment populations. However, it is known that FCHVs can and do easily treat children from outside their official work areas, which would also contribute to this finding. Overall, there is some evidence of decline in FCHV performance with larger populations, but the picture is not as clear as it was for ARI.

Figure 6.3: Pneumonia Cases Treated



Referral of Children Age Two Months to Five Years: Both treatment and referral FCHVs refer children who they cannot manage themselves. In the case of treatment FCHVs these

children have complications in addition to simple pneumonia, while in the case of referral FCHVs children with simple pneumonia are mixed in, and may be referred either to health facilities or to a treatment FCHV. Overall, 59 percent of FCHVs reported making at least one referral in the past six months and FCHVs made an average of 2.5 referrals. For treatment FCHVs there appears to be about four cases of pneumonia that they treat themselves for each case referred (Table 6.4).

Referral of Sick Newborns (age less than two months): Forty-two percent of FCHVs reported referring a sick newborn in the six months prior to the survey, and FCHVs averaged 2.4 such referrals per year. This rate would imply that about 17 percent of expected births per year are referred. Even if this rate is somewhat over-estimated, it demonstrates that identification and referral of sick newborns is already part of what FCHVs expect to do under CB-IMCI. Pilots that improve sick newborn care (such as the MINI program in Morang) can build on this existing system

Summary of CB-IMCI Care: The management of children with acute respiratory or other illnesses in the community by FCHVs in the 33 CB-IMCI districts is shown in Table 6.4.

Table 6.4: Summary of CB-IMCI Care Per FCHV

	Per FCHV-year
ARI cases seen	25
Pneumonia cases treated	14.0*
Severe disease referred (age 2 months to 5 years)	5.0
Newborns referred (age < 2 months)	2.4

Note: Assumes that annual rates are twice six-month rates.

* Treatment FCHVs only

Comparison of Treatment and Referral FCHVs: The number of treatment and referral FCHVs (and the number who have not yet been trained since they are new FCHVs) is given in Annex Table 6.4. During the CB-IMCI program implementation, the custom allowing five FCHVs out of nine in a VDC to treat pneumonia was started while four would become referral FCHVs who could diagnose, but not treat. This was based on the assumption that some FCHVs might not feel confident actually treating. However, in other districts all FCHVs were trained. Finally, in some population based districts, only five treatment FCHVs were allowed per VDC, even if the VDC had many more than nine FCHVs. This has resulted in a patchwork of different models.

From Table 6.5 it is clear that nearly the same proportion of treatment FCHVs actually treat pneumonia regardless of which category they are in. Thus, the original justification for having referral FCHVs does not appear to hold. About nine in ten FCHVs trained to treat pneumonia will do so, and selecting only a portion to train does not appear to change this substantially.

Table 6.5: Districts by Proportion of Treatment FCHVs

	All treatment	Mixed	Low treatment
Districts	10	18	5
Percentage treatment FCHVs among all FCHVs	91	55	32
Percentage of treatment FCHVs who treated pneumonia in six months prior to survey	88	89*	94
Population per treatment FCHV	668	880	1,357
Population per FCHV (all FCHVs)	607	483	438

* Nuwakot was excluded because low rates of treatment are due to lack of cotrim

Note: Not all FCHVs are treatment FCHVs in the first category due to new FCHVs who are not yet trained.

For the 20 districts with reliable data on households per FCHV, rates of services were compared for treatment and referral FCHVs. Results for individual districts were similar to the summary results presented in Table 6.6. Overall, referral FCHVs have lower levels of activity than would be expected based on their catchment populations. They see fewer children with ARI and make fewer referrals for children aged 2 months to 5 years (considering that their referrals also include children with simple pneumonia). They do not show any difference in newborn referrals. This may be because, since they cannot offer treatment for pneumonia, they are less attractive to the community as a source of care.

Table 6.6: Comparison of Treatment and Referral FCHV Activities (20 districts)

	Treatment FCHVs	Referral FCHVs
Average households/FCHV	126	131
ARI cases seen	16	10
Pneumonia treatments	6.7	NA
Referrals: 2 months to 5 years	1.7	3.2
Referrals: newborns <2 months	1.3	1.7

Note: Numbers are all for six months prior to survey.

Along with evidence that population to FCHV ratios influence coverage of ARI and pneumonia treatments, the lower level of activity of referral FCHVs suggests that there may be little reason to maintain the practice of having referral FCHVs in many districts. This may be particularly true in districts that have high population to treatment FCHV ratios (e.g. Jhapa, Mahotari, Rupandehi, Banke, Kailali), and in hill or mountain districts where geographic access is an issue and even low population to treatment FCHV ratios should be encouraged.

6.2 Diarrhea Care

FCHVs learn to provide ORS to children with diarrhea as part of their basic training and are expected to carry free ORS packets in their kits. These are to be re-stocked from the local health facility, which also provides free ORS. In the mid-1990s due to concerns that parents could not accurately measure one liter of water, an inexpensive standard "Blue Plastic Cup" for measuring water to make ORS was introduced. It was provided to FCHVs in a number of districts, but was not widely distributed to families.

The national survey showed that only 49 percent of FCHVs had ORS at the time of interview. In general, FCHVs in the 17 NFHP districts were much more likely to have ORS (average 69 percent, but some NFHP districts also had disappointing results). Several non-NFHP districts had high rates of ORS possession (e.g. Panchthar, Mustang, Rupandehi and Parbat) showing that adequate supplies can be assured outside of the NFHP project setting. Unlike for pills and condoms, nearly all FCHVs believe they should have ORS. Only 2 percent said that their lack of supply was because it was "Not needed/No clients" and 98 percent said it was due to "No supply/Stock out" (Annex Table 6.5).

Thirty-nine percent of FCHVs nationally have a Blue Plastic Cup. The rates are highest in the 17 NFHP supported districts (61 percent) and in the broader group of 33 districts who had completed the CB-IMCI/CBAC training (Annex Table 6.4).

Fifty percent of FCHVs report giving ORS for a diarrhea patient in the month prior to the survey. These FCHVs averaged 4.0 treatments each. However 40 percent of the persons treated were not in the under five years target age group. This appears to be the practice in

health facilities as well. The national HMIS report showed 2.7 million packets of ORS used by health facilities and just over half of these were also for older patients.

The total number of treatments reported by FCHVs in the survey appears to be two or more times higher than the rates reported through the HMIS. In the HMIS FCHVs were reported to have given out 0.8 million ORS packets in the year 2005/2006, but multiplying the monthly rate in the survey by 12 and the number of FCHVs would result in 2.3 million treatments annually (1.4 million among children under five years). Reasons for the discrepancy could be over-reporting by the FCHVs (e.g. including patients beyond one month in the past), under-reporting by the HMIS (the HMIS only includes about 80 percent of FCHV monthly reports) and seasonal factors (the FCHV survey started in high population districts during the rainy season, when diarrhea prevalence is high, although it finished during the dry season when prevalence is low).

The 2006 NDHS survey again provides an independent source of information on treatment of diarrhea (Table 6.7). The 2006 NDHS found that 12 percent of children had diarrhea in the two weeks prior to the survey. As with ARI, FCHVs treated about 9 percent of these children (with somewhat higher rates in CB-IMCI and NFHP districts). Fewer children were treated at private facilities and more children did not receive treatment compared to the pattern for ARI. Among children receiving any treatment almost a fifth were seen by FCHVs. The 2006 NDHS also found that 29 percent of children with diarrhea received ORS (and 41 percent received ORT)

Table 6.7: Treatment of Childhood Diarrhea in Nepal (DHS 2006)

	Nepal	Not CB-IMCI	CB-IMCI	NFHP (rural)
Districts	75	42	33	17
Number of diarrhea cases (%)	623	265	359	196
Government Hospital	4	4	5	4
Government facility (PHC/HP/SHP/OCR) (%)	15	14	15	17
FCHVs (%)	9	8	10	14
Private/NGO clinic (%)	6	4	8	6
Pharmacy (%)	25	14	32	42
No treatment (%)	49	58	42	33

Note: Some children went to more than one source of care.

The survey examined factors related to treatment of childhood diarrhea. The most obvious limitation is that if the FCHV does not have ORS, it is difficult to treat anyone with it. As seen in Table 6.8, 78 percent of FCHVs with ORS at the time of the survey had treated a patient in the month prior to the survey compared to only 24 percent of those without ORS.

Table 6.8: FCHVs Having ORS and Providing Diarrhea Treatments in the Past Month

		Treated anyone in the past month?		
		Yes	No	Total
Have ORS at the time of the survey?	Yes	2110 (78%)	598 (22%)	2708 (100%)
	No	671 (24%)	2147 (76%)	2818 (100%)

The survey also looked at treatments given and treatments per 1000 population according to the FCHVs catchment population (in the 47 districts with accurate information on households per FCHV). Table 6.9 shows that, even though FCHVs with larger catchment populations were more likely to have ORS on hand and treated more patients, there is still a rapid fall-off in treatments per 1000 population with increased catchment size.

Table 6.9: Diarrhea Treatments with ORS by FCHV Catchment Population

	Households per FCHV			
	<50	50-100	101-199	200+
Number of FCHVs	614	1,170	710	286
Percentage of FCHVs with ORS	40	52	58	66
Treatments per FCHV last month	1.3	2.0	2.3	3.7
Number of treatments per 1000 population (average) last month	37	27	17	12

Zinc therapy for Diarrhea: In 2006 zinc therapy for children with diarrhea was introduced in Parbat district prior to the FCHV survey, so questions were added to the survey regarding this pilot. The plan is to rapidly expand this therapy to FCHVs throughout Nepal.

Nearly all FCHVs interviewed in Parbat had received training in zinc treatment and had their zinc therapy card. All of them knew the correct dosing by age and 98 percent knew it should be taken for 10 days. Nearly all had a stock of zinc available (and because of the special program nearly all also had ORS). When asked what the purpose of zinc therapy was 94 percent spontaneously mentioned helping to cure an episode of diarrhea. Fifty-eight percent noted that it helped prevent future episodes (or 60 percent that it "makes the child healthy") and 17 percent said it works like vitamin A to strengthen the child.

Forty-eight percent of the FCHVs had given out zinc therapy in the past month to a mean of 2.3 children each, which is the same as the number of children under five years given ORS. This is important since zinc does not prevent or treat dehydration and so does not replace the need for ORS or ORT in diarrhea. It is also notable that the number of children treated is similar to other districts, showing that the availability of zinc treatments had not lead to a surge in children seeking treatments from FCHVs. Some patients age five and over were given ORS, as in other districts, but only one FCHV had given zinc to a child age five and over. Since zinc is only meant for children less than five, and is more expensive than ORS, it is important that the common practice of giving ORS to older individuals does not also occur with zinc. So far the data from Parbat are reassuring in terms of FCHV knowledge and practice related to zinc therapy in diarrhea.

6.3 Vitamin A and De-worming Mass Distribution Program

Nearly all FCHVs (98 percent) reported that they participate in the twice-annual distribution of vitamin A capsules to children age 6 months to five years and of deworming tablets to children age one to five years (Annex Table 6.6). The vitamin A capsules are distributed before each cycle, so vitamin A capsules that FCHVs carry on a daily basis are for the maternal care program rather than for children. The MOHP, with support from NTAG, ensures that nearly all FCHVs receive vitamin A in time for the regular distribution, often in spite of considerable difficulties.

The 2006 NDHS found vitamin A coverage of 90 percent and deworming coverage of 84 percent among target children. NTAG carried out a 25-cluster survey in several districts after each distribution round using a somewhat more intensive questioning method. The NTAG survey over the time period 2000-2006 covered 94 percent of Nepal's population (64 districts) and found 96 percent of the target population received vitamin A and 92 percent deworming tablets. By either measure Nepal has one of the best mass distribution programs in the world.

Other commodities associated with this program are not as critical. Overall, 81 percent of FCHVs have the vitamin A register, and this is less than 50 percent in a few mountain

districts (Annex Table 6.7). These figures are difficult to interpret since some health staff keep the vitamin A register at the health facility between cycles, and FCHVs may use other papers to track their distribution.

Only 60 percent of FCHVs have the nutrition flipchart that is supposed to be used to help provide health education during the distribution session. For FCHVs with less than five years of service only 32 percent have the flipchart, so part of the problem may be a lack of supplies among new FCHVs. Since FCHVs may use other materials for health education during distribution, this is not a critical loss. Also, NTAG has documented the steady improvement in household nutrition knowledge over the years of vitamin A distribution.

6.4 Routine Immunizations and Polio National Immunization Days

When asked if there is a routine immunization session that covers their ward, 91 percent of FCHVs said yes (see Annex Table 6.6). These sessions include both those done in outreach settings around the VDC and those at the health facility. Among FCHVs who reported that there is a regular clinic, 78 percent say that they attend the clinic to help out and the remainder state that they refer patients for EPI. EPI coverage rates have improved steadily in Nepal over the past 10 years and family acceptance and expectation for EPI has improved dramatically. The 2006 NDHS survey has shown that completed basic immunizations in children age 12-23 months has increased from 43 percent in 1996 to 83 percent in 2006. FCHVs reported that they are heavily involved in EPI services and so they have been at least one factor in improving attitudes and coverage.

Since 1996, Nepal has carried out periodic national immunization days to give polio immunizations to children under age five, with special extra campaigns in high-risk districts on the Indian border. Distributors are given a small allowance for going house to house to find and dose children. At first the program relied mostly on schoolteachers and other locally recruited persons, but later, in many districts FCHVs have become the main distributors. The survey asked FCHVs if they had ever served as a distributor for the polio program and 68 percent had, or about 32,000 rural FCHVs. Over 80 percent of FCHVs had participated in all but two of the Terai districts where mass polio distribution programs are the most frequent. In a number of districts it appears that a mix of FCHVs and others provide the drops and there are 14 districts (all in the hills or mountains) in which few FCHVs have participated, presumably because the original model is still followed.

Evaluations of the national polio immunization days have found very high rates of coverage, which has been important in reducing the importation of polio from the active endemic regions just over the border in India. FCHVs have proved effective as the major source of workers for this effort.

ANNEX – 1 STUDY TEAM

Technical and Administrative Staff

Dr. John C. Quinley
Principal Investigator

Mr. Nirakar Kumar Acharya
Project Director

Research Assistants

Mr. Kiran Lamechane, Sr. Research Assistant
Mr. Min Bahadur K.C., Research Assistant
Mr. Anil Aryal, Research Assistant
Mr. Naveen Lama, Research Assistant
Mr. Mahendra Dulal, Research Assistant

Sr. Data and Word Processing Staff

Mr. Rajendra Lal Dangol, Sr. Data Processing Officer
Ms. Sarita Baidya, Data Processing Officer
Ms. Shamila Prasai, Data Processing Officer

Ms. Geeta Shrestha-Amatya, Sr. Word Processor
Mr. Sanu Raja Shakya, Sr. Word processor

Administrative Support Staff

Mr. Kishor Shrestha
Ms. Niru Shrestha
Mr. Rajendra Kumar Shrestha
Mr. Raj Gopal Baidya
Ms. Ram Kumari Rijal

Data Entry Operators and Data Editors

Mr. Babu Raja Dangol
Ms. Deepa Shakya
Ms. Nitu Satyal
Mr. Rajan Dangol
Ms. Sharada Dangol
Ms. Sushila Shrestha
Mr. Chandra Jonchhe
Mr. Gahandra Pradhan
Mr. Niraj Sharma
Ms. Nancy Nakarmi
Mr. Rabindra Pachhai
Ms. Shanshila Shrestha

Survey Team

Mr. Anuj Kunwar
Mr. Bal Krishna Pokhrel
Mr. Bhaba Prasad Devkota
Mr. Bhisma Niraula
Mr. Bhupendra Kumar Katwal
Mr. Bijaya Raj Sharma
Mr. Bikkim Shrestha
Mr. Bishal Amatya
Mr. Bishal Chapagain
Mr. Bishnu Bahadur Mahara
Mr. Chuda Mani Subedi
Mr. Dev Bahadur Dangi
Mr. Devi Sangroula
Mr. Dhanendra Roka
Mr. Dinesh Luitel
Mr. Durga Nath Maraseni
Mr. Durga Prasad Acharya
Mr. Durga Prasad Phuyal
Mr. Ghan Bahadur Saud
Mr. Giri Raj Subedi
Mr. Govinda Rimal
Mr. Guna Prasad Bhattarai
Mr. Guna Raj Devkota
Mr. Guru Prasad Khatiwada
Mr. Himanshu Panta
Mr. Ishwar Acharya
Mr. Janak Chand Balan Chhettri
Mr Jaya Bahadur Bohara
Mr. Jibesh Dulal
Mr. Jitendra Lama
Mr. Jivan Rajbhandari
Mr. Jyoti Gurung
Mr. Kailash Awasthi
Mr. Kamal Timsina
Mr. Keshav P. Chaudhary
Mr. Keshav Raj Bhatta
Mr. Kiran Raj Dahal
Mr. Krishna Kumar Shrestha
Mr. Kushal Bhatta
Mr. Lal Bahadur Thapa
Mr. Laxman Poudel
Mr. Man P. Tamang
Mr. Mani Raj Lama
Mr. Madan Kumar Bhujel
Mr. Mohan Singh Dhami
Mr. Nabaraj Poudel
Mr. Naba Raj Tiwari
Mr. Nanda P. Ojha
Mr. Nani Ram Aryal
Mr. Naveen Kumar Chaudhary
Mr. Om Kumar Sedhai
Mr. Om Prakash Lamichhane
Mr. Padam Phuyal
Mr. Pancha Maharjan
Mr. Pawan K. C.
Mr. Phadindra Nepal
Mr. Pradeep Dahal
Mr. Prahlaadh Mainali
Mr. Prem Chandra Jayaswal
Mr. Rajendra Chapagain
Mr. Rajendra Neupane
Mr. Raman Dutta Neupane
Mr. Rajesh Prasad Sharma
Mr. Ramji Prasad Devkota
Mr. Rishi Ram Pokharel
Mr. Rupak Shahi
Mr. Sabin Karki
Mr. Santosh G. C.
Mr. Saroj Adhikary
Mr. Shankar Prasad Neupane
Mr. Shanu Bhai Thapa
Mr. Shreedhar Upadhyaya
Mr. Shreeedhar Subedi
Mr. Shyam Krishna Adhikari
Mr. Som Deep Thapaliya
Mr. Subash Acharya
Mr. Subash Chandra Pokhrel
Mr. Suman Pathak
Mr. Sushil Kumar Sawod
Mr. Suresh Devkota
Mr. Surendra Lamsal
Mr. Thakur Prasad Poudyal
Mr. Tika Ram Kharel
Mr. Tilak Raj Sharma
Mr. Tirtha Gautam
Mr. Yuva Raj Ghimire

ANNEX - 2

August 03, 2006

NEPAL FAMILY HEALTH PROGRAM
FCHV QUESTIONNAIRE, 2006

IDENTIFICATION	
NAME AND CODE OF DISTRICT _____……	☐☐
NAME AND CODE OF VDC _____……	☐☐☐
WARD NUMBER	☐
FCHV SERIAL NUMBER	☐☐☐
NAME OF FCHV _____	

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY ☐☐ MONTH ☐☐ YEAR 2 0 6 3
INTERVIEWER'S NAME	_____	_____	_____	INT.CODE ☐☐
RESULT**				RESULT ☐
NEXT VISIT: DATE	_____	_____		TOTAL NO. OF VISITS ☐
TIME	_____	_____		

**RESULT CODES:

1	COMPLETED
2	NO FCHV AT HOME AT TIME OF VISIT (3 ATTEMPTS MADE)
3	FCHV ABSENT FOR EXTENDED PERIOD OF TIME
4	REFUSED
5	FCHV DIED OR NO LONGER IN SERVICE
6	NOT ALLOWED/ NOT SECURED
7	OTHER (SPECIFY)

FIELD EDITOR	OFFICE EDITOR	KEYED BY

INTERVIEWER VISITS		
NAME : _____ ☐☐ DATE : _____	☐☐	☐☐

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

READ THE FOLLOWING GREETING:

Hello, my name is _____. I am from New ERA, a private research agency working in collaboration with the Ministry of Health and Population. We are carrying out a survey of Female Community Health Volunteers who provide services to women and children in Nepal, with the goal of finding ways to improve service delivery. We would like to talk with you about the health services that you provide and your experience in providing such services. Please be assured that the information we collect is completely confidential and is not identified with your name specifically. We are asking for your help to ensure that the information collected is accurate.

Do you have any questions for me? Do I have your agreement to participate?

_____ _____

INTERVIEWER'S SIGNATURE DATE

(Indicating respondent's willingness to participate)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

First, I would like to talk to you about your supplies and other items that you use when you provide health services.

	01 Do you have (ITEM) available?	02 May I see (ITEM)?	03 Why do you not have (ITEM)?
a. Condoms?	YES..... 1 NO..... 2 → GO TO Q.03	OBSERVED.....1 NOT OBSERVED.....2 (SKIP TO NEXT ITEM)	DON'T NEED/NO CLIENTS.....1 NO SUPPLY/STOCKOUT.....2 REFERRAL FCHVS.....3
b. Oral pills?	YES..... 1 NO..... 2 → GO TO Q.03	OBSERVED.....1 NOT OBSERVED.....2 (SKIP TO NEXT ITEM)	DON'T NEED/NO CLIENTS.....1 NO SUPPLY/STOCKOUT.....2
c. Cotrimoxazole-Pediatric? (Treatment FCHV only)	YES..... 1 NO..... 2 GO TO Q.03 NON CB-IMCI DISTRICTS……7 NEXT ITEM	OBSERVED.....1 NOT OBSERVED.....2 (SKIP TO NEXT ITEM)	DON'T NEED/NO CLIENTS.....1 NO SUPPLY/STOCKOUT.....2 REFERRAL FCHVS.....3
d. ORS packet?	YES..... 1 NO..... 2 → GO TO Q.03	OBSERVED.....1 NOT OBSERVED.....2 (SKIP TO NEXT ITEM)	DON'T NEED/NO CLIENTS.....1 NO SUPPLY/STOCKOUT.....2
e. Iron pills ?	YES..... 1 NO..... 2 NEXT ITEM	OBSERVED.....1 NOT OBSERVED.....2	
f. Vitamin A capsules?	YES..... 1 NO..... 2 → NEXT ITEM	OBSERVED.....1 NOT OBSERVED.....2	
g. Vitamin A register?	YES..... 1 NO..... 2 → NEXT ITEM	OBSERVED.....1 NOT OBSERVED.....2	
h. Vitamin A and nutrition flipchart?	YES..... 1 NO..... 2 → NEXT ITEM	OBSERVED.....1 NOT OBSERVED.....2	
i. Pneumonia Treatment book?	YES.....1 NO.....2 REFERRAL FCHVS..... ….3 NON CB-IMCI DISTRICTS……7 NEXT ITEM	OBSERVED.....1 NOT OBSERVED.....2	
j. Pneumonia Referral book?	YES..... 1 NO..... 2 NON CB-IMCI DISTRICTS……7 NEXT ITEM	OBSERVED.....1 NOT OBSERVED.....2	
k. ARI timer?	Yes (working)..... 1 Yes (not working)..... 3 No..... 2 NON CB-IMCI DISTRICTS……7 NEXT ITEM	OBSERVED.....1 NOT OBSERVED.....2	
l. ARI Classification card?	YES..... 1 NO..... 2 REFERRAL FCHVS…..3 NON CB-IMCI DISTRICTS……..7 NEXT ITEM	OBSERVED.....1 NOT OBSERVED.....2	
m. Cotrim dose card? (Treatment FCHV only)	YES..... 1 NO..... 2 REFERRAL FCHVS…..3 NON CB-IMCI DISTRICTS……7 NEXT ITEM	OBSERVED.....1 NOT OBSERVED.....2	

NO.	QUESTIONS AND FILTERS		CODING CATEGORIES	SKIP
	n. ARI Home therapy card?	YES..... 1 NO..... 2 NON CB-IMCI DISTRICTS.....7 NEXT ITEM	OBSERVED.....1 NOT OBSERVED.....2	
	o. Blue plastic cup?	YES..... 1 NO..... 2 → NEXT ITEM	OBSERVED.....1 NOT OBSERVED.....2	
	p. Iodine	YES..... 1 NO..... 2 → NEXT ITEM	OBSERVED.....1 NOT OBSERVED.....2	
	q. Gentian Violet (G.V)	YES..... 1 NO..... 2 → NEXT ITEM	OBSERVED.....1 NOT OBSERVED.....2	
	r. Basic FCHV flipchart?	YES..... 1 NO..... 2 → NEXT ITEM	OBSERVED.....1 NOT OBSERVED.....2	
	s. FCHV register? (Ward Register)	YES..... 1 NO..... 2 → NEXT ITEM	OBSERVED.....1 NOT OBSERVED.....2	
	t. FCHV Sign board	YES..... 1 NO..... 2 → NEXT ITEM	OBSERVED..... 1 NOT OBSERVED 2	
	u. An FCHV Manual	YES (OLD).....1 YES (NEW, dated 2060) ..... 3 NO..... 2 → QUE 04	OBSERVED (OLD).....1 OBSERVED (NEW)..... 3 NOT OBSERVED 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
04	How old were you on your last birthday?	AGE IN COMPLETED YEARS ☐☐	
05	Have you ever attended school?	YES .....1 NO .....2 → 08	
06	What is the highest grade you completed?	GRADE ..... ☐☐	
07	CHECK 06: GRADE 5 OR BELOW ☐↓ GRADE 6 AND ABOVE ☐ → 09		
08	Now I would like you to read out loud as much of this sentence as you can. SHOW CARD TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL.....1 ABLE TO READ ONLY PARTS OF SENTENCE .....2 ABLE TO READ WHOLE SENTENCE.....3 NO CARD WITH REQUIRED LANGUAGE 4 (SPECIFY LANGUAGE)	
09	What is your caste? WRITE CASTE IN SPACE AND FILL THE BOX CODE AS PER THE SHEET OF CATE PROVIDED.	_____ ☐☐ CASTE	
10	How many years have you worked as an FCHV? RECORD RESPONSE IN COMPLETED YEARS. IF LESS THAN ONE YEAR RECORD '00'.	YEARS..... ☐	
11	In the last week, how many days did you work as an FCHV?	DAYS..... ☐	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
12	On average, on the days you work, how much time a day do you spend doing FCHV work?	HOURS ..... 1 ☐☐ MINUTE..... 2 ☐☐	
13	Considering your work as an FCHV and the time you spend on this work, would you be interested in spending the same amount of time, more time, or less time on work as an FCHV?	SAME AMOUNT OF TIME..... 1 MORE TIME ..... 2 LESS TIME..... 3	
14	What are your main sources of information on health issues? Probe: Any others? **MULTIPLE ANSWERS POSSIBLE**	RADIO..... A FCHV MEETINGS/TRAININGS ..... B SUPERVISOR ..... C OTHER HEALTH PROVIDERS..... D OTHER FCHVS ..... E HEALTH FACILITIES ..... F TELEVISION. ..... G NEWSPAPER. ..... H OTHER _____ Y (SPECIFY)	
15	When was the last time your supervisor contacted you to talk about work? FILL IN BOXES FOR ONE ROW ONLY, AND CIRCLE THE CODE THAT APPLIES TO THAT ROW.	DAYS AGO ..... 1 ☐☐ WEEKS AGO ..... 2 ☐☐ MONTHS AGO ..... 3 ☐☐ YEARS AGO ..... 4 ☐☐ NEVER..... 995 DON'T KNOW..... 998	
16	In the last month, have you given information on the number and types of services you have provided as an FCHV to your supervisor or someone at the health facility?	YES ..... 1 NO 2	
17	When was the last time, if any, that you were visited by a person other than someone from your local health facility or VDC who talked to you individually about your work as an FCHV? **FILL IN BOXES FOR ONE ROW ONLY, AND CIRCLE THE CODE THAT APPLIES TO THAT ROW.**	DAYS AGO ..... 1 ☐☐ WEEKS AGO ..... 2 ☐☐ MONTHS AGO ..... 3 ☐☐ YEARS AGO ..... 4 ☐☐ NEVER..... 995 DON'T KNOW..... 998	
18	When is the last time you went to the health facility for an FCHV meeting? **FILL IN BOXES FOR ONE ROW ONLY, AND CIRCLE THE CODE THAT APPLIES TO THAT ROW.**	DAYS AGO ..... 1 ☐☐ WEEKS AGO ..... 2 ☐☐ MONTHS AGO ..... 3 ☐☐ YEARS AGO ..... 4 ☐☐ NEVER..... 995 DON'T KNOW..... 998	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
19	When is the last time you went for meetings or trainings as an FCHV for which you were paid an allowance? **FILL IN BOXES FOR ONE ROW ONLY, AND CIRCLE THE CODE THAT APPLIES TO THAT ROW.**	DAYS AGO .....1 ☐☐ WEEKS AGO .....2 ☐☐ MONTHS AGO .....3 ☐☐ YEARS AGO .....4 ☐☐ NEVER .....995 → 21 DON'T KNOW.....998	
20	When you went for this meeting/training, did someone from outside your health facility or VDC participate?	YES .....1 NO .....2 DON'T KNOW.....8	
21	Do you have a radio in the house?	YES .....1 NO .....2 → 23	
22	How often do you get to choose what is listened to on the radio in your house: always, often, sometimes, rarely or never?	ALWAYS .....1 OFTEN .....2 SOMETIMES .....3 RARELY .....4 NEVER 5	
23	Do you listen to the radio almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY .....1 AT LEAST ONCE A WEEK .....2 LESS THAN ONCE A WEEK .....3 NOT AT ALL 4	
24	How well do you understand the Nepali language when you hear it on the radio? Would you say well/easily, with some difficulty, with great difficulty, or cannot understand at all.	WELL/EASILY .....1 WITH SOME DIFFICULTY.....2 WITH GREAT DIFFICULTY.....3 CANNOT UNDERSTAND AT ALL.....4 DON'T KNOW/NA 8	
25	In the last six months, have you heard anything on the radio about child health or family planning?	YES .....1 NO 2	
26	In the last six months, have you heard the following programs on the radio: a) Sewa Nei Dharma Ho? b) Gyan Nei Shakti Ho? c) Jana Swastha Karyakram?	**YES NO** SEWA NEI DHARMA HO ..... 1 2 GYAN NEI SHAKTI HO .....1 2 JANA SWASTHA KARYAKRAM 1 2	
27	CHECK 26 a) YES ☐ ↓ NO ☐ → 30		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
28	Do you listen to Sewa Nei Dharma Ho regularly, sometimes or rarely?	REGULARLY.....1 SOMETIMES .....2 RARELY.....3	→ 30
29	Why do you not listen to Sewa Nei Dharma Ho more often? PROBE MULTIPLE ANSWERS POSSIBLE	PROGRAM IS NOT INTERESTING..... A LANGUAGE DIFFICULT TO UNDERSTAND..... B DO NOT HAVE TIME TO LISTEN..... C DO NOT KNOW WHEN THE SHOWS ARE BROADCAST..... D BROADCASTING TIME NOT APPROPRIATE..... E RADIO NOT WORKING.....F RECEPTION NOT CLEAR.....G OTHER _____ Y (SPECIFY)	
30	Have you ever received the newsletter" Hamro Kura" a bi-annually Publication?	YES .....1 NO 2	
31	Have you ever read the newsletter "Hamro Kura" a bi-annually publication?	YES .....1 NO 2	
32	Clients are more likely to understand and comply with an FCHV's recommendation if she has established good rapport with them. What do you think are the key things an FCHV should do to have good rapport with a client?	GREET CLIENT HOSPITABLY ..... .A SMILE, USE EYE CONTACT .....B LISTEN CAREFULLY .....C ASSURE CLIENT'S CONFIDENTIALITY .D ASK ABOUT CLIENT'S HEALTH PROBLEM'S .....E PROVIDE INFORMATION RELEVANT TO CLIENT'S NEEDS .....F TREAT CLIENT WITH RESPECT AND COURTESY .....G OTHER _____ Y (SPECIFY	
33	Is there an outreach clinic conducted regularly, that is, 6 or more times a year, that covers your ward? NOTE: 'REGULARLY MEANS 6 OR MORE TIMES A YEAR	YES ..... 1 NO 2	→ 35
34	What is your role as an FCHV in this clinic?	NO ROLE .....A REFER PATIENTS TO CLINIC.....B ATTEND THE CLINIC TO HELP .....C OTHER _____ Y (SPECIFY	
35	Is there an EPI clinic conducted regularly, that is, 6 or more times a year, that covers your ward?	YES ..... 1 NO 2	→ 37
36	What is your role as an FCHV during the routine immunization days?	NO ROLE .....A REFER PATIENTS TO CLINIC.....B ATTEND THE CLINIC TO HELP .....C OTHER _____ Y (SPECIFY	
37	Did you participate in the most recent vitamin A/ Deworming Tablet distribution in Baisakh of this year?	YES ..... 1 NO 2	
38	Have you ever given polio drops to children in your area as part of the national polio campaign?	YES ..... 1 NO 2	
39	Do you supply condoms to anyone?	YES ..... 1 NO 2	→ 41
40	How many people did you give condoms in the last one month?	NUMBER..... ☐☐☐ DON'T KNOW.....998	
41	Do you supply the contraceptive pill to anyone?	YES ..... 1 NO 2	→ 43
42	How many cycles of the pill did you distribute in the last one month?	NUMBER OF CYCLES ..... ☐☐☐ DON'T KNOW.....998	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
42A	How many women do you currently provide the pill to?	NUMBER ☐☐☐ DON'T KNOW 998	
43	Have you ever referred someone to start Depoprovera?	YES 1 NO 2 → 45	
44	How many women have you referred to start Depoprovera in the last 12 months?	NUMBER ☐☐☐ DON'T KNOW 998	
45	Have you ever referred someone for sterilization?	YES 1 NO 2 → 47	
46	How many women and men have you referred for sterilization in the last 12 months?	NUMBER ☐☐☐ DON'T KNOW 998	
47	Is it difficult to talk about family planning or reproductive health with men in your ward?	YES 1 NO 2	
48	In the last one month have you given ORS packets to anyone?	YES 1 NO 2 → 50	
49	Of the people you gave ORS packets to in the last one month: a. How many were children less than 5 years old? b. How many were children 5 years or older?	LESS THAN 5 YEARS ☐☐☐ DON'T KNOW 998 5 YEARS OR OLDER ☐☐☐ DON'T KNOW 998	
50	Have you given first aid to anyone in the last one month?	YES 1 NO 2 → 52	
51	How many people have you given fist aid to in the last one month?	NUMBER ☐☐☐☐ DON'T KNOW 998	
52	How many households are in the area you cover? (IF THE RESPONSE IS LESS THAN 20 OR MORE THAN 500 HOUSEHOLDS, PROBE TO CLARIFY THAT THE FCHV IS TALIKING ABOUT THE NUMBER OF FAMILIES, NOT THE POPULATION.)	NUMBER ☐☐☐ DON'T KNOW 998	
53	How many babies were born in the area you cover in the last 12 months? **IF NONE RECORD '000'**	NUMBER ☐☐☐ DON'T KNOW 998	
54	Do you provide counseling or advice to pregnant women?	YES 1 NO 2 → 57	
55	In the last 12 months how many pregnant women have you counseled?	NUMBER ☐☐☐ DON'T KNOW 998	
56	What is the caste/ethnic group for the last three pregnant women you have counseled in the past 12 months? **WRITE CASTE IN SPACE AND FILL THE BOX** **CODE AS PER THE SHEET OF CATE PROVIDED**	a ☐☐ b ☐☐ c ☐ DON'T KNOW 98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
57	What kinds of advice do you give to pregnant women about their pregnancy and delivery? **CIRCLE ALL THAT APPLY**	GO FOR ANTENATAL CHECKUPS ..... A GET TETANUS TOXOID SHOTS..... B TAKE IRON TABLETS ..... C ADVICE ON NIGHT BLINDNESS EATING ALBENDAZOLE TAB..... D DURING PREGNANCY..... E OTHER ADVICE ON ACTIVITIES DURING PREGNANCY..... F DANGER SIGNS THAT REQUIRE MEDICAL ATTENTION..... G USE A SKILLED BIRTH ATTENDANT ..... H MAKE PLANS OF TRANSPORTATION IN CASE OF EMERGENCIES..... I SAVE MONEY IN CASE OF EMERGENCY..... J EATING NUTRITIOUS FOOD ..... K DON'T KNOW..... X OTHER _____ Y (SPECIFY)	
58	What are the danger signs of pregnancy complications that require medical attention? CIRCLE ALL THAT APPLY	SEVERE HEADACHE ..... A BLURRED VISION/SWELLING OF HANDS OR FACE ..... B SEVERE LOWER ABDOMINAL PAIN..... C FAINTING OR SEIZURES..... D BLEEDING (VAGINAL)..... E DON'T KNOW..... X OTHER _____ Y (SPECIFY)	
59	In the last 12 months, have you provided iron tablets to pregnant women?	YES ..... 1 NO ..... 2 → 61 DON'T KNOW..... 8 → 61	
60	How many women have you provided iron tablets to in the last 12 months? **IF NONE RECORD '000'**	NUMBER ..... ☐☐☐ DON'T KNOW..... 998	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
61	In the last 12 months, have you been present at a birth?	YES .....1 NO 2	→ 63
62	How many births have you been present for in the last 12 months?	NUMBER ____ DON'T KNOW..... 998	
63	Do you work as a TBA?	YES .....1 NO 2	
64	Have you ever received training for TBAs?	YES .....1 NO 2	
65	Do you make visits to women in their homes after they have given birth?	YES .....1 NO 2	→ 67
66	For the most recent woman you visited at home, how long after birth did you make your first visit? Write '00' for less than one day.	DAY ____ DON'T KNOW..... 98	
67	What do you think should be used to cut the cord of a newborn baby? CIRCLE ALL THAT APPLIES PROBE: ANYTHING ELSE?	NEW/BOILED BLADE.....A USED BLADE..... B KNIFE..... C BOILED KNIFE .....D HASIYA..... .E BOILED HASIYA .....F KHUKURI .....G BOILED KHUKURI .....H SCISSORS.....I BOILED SCISSORS .....J OTHER _____ Y (SPECIFY) DON'T KNOW X	
68	What do you think should be put on a newborn baby's stump after the cord is cut? CIRCLE ALL THAT APPLIES PROBE: ANYTHING ELSE?	NOTHING..... A OIL..... B POWDER..... C ASH ..... .D SINDOOR..... .E OINTMENT/POWDER.....F DETTOL .....G JENTION VIOLET .....I OTHER Y (SPECIFY) DON'T KNOW X	
69	How soon after birth do you think a baby should be: a) wiped dry? b) wrapped up?	a. WIPED / b. WRAPPED IMMEDIATELY .....1 / .....1 BEFORE PLACENTA IS DELIVERED .....2 / .....2 WITHIN AN HOUR .....3 / .....3 SAME DAY .....4 / .....4 DON'T KNOW .....8 / 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
70	How soon after birth do you think a baby should be breastfed?	IMMEDIATELY .....1 WITHIN AN HOUR .....2 AFTER THE CHILD BATH .....3 AFTER 24 HRS. OF BIRTH .....4 OTHER _____ 5 (SPECIFY) DON'T KNOW 8	
71	How soon after birth do you think a baby should be bathed?	IMMEDIATELY .....1 WITHIN AN HOUR .....2 SAME DAY .....3 NEXT DAY OR AFTER.....4 DON'T KNOW 8	
72	In the last 12 months, have you provided vitamin A capsules to women after delivery?	YES .....1 NO .....2 DON'T KNOW.....8	→ 74
73	In the last 12 months how many women have you given vitamin A to after they gave birth?	NUMBER..... ☐☐☐ DON'T KNOW..... 998	
74	**SEE THE LIST OF CB-IMCI DISTRICT** **CBIMCI/CBAC DISTRICT** ..... ☐ OTHER DISTRICT	☐ →	78
74A	In some districts FCHVs have been trained to diagnose and treat childhood pneumonia. Have you ever been trained to diagnose or treat childhood pneumonia?	YES ..... 1 NO..... 2	→ 75
74B	Are you a treatment or referral FCHV for childhood pneumonia? By treatment I mean that you have been trained to give cotrim for pneumonia, and by referral I mean that you have been trained to diagnose pneumonia, but not to give cotrim yourself.	TREATMENT ..... 1 REFERRAL ..... 2 NEITHER..... 3 DON'T KNOW..... 8	→ 78
75	In the last 6 months have you examined any child with cough and cold?	YES ..... 1 NO..... 2	→ 77
76	How many children with cough and cold have you examined in the last six months? (observed/count tally marks in the treatment/referral book.) a. Can you tell the cast of the last three children under 5 years you have seen with ARI/Pneumonia. WRITE CASTE IN SPACE AND FILL THE BOX CODE AS PER THE SHEET OF CATE PROVIDED	NUMBER..... ☐☐☐ DON'T KNOW.....998 _____1 ,☐☐ _____2. ☐☐ _____3. ☐☐ DON'T KNOW.....998	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

			SOURCE OF INFORMATION	
			FCHV TREATMENT BOOK/REFERRAL BOOK	FCHV
	CHECK FCHVS PNEUMONA TREATMENT/AND OR REFERRAL BOOK REGISTER. IF THESE ARE NOT AVAILABLE ASK FCHV TO ESTIMATE. RECORD NUMBER AND CIRCLE APPROPRIATE SOURCE OF INFORMATION. Q77 A & B APPLIES FOR BOTH TYPES OF FCHVS (TREATMENT/REFERRAL, QUESTION 77C & D ARE FOR TREATMENT FCHV ONLY).			
77	a) In the last 6 months, how many children less than two months of age have you referred for treatment? (observed/count in the referral book.)	NUMBER..... ☐☐☐ DON'T KNOW.....998	1	2
	b) In the last 6 months, how many children two months to five years of age have you referred for treatment? CHECK Q.74B AND ASK ONLY IF CODE 1 CIRCLED. IF CODE 1 NOT CIRCLED SKIP TO Q. 78.	NUMBER..... ☐☐☐ DON'T KNOW.....998	1	2
	c) In the last 6 months, how many children two months to five years of age with pneumonia have you treated? (observed/count in the treatment book.)	NUMBER..... ☐☐☐ DON'T KNOW 998	1	2
	d) In the last 6 months, how many children two months to five years of age with pneumonia were you not able to treat because you did not have cotrim? **IF NONE RECORD 'OOO'**	NUMBER..... ☐☐☐ DON'T KNOW.....998	1	2

78	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES .....1 NO.....2	→ 86
79	Can people reduce their chances of getting the AIDS virus by having just one uninfected sex partner who has sexual intercourse with no other partners?	YES .....1 NO.....2 DON'T KNOW.....8	
80	Can people get the ADS virus from mosquito bites?	YES .....1 NO.....2 DON'T KNOW.....8	
81	Can people reduce their chance of getting the AIDS virus by using a condom every time they have sex?	YES .....1 NO.....2 DON'T KNOW.....8	
82	Can people get the AIDS virus by sharing food with a person who has AIDS?	YES .....1 NO.....2 DON'T KNOW.....8	
83	Is it possible for a healthy looking person to have the AIDS virus?	YES .....1 NO.....2 DON'T KNOW.....8	
84	In your work as an FCHV, do you provide information to anyone in your community about HIV/AIDS	YES .....1 NO.....2	→ 86
85	When was the last time you remember counseling anyone in your Community about HIV/AIDS? **FILL IN BOXES FOR ONE ROW ONLY, AND CIRCLE THE CODE THAT APPLIES TO THAT ROW.**	DAYS AGO .....1 ☐☐ WEEKS AGO..... 2 ☐☐ MONTHS AGO .....3 ☐☐ YEARS AGO.....4 ☐☐ NEVER .....95 DON'T KNOW.....98	
86	Do you conduct mothers' group meetings to discuss health matters?	YES .....1 NO.....2	→ 89

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
87	How many women usually attend your mothers' group meetings?	NUMBER ..... ☐☐☐ ..... DON'T KNOW 998	
88	In the last 12 months, how many times did you meet?	NUMBER OF TIMES ..... ☐☐☐ DON'T KNOW 998	
89	In the past year, has your local community or VDC provided you as an FCHV:	YES / NO / DON'T KNOW	
	a) Support fr om your mother's group to carry out your work?	1 / 2 / 8	
	b) Cash payments or allowances for attending meetings (not including regular government payments for refresher meetings or for polio immunization days)?	1 / 2 / 8	
	c) In-kind incentives like a sari, bicycle or other items?	1 / 2 / 8	
90	**INSTRUCTION: SEE THE RECORD PROVIDED AND CIRCLE APPROPIRATE CODE**	ENDOWMENT FUND ESTABLISHED . 1 ENDOWMENT FUND NOT ESTABLISHED 2	
90A	Does your VDC have an endowment fund to support FCHV activities?	YES ..... 1 NO ..... 2 DON'T KNOW 8	→ 92
91	Have the FCHV's in your VDC used money from this fund anytime in the last 12 months?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
92	Do you know about the national FCHV day ?	YES ..... 1 NO 28	→ 94
93	Did you participate in the most recent national FCHV day?	YES(FCHV days 2006) ..... 1 YES (FCHV day 2005) ..... 3 NO ..... 2 DON'T KNOW 8	
94	Do you have an FCHV identification card?	YES (OLD) ..... 1 YES (NEW) ..... 2 NO ..... 3 DON'T KNOW 8	

Annex Table 1.1: Details of FCHVs working in Nepal

		Number of FCHVs			Number of		Districts with		FC HV		Target Sample
		District	VDC	Municipality	Municipality	VDCs	CBI-MCI	Population based FCHV	Sampled	Sample Weighted	
Eastern											
1	Bhojpur	567	567	0	0	63			49	67	50
2	Dhankuta	342	315	27	1	35	*		92	37	100
3*	Ilam	1172	1154	18	1	48		*	50	136	50
4	Jhapa*	646	503	143	3	47	*		100	59	100
5	Khotang	933	933	0	0	76		*	47	110	50
6	Morang*	655	585	70	1	65	*		97	69	100
7	Okhaldhunga	713	713	0	0	56		*	50	84	50
8	Panchther	369	369	0	0	41			98	43	100
9	Sankhuwasabha	324	297	27	1	33	*		48	35	50
10*	Saptari	1074	1026	48	1	114	*		95	121	100
11	Siraha*	1011	954	57	2	106	*		98	112	100
12	Solukhumbu	306	306	0	0	34			47	36	50
13	Sunsari*	1244	1064	180	3	49	*	*	100	125	100
14	Taplejung	855	855	0	0	50		*	50	101	50
15	Teharthum	411	411	0	0	32		*	49	48	50
16	Udayapur	423	396	27	1	44			93	47	100
Central											
17	Bara*	940	884	56	1	98	*		100	104	100
18	Bhaktapur	189	144	45	2	16			45	17	100
19	Chitwan*	407	324	83	2	36	*		99	38	100
20	Dhading	450	450	0	0	50			49	53	50
21	Dhanusa*	944	909	35	1	101	*		100	107	100
22*	Dolakha	1270	1234	36	1	51		*	50	145	50
23*	Kathmandu	1458	1168	290	2	57		*	50	137	50
24	Kavre	837	783	54	3	87	*		96	92	100
25*	Lalitpur	369	369	365THP	1	41			49	43	50
26	Mahotari*	711	684	27	1	76	*		98	80	100
27*	Makawanpur	420	387	33	1	43	*		100	46	100
28*	Nuwakot	1125	1080	45	1	61	*	*	97	127	100
29	Parsa*	796	738	58	1	82	*		98	87	100
30	Ramechap	752	752	0	0	55		*	48	88	50
31	Rasuwa*	245	245	0	0	18	*	*	99	29	100
32	Rautahat*	909	864	45	1	96	*		96	102	100
33	Sarlahi	1343	1323	20	1	99	*	*	100	156	100
34	Sindhuli	495	477	18	1	53			44	56	50
35	Sindhupalchowk	711	711	0	0	79			48	84	50
Western											
36	Arghakhanchi	842	842	0	0	42		*	50	99	50
37	Baglung	866	848	18	1	59		*	47	100	50
38	Gorkha	621	594	27	1	66			48	70	50
39	Gulmi	997	997	0	0	79		*	49	117	50
40	Kapilbastu	1103	1054	49	1	77		*	99	124	100
41*	Kaski	862	790	72	2	43	*	*	97	93	100
42	Lamjung	669	669	0	0	61		*	48	79	50
43	Manang	111	111	0	0	13			47	13	50
44	Mustang	144	144	0	0	16			48	17	50
45	Maygdi	360	360	0	0	40			49	42	50
46	Nawalparasi*	730	694	36	1	73	*		97	82	100
47	Palpa	615	585	30	1	65			48	69	50
48	Parbat	495	495	0	0	55	*		49	58	50
49	Rupendehi	1520	1290	230	2	69	*	*	100	152	100
50	Syangja	612	540	72	2	60			49	64	50
51*	Tanahu	481	423	58	1	46	*		97	50	100
Mid-Western											
52	Banke*	758	665	93	1	46	*	*	99	78	100
53	Bardiya*	838	757	81	1	31	*	*	100	89	100
54	Dailekh	810	750	60	1	55		*	49	88	50
55*	Dang	872	786	86	2	39	*	*	100	92	100
56	Dolpa	207	207	0	0	23			66	24	100
57	Humla	243	243	0	0	27	*		90	29	100
58	Jajarkot	270	270	0	0	30			96	32	100
59	Jumla	563	563	0	0	30	*	*	96	66	100
60	Kalikot	270	270	0	0	30			87	32	100
61	Mugu	216	216	0	0	24			97	25	100
62	Pyuthan	441	441	0	0	49			50	52	50
63	Rolpa	459	459	0	0	51			46	54	50
64	Rukum	387	387	0	0	43			90	46	100
65	Salyan	423	423	0	0	47			48	50	50
66	Surkhet	955	895	60	1	50		*	50	105	50
Far-Western											
67	Achham	675	675	0	0	75			96	79	100
68*	Baitadi	753	686	67	1	62		*	50	81	50
69	Bajhang	445	445	0	0	47			95	52	100
70	Bajura*	258	258	0	0	27	*		89	30	100
71	Dadeldhura	462	382	80	1	20	*	*	93	45	100
72	Darchula	369	369	0	0	41			49	43	50
73	Doti	653	625	28	1	50	*	*	47	73	50
74	Kailali*	1274	1144	130	2	42	*	*	100	135	100
75	Kanchanpur*	839	666	173	1	19	*	*	94	78	100
	Total	**49884**	**46992**	**2892**	**58**	**3914**	**33**	**30**	**5526**	**5526**	**5750**

Note: Source from Family Health Division, District Health Offices and NFHP, Kapil bastu and Kanchanpur is also added to population based Districts.

* sign in the district name is NFHP CPD source from NFHP THP= Tole Health Promoter/FCHVs

Annex Table 1.2: Population at VDC and FCHVs of Nepal

	Districts	VDC population	Total Population	VDC FCHVs	Av population per FCHVs	Districts with Population based FCHV
Eastern						
1	Bhojpur	203,018	203,018	567	358	
2	Dhankuta	45,811	166,479	315	463	
3	Ilam	266,569	282,806	1154	231	*
4	Jhapa	585,895	688,109	503	1165	
5	Khotang	231,385	231,385	933	248	*
6	Morang	676,546	843,220	585	1156	
7	Okhaldhunga	156,702	156,702	713	220	*
8	Panchthar	202,056	202,056	369	548	
9	Sankhuwasabha	137,414	159,203	297	463	
10	Saptari	539,929	570,282	1026	526	
11	Siraha	520,757	572,399	954	546	
12	Solukhumbu	107,686	107,686	306	352	
13	Sunsari	465,891	625,633	1064	438	*
14	Taplejung	134,698	134,698	855	158	*
15	Terhathum	113,111	113,111	411	275	*
16	Udayapur	232,398	287,689	396	587	
Central						
17	Bara	526,875	559,135	884	596	
18	Bhaktapur	105,167	225,461	144	730	
19	Chitwan	344,934	472,048	324	1065	
20	Dhading	338,658	338,658	450	753	
21	Dhanusa	597,172	671,364	909	657	
22	Dolakha	182,313	204,229	1234	148	*
23	Kathmandu	369,164	1,081,845	1168	316	*
24	Kavre	332,766	385,672	783	425	
25	Lalitpur	174,794	337,785	369	474	
26	Mahotari	531,435	553,481	684	777	
27	Makwanpur	324,122	392,604	387	838	
28	Nuwakot	267,285	288,478	1080	247	*
29	Parsa	384,735	497,219	738	521	
30	Ramechhap	212,408	212,408	752	282	*
31	Rasuwa	44,731	44,731	245	183	*
32	Rautahat	519,749	545,132	864	602	
33	Sarlahi	617,217	635,701	1323	467	*
34	Sindhuli	246,983	279,821	477	518	
35	Sindhupalchowk	305,857	305,857	711	430	
Western						
36	Arghakhanchi	208,391	208,391	842	247	*
37	Baglung	248,085	268,937	848	293	*
38	Gorkha	262,351	288,134	594	442	
39	Gulmi	296,654	296,654	997	298	*
40	Kapilbastu	454,806	481,976	1054	432	*
41	Kaski	182,846	380,527	790	231	*
42	Lamjung	177,149	177,149	669	265	*
43	Manang	9,587	9,587	111	86	
44	Mustang	14,981	14,981	144	104	
45	Myagdi	114,447	114,447	360	318	
46	Nawalparasi	540,240	562,870	694	778	
47	Palpa	248,127	268,558	585	424	
48	Parbat	157,826	157,826	495	319	
49	Rupandehi	580,466	708,419	1290	450	*
50	Syangja	267,239	317,320	540	495	
51	Tanahu	286,992	315,237	423	678	
Mid-Western						
52	Banke	328,305	385,840	665	494	*
53	Bardia	336,638	382,649	757	445	*
54	Dailekh	205,755	225,201	750	274	*
55	Dang	385,378	462,380	786	490	*
56	Dolpa	29,545	29,545	207	143	
57	Humla	40,595	40,595	243	167	
58	Jajarkot	134,868	134,868	270	500	
59	Jumla	89,427	89,427	563	159	*
60	Kalikot	105,580	105,580	270	391	
61	Mugu	43,937	43,937	216	203	
62	Pyuthan	212,484	212,484	441	482	
63	Rolpa	210,004	210,004	459	458	
64	Rukum	188,438	188,438	387	487	
65	Salyan	213,500	213,500	423	505	
66	Surkhet	257,146	288,527	895	287	*
Far-Western						
67	Achham	231,285	231,285	675	343	
68	Baitadi	216,073	234,418	686	315	*
69	Bajhang	167,026	167,026	445	375	
70	Bajura	108,781	108,781	258	422	
71	Dadeldhura	107,772	126,162	382	282	*
72	Darchula	121,996	121,996	369	331	
73	Doti	185,005	207,066	625	296	*
74	Kailali	510,528	616,697	1144	446	*
75	Kanchanpur	297,060	377,899	666	446	*
	Total	**19,923,544**	**23,151,423**	**46992**	424	**28+2=30**

Annex Table 1.3: Percent distribution of FCHVs according to number of households in their working area by districts

Characteristics		No. of households cover in the working area						
		<=49	50-100	101-200	201+ (1500)	Do not know	Mean	Median
Eastern								
1	Bhojpur	40.8	40.8	18.4	0.0	0.0	64.4	55.0
2	Dhankuta	22.8	43.5	17.4	3.3	13.0	80.6	74.1
3	Ilam							
4	Jhapa	0.0	9.0	33.0	58.0	0.0	254.1	223.7
5	Khotang							
6	Morang	4.1	9.3	22.7	53.6	10.3	259.6	220.3
7	Okhaldhunga							
8	Panchthar	11.2	62.2	25.5	1.0	0.0	88.8	81.1
9	Sankhuwasabha	20.8	33.3	14.6	2.1	29.2	85.9	74.7
10	Saptari	6.3	45.3	36.8	9.5	2.1	115.4	100.0
11	Siraha	6.1	52.0	32.7	8.2	1.0	107.4	90.0
12	Solukhumbu	34.0	53.2	10.6	2.1	0.0	69.9	64.8
13	Sunsari							
14	Taplejung							
15	Terhathum							
16	Udayapur	23.7	48.4	16.1	9.7	2.2	99.9	67.2
Central								
17	Bara	12.0	50.0	29.0	9.0	0.0	112.9	85.0
18	Bhaktapur	2.2	20.0	62.2	15.6	0.0	149.1	122.1
19	Chitwan	6.1	14.1	27.3	51.5	1.0	218.8	203.3
20	Dhading	4.1	44.9	28.6	22.4	0.0	143.4	105.0
21	Dhanusa	8.2	41.8	42.9	7.1	0.0	114.0	100.5
22	Dolakha							
23	Kathmandu							
24	Kavre	33.3	47.9	18.8	0.0	0.0	72.7	65.0
25	Lalitpur	36.7	30.6	24.5	8.2	0.0	93.2	75.1
26	Mahotari	1.0	12.2	43.9	42.9	0.0	213.8	200.0
27	Makwanpur	15.0	33.0	32.0	20.0	0.0	134.3	106.5
28	Nuwakot							
29	Parsa	5.1	48.0	36.7	10.2	0.0	118.8	100.0
30	Ramechhap							
31	Rasuwa							
32	Rautahat	20.8	38.5	31.3	8.3	1.0	101.8	85.0
33	Sarlahi							
34	Sindhuli	34.1	31.8	29.5	2.3	2.3	83.3	65.0
35	Sindhupalchowk	29.2	54.2	16.7	0.0	0.0	76.5	78.5
Western								
36	Arghakhanchi							
37	Baglung							
38	Gorkha	27.1	43.8	20.8	8.3	0.0	90.0	72.5
39	Gulmi							
40	Kapilbastu	11.1	64.6	17.2	7.1	0.0	93.7	68.0
41	Kaski							
42	Lamjung							
43	Manang	97.9	2.1	0.0	0.0	0.0	12.5	10.0
44	Mustang	100.0	0.0	0.0	0.0	0.0	18.5	17.1
45	Myagdi	46.9	34.7	16.3	2.0	0.0	69.4	51.2
46	Nawalparasi	13.4	33.0	28.9	24.7	0.0	157.9	115.9
47	Palpa	35.4	41.7	14.6	2.1	6.3	70.9	65.0
48	Parbat	32.7	53.1	14.3	0.0	0.0	69.8	60.0
49	Rupandehi							
50	Syangja	18.4	40.8	34.7	2.0	4.1	89.1	85.0
51	Tanahu	12.4	36.1	34.0	17.5	0.0	139.3	104.0
Mid-Western								
52	Banke							
53	Bardia							
54	Dailekh							
55	Dang							
56	Dolpa	87.9	10.6	0.0	1.5	0.0	33.3	28.4
57	Humla	91.1	4.4	2.2	0.0	2.2	28.8	24.2
58	Jajarkot	15.6	46.9	33.3	3.1	1.0	95.9	87.0
59	Jumla							
60	Kalikot	25.3	58.6	13.8	2.3	0.0	73.0	59.7
61	Mugu	76.3	21.6	2.1	0.0	0.0	37.4	30.4
62	Pyuthan	8.0	58.0	30.0	2.0	2.0	93.8	85.0
63	Rolpa	21.7	60.9	13.0	0.0	4.3	73.8	67.5
64	Rukum	20.0	48.9	24.4	6.7	0.0	92.4	78.0
65	Salyan	12.5	56.3	27.1	0.0	4.2	84.5	73.5
66	Surkhet							
Far-Western								
67	Achham	58.3	35.4	3.1	0.0	3.1	47.9	41.9
68	Baitadi							
69	Bajhang	30.5	48.4	18.9	2.1	0.0	79.0	63.4
70	Bajura	30.3	38.2	24.7	6.7	0.0	95.3	78.0
71	Dadeldhura							
72	Darchula	57.1	30.6	8.2	2.0	2.0	57.8	44.0
73	Doti							
74	Kailali							
75	Kanchanpur	12.8	70.2	13.8	3.2	0.0	81.4	67.0

Note: Household cover is given for only ward based districts.

Annex Table 2.1: Percentage distribution of FCHVs according to age by districts

Characteristics		Age (Years)				Mean	Median
		<=19	20-39	40-59	60+		
Eastern							
1	Bhojpur	0.0	53.1	46.9	0.0	39.3	38.0
2	Dhankuta	0.0	55.4	44.6	0.0	38.3	38.1
3	Ilam	0.0	56.0	42.0	2.0	38.7	36.0
4	Jhapa	0.0	50.0	50.0	0.0	39.3	39.5
5	Khotang	0.0	70.2	27.7	2.1	36.1	36.0
6	Morang	0.0	56.7	42.3	1.0	39.6	38.0
7	Okhaldhunga	2.0	54.0	42.0	2.0	37.0	36.0
8	Panchthar	0.0	62.2	35.7	2.0	37.2	35.6
9	Sankhuwasabha	2.1	75.0	20.8	2.1	35.1	34.0
10	Saptari	2.1	54.7	35.8	7.4	39.6	37.0
11	Siraha	0.0	44.9	51.0	4.1	41.0	42.5
12	Solukhumbu	8.5	51.1	40.4	0.0	36.1	36.9
13	Sunsari	0.0	50.0	48.0	2.0	40.9	39.5
14	Taplejung	2.0	66.0	26.0	6.0	36.6	35.0
15	Terhathum	0.0	55.1	42.9	2.0	40.8	38.0
16	Udayapur	2.2	53.8	37.6	6.5	39.5	38.0
Central							
17	Bara	0.0	43.0	49.0	8.0	43.2	40.0
18	Bhaktapur	0.0	44.4	48.9	6.7	42.8	41.4
19	Chitwan	2.0	46.5	48.5	3.0	40.3	40.0
20	Dhading	0.0	24.5	61.2	14.3	46.9	47.0
21	Dhanusa	3.1	35.7	54.1	7.1	43.2	43.0
22	Dolakha	0.0	42.0	58.0	0.0	41.3	40.0
23	Kathmandu	0.0	62.0	32.0	6.0	37.5	35.5
24	Kavre	2.1	43.2	49.5	5.3	40.9	40.0
25	Lalitpur	0.0	40.8	49.0	10.2	42.8	42.9
26	Mahotari	0.0	29.6	63.3	7.1	43.6	45.0
27	Makwanpur	2.0	55.0	35.0	8.0	38.7	37.0
28	Nuwakot	0.0	44.3	48.5	7.2	41.9	42.0
29	Parsa	0.0	31.6	52.0	16.3	45.8	45.0
30	Ramechhap	0.0	33.3	60.4	6.3	43.0	42.0
31	Rasuwa	0.0	58.6	34.3	7.1	39.2	36.1
32	Rautahat	1.0	33.3	51.0	14.6	46.6	46.5
33	Sarlahi	0.0	48.0	44.0	8.0	40.6	40.0
34	Sindhuli	0.0	27.3	65.9	6.8	45.3	44.5
35	Sindhupalchowk	0.0	39.6	47.9	12.5	43.1	42.5
Western							
36	Arghakhanchi	0.0	86.0	14.0	0.0	32.6	32.0
37	Baglung	0.0	78.7	17.0	4.3	34.9	33.0
38	Gorkha	0.0	62.5	33.3	4.2	39.4	38.0
39	Gulmi	0.0	65.3	34.7	0.0	37.1	37.0
40	Kapilbastu	0.0	44.4	47.5	8.1	42.1	40.0
41	Kaski	0.0	60.8	38.1	1.0	37.4	37.0
42	Lamjung	0.0	58.3	39.6	2.1	39.0	38.5
43	Manang	0.0	74.5	25.5	0.0	35.7	35.3
44	Mustang	2.1	60.4	37.5	0.0	37.4	36.7
45	Myagdi	0.0	71.4	26.5	2.0	34.9	32.9
46	Nawalparasi	0.0	59.8	37.1	3.1	39.7	37.9
47	Palpa	2.1	68.8	27.1	2.1	37.9	36.0
48	Parbat	2.0	81.6	16.3	0.0	32.9	32.0
49	Rupandehi	1.0	49.0	48.0	2.0	39.9	39.5
50	Syangja	0.0	55.1	44.9	0.0	39.0	38.0
51	Tanahu	6.2	55.7	35.1	3.1	37.5	36.2
Mid-Western							
52	Banke	0.0	48.5	46.5	5.1	39.6	40.0
53	Bardia	0.0	58.0	39.0	3.0	37.6	35.0
54	Dailekh	6.1	59.2	32.7	2.0	35.8	35.0
55	Dang	1.0	58.0	40.0	1.0	37.9	36.0
56	Dolpa	0.0	59.1	39.4	1.5	37.9	37.5
57	Humla	6.7	50.0	41.1	2.2	37.0	36.8
58	Jajarkot	4.2	83.3	12.5	0.0	31.0	31.0
59	Jumla	2.1	54.2	38.5	5.2	38.0	36.0
60	Kalikot	2.3	67.8	27.6	2.3	35.8	35.0
61	Mugu	2.1	59.8	30.9	7.2	39.0	36.4
62	Pyuthan	0.0	60.0	40.0	0.0	39.3	37.0
63	Rolpa	2.2	58.7	39.1	0.0	37.6	34.0
64	Rukum	4.4	74.4	20.0	1.1	33.1	32.5
65	Salyan	0.0	56.3	35.4	8.3	37.6	35.0
66	Surkhet	0.0	56.0	44.0	0.0	39.4	38.5
Far-Western							
67	Achham	0.0	56.3	37.5	6.3	39.0	35.0
68	Baitadi	4.0	72.0	18.0	6.0	36.0	35.0
69	Bajhang	5.3	72.6	21.1	1.1	32.3	31.2
70	Bajura	6.7	78.7	13.5	1.1	30.6	27.7
71	Dadeldhura	2.2	75.3	21.5	1.1	33.5	32.0
72	Darchula	2.0	77.6	16.3	4.1	35.0	32.1
73	Doti	10.6	59.6	25.5	4.3	34.8	32.0
74	Kailali	1.0	72.0	26.0	1.0	34.7	34.0
75	Kanchanpur	0.0	81.9	18.1	0.0	32.3	31.0
	Total	**1.1**	**55.5**	**39.3**	**4.1**	**38.9**	**38.0**

Annex Table 2.2: Percentage distribution of FCHVs according to literacy and education by districts

Characteristics		Literacy		Education				
		Illiterate	Literate	Did not go to school	Some Primary (0-4)	Finish Primary (5)	Some Secondary (6-9)	Secondary or more (10+)
Eastern								
1	Bhojpur	24.5	75.5	38.8	22.4	8.2	28.6	2.0
2	Dhankuta	32.6	67.4	27.2	23.9	13.0	32.6	3.3
3	Ilam	10.0	90.0	14.0	24.0	6.0	48.0	8.0
4	Jhapa	12.0	88.0	15.0	18.0	7.0	51.0	9.0
5	Khotang	29.8	70.2	23.4	27.7	6.4	27.7	14.9
6	Morang	28.9	71.1	21.6	22.7	8.2	40.2	7.2
7	Okhaldhunga	54.0	46.0	46.0	18.0	8.0	16.0	12.0
8	Panchthar	23.5	76.5	23.5	18.4	1.0	42.9	14.3
9	Sankhuwasabha	20.8	79.2	33.3	14.6	10.4	33.3	8.3
10	Saptari	43.2	56.8	38.9	8.4	7.4	36.8	8.4
11	Siraha	52.0	48.0	49.0	7.1	15.3	18.4	10.2
12	Solukhumbu	31.9	68.1	44.7	12.8	8.5	27.7	6.4
13	Sunsari	27.0	73.0	27.0	16.0	11.0	39.0	7.0
14	Taplejjung	16.0	84.0	14.0	38.0	6.0	34.0	8.0
15	Terhathum	22.4	77.6	24.5	28.6		40.8	6.1
16	Udayapur	36.6	63.4	46.2	14.0	6.5	26.9	6.5
Central								
17	Bara	74.0	26.0	71.0	13.0	4.0	9.0	3.0
18	Bhaktapur	66.7	33.3	46.7	20.0	6.7	17.8	8.9
19	Chitwan	20.2	79.8	32.3	15.2	14.1	31.3	7.1
20	Dhading	57.1	42.9	77.6	8.2	6.1	6.1	2.0
21	Dhanusa	71.4	28.6	59.2	12.2	6.1	12.2	10.2
22	Dolakha	48.0	52.0	66.0	14.0	12.0	8.0	
23	Kathmandu	6.0	94.0	10.0	10.0	8.0	52.0	20.0
24	Kavre	55.2	44.8	61.5	15.6	9.4	9.4	4.2
25	Lalitpur	46.9	53.1	59.2	16.3	4.1	18.4	2.0
26	Mahotari	69.4	30.6	68.4	9.2	3.1	15.3	4.1
27	Makwanpur	42.0	58.0	52.0	22.0	6.0	18.0	2.0
28	Nuwakot	56.7	43.3	63.9	12.4	7.2	15.5	1.0
29	Parsa	87.8	12.2	85.7	4.1	5.1	5.1	
30	Ramechhap	68.8	31.3	77.1	6.3	6.3	8.3	2.1
31	Rasuwa	79.8	20.2	83.8	6.1	3.0	6.1	1.0
32	Rautahat	84.4	15.6	77.1	9.4	2.1	10.4	1.0
33	Sarlahi	34.0	66.0	29.0	19.0	8.0	32.0	12.0
34	Sindhuli	59.1	40.9	75.0	11.4	6.8	4.5	2.3
35	Sindhupalchowk	58.3	41.7	56.3	29.2	4.2	8.3	2.1
Western								
36	Arghakhanchi	2.0	98.0	10.0	8.0	22.0	34.0	26.0
37	Baglung	14.9	85.1	29.8	14.9	6.4	29.8	19.1
38	Gorkha	29.2	70.8	43.8	20.8	16.7	16.7	2.1
39	Gulmi	8.2	91.8	26.5	10.2	10.2	38.8	14.3
40	Kapilbastu	49.5	50.5	51.5	11.1	8.1	22.2	7.1
41	Kaski	7.2	92.8	21.6	16.5	10.3	35.1	16.5
42	Lamjung	10.4	89.6	25.0	22.9		41.7	10.4
43	Manang	59.6	40.4	48.9	23.4	12.8	8.5	6.4
44	Mustang	52.1	47.9	41.7	25.0	8.3	25.0	0.0
45	Myagdi	8.2	91.8	26.5	22.4	8.2	40.8	2.0
46	Nawalparasi	26.8	73.2	26.8	18.6	13.4	34.0	7.2
47	Palpa	33.3	66.7	37.5	20.8	8.3	25.0	8.3
48	Parbat	2.0	98.0	2.0	16.3	12.2	57.1	12.2
49	Rupandehi	26.0	74.0	31.0	14.0	9.0	37.0	9.0
50	Syangja	12.2	87.8	26.5	12.2	10.2	46.9	4.1
51	Tanahu	22.7	77.3	25.8	20.6	11.3	35.1	7.2
Mid -Western								
52	Banke	38.4	61.6	49.5	11.1	6.1	30.3	3.0
53	Bardia	24.0	76.0	41.0	15.0	6.0	32.0	6.0
54	Dailekh	49.0	51.0	51.0	24.5	4.1	18.4	2.0
55	Dang	26.0	74.0	30.0	15.0	13.0	38.0	4.0
56	Dolpa	66.7	33.3	60.6	21.2	4.5	13.6	0.0
57	Humla	85.6	14.4	78.9	12.2	1.1	7.8	0.0
58	Jajarkot	34.4	65.6	28.1	31.3	11.5	29.2	0.0
59	Jumla	64.6	35.4	61.5	18.8	6.2	12.5	1.0
60	Kalikot	69.0	31.0	55.2	25.3	2.3	13.8	3.4
61	Mugu	82.5	17.5	77.3	11.3	2.1	8.2	1.0
62	Pyuthan	42.0	58.0	42.0	18.0	12.0	28.0	0.0
63	Rolpa	60.9	39.1	65.2	19.6	6.5	8.7	0.0
64	Rukum	42.2	57.8	40.0	20.0	4.4	34.4	1.1
65	Salyan	43.8	56.3	52.1	12.5	6.3	25.0	4.2
66	Surkhet	28.0	72.0	38.0	16.0	12.0	30.0	4.0
Far Western								
67	Achham	76.0	24.0	70.8	15.6	6.3	5.2	2.1
68	Baitadi	40.0	60.0	46.0	24.0	8.0	18.0	4.0
69	Bajhang	49.5	50.5	44.2	20.0	6.3	23.2	6.3
70	Bajura	38.2	61.8	40.4	21.3	7.9	24.7	5.6
71	Dadeldhura	46.2	53.8	39.8	17.2	11.8	26.9	4.3
72	Darchula	36.7	63.3	24.5	34.7	6.1	26.5	8.2
73	Doti	44.7	55.3	53.2	8.5	17.0	21.3	0.0
74	Kailali	23.0	77.0	38.0	12.0	14.0	32.0	4.0
75	Kanchanpur	12.8	87.2	21.3	20.2	8.5	41.5	8.5
	Total	**38.2**	**61.8**	**42.1**	**16.4**	**8.3**	**26.5**	**6.7**

Annex Table 2.3: Percentage distribution of FCHVs according to cast/ethnicity by districts

Districts		Brahmin/ Chhetri	Newar	Hill Janagati (Mangolian)	Terai Janagati (Tharu/ Rajbanshi)	Middle cast (Other Terai Caste)	Muslim	Dalit	Unidentified caste	Total
Eastern										
1	Bhojpur	28.6	8.2	61.2	0.0	0.0	0.0	2.0	0.0	*67*
2	Dhankuta	34.8	6.5	55.4	0.0	0.0	0.0	2.2	1.1	*37*
3	Ilam	38.0	10.0	44.0	0.0	2.0	0.0	6.0	0.0	*136*
4	Jhapa	65.0	4.0	9.0	13.0	7.0	2.0	0.0	0.0	*59*
5	Khotang	31.9	10.6	51.1	0.0	0.0	0.0	6.4	0.0	*110*
6	Morang	35.1	2.1	11.3	25.8	20.6	3.1	2.1	0.0	*69*
7	Okhaldhunga	44.0	10.0	38.0	0.0	2.0	0.0	4.0	2.0	*84*
8	Panchthar	31.6	0.0	65.3	0.0	0.0	0.0	2.0	1.0	*43*
9	Sankhuwasabha	33.3	2.1	60.4	0.0	2.1	0.0	2.1	0.0	*35*
10	Saptari	5.3	2.1	1.1	14.7	46.3	5.3	25.3	0.0	*121*
11	Siraha	8.2	1.0	2.0	6.1	64.3	2.0	16.3	0.0	*112*
2	Solukhumbu	31.9	4.3	63.8	0.0	0.0	0.0	0.0	0.0	*36*
13	Sunsari	29.0	3.0	10.0	25.0	17.0	11.0	5.0	0.0	*125*
14	Taplejung	42.0	4.0	48.0	0.0	0.0	0.0	4.0	2.0	*101*
15	Terhathum	67.3	2.0	24.5	0.0	0.0	0.0	6.1	0.0	*48*
16	Udayapur	36.6	2.2	47.3	9.7	0.0	0.0	3.2	1.1	*47*
Central										
17	Bara	7.0	0.0	2.0	18.0	45.0	15.0	12.0	1.0	*104*
18	Bhaktapur	75.6	11.1	13.3	0.0	0.0	0.0	0.0	0.0	*17*
19	Chitwan	47.5	2.0	35.4	13.1	0.0	0.0	2.0	0.0	*38*
20	Dhading	42.9	14.3	40.8	0.0	0.0	0.0	2.0	0.0	*53*
21	Dhanusa	9.2	0.0	3.1	1.0	59.2	5.1	22.4	0.0	*107*
22	Dolakha	64.0	6.0	12.0	0.0	14.0	0.0	2.0	2.0	*145*
23	Kathmandu	72.0	14.0	10.0	0.0	0.0	0.0	0.0	4.0	*137*
24	Kavre	55.2	3.1	37.5	0.0	3.1	0.0	1.0	0.0	*92*
25	Lalitpur	42.9	22.4	32.7	0.0	2.0	0.0	0.0	0.0	*43*
26	Mahotari	17.3	3.1	7.1	5.1	51.0	6.1	10.2	0.0	*80*
27	Makwanpur	24.0	5.0	67.0	0.0	3.0	0.0	1.0	0.0	*46*
28	Nuwakot	58.8	9.3	26.8	0.0	1.0	0.0	4.1	0.0	*127*
29	Parsa	7.1	0.0	2.0	8.2	40.8	18.4	22.4	1.0	*87*
30	Ramechhap	47.9	10.4	37.5	0.0	2.1	0.0	2.1	0.0	*88*
31	Rasuwa	20.2	2.0	75.8	0.0	0.0	0.0	2.0	0.0	*29*
32	Rautahat	7.3	0.0	2.1	6.3	47.9	16.7	18.8	1.0	*102*
34	Sarlahi	39.0	3.0	11.0	6.0	34.0	1.0	5.0	1.0	*156*
35	Sindhuli	29.5	2.3	47.7	0.0	2.3	0.0	15.9	2.3	*56*
36	Sindhupalchowk	39.6	12.5	37.5	0.0	6.3	0.0	2.1	2.1	*84*
37	Arghakhanchi	86.0	4.0	10.0	0.0		0.0	0.0	0.0	*99*
38	Baglung	63.8	0.0	27.7	0.0	4.3	0.0	4.3	0.0	*100*
39	Gorkha	35.4	8.3	50.0	0.0	4.2	0.0	2.1	0.0	*70*
40	Gulmi	61.2	2.0	28.6	0.0	4.1	0.0		4.1	*117*
41	Kapilbastu	22.2	0.0	4.0	10.1	42.4	3.0	18.2	0.0	*124*
42	Kaski	77.3	3.1	14.4	0.0	0.0	0.0	4.1	1.0	*93*
43	Lamjung	58.3	8.3	27.1	0.0	0.0	0.0	4.2	2.1	*79*
44	Manang	2.1	0.0	95.7	0.0	0.0	0.0	2.1	0.0	*13*
44	Mustang	4.2	0.0	85.4	0.0	0.0	0.0	10.4	0.0	*17*
45	Myagdi	24.5	0.0	61.2	0.0	8.2	0.0	6.1	0.0	*42*
46	Nawalparasi	39.2	5.2	17.5	16.5	13.4	1.0	7.2	0.0	*82*
47	Palpa	52.1	2.1	37.5	0.0	0.0	0.0	8.3	0.0	*69*
48	Parbat	67.3	0.0	20.4		2.0	0.0	8.2	2.0	*58*
49	Rupandehi	54.0	1.0	14.0	6.0	13.0	3.0	9.0	0.0	*152*
50	Syangja	61.2	0.0	32.7	0.0	0.0	0.0	6.1	0.0	*64*
51	Tanahu	35.1	7.2	49.5	0.0	0.0	2.1	4.1	2.1	*50*
Mid-Western										
52	Banke	37.4	1.0	11.1	22.2	11.1	9.1	6.1	2.0	*78*
53	Bardia	49.0	3.0	5.0	35.0	2.0	0.0	4.0	2.0	*89*
54	Dailekh	79.6	0.0	4.1	0.0	0.0	0.0	12.2	4.1	*88*
55	Dang	62.0	1.0	2.0	27.0	3.0	0.0	3.0	2.0	*92*
56	Dolpa	72.7	0.0	13.6	0.0	1.5	0.0	12.1	0.0	*24*
57	Humla	71.1	0.0	17.8	0.0	3.3	0.0	7.8	0.0	*29*
58	Jajarkot	75.0	0.0	10.4	0.0	0.0	0.0	12.5	2.1	*32*
59	Jumla	90.6	0.0	0.0	0.0	0.0	0.0	8.3	1.0	*66*
60	Kalikot	88.5	0.0		0.0	0.0	0.0	10.3	1.1	*32*
61	Mugu	69.1	0.0	17.5	0.0	0.0	0.0	12.4	1.0	*25*
62	Pyuthan	54.0	2.0	34.0		2.0	0.0	4.0	4.0	*52*
63	Rolpa	30.4	0.0	58.7	0.0	0.0	0.0	10.9	0.0	*54*
64	Rukum	46.7	1.1	37.8	0.0	0.0	0.0	8.9	5.6	*46*
65	Salyan	68.8	2.1	14.6	0.0	0.0	0.0	8.3	6.3	*50*
66	Surkhet	66.0	0.0	24.0	2.0	0.0	0.0	8.0	0.0	*105*
Far-Western										
67	Achham	87.5	0.0	1.0	0.0	0.0	0.0	11.5	0.0	*79*
68	Baitadi	82.0	0.0	0.0	0.0	0.0	0.0	14.0	4.0	*81*
69	Bajhang	92.6	0.0	0.0	0.0	3.2	0.0	1.1	3.2	*52*
70	Bajura	86.5	0.0	0.0	0.0	0.0	0.0	10.1	3.4	*30*
71	Dadeldhura	87.1	0.0	3.2	0.0	0.0	0.0	7.5	2.2	*45*
72	Darchula	89.8	0.0	4.1	0.0	0.0	0.0	6.1	0.0	*43*
73	Doti	78.7	0.0	6.4	0.0	0.0	0.0	14.9	0.0	*73*
74	Kailali	47.0	0.0	6.0	39.0	0.0	0.0	7.0	1.0	*135*
75	Kanchanpur	56.4	0.0	3.2	35.1	1.1	0.0	2.1	2.1	*78*
	Total	**47.8**	**3.5**	**21.5**	**5.9**	**11.1**	**1.9**	**7.2**	**1.1**	*5526*

Annex Table 2.4: Distribution of population of VDC according to their caste by Districts

	District	High caste (Brahmin/ Chhetri)	Newar	Middle caste (Yadav/Ahir & other terai caste)	Dalit	Hill Janajati	Terai Janajati	Muslim	Undefined and other small cast group	Total
Eastern										
1	Bhojpur	63292	16784	476	19960	100381	410	54	1012	202369
2	Dhankuta	41792	4783	258	9718	85004	910	29	1907	144401
3	Ilam	77912	9045	1142	14304	160914	538	101	1914	265870
4	Jhapa	231690	15492	18956	34901	100358	98994	16965	12607	529963
5	Khotang	78596	12330	393	22082	114344	1015	75	2063	230898
6	Morang	184613	22197	65962	69379	148281	134118	21585	29698	675833
7	Okhaldhunga	61702	10021	226	14338	67423	1052	25	1555	156342
8	Panchthar	48144	3085	447	11825	136280	756	64	1128	201729
9	Sankhuwasabha	36116	5777	151	9853	84031	87	22	1182	137219
10	Saptari	40112	11513	181398	120241	8828	112482	45102	19783	539459
11	Siraha	27457	6903	253203	103536	26367	46405	34507	19666	518044
12	Solukhumbu	24207	2699	175	8093	70664	218	52	1103	107211
13	Sunsari	76298	10566	85541	54519	42283	94418	65446	34413	463484
14	Taplejung	31470	2226	164	9544	90403	141	26	335	134309
15	Terhathum	42045	3116	188	9907	56005	227	66	1507	113061
16	Udayapur	66371	8033	1950	25787	105520	16249	643	6839	231392
Central										
17	Bara	54994	4654	174753	97629	36737	81127	68754	6890	525538
18	Bhaktapur	52946	32634	219	3800	13669	217	86	501	104072
19	Chitwan	132623	12310	7354	33138	93404	60178	1453	1125	341585
20	Dhading	119317	32334	4634	36313	141966	1494	625	795	337478
21	Dhanusa	39538	10485	286796	112343	39421	38089	51478	19274	597424
22	Dolakha	69821	11307	130	12116	59000	369	5	725	153473
23	Kathmandu	158847	82522	1956	12864	87467	3205	890	3389	351140
24	Kavre	130485	27160	456	20357	148434	2827	85	769	330573
25	Lalitpur	70462	54430	654	6249	39817	911	226	887	173636
26	Mahotari	59954	5215	207042	97472	32157	44814	71813	12379	530846
27	Makwanpur	68578	16091	782	14598	217291	3081	187	661	321269
28	Nuwakot	93453	16859	449	17823	135061	612	142	1833	266232
29	Parsa	32052	4480	129590	82256	13928	49098	56957	14535	382896
30	Ramechhap	73612	29878	944	17237	82558	5754	44	1797	211824
31	Rasuwa	8238	1181	192	1368	32504	110	8	305	43906
32	Rautahat	49621	1980	196836	107015	20943	33683	101856	7346	519280
33	Sarlahi	88183	7044	259203	106514	59841	36552	45334	14512	617183
34	Sindhuli	61698	13609	1682	27441	127596	10357	104	1616	244103
35	Sindhupalchowk	103698	33861	596	20556	127276	5604	49	1443	293083
Western										
36	Arghakhanchi	119457	6070	6249	38805	35148	67	1916	579	208291
37	Baglung	109123	1371	1551	58432	75955	133	322	501	247388
38	Gorkha	84205	20179	6013	37090	103388	1120	2562	7794	262351
39	Gulmi	163700	5423	7817	54940	61752	848	420	1077	295977
40	Kapilbastu	80508	1371	122213	71971	16098	64899	88833	8221	454114
41	Kaski	96250	2980	843	39196	40338	139	604	179	180529
42	Lamjung	61461	6739	1784	31579	74063	372	714	437	177149
43	Manang	434	143	22	198	8643	10	2	10	9462
44	Mustang	1489	171	43	1476	11224	49	7	66	14525
45	Myagdi	34980	1540	754	25580	50456	34	163	578	114085
46	Nawalparasi	144160	10955	69581	71244	117977	98508	20832	5768	539025
47	Palpa	69564	6303	6130	29348	134166	1067	581	349	247508
48	Parbat	94093	3930	631	32223	25764	439	398	265	157743
49	Rupandehi	131638	4256	139593	77005	61453	77322	54388	31632	577287
50	Syangja	127914	7894	1099	38447	89547	849	924	271	266945
51	Tanahu	85528	22389	6740	44749	121516	1835	2756	780	286293
Mid-Western										
52	Banke	77498	2085	42232	47308	23353	62087	65664	7247	327474
53	Bardia	82683	2004	4861	31489	14227	192456	6726	1436	335882
54	Dailekh	128986	80	378	52114	23455	116	381	233	205743
55	Dang	136239	1527	14408	44511	49272	133845	3243	715	383760
56	Dolpa	10916	143	52	1847	8626	23	4	39	21650
57	Humla	28236	14	203	5298	6723	38	1	26	40539
58	Jajarkot	84016	317	110	37586	12091	44	80	410	134654
59	Jumla	54798	200	156	11889	1203	67	28	262	68603
60	Kalikot	7109	3	15	3415	334	20	6	4	10906
61	Mugu	20609	20	34	6136	4225	48	2	37	31111
62	Pyuthan	91719	3872	3054	42633	68901	394	648	425	211646
63	Rolpa	78704	453	427	35258	93477	593	121	296	209329
64	Rukum	129347	504	248	13071	44550	36	141	189	188086
65	Salyan	37058	1418	156	8960	10578	70	473	883	59596
66	Surkhet	107370	952	1020	64099	55297	5307	723	2017	236785
Far-Western										
67	Achham	155975	272	926	65609	1838	297	156	3917	228990
68	Baitadi	170540	215	679	36538	1083	2358	28	4216	215657
69	Bajhang	136408	188	220	26990	364	205	108	2364	166847
70	Bajura	69724	49	735	24533	1281	42	145	1450	97959
71	Dadeldhura	80327	303	231	20653	4175	196	65	1423	107373
72	Darchula	105807	174	258	13178	659	165	20	1567	121828
73	Doti	123017	368	1164	47893	6175	318	61	4626	183622
74	Kailali	154575	1192	5043	72246	24206	232465	2033	16762	508522
75	Kanchanpur	128362	787	10215	47723	16590	82483	144	9728	296032
	Total	**6204464**	**661458**	**2342786**	**2778336**	**4406327**	**1847466**	**841281**	**346273**	**19428391**

Source: CBS CD Rom

Annex Table 2.5: Percentage distribution of FCHVs according to years of work experience by districts

Characteristics		Years of work experience					
		Less than 1 year	1-5 Yrs	6-10 Yrs	11-15 Yrs	16+ Yrs	Mean
Eastern							
1	Bhojpur	6.1	18.4	18.4	53.1	4.1	10.0
2	Dhankuta	2.2	20.7	26.1	21.7	29.3	10.3
3	Ilam	2.0	10.0	50.0	18.0	20.0	10.4
4	Jhapa	7.0	15.0	11.0	16.0	51.0	11.7
5	Khotang	6.4	25.5	25.5	42.6	0.0	9.1
6	Morang	3.1	18.6	17.5	50.5	10.3	10.8
7	Okhaldhunga	12.0	16.0	34.0	26.0	12.0	8.8
8	Panchthar	6.1	22.4	23.5	14.3	33.7	9.8
9	Sankhuwasabha	6.3	35.4	16.7	29.2	12.5	8.4
10	Saptari	3.2	13.7	6.3	51.6	25.3	12.4
11	Siraha	2.0	7.1	13.3	21.4	56.1	13.7
12	Solukhumbu	14.9	21.3	17.0	44.7	2.1	8.3
13	Sunsari	0.0	10.0	34.0	26.0	30.0	11.8
14	Taplejung	2.0	20.0	48.0	20.0	10.0	9.0
15	Terhathum	0.0	10.2	30.6	20.4	38.8	11.6
16	Udayapur	1.1	30.1	14.0	9.7	45.2	10.9
Central							
17	Bara	3.0	14.0	15.0	20.0	48.0	12.3
18	Bhaktapur	0.0	4.4	20.0	11.1	64.4	13.7
19	Chitwan	6.1	11.1	29.3	12.1	41.4	11.4
20	Dhading	4.1	10.2	8.2	12.2	65.3	14.0
21	Dhanusa	1.0	14.3	7.1	2.0	75.5	14.0
22	Dolakha	0.0	8.0	58.0	10.0	24.0	10.7
23	Kathmandu	0.0	24.0	32.0	22.0	22.0	10.2
24	Kavre	3.1	27.1	13.5	14.6	41.7	10.6
25	Lalitpur	8.2	14.3	16.3	16.3	44.9	11.3
26	Mahotari	1.0	12.2	12.2	17.3	57.1	13.4
27	Makwanpur	22.0	8.0	16.0	13.0	41.0	10.1
28	Nuwakot	1.0	7.2	56.7	7.2	27.8	11.0
29	Parsa	2.0	12.2	17.3	14.3	54.1	12.6
30	Ramechhap	0.0	18.8	39.6	18.8	22.9	11.1
31	Rasuwa	2.0	28.3	35.4	8.1	26.3	9.0
32	Rautahat	6.3	9.4	4.2	13.5	66.7	13.1
33	Sarlahi	1.0	11.0	20.0	36.0	32.0	11.7
34	Sindhuli	6.8	13.6	13.6	11.4	54.5	12.5
35	Sindhupalchowk	10.4	8.3	16.7	6.3	58.3	12.1
Western							
36	Arghakhanchi	4.0	10.0	36.0	50.0	0.0	9.5
37	Baglung	2.1	14.9	63.8	19.1	0.0	8.4
38	Gorkha	4.2	20.8	14.6	14.6	45.8	11.4
39	Gulmi	6.1	6.1	34.7	53.1	0.0	10.2
40	Kapilbastu	3.0	9.1	7.1	73.7	7.1	11.6
41	Kaski	0.0	14.4	16.5	42.3	26.8	11.4
42	Lamjung	0.0	14.6	37.5	25.0	22.9	10.9
43	Manang	2.1	10.6	27.7	44.7	14.9	10.5
44	Mustang	12.5	22.9	12.5	43.7	8.3	8.5
45	Myagdi	14.3	26.5	26.5	30.6	2.0	6.5
46	Nawalparasi	2.1	13.4	18.6	39.2	26.8	11.7
47	Palpa	2.1	12.5	22.9	25.0	37.5	11.8
48	Parbat	12.2	8.2	57.1	22.4	0.0	7.9
49	Rupandehi	1.0	5.0	22.0	69.0	3.0	11.1
50	Syangja	6.1	14.3	14.3	44.9	20.4	10.9
51	Tanahu	8.2	23.7	16.5	29.9	21.6	9.5
Mid-Western							
52	Banke	4.0	10.1	34.3	21.2	30.3	10.9
53	Bardia	1.0	16.0	58.0	6.0	19.0	9.2
54	Dailekh	6.1	18.4	30.6	28.6	16.3	9.3
55	Dang	3.0	11.0	15.0	50.0	21.0	10.9
56	Dolpa	0.0	6.1	60.6	33.3	0.0	9.6
57	Humla	27.8	13.3	16.7	42.2	0.0	6.8
58	Jajarkot	14.6	29.2	47.9	8.3	0.0	6.4
59	Jumla	7.3	20.8	32.3	21.9	17.7	9.1
60	Kalikot	8.0	16.1	36.8	37.9	1.1	8.4
61	Mugu	14.4	8.2	21.6	55.7	0.0	8.2
62	Pyuthan	8.0	12.0	20.0	24.0	36.0	11.3
63	Rolpa	6.5	19.6	23.9	47.8	2.2	9.3
64	Rukum	18.9	17.8	15.6	46.7	1.1	8.0
65	Salyan	22.9	20.8	6.3	18.8	31.3	8.5
66	Surkhet	8.0	4.0	50.0	12.0	26.0	10.4
Far-Western							
67	Achham	1.0	28.1	55.2	14.6	1.0	7.9
68	Baitadi	6.0	2.0	32.0	46.0	14.0	11.0
69	Bajhang	13.7	32.6	26.3	24.2	3.2	6.4
70	Bajura	31.5	23.6	14.6	30.3	0.0	5.5
71	Dadeldhura	9.7	10.8	61.3	17.2	1.1	7.8
72	Darchula	2.0	10.2	16.3	61.2	10.2	10.8
73	Doti	19.1	19.1	31.9	21.3	8.5	7.2
74	Kailali	2.0	14.0	26.0	50.0	8.0	9.9
75	Kanchanpur	0.0	27.7	47.9	19.1	5.3	7.2
	Total	**4.8**	**14.6**	**28.1**	**28.6**	**24.0**	**10.5**

Annex Table 2.6: Percentage Distribution of FCHVs according to number of days worked in the last one week, average number of hours worked per day and willingness to devote amount of time in future by districts

Characteristics		No. of days worked last week				Average working hour per day				Mean w. hours	Time willing to devote in future		
		No work	1-3days	4+days	Mean w. days	<1 hr	1 hr	2 hr	3+ (3-8) hr		Same	More	Less
Eastern													
1	Bhojpur	6.1	73.5	20.4	2.5	18.4	57.1	22.4	2.0	1.2	26.5	69.4	4.1
2	Dhankuta	8.7	50.0	41.3	3.1	17.4	37.0	34.8	10.9	1.5	34.1	60.4	5.5
3	Ilam	0.0	78.0	22.0	2.8	4.0	50.0	38.0	8.0	1.5	36.0	64.0	0.0
4	Jhapa	0.0	38.0	62.0	4.1	0.0	23.0	35.0	42.0	2.4	17.0	82.0	1.0
5	Khotang	12.8	42.6	44.7	2.7	6.4	61.7	27.7	4.3	1.3	19.1	72.3	8.5
6	Morang	0.0	35.1	64.9	4.1	5.2	34.0	34.0	26.8	2	24.7	72.2	3.1
7	Okhaldhunga	0.0	68.0	32.0	3.0	6.0	30.0	44.0	20.0	1.9	16.0	82.0	2.0
8	Panchthar	0.0	49.0	51.0	3.5	26.5	26.5	14.3	32.7	2.1	25.5	74.5	0.0
9	Sankhuwasabha	0.0	58.3	41.7	3.1	18.8	35.4	31.3	14.6	1.5	12.5	85.4	2.1
10	Saptari	6.3	62.1	31.6	2.9	16.8	51.6	27.4	4.2	1.3	11.6	86.3	2.1
11	Siraha	3.1	50.0	46.9	3.5	41.8	43.9	14.3	0.0	0.9	40.8	59.2	0.0
12	Solukhumbu	6.4	83.0	10.6	2.0	19.1	25.5	23.4	31.9	2	2.1	93.6	4.3
13	Sunsari	0.0	57.0	43.0	3.5	16.0	36.0	34.0	14.0	1.6	20.0	80.0	0.0
14	Taplejung	0.0	70.0	30.0	2.9	14.0	48.0	22.0	16.0	1.5	14.0	84.0	2.0
15	Terhathum	0.0	38.8	61.2	3.7	4.1	46.9	44.9	4.1	1.5	14.3	83.7	2.0
16	Udayapur	10.8	57.0	32.3	2.8	4.3	57.0	32.3	6.5	1.4	17.8	76.7	5.6
Central													
17	Bara	4.0	42.0	54.0	3.7	18.0	36.0	43.0	3.0	1.4	35.0	61.0	4.0
18	Bhaktapur	0.0	48.9	51.1	3.7	0.0	60.0	35.6	4.4	1.4	48.8	51.2	0.0
19	Chitwan	2.0	63.6	34.3	3.2	20.2	41.4	33.3	5.1	1.3	12.1	86.9	1.0
20	Dhading	14.3	73.5	12.2	2.1	30.6	32.7	26.5	10.2	1.4	14.3	77.6	8.2
21	Dhanusa	8.2	69.4	22.4	2.5	15.3	49.0	30.6	5.1	1.4	23.7	76.3	0.0
22	Dolakha	0.0	88.0	12.0	2.5	12.0	40.0	36.0	12.0	1.6	6.0	94.0	0.0
23	Kathmandu	4.0	44.0	52.0	3.8	22.9	33.3	27.1	16.7	1.5	16.7	83.3	0.0
24	Kavre	10.4	77.1	12.5	2.2	6.3	45.8	32.3	15.6	1.7	29.0	69.9	1.1
25	Lalitpur	2.0	73.5	24.5	2.6	4.1	46.9	28.6	20.4	1.7	38.8	59.2	2.0
26	Mahotari	3.1	42.9	54.1	4.0	0.0	28.6	39.8	31.6	2.2	31.6	62.2	6.1
27	Makwanpur	10.0	67.0	23.0	2.6	54.0	35.0	9.0	2.0	0.9	20.0	76.0	4.0
28	Nuwakot	22.7	62.9	14.4	2.0	3.1	25.8	41.2	29.9	2.1	52.1	47.9	0.0
29	Parsa	4.1	54.1	41.8	3.5	2.0	25.5	39.8	32.7	2.3	18.4	81.6	0.0
30	Ramechhap	18.8	70.8	10.4	2.1	0.0	20.8	43.8	35.4	2.4	14.6	83.3	2.1
31	Rasuwa	2.0	89.9	8.1	2.4	4.0	54.5	32.3	9.1	1.5	36.7	63.3	0.0
32	Rautahat	0.0	59.4	40.6	3.4	9.4	34.4	46.9	9.4	1.6	34.7	62.1	3.2
33	Sarlahi	15.0	51.0	34.0	2.8	0.0	21.0	34.0	45.0	2.6	15.0	82.0	3.0
34	Sindhuli	18.2	63.6	18.2	2.0	6.8	36.4	22.7	34.1	2.2	27.3	68.2	4.5
35	Sindhupalchowk	12.5	64.6	22.9	2.6	12.8	40.4	38.3	8.5	1.5	36.2	59.6	4.3
Western													
36	Arghakhanchi	2.0	80.0	18.0	2.3	6.0	34.0	30.0	30.0	2	12.0	86.0	2.0
37	Baglung	17.0	76.6	6.4	1.8	6.4	29.8	46.8	17.0	1.9	4.3	93.5	2.2
38	Gorkha	0.0	79.2	20.8	2.7	31.3	35.4	22.9	10.4	1.3	37.5	62.5	0.0
39	Gulmi	0.0	59.2	40.8	3.3	24.5	49.0	18.4	8.2	1.2	16.3	83.7	0.0
40	Kapilbastu	1.0	67.7	31.3	2.9	6.1	49.5	34.3	10.1	1.5	21.2	78.8	0.0
41	Kaski	4.1	52.6	43.3	3.5	4.1	35.1	36.1	24.7	2	7.2	92.8	0.0
42	Lamjung	0.0	35.4	64.6	4.0	0.0	39.6	29.2	31.3	2.1	53.2	44.7	2.1
43	Manang	0.0	91.5	8.5	2.0	38.3	38.3	21.3	2.1	1.1	36.2	63.8	0.0
44	Mustang	20.8	66.7	12.5	2.1	52.1	41.7	6.2	0.0	0.7	27.1	68.8	4.2
45	Myagdi	18.4	57.1	24.5	2.3	12.2	44.9	28.6	14.3	1.6	10.2	89.8	0.0
46	Nawalparasi	4.1	28.9	67.0	4.6	5.2	34.0	49.5	11.3	1.8	22.7	73.2	4.1
47	Palpa	6.3	81.3	12.5	2.2	0.0	27.7	42.6	29.8	2.1	23.4	72.3	4.3
48	Parbat	0.0	73.5	26.5	2.7	4.1	42.9	40.8	12.2	1.6	6.3	93.8	0.0
49	Rupandehi	1.0	36.0	63.0	4.0	21.0	21.0	28.0	30.0	1.9	23.2	71.7	5.1
50	Syangja	10.2	77.6	12.2	2.1	2.0	26.5	44.9	26.5	2	26.5	69.4	4.1
51	Tanahu	2.1	81.4	16.5	2.4	37.1	34.0	22.7	6.2	1.2	23.7	72.2	4.1
Mid-Western													
52	Banke	0.0	48.5	51.5	3.9	1.0	16.2	31.3	51.5	2.6	39.4	58.6	2.0
53	Bardia	0.0	45.0	55.0	3.9	25.0	40.0	26.0	9.0	1.4	24.0	73.0	3.0
54	Dailekh	14.3	65.3	20.4	2.3	2.0	30.6	26.5	40.8	2.3	14.3	85.7	0.0
55	Dang	0.0	66.0	34.0	3.0	17.0	47.0	20.0	16.0	1.6	15.2	80.8	4.0
56	Dolpa	6.1	71.2	22.7	2.4	6.1	36.4	39.4	18.2	1.8	68.2	31.8	0.0
57	Humla	43.3	42.2	14.4	1.5	13.3	55.6	21.1	10.0	1.4	8.9	91.1	0.0
58	Jajarkot	2.1	65.6	32.3	3.0	59.4	34.4	6.2	0.0	0.8	41.5	55.3	3.2
59	Jumla	1.0	62.5	36.5	3.2	21.9	30.2	34.4	13.5	1.5	13.5	82.3	4.2
60	Kalikot	16.1	66.7	17.2	2.3	0.0	36.8	31.0	32.2	2.1	2.3	97.7	0.0
61	Mugu	5.2	92.8	2.1	1.5	69.1	26.8	4.1	0.0	0.6	19.6	79.4	1.0
62	Pyuthan	2.0	60.0	38.0	3.3	6.0	14.0	52.0	28.0	2.3	10.0	84.0	6.0
63	Rolpa	21.7	67.4	10.9	2.0	39.1	37.0	19.6	4.3	1.1	13.0	73.9	13.0
64	Rukum	4.4	72.2	23.3	2.5	15.6	34.4	28.9	21.1	1.7	21.1	74.4	4.4
65	Salyan	0.0	62.5	37.5	3.1	8.3	45.8	27.1	18.8	1.7	2.1	97.9	0.0
66	Surkhet	0.0	56.0	44.0	3.5	16.0	54.0	24.0	6.0	1.3	14.0	86.0	0.0
Far-Western													
67	Achham	3.1	57.3	39.6	3.1	21.9	33.3	24.0	20.8	1.6	16.7	81.3	2.1
68	Baitadi	10.0	62.0	28.0	2.6	16.0	56.0	26.0	2.0	1.2	16.0	78.0	6.0
69	Bajhang	5.3	54.7	40.0	3.2	5.3	40.0	38.9	15.8	1.8	17.9	78.9	3.2
70	Bajura	1.1	47.2	51.7	3.4	14.6	31.5	23.6	30.3	1.9	19.5	80.5	0.0
71	Dadeldhura	3.2	76.3	20.4	2.7	16.1	29.0	30.1	24.7	1.9	9.7	89.2	1.1
72	Darchula	2.0	59.2	38.8	3.3	24.5	59.2	16.3	0.0	1	30.6	67.3	2.0
73	Doti	0.0	61.7	38.3	3.1	12.8	21.3	27.7	38.3	2.1	17.0	83.0	0.0
74	Kailali	6.0	35.0	59.0	4.1	11.0	30.0	31.0	28.0	1.9	10.0	86.0	4.0
75	Kanchanpur	2.1	25.5	72.3	4.7	4.4	44.0	46.2	5.5	1.5	20.4	78.5	1.1
	Total	**5.5**	**59.6**	**34.9**	**3.0**	**13.1**	**37.5**	**31.6**	**17.8**	**1.7**	**21.5**	**76.2**	**2.3**

Annex Table 3.1: Percentage distribution of FCHVs who cited various source of information on health issues by districts

Characteristics		Main source of information on health issues									Others
		Radio	FCHV Meeting/ Training	Super-visor	Other health pro-viders	Other FCHVs	Health facilities	Tele-vision	News- paper	Local NGO /INGO	
Eastern											
1	Bhojpur	65.3	28.6	26.5	40.8	4.1	95.9	4.1	2.0	0.0	4.1
2	Dhankuta	41.3	88.0	46.7	23.9	6.5	87.0	5.4	12.0	0.0	6.5
3	Ilam	72.0	100.0	26.0	70.0	26.0	98.0	20.0	16.0	4.0	2.0
4	Jhapa	98.0	92.0	19.0	44.0	17.0	64.0	62.0	39.0	4.0	10.0
5	Khotang	14.9	78.7	46.8	48.9	12.8	85.1	0.0	8.5	0.0	6.4
6	Morang	43.3	87.6	33.0	30.9	6.2	88.7	25.8	14.4	5.2	3.1
7	Okhaldhunga	58.0	62.0	10.0	34.0	12.0	90.0	6.0	6.0	0.0	2.0
8	Panchthar	69.4	100.0	27.6	53.1	26.5	86.7	2.0	15.3	1.0	9.2
9	Sankhuwasabha	47.9	87.5	52.1	50.0	12.5	91.7	8.3	25.0	2.1	27.1
10	Saptari	31.6	75.8	25.3	46.3	12.6	82.1	13.7	8.4	1.1	8.4
11	Siraha	55.1	93.9	69.4	20.4	2.0	48.0	11.2	6.1	0.0	3.1
12	Solukhumbu	29.8	55.3	10.6	44.7	8.5	83.0	0.0	25.5	0.0	4.3
13	Sunsari	73.0	91.0	36.0	18.0	17.0	56.0	44.0	26.0	0.0	1.0
14	Taplejung	52.0	92.0	26.0	68.0	10.0	88.0	10.0	16.0	2.0	6.0
15	Terhathum	65.3	44.9	34.7	53.1	8.2	89.8	10.2	8.2	0.0	14.3
16	Udayapur	38.7	76.3	47.3	31.2	0.0	64.5	5.4	10.8	14.0	4.3
Central											
17	Bara	51.0	88.0	41.0	43.0	7.0	83.0	10.0	21.0	1.0	7.0
18	Bhaktapur	35.6	100.0	17.8	33.3	26.7	77.8	37.8	13.3	0.0	0.0
19	Chitwan	57.6	88.9	63.6	36.4	12.1	59.6	31.3	8.1	1.0	5.1
20	Dhading	57.1	69.4	32.7	44.9	14.3	91.8	6.1	4.1	0.0	0.0
21	Dhanusa	29.6	92.9	52.0	29.6	9.2	76.5	5.1	3.1	0.0	12.2
22	Dolakha	74.0	82.0	28.0	34.0	20.0	90.0	12.0	14.0	0.0	0.0
23	Kathmandu	76.0	100.0	44.0	6.0	4.0	58.0	80.0	50.0	0.0	10.0
24	Kavre	65.6	97.9	51.0	38.5	2.1	59.4	22.9	4.2	0.0	3.1
25	Lalitpur	71.4	77.6	12.2	24.5	2.0	79.6	44.9	6.1	4.1	2.0
26	Mahotari	52.0	69.4	31.6	38.8	9.2	48.0	15.3	8.2	0.0	1.0
27	Makwanpur	35.0	77.0	27.0	42.0	10.0	90.0	10.0	10.0	1.0	3.0
28	Nuwakot	62.9	96.9	13.4	45.4	5.2	68.0	26.8	14.4	0.0	5.2
29	Parsa	55.1	77.6	38.8	25.5	16.3	71.4	8.2	5.1	3.1	1.0
30	Ramechhap	70.8	70.8	64.6	16.7	10.4	89.6	10.4	8.3	2.1	4.2
31	Rasuwa	76.8	98.0	49.5	28.3	12.1	58.6	7.1	1.0	1.0	4.0
32	Rautahat	61.5	93.8	32.3	49.0	27.1	83.3	4.2	1.0	2.1	3.1
33	Sarlahi	41.0	59.0	35.0	28.0	6.0	56.0	30.0	29.0	0.0	0.0
34	Sindhuli	40.9	75.0	52.3	15.9	18.2	59.1	4.5	0.0	4.5	13.6
35	Sindhupalchowk	83.3	100.0	37.5	39.6	2.1	64.6	29.2	2.1	0.0	2.1
Western											
36	Arghakhanchi	28.0	90.0	34.0	42.0	12.0	76.0	12.0	22.0	2.0	0.0
37	Baglung	31.9	80.9	59.6	42.6	4.3	93.6	0.0	14.9	0.0	6.4
38	Gorkha	33.3	75.0	39.6	45.8	6.3	77.1	4.2	4.2	0.0	4.2
39	Gulmi	44.9	89.8	20.4	63.3	18.4	95.9	10.2	22.4	2.0	4.1
40	Kapilbastu	26.3	89.9	13.1	51.5	17.2	79.8	9.1	4.0	0.0	0.0
41	Kaski	76.3	74.2	28.9	47.4	14.4	62.9	54.6	36.1	2.1	4.1
42	Lamjung	31.3	89.6	39.6	37.5	8.3	47.9	20.8	8.3	2.1	2.1
43	Manang	59.6	85.1	6.4	17.0	2.1	53.2	8.5	8.5	0.0	0.0
44	Mustang	10.4	89.6	10.4	16.7	14.6	77.1	2.1	4.2	0.0	4.2
45	Myagdi	61.2	83.7	49.0	40.8	24.5	69.4	8.2	34.7	0.0	0.0
46	Nawalparasi	46.4	81.4	24.7	24.7	7.2	49.5	20.6	19.6	2.1	9.3
47	Palpa	52.1	75.0	47.9	31.3	8.3	70.8	14.6	14.6	0.0	12.5
48	Parbat	38.8	79.6	81.6	46.9	8.2	83.7	4.1	18.4	0.0	12.2
49	Rupandehi	47.0	61.0	29.0	29.0	6.0	82.0	34.0	16.0	8.0	2.0
50	Syangja	69.4	85.7	30.6	34.7	6.1	91.8	28.6	20.4	4.1	6.1
51	Tanahu	41.2	83.5	52.6	22.7	23.7	82.5	6.2	8.2	1.0	10.3
Mid-Western											
52	Banke	72.7	86.9	35.4	40.4	16.2	81.8	21.2	22.2	5.1	8.1
53	Bardia	59.0	78.0	16.0	52.0	23.0	74.0	43.0	26.0	3.0	5.0
54	Dailekh	30.6	91.8	77.6	34.7	4.1	77.6	0.0	8.2	0.0	6.1
55	Dang	70.0	63.0	44.0	42.0	24.0	92.0	28.0	13.0	0.0	2.0
56	Dolpa	56.1	92.4	27.3	12.1	10.6	84.8	0.0	6.1	0.0	0.0
57	Humla	13.3	53.3	52.2	24.4	1.1	65.6	0.0	0.0	3.3	16.7
58	Jajarkot	43.8	95.8	84.4	31.3	1.0	54.2	1.0	1.0	0.0	6.2
59	Jumla	31.2	85.4	19.8	39.6	17.7	60.4	6.2	2.1	0.0	9.4
60	Kalikot	12.6	88.5	37.9	43.7	5.7	59.8	0.0	0.0	2.3	12.6
61	Mugu	23.7	50.5	40.2	25.8	28.9	86.6	1.0	1.0	0.0	0.0
62	Pyuthan	32.0	98.0	30.0	48.0	16.0	74.0	14.0	22.0	0.0	0.0
63	Rolpa	39.1	95.7	65.2	65.2	0.0	93.5	2.2	2.2	0.0	23.9
64	Rukum	15.6	84.4	50.0	36.7	13.3	74.4	0.0	21.1	0.0	23.3
65	Salyan	60.4	100.0	70.8	43.8	0.0	89.6	0.0	22.9	4.2	22.9
66	Surkhet	70.0	94.0	56.0	40.0	8.0	94.0	18.0	14.0	0.0	12.0
Far-Western											
67	Achham	17.7	93.8	57.3	34.4	4.2	65.6	0.0	0.0	0.0	7.3
68	Baitadi	70.0	74.0	56.0	72.0	6.0	76.0	6.0	14.0	4.0	6.0
69	Bajhang	30.5	87.4	88.4	50.5	8.4	89.5	3.2	13.7	15.8	18.9
70	Bajura	58.4	74.2	43.8	24.7	11.2	91.0	1.1	10.1	6.7	1.1
71	Dadeldhura	18.3	88.2	41.9	24.7	3.2	87.1	5.4	4.3	0.0	0.0
72	Darchula	67.3	71.4	59.2	55.1	4.1	89.8	2.0	4.1	4.1	2.0
73	Doti	31.9	89.4	59.6	27.7	6.4	72.3	2.1	12.8	0.0	0.0
74	Kailali	56.0	65.0	46.0	27.0	9.0	74.0	30.0	21.0	7.0	13.0
75	Kanchanpur	70.2	86.2	53.2	34.0	7.4	92.6	23.4	14.9	17.0	10.6
	Total	**51.3**	**82.4**	**39.8**	**38.5**	**10.9**	**76.6**	**17.1**	**14.2**	**2.0**	**5.8**

Annex Table 3.2: Percent distribution of FCHVs according to the time since last contacted by supervisor and reported activities last month, by districts

Districts		Less than one month	1-6 months	More than 6 months	Never/Do not know	Mean	Median	Reported acitivities last month
Eastern								
1	Bhojpur	75.5	24.5			19	14	87.8
2	Dhankuta	81.5	18.5			18	14	91.3
3	Ilam	66.0	32.0	2.0		29	15	92.0
4	Jhapa	74.0	25.0		1.0	16	14	45.0
5	Khotang	85.1	12.8		2.1	16	14	83.0
6	Morang	84.4	14.6	1.0		21	10	99.0
7	Okhaldhunga	64.0	32.0	4.0		36	14	78.0
8	Panchthar	76.5	23.5			16	10	93.9
9	Sankhuwasabha	79.2	18.8	2.1		38	10	68.8
10	Saptari	75.8	23.2		1.1	16	14	94.7
11	Siraha	61.2	37.8	1.0		25	20	84.7
12	Solukhumbu	74.5	25.5			16	9	36.2
13	Sunsari	77.0	23.0			17	11	92.0
14	Taplejjung	62.0	38.0			23	18	28.0
15	Terhathum	79.6	20.4			14	14	91.8
16	Udayapur	78.5	10.8	8.6	2.2	62	7	90.3
Central								
17	Bara	83.0	17.0			13	12	96.0
18	Bhaktapur	77.8	22.2			17	14	97.8
19	Chitwan	90.9	8.1		1.0	11	7	97.0
20	Dhading	65.3	32.7		2.0	35	17	40.8
21	Dhanusa	72.4	27.6			22	17	79.6
22	Dolakha	54.0	44.0	2.0		31	21	58.0
23	Kathmandu	94.0	6.0			10	8	40.0
24	Kavre	58.3	30.2	7.3	4.2	72	21	90.6
25	Lalitpur	91.8	8.2			7	4	98.0
26	Mahotari	75.5	21.4	2.0	1.0	21	8	89.8
27	Makwanpur	70.0	27.0		3.0	18	14	82.0
28	Nuwakot	60.8	30.9	7.2	1.0	153	21	79.4
29	Parsa	74.5	24.5		1.0	17	14	84.7
30	Ramechhap	68.8	18.8	6.3	6.3	59	14	95.8
31	Rasuwa	82.8	16.2		1.0	18	14	98.0
32	Rautahat	83.3	15.6		1.0	14	7	92.7
33	Sarlahi	65.0	32.0	1.0	2.0	21	20	95.0
34	Sindhuli	50.0	31.8	11.4	6.8	160	15	77.3
35	Sindhupalchowk	75.0	16.7	6.3	2.1	40	14	91.7
Western								
36	Arghakhanchi	78.0	20.0		2.0	19	13	90.0
37	Baglung	87.2	12.8			15	14	76.6
38	Gorkha	81.3	18.8			17	14	45.8
39	Gulmi	77.6	16.3		6.1	20	15	77.6
40	Kapilbastu	85.9	13.1		1.0	15	12	84.8
41	Kaski	68.8	31.3			19	14	91.8
42	Lamjung	91.7	8.3			11	5	80.9
43	Manang	48.9	36.2	8.5	6.4	58	28	70.2
44	Mustang	75.0	20.8	4.2		31	15	83.3
45	Myagdi	75.5	24.5			21	15	67.3
46	Nawalparasi	73.2	22.7	3.1	1.0	31	8	93.8
47	Palpa	83.3	16.7			13	8	47.9
48	Parbat	91.8	8.2			9	7	95.9
49	Rupandehi	76.0	22.0	1.0	1.0	25	7	90.0
50	Syangja	87.8	12.2			14	10	69.4
51	Tanahu	78.4	20.6		1.0	20	14	93.8
Mid-Western								
52	Banke	82.8	17.2			13	7	97.0
53	Bardia	69.0	27.0	3.0	1.0	34	14	94.0
54	Dailekh	67.3	28.6	4.1		37	19	95.9
55	Dang	52.0	46.0	2.0		38	21	80.0
56	Dolpa	40.9	53.0	1.5	4.5	43	30	86.4
57	Humla	54.4	25.6	4.4	15.6	78	14	47.8
58	Jajarkot	60.4	38.5		1.0	21	17	79.2
59	Jumla	45.8	47.9	1.0	5.2	34	30	95.8
60	Kalikot	43.7	47.1	6.9	2.3	77	30	86.2
61	Mug u	37.1	60.8		2.1	35	30	16.7
62	Pyuthan	64.0	34.0	2.0		27	8	88.0
63	Rolpa	89.1	8.7	2.2		19	7	39.1
64	Rukum	75.6	21.1		3.3	17	9	72.2
65	Salyan	70.8	29.2			19	14	89.6
Far-Western								100.0
66	Surkhet	68.0	32.0			16	9	
67	Achham	67.7	32.3			20	14	89.6
68	Baitadi	80.0	20.0			23	14	62.0
69	Bajhang	69.5	23.2		7.4	22	14	69.5
70	Bajura	76.4	18.0		5.6	16	11	77.5
71	Dadeldhura	75.3	14.0	4.3	6.5	31	12	92.5
72	Darchula	65.3	34.7			20	7	55.1
73	Doti	85.1	14.9			12	3	83.0
74	Kailali	52.0	47.0	1.0		44	24	54.0
75	Kanchanpur	59.1	36.6		4.3	22	18	90.4
	Total	**72.4**	**24.9**	**1.4**	**1.3**	**29**	**14**	**80.2**

Annex Table 3.3: Percent distribution of FCHVs according time since last contacted by a person other than some one from local health facility or VDC by districts

	Districts	Less than one month	1-12 months	More than 1 year	Never/Do not know	Mean days	Median days
Eastern							
1	Bhojpur	2.0	36.7	32.7	28.6	556	365
2	Dhankuta	4.3	43.5	15.2	37.0	554	356
3	Ilam	2.0	14.0	18.0	66.0	851	730
4	Jhapa	11.0	51.0	8.0	30.0	208	90
5	Khotang		25.5	8.5	66.0	524	365
6	Morang	40.2	53.6	1.0	5.2	62	30
7	Okhaldhunga	8.0	36.0	14.0	42.0	389	270
8	Panchthar	6.1	15.3	6.1	72.4	262	90
9	Sankhuwasabha		37.5	4.2	58.3	369	111
10	Saptari	13.7	65.3	7.4	13.7	201	120
11	Siraha	4.1	73.5	3.1	19.4	217	120
12	Solukhumbu	4.3	14.9	12.8	68.1	684	343
13	Sunsari	15.0	60.0	12.0	13.0	316	180
14	Taplejjung	2.0	8.0	8.0	82.0	583	210
15	Terhathum	12.2	59.2	20.4	8.2	335	150
16	Udayapur	1.1	46.2	12.9	39.8	352	365
Central							
17	Bara	48.0	49.0	0.0	3.0	37	30
18	Bhaktapur	4.4	24.4	51.1	20.0	681	730
19	Chitwan	30.3	64.6	2.0	3.0	150	60
20	Dhading	4.1	26.5	16.3	53.1	568	365
21	Dhanusa	26.5	54.1	7.1	12.2	197	60
22	Dolakha		20.0	10.0	70.0	567	365
23	Kathmandu	6.0	26.0	18.0	50.0	474	365
24	Kavre	9.4	47.9	12.5	30.2	378	362
25	Lalitpur	12.2	36.7	14.3	36.7	310	148
26	Mahotari	14.3	64.3	11.2	10.2	241	105
27	Makwanpur	18.0	50.0	5.0	27.0	156	60
28	Nuwakot	2.1	42.3	23.7	32.0	561	365
29	Parsa	38.8	40.8	1.0	19.4	66	30
30	Ramechhap	2.1	14.6	18.8	64.6	780	540
31	Rasuwa	19.2	71.7	4.0	5.1	152	66
32	Rautahat	58.3	26.0	4.2	11.5	109	14
33	Sarlahi	14.0	62.0	5.0	19.0	165	60
34	Sindhuli	2.3	50.0	9.1	38.6	380	365
35	Sindhupalchowk	8.3	14.6	8.3	68.8	659	90
Western							
36	Arghakhanchi		26.0	14.0	60.0	617	365
37	Baglung	2.1	44.7	14.9	38.3	387	365
38	Gorkha	35.4	43.8	2.1	18.8	83	30
39	Gulmi	14.3	34.7	6.1	44.9	236	120
40	Kapilbastu	22.2	24.2	9.1	44.4	329	60
41	Kaski	8.2	53.6	22.7	15.5	456	365
42	Lamjung	8.3	16.7	22.9	52.1	633	365
43	Manang		55.3	8.5	36.2	455	365
44	Mustang		33.3	10.4	56.3	385	365
45	Myagdi	6.1	44.9	10.2	38.8	232	30
46	Nawalparasi	8.2	47.4	17.5	26.8	389	180
47	Palpa		18.8	16.7	64.6	829	365
48	Parbat	16.3	55.1	8.2	20.4	195	90
49	Rupandehi	14.0	40.0	7.0	39.0	289	180
50	Syangja	2.0	20.4	10.2	67.3	453	365
51	Tanahu	24.7	45.4	4.1	25.8	206	135
Mid-Western							
52	Banke	32.3	54.5	5.1	8.1	150	30
53	Bardia	11.0	38.0	11.0	40.0	369	154
54	Dailekh	4.1	51.0	4.1	40.8	247	210
55	Dang	14.0	61.0	10.0	15.0	217	90
56	Dolpa	6.1	50.0	18.2	25.8	337	236
57	Humla	10.0	23.3	2.2	64.4	131	46
58	Jajarkot	9.4	41.7	0.0	49.0	84	30
59	Jumla	9.4	18.8	2.1	69.8	160	55
60	Kalikot	2.3	4.6	9.2	83.9	1068	996
61	Mugu	3.1	46.4	10.3	40.2	317	120
62	Pyuthan	4.0	32.0	16.0	48.0	467	165
63	Rolpa		4.3	6.5	89.1	626	730
64	Rukum	3.3	14.4	10.0	72.2	393	319
65	Salyan	4.2	33.3	8.3	54.2	326	180
66	Surkhet	14.0	40.0	18.0	28.0	328	75
Far-Western							
67	Achham	3.1	35.4	16.7	44.8	419	125
68	Baitadi	4.0	42.0	10.0	44.0	443	255
69	Bajhang	4.2	22.1	4.2	69.5	307	90
70	Bajura	12.4	41.6	2.2	43.8	122	30
71	Dadeldhura	25.8	35.5	7.5	31.2	238	45
72	Darchula	2.0	12.2	32.7	53.1	1210	751
73	Doti	4.3	51.1	8.5	36.2	274	105
74	Kailali	27.0	47.0	12.0	14.0	260	60
75	Kanchanpur	20.2	42.6	1.1	36.2	106	30
	Total	**12.2**	**38.9**	**10.7**	**38.2**	**318**	**120**

Annex Table 3.4: Percentage distribution of FCHVs according to the time of last meeting at health facility by districts

Districts		Number of days before attended last meeting of health facilities					
		Less than one month	1-6 months	More than 6 months	Never/Do not know	Mean	Median
Eastern							
1	Bhojpur	22.4	77.6	0.0	0.0	42	30
2	Dhankuta	71.7	19.6	1.1	7.6	25	18
3	Ilam	66.0	34.0	0.0	0.0	30	21
4	Jhapa	57.0	42.0	0.0	1.0	24	28
5	Khotang	42.6	55.3	0.0	2.1	41	30
6	Morang	76.3	23.7	0.0	0.0	22	14
7	Okhaldhunga	12.0	88.0	0.0	0.0	43	30
8	Panchthar	85.7	14.3	0.0	0.0	12	7
9	Sankhuwasabha	29.2	22.9	0.0	47.9	28	15
10	Saptari	53.2	45.7	0.0	1.1	25	28
11	Siraha	45.9	53.1	1.0	0.0	36	30
12	Solukhumbu	31.9	17.0	2.1	48.9	36	19
13	Sunsari	82.0	18.0	0.0	0.0	17	18
14	Tap lejjung	44.0	54.0	0.0	2.0	30	30
15	Terhathum	46.9	53.1	0.0	0.0	27	30
16	Udayapur	55.9	44.1	0.0	0.0	24	19
Central							
17	Bara	54.0	45.0	1.0	0.0	28	27
18	Bhaktapur	44.4	55.6	0.0	0.0	36	30
19	Chitwan	74.7	23.2	1.0	1.0	23	14
20	Dhading	18.4	55.1	10.2	16.3	102	90
21	Dhanusa	51.5	47.4	0.0	1.0	25	27
22	Dolakha	12.0	70.0	12.0	6.0	189	60
23	Kathmandu	18.0	76.0	0.0	6.0	48	30
24	Kavre	27.1	47.9	7.3	17.7	99	59
25	Lalitpur	85.7	14.3	0.0	0.0	13	7
26	Mahotari	57.1	41.8	0.0	1.0	23	21
27	Makwanpur	57.0	36.0	0.0	7.0	24	19
28	Nuwakot	60.8	37.1	2.1	0.0	34	20
29	Parsa	61.2	36.7	2.0	0.0	39	20
30	Ramechhap	35.4	50.0	6.3	8.3	62	30
31	Rasuwa	45.5	52.5	2.0	0.0	51	30
32	Rautahat	68.4	29.5	1.1	1.1	22	21
33	Sarlahi	39.0	59.0	2.0	0.0	53	30
34	Sindhuli	52.3	29.5	9.1	9.1	55	14
35	Sindhupalchowk	10.4	64.6	2.1	22.9	69	60
Western							
36	Arghakhanchi	30.0	62.0	6.0	2.0	71	30
37	Baglung	36.2	38.3	0.0	25.5	31	30
38	Gorkha	58.3	41.7	0.0		22	21
39	Gulmi	61.2	24.5	0.0	14.3	28	19
40	Kapilbastu	70.7	29.3	0.0	0.0	21	21
41	Kaski	45.4	52.6	2.1	0.0	47	30
42	Lamjung	85.4	14.6	0.0	0.0	18	12
43	Manang	17.0	83.0	0.0	0.0	62	60
44	Mustang	50.0	45.8	4.2	0.0	64	29
45	Myagdi	59.2	38.8	2.0	0.0	32	21
46	Nawalparasi	58.8	39.2	0.0	2.1	22	21
47	Palpa	39.6	54.2	2.1	4.2	54	30
48	Parbat	51.0	22.4	0.0	26.5	31	14
49	Rupandehi	40.0	60.0	0.0	0.0	32	30
50	Syangja	32.7	67.3	0.0	0.0	42	30
51	Tanahu	73.2	25.8	0.0	1.0	25	14
Mid-Western							
52	Banke	68.7	31.3	0.0	0.0	21	21
53	Bardia	48.0	52.0	0.0	0.0	24	30
54	Dailekh	26.5	51.0	0.0	22.4	44	30
55	Dang	46.0	54.0	0.0	0.0	35	30
56	Dolpa	37.9	59.1	0.0	3.0	40	30
57	Humla	22.2	30.0	8.9	38.9	276	31
58	Jajarkot	8.3	90.6	1.0	0.0	57	60
59	Jumla	55.2	42.7	0.0	2.1	27	22
60	Kalikot	17.2	81.6	1.1	0.0	45	30
61	Mugu	8.2	88.7	3.1	0.0	59	30
62	Pyuthan	56.0	40.0	2.0	2.0	57	9
63	Rolpa	41.3	52.2	4.3	2.2	73	30
64	Rukum	32.2	65.6	0.0	2.2	45	30
65	Salyan	8.3	39.6	0.0	52.1	58	30
66	Surkhet	0.0	60.0	4.0	36.0	155	60
Far-Western							
67	Achham	42.7	45.8	3.1	8.3	76	30
68	Baitadi	12.0	80.0	4.0	4.0	82	60
69	Bajhang	53.7	36.8	3.2	6.3	41	21
70	Bajura	65.2	31.5	0.0	3.4	24	16
71	Dadeldhura	74.2	22.6	3.2		30	18
72	Darchula	32.7	46.9	10.2	10.2	69	30
73	Doti	51.1	36.2	8.5	4.3	48	21
74	Kailali	21.0	77.0	2.0		41	30
75	Kanchanpur	41.9	58.1	0.0	0.0	23	30
	Total	**45.0**	**47.6**	**1.8**	**5.6**	**45**	**30**

Annex Table 3.5: Percentage distribution of all FCHVs who had Ward register, FCHVs flipchart, FCHVs signboard , FCHVs Manual at the time of survey by districts

Characteristics		Availability of					Total N
		Ward Register	FCHV flipchart	FCHV Signboard	FCHV Manual		
					Old	New after 2060	
Eastern							
1	Bhojpur	81.6	77.6	63.3	42.9	0.0	67
2	Dhankuta	93.5	50.0	62.0	13.0	58.7	37
3	Ilam	100.0	56.0	68.0	16.0	68.0	136
4	Jhapa	99.0	89.0	50.0	5.0	90.0	59
5	Khotang	76.6	85.1	51.1	19.1	66.0	110
6	Morang	96.9	70.1	44.3	36.1	9.3	69
7	Okhaldhunga	74.0	78.0	44.0	54.0	16.0	84
8	Panchthar	99.0	48.0	61.2	28.6	36.7	43
9	Sankhuwasabha	93.8	25.0	66.7	58.3	0.0	35
10	Saptari	91.6	16.8	52.6	2.1	88.4	121
11	Siraha	91.8	87.8	42.9	5.1	85.7	112
12	Solukhumbu	89.4	83.0	72.3	42.6	12.8	36
13	Sunsari	99.0	79.0	52.0	3.0	87.0	125
14	Taplejung	88.0	74.0	70.0	58.0	10.0	101
15	Terhathum	98.0	95.9	83.7	32.7	40.8	48
16	Udayapur	83.9	7.5	61.3	28.0	2.2	47
Central							
17	Bara	98.0	98.0	33.0	3.0	94.0	104
18	Bhaktapur	100.0	93.3	15.6	8.9	91.1	17
19	Chitwan	97.0	84.8	70.7	40.4	40.4	38
20	Dhading	87.8	91.8	67.3	0.0	98.0	53
21	Dhanusa	96.9	69.4	23.5	11.3	72.2	106
22	Dolakha	100.0	90.0	24.0	18.0	80.0	145
23	Kathmandu	82.0	72.0	30.0	16.0	78.0	137
24	Kavre	88.5	40.6	28.1	4.2	60.4	92
25	Lalitpur	91.8	81.6	57.1	4.1	89.8	43
26	Mahotari	98.0	67.3	32.7	43.9	18.4	80
27	Makwanpur	88.0	53.0	23.0	39.0	2.0	46
28	Nuwakot	91.8	7.2	63.9	55.7	0.0	127
29	Parsa	90.8	62.2	10.2	13.3	1.0	87
30	Ramechhap	93.8	91.7	64.6	14.6	85.4	88
31	Rasuwa	97.0	93.9	54.5	0.0	97.0	29
32	Rautahat	92.7	81.3	18.8	9.4	64.6	102
33	Sarlahi	85.0	9.0	6.0	9.0	2.0	156
34	Sindhuli	27.3	20.5	65.9	29.5	38.6	56
35	Sindhupalchowk	100.0	75.0	45.8	0.0	85.4	84
Western							
36	Arghakhanchi	92.0	84.0	62.0	14.0	84.0	99
37	Baglung	76.6	78.7	66.0	14.9	74.5	100
38	Gorkha	70.8	47.9	60.4	4.2	41.7	70
39	Gulmi	95.9	87.8	57.1	12.2	73.5	117
40	Kapilbastu	87.9	82.8	45.5	6.1	75.8	124
41	Kaski	97.9	76.3	48.5	12.4	45.4	93
42	Lamjung	97.9	70.8	62.5	4.2	89.6	79
43	Manang	97.9	95.7	74.5	4.3	95.7	13
44	Mustang	62.5	2.1	37.5	31.3	4.2	17
45	Myagdi	63.3	42.9	32.7	14.3	42.9	42
46	Nawalparasi	96.9	84.5	57.7	0.0	97.9	82
47	Palpa	81.3	64.6	56.3	8.3	54.2	69
48	Parbat	100.0	73.5	63.3	16.3	63.3	58
49	Rupandehi	97.0	83.8	31.0	1.0	98.0	152
50	Syangja	79.6	83.7	57.1	10.2	83.7	64
51	Tanahu	95.9	43.3	41.2	39.2	12.4	50
Mid-Western							
52	Banke	94.9	96.0	25.3	2.0	91.9	78
53	Bardia	97.0	98.0	61.0	2.0	94.0	89
54	Dailekh	63.3	20.4	40.8	36.7	0.0	88
55	Dang	89.0	61.0	45.0	53.0	24.0	92
56	Dolpa	72.7	15.2	89.4	50.0	1.5	24
57	Humla	52.2	81.1	53.3	3.3	70.0	29
58	Jajarkot	97.9	71.9	37.5	31.3	2.1	32
59	Jumla	90.6	97.9	45.8	0.0	94.8	66
60	Kalikot	68.2	11.8	36.8	32.2	4.6	32
61	Mugu	74.2	41.2	54.6	25.8	3.1	25
62	Pyuthan	86.0	64.0	62.0	4.0	78.0	52
63	Rolpa	60.9	71.7	41.3	2.2	84.8	54
64	Rukum	76.7	70.0	43.3	7.8	77.8	46
65	Salyan	95.8	81.3	16.7	0.0	95.8	50
66	Surkhet	82.0	92.0	30.0	2.0	82.0	105
Far-Western							
67	Achham	87.5	50.0	51.0	64.6	1.0	79
68	Baitadi	84.0	42.0	72.0	6.0	92.0	81
69	Bajhang	96.8	53.7	74.7	10.5	81.1	52
70	Bajura	94.4	50.0	27.3	0.0	96.6	30
71	Dadeldhura	89.2	37.6	31.2	49.5	1.1	45
72	Darchula	91.8	6.1	93.9	65.3	0.0	43
73	Doti	78.7	19.1	38.3	27.7	4.3	73
74	Kailali	97.0	89.0	71.0	5.0	91.0	135
75	Kanchanpur	100.0	89.4	28.7	8.5	89.4	78
	Total	**89.0**	**66.3**	**47.4**	**17.6**	**58.2**	**5,526**

Annex Table 3.6: Percentage distribution of FCHVs according to the time since they last attended a meeting at their health facility, the time since they last attended a meeting or training that paid an allowance and whether anyone from outside their VDC participated in their last training

		Time since attended a meeting at health facility				Time since attended a meeting/training that paid an allowance				Anyone from outside participated in last training
	District	Less than one month	1-6 months	More than 6 months	Never/ Do not know	Less than one month	1-6 months	More than 6 months	Never/Do not know	
Eastern										
1	Bhojpur	22.4	77.6	0.0	0.0	28.6	71.4			4.1
2	Dhankuta	71.7	19.6	1.1	7.6	70.7	29.3			26.1
3	Ilam	66.0	34.0	0.0	0.0	74.0	26.0			2.0
4	Jhapa	57.0	42.0	0.0	1.0	76.0	22.0		2.0	19.4
5	Khotang	42.6	55.3	0.0	2.1	25.5	72.3		2.1	30.4
6	Morang	76.3	23.7	0.0	0.0	25.8	69.1	3.1	2.1	51.1
7	Okhaldhunga	12.0	88.0	0.0	0.0	2.0	98.0			36.0
8	Panchthar	85.7	14.3	0.0	0.0	78.6	21.4			11.2
9	Sankhuwasabha	29.2	22.9	0.0	47.9	66.7	33.3			12.5
10	Saptari	53.2	45.7	0.0	1.1	35.8	55.8	3.2	5.3	37.5
11	Siraha	45.9	53.1	1.0	0.0	26.5	69.4	3.1	1.0	48.5
12	Solukhumbu	31.9	17.0	2.1	48.9	38.3	57.4	4.3		24.4
13	Sunsari	82.0	18.0	0.0	0.0	71.0	27.0	2.0		34.3
14	Taplejjung	44.0	54.0	0.0	2.0	44.0	56.0			8.0
15	Terhathum	46.9	53.1	0.0	0.0	20.4	79.6			20.4
16	Udayapur	55.9	44.1	0.0	0.0	57.0	40.9	2.2		11.8
Central										
17	Bara	54.0	45.0	1.0	0.0	21.0	78.0	1.0		72.7
18	Bhaktapur	44.4	55.6	0.0	0.0	8.9	91.1			15.6
19	Chitwan	74.7	23.2	1.0	1.0	12.1	83.8	3.0	1.0	59.4
20	Dhading	18.4	55.1	10.2	16.3	26.5	73.5			12.2
21	Dhanusa	51.5	47.4	0.0	1.0	34.7	61.2	2.0	2.0	36.8
22	Dolakha	12.0	70.0	12.0	6.0	8.0	92.0			4.0
23	Kathmandu	18.0	76.0	0.0	6.0	10.0	88.0	2.0		28.0
24	Kavre	27.1	47.9	7.3	17.7	39.6	52.1	8.3		62.2
25	Lalitpur	85.7	14.3	0.0	0.0	81.6	18.4			8.2
26	Mahotari	57.1	41.8	0.0	1.0	14.3	62.2	11.2	12.2	61.0
27	Makwanpur	57.0	36.0	0.0	7.0	6.0	82.0		12.0	35.2
28	Nuwakot	60.8	37.1	2.1	0.0	20.6	78.4	1.0		21.9
29	Parsa	61.2	36.7	2.0	0.0	20.4	71.4	2.0	6.1	61.5
30	Ramechhap	35.4	50.0	6.3	8.3	43.8	52.1	2.1	2.1	19.1
31	Rasuwa	45.5	52.5	2.0	0.0	22.2	70.7	7.1		97.0
32	Rautahat	68.4	29.5	1.1	1.1	72.9	25.0	1.0	1.0	70.5
33	Sarlahi	39.0	59.0	2.0	0.0	36.0	61.0	2.0	1.0	28.9
34	Sindhuli	52.3	29.5	9.1	9.1	29.5	61.4	6.8	2.3	36.6
35	Sindhupalchowk	10.4	64.6	2.1	22.9	39.6	60.4			25.0
Western										
36	Arghakhanchi	30.0	62.0	6.0	2.0	20.0	76.0	4.0		40.8
37	Baglung	36.2	38.3	0.0	25.5	74.5	25.5			2.1
38	Gorkha	58.3	41.7	0.0	0.0	45.8	54.2			70.8
39	Gulmi	61.2	24.5	0.0	14.3	46.9	46.9		6.1	41.3
40	Kapilbastu	70.7	29.3	0.0	0.0	63.6	36.4			46.5
41	Kaski	45.4	52.6	2.1	0.0	41.2	55.7	3.1		15.5
42	Lamjung	85.4	14.6	0.0	0.0	64.6	35.4			10.4
43	Manang	17.0	83.0	0.0	0.0	44.7	53.2	2.1		39.1
44	Mustang	50.0	45.8	4.2	0.0	50.0	45.8	4.2		10.9
45	Myagdi	59.2	38.8	2.0	0.0	53.1	44.9	2.0		8.2
46	Nawalparasi	58.8	39.2	0.0	2.1	29.9	69.1		1.0	32.3
47	Palpa	39.6	54.2	2.1	4.2	41.7	56.3	2.1		17.0
48	Parbat	51.0	22.4	0.0	26.5	95.9	4.1			14.3
49	Rupandehi	40.0	60.0	0.0	0.0	22.0	78.0			34.0
50	Syangja	32.7	67.3	0.0	0.0	32.7	67.3			6.1
51	Tanahu	73.2	25.8	0.0	1.0	71.1	26.8	1.0	1.0	21.9
Mid-Western										
52	Banke	68.7	31.3	0.0	0.0	25.3	68.7	4.0	2.0	43.2
53	Bardia	48.0	52.0	0.0	0.0	12.0	75.0		13.0	36.8
54	Dailekh	26.5	51.0	0.0	22.4	14.3	83.7	2.0		10.4
55	Dang	46.0	54.0	0.0	0.0	28.0	71.0	1.0		71.7
56	Dolpa	37.9	59.1	0.0	3.0	34.8	62.1		3.0	12.5
57	Humla	22.2	30.0	8.9	38.9	70.0	30.0			41.1
58	Jajarkot	8.3	90.6	1.0	0.0	4.2	94.8	1.0		17.9
59	Jumla	55.2	42.7	0.0	2.1	43.7	54.2		2.1	31.9
60	Kalikot	17.2	81.6	1.1	0.0	23.0	77.0			15.1
61	Mugu	8.2	88.7	3.1	0.0	5.2	91.8	3.1		56.5
62	Pyuthan	56.0	40.0	2.0	2.0	64.0	36.0			18.0
63	Rolpa	41.3	52.2	4.3	2.2	2.2	93.5	4.3		13.6
64	Rukum	32.2	65.6	0.0	2.2	37.8	57.8	2.2	2.2	17.2
65	Salyan	8.3	39.6	0.0	52.1	37.5	62.5			22.9
66	Surkhet	0.0	60.0	4.0	36.0	2.0	98.0			62.0
Far-Western										
67	Achham	42.7	45.8	3.1	8.3	35.4	63.5	1.0		17.9
68	Baitadi	12.0	80.0	4.0	4.0	6.0	90.0	2.0	2.0	18.8
69	Bajhang	53.7	36.8	3.2	6.3	50.5	49.5			8.4
70	Bajura	65.2	31.5	0.0	3.4	25.8	65.2		9.0	44.4
71	Dadeldhura	74.2	22.6	3.2	0.0	86.0	14.0			26.9
72	Darchula	32.7	46.9	10.2	10.2	18.4	69.4	12.2		0.0
73	Doti	51.1	36.2	8.5	4.3	48.9	44.7	4.3	2.1	15.6
74	Kailali	21.0	77.0	2.0	0.0	18.0	76.0	3.0	3.0	28.9
75	Kanchanpur	41.9	58.1	0.0	0.0	35.1	63.8	1.1		70.7
	Total	**45.0**	**47.6**	**1.8**	**5.6**	**36.3**	**60.7**	**1.6**	**1.4**	**31.0**

Annex Table 3.7: Percentage of FCHVs according to having a radio, frequency of radio listening and get to choose the program among those who have radio by districts

Characteristics		FCHVs with Radio	Frequency of Radio listening habit				Total N	Get to choose the program				
			Almost every day	At least once a week	Less than once a week	Not at all		Always	Often	Some-times	Rarely	Total
Eastern												
1	Bhojpur	89.8	73.5	16.3	0.0	10.2	67	34.1	47.7	18.2	0.0	60
2	Dhankuta	83.7	46.7	28.3	8.7	16.3	37	11.7	29.9	51.9	6.5	31
3	Ilam	98.0	48.0	46.0	4.0	2.0	136	16.3	71.4	12.2	0.0	133
4	Jhapa	98.0	81.0	17.0		2.0	59	43.9	27.6	28.6	0.0	58
5	Khotang	89.4	51.1	34.0	4.3	10.6	110	23.8	26.2	38.1	11.9	98
6	Morang	78.4	42.3	21.6	11.3	24.7	69	17.1	39.5	30.3	12.1	54
7	Okhaldhunga	88.0	54.0	22.0	12.0	12.0	84	34.1	38.6	27.3	0.0	74
8	Panchthar	88.8	61.2	24.5	3.1	11.2	43	16.1	64.4	18.4	1.1	39
9	Sankhuwasabha	77.1	47.9	22.9	6.3	22.9	35	29.7	35.1	35.1	0.0	27
10	Saptari	63.2	45.3	15.8	2.1	36.8	121	41.7	26.7	28.3	3.3	76
11	Siraha	91.8	64.3	25.5	2.0	8.2	112	37.8	41.1	20.0	1.1	103
12	Solukhumbu	78.7	55.3	17.0	6.4	21.3	36	21.6	43.2	29.7	5.4	28
13	Sunsari	100.0	73.0	24.0	2.0	1.0	125	54.0	24.0	21.0	1.0	125
14	Taplejung	88.0	34.0	42.0	12.0	12.0	101	22.7	20.5	54.5	2.3	88
15	Terhathum	89.8	81.6	8.2		10.2	48	61.4	31.8	6.8	0.0	43
16	Udayapur	76.3	62.4	10.8	3.2	23.7	47	47.9	14.1	31.0	7.0	36
Central												
17	Bara	98.0	49.0	41.0	8.0	2.0	104	49.0	28.6	21.4	1.0	102
18	Bhaktapur	84.4	46.7	31.1	6.7	15.6	17	36.8	42.1	21.1	0.0	14
19	Chitwan	86.9	73.7	12.1	1.0	13.1	38	83.7	0.0	15.1	1.2	33
20	Dhading	83.7	38.8	34.7	10.2	16.3	53	7.3	51.2	41.5	0.0	44
21	Dhanusa	87.8	50.0	25.5	12.2	12.2	107	47.7	11.6	38.4	2.3	94
22	Dolakha	94.0	24.0	68.0	2.0	6.0	145	10.6	46.8	42.6	0.0	136
23	Kathmandu	94.0	76.0	12.0	6.0	6.0	137	76.6	12.8	10.6	0.0	129
24	Kavre	81.3	60.4	17.7	3.1	18.8	92	12.8	39.7	38.5	9.0	75
25	Lalitpur	79.6	40.8	32.7	6.1	20.4	43	33.3	38.5	23.1	5.1	35
26	Mahotari	96.9	50.0	40.8	6.1	3.1	80	58.9	20.0	18.9	2.1	78
27	Makwanpur	83.0	39.0	35.0	9.0	17.0	46	28.9	55.4	10.8	4.8	38
28	Nuwakot	77.3	54.6	17.5	5.2	22.7	127	44.0	18.7	36.0	1.3	98
29	Parsa	98.0	49.0	40.8	8.2	2.0	87	57.3	16.7	26.0	0.0	85
30	Ramechhap	89.6	58.3	20.8	10.4	10.4	88	32.6	25.6	41.9	0.0	79
31	Rasuwa	99.0	64.6	23.2	11.1	1.0	29	13.3	31.6	49.0	6.1	29
32	Rautahat	96.9	45.8	34.4	16.7	3.1	102	18.3	36.6	39.8	5.4	98
33	Sarlahi	69.0	55.0	8.0	6.0	31.0	156	42.0	26.1	30.4	1.4	107
34	Sindhuli	79.5	65.9	11.4	2.3	20.5	56	54.3	17.1	28.6	0.0	45
35	Sindhupalchowk	93.8	45.8	43.8	4.2	6.3	84	6.7	28.9	55.6	8.9	78
Western												
36	Arghakhanchi	94.0	54.0	36.0	4.0	6.0	99	57.4	21.3	19.1	2.1	93
37	Baglung	93.6	57.4	23.4	12.8	6.4	100	31.8	31.8	36.4	0.0	93
38	Gorkha	79.2	62.5	14.6	2.1	20.8	70	42.1	39.5	18.4	0.0	55
39	Gulmi	98.0	65.3	24.5	8.2	2.0	117	43.8	22.9	33.3	0.0	115
40	Kapilbastu	54.5	23.2	17.2	14.1	45.5	124	42.6	5.6	46.3	5.6	68
41	Kaski	95.9	79.4	14.4	2.1	4.1	93	52.7	24.7	22.6	0.0	89
42	Lamjung	77.1	64.6	8.3	4.2	22.9	79	73.0	18.9	8.1	0.0	61
43	Manang	72.3	36.2	25.5	10.6	27.7	13	44.1	38.2	17.6	0.0	9
44	Mustang	54.2	12.5	22.9	18.8	45.8	17	15.4	15.4	42.3	26.9	9
45	Myagdi	75.5	61.2	10.2	2.0	26.5	42	62.2	5.4	27.0	5.4	32
46	Nawalparasi	94.8	50.5	28.9	15.5	5.2	82	32.6	38.0	22.8	6.5	77
47	Palpa	85.4	72.9	10.4	2.1	14.6	69	48.8	31.7	17.1	2.4	59
48	Parbat	95.9	69.4	22.4	4.1	4.1	58	36.2	44.7	19.1	0.0	56
49	Rupandehi	81.0	49.0	12.0	18.0	21.0	152	44.4	23.5	27.2	5.9	123
50	Syangja	81.6	65.3	10.2	6.1	18.4	64	42.5	27.5	20.0	10.0	52
51	Tanahu	86.6	62.9	14.4	9.3	13.4	50	60.7	15.5	23.8	0.0	43
Mid-Western												
52	Banke	96.0	68.7	26.3	1.0	4.0	78	51.6	27.4	20.0	1.1	75
53	Bardia	73.0	61.0	7.0	5.0	27.0	89	68.5	13.7	12.3	5.5	65
54	Dailekh	75.5	44.9	18.4	12.2	24.5	88	27.0	45.9	24.3	2.7	67
55	Dang	93.0	73.0	16.0	4.0	7.0	92	52.7	30.1	16.1	1.1	86
56	Dolpa	74.2	63.6	7.6	3.0	25.8	24	53.1	30.6	14.3	2.0	18
57	Humla	61.1	32.2	25.6	3.3	38.9	29	32.7	20.0	32.7	14.5	17
58	Jajarkot	66.7	37.5	21.9	7.3	33.3	32	18.8	50.0	29.7	1.6	21
59	Jumla	61.5	37.5	20.8	2.1	39.6	66	39.0	16.9	39.0	5.1	41
60	Kalikot	63.2	40.2	18.4	4.6	36.8	32	40.0	30.9	25.5	3.6	20
61	Mugu	59.8	8.2	26.8	24.7	40.2	25	10.3	20.7	55.2	13.8	15
62	Pyuthan	72.0	50.0	22.0		28.0	52	52.8	25.0	22.2	0.0	37
63	Rolpa	82.6	50.0	28.3	4.3	17.4	54	55.3	34.2	7.9	2.6	45
64	Rukum	64.4	43.3	11.1	10.0	35.6	46	36.2	31.0	27.6	5.2	29
65	Salyan	91.7	87.5	2.1	2.1	8.3	50	59.1	38.6	2.3	0.0	46
66	Surkhet	90.0	78.0	8.0	4.0	10.0	105	60.0	26.7	13.3	0.0	95
Far-Western												
67	Achham	71.9	35.4	21.9	14.6	28.1	79	31.9	24.6	36.2	7.2	57
68	Baitadi	86.0	68.0	16.0	2.0	14.0	81	58.1	23.3	18.6	0.0	69
69	Bajhang	75.8	55.8	11.6	7.4	25.3	52	45.8	26.4	22.2	2.8	40
70	Bajura	75.3	20.2	29.2	22.5	28.1	30	13.4	29.9	38.8	17.9	23
71	Dadeldhura	82.8	43.0	25.8	14.0	17.2	45	32.5	22.1	40.3	5.2	37
72	Darchula	83.7	59.2	22.4	2.0	16.3	43	41.5	29.3	29.3	0.0	36
73	Doti	89.4	34.0	36.2	17.0	12.8	73	28.6	23.8	42.9	4.8	66
74	Kailali	84.0	59.0	25.0		16.0	135	29.8	42.9	25.0	2.4	113
75	Kanchanpur	78.7	52.1	21.3	5.3	21.3	78	39.2	25.7	31.1	4.1	62
	Total	**84.8**	**54.4**	**23.4**	**6.7**	**15.4**	**5,526**	**40.1**	**29.8**	**27.3**	**2.8**	**4,685**

Annex Table 3.8: Percentage distribution of FCHVs according to level of understanding of Nepali language on radio broadcasts by districts

Characteristics		Well/ Easily	With some difficulty	With great difficulty	Not at all	Never listen radio
Eastern						
1	Bhojpur	98.0	2.0	0.0	0.0	0.0
2	Dhankuta	94.6	4.3	0.0	0.0	1.1
3	Ilam	100.0	0.0	0.0	0.0	0.0
4	Jhapa	96.0	3.0	0.0	0.0	1.0
5	Khotang	97.9	0.0	0.0	0.0	2.1
6	Morang	76.3	10.3	3.1	0.0	10.3
7	Okhaldhunga	96.0	4.0	0.0	0.0	0.0
8	Panchthar	96.9	2.0	1.0	0.0	0.0
9	Sankhuwasabha	93.8	2.1	2.1	0.0	2.1
10	Saptari	48.4	36.8	7.4	5.3	2.1
11	Siraha	64.3	32.7	3.1	0.0	0.0
12	Solukhumbu	87.2	10.6	0.0	0.0	2.1
13	Sunsari	92.0	5.0	2.0	0.0	1.0
14	Taplejung	94.0	6.0	0.0	0.0	0.0
15	Terhathum	100.0	0.0	0.0	0.0	0.0
16	Udayapur	96.8	1.1	1.1	0.0	1.1
Central						
17	Bara	21.0	48.0	24.0	7.0	0.0
18	Bhaktapur	100.0	0.0	0.0	0.0	0.0
19	Chitwan	98.0	1.0	0.0	0.0	1.0
20	Dhading	100.0	0.0	0.0	0.0	0.0
21	Dhanusa	45.9	27.6	20.4	4.1	2.0
22	Dolakha	100.0	0.0	0.0	0.0	0.0
23	Kathmandu	96.0	0.0	0.0	0.0	4.0
24	Kavre	89.6	6.3	3.1	0.0	1.0
25	Lalitpur	83.7	16.3	0.0	0.0	0.0
26	Mahotari	49.0	26.5	23.5	0.0	1.0
27	Makwanpur	95.0	0.0	0.0	0.0	5.0
28	Nuwakot	95.9	0.0	1.0	0.0	3.1
29	Parsa	20.4	31.6	40.8	7.1	0.0
30	Ramechhap	97.9	2.1	0.0	0.0	0.0
31	Rasuwa	47.5	34.3	17.2	1.0	0.0
32	Rautahat	11.5	51.0	30.2	7.3	0.0
33	Sarlahi	73.0	14.0	11.0	1.0	1.0
34	Sindhuli	93.2	6.8	0.0	0.0	0.0
35	Sindhupalchowk	87.5	10.4	2.1	0.0	0.0
Western						
36	Arghakhanchi	98.0	0.0	0.0	0.0	2.0
37	Baglung	97.9	2.1	0.0	0.0	0.0
38	Gorkha	75.0	18.8	2.1	0.0	4.2
39	Gulmi	100.0	0.0	0.0	0.0	0.0
40	Kapilbastu	34.3	12.1	18.2	9.1	26.3
41	Kaski	100.0	0.0	0.0	0.0	0.0
42	Lamjung	93.8	0.0	0.0	0.0	6.3
43	Manang	74.5	23.4	0.0	0.0	2.1
44	Mustang	45.8	22.9	18.8	0.0	12.5
45	Myagdi	93.9	2.0	0.0	0.0	4.1
46	Nawalparasi	79.4	6.2	13.4	0.0	1.0
47	Palpa	95.8	4.2	0.0	0.0	0.0
48	Parbat	100.0	0.0	0.0	0.0	0.0
49	Rupandehi	72.0	11.0	9.0	3.0	5.0
50	Syangja	95.9	2.0	0.0	0.0	2.0
51	Tanahu	97.9	1.0	0.0	0.0	1.0
Mid-Western						
52	Banke	70.7	20.2	7.1	2.0	0.0
53	Bardia	88.0	6.0	1.0	0.0	5.0
54	Dailekh	89.8	4.1	0.0	0.0	6.1
55	Dang	93.0	7.0	0.0	0.0	0.0
56	Dolpa	89.4	9.1	1.5	0.0	0.0
57	Humla	50.0	32.2	8.9	2.2	6.7
58	Jajarkot	99.0	0.0	0.0	0.0	1.0
59	Jumla	76.0	13.5	1.0	0.0	9.4
60	Kalikot	80.5	13.8	1.1	0.0	3.4
61	Mugu	32.0	50.5	13.4	4.1	0.0
62	Pyuthan	94.0	4.0	0.0	0.0	2.0
63	Rolpa	91.3	8.7	0.0	0.0	0.0
64	Rukum	90.0	6.7	2.2	0.0	1.1
65	Salyan	100.0	0.0	0.0	0.0	0.0
66	Surkhet	100.0	0.0	0.0	0.0	0.0
Far-Western						
67	Achham	85.4	10.4	0.0	0.0	4.2
68	Baitadi	80.0	14.0	2.0	0.0	4.0
69	Bajhang	82.1	10.5	0.0	0.0	7.4
70	Bajura	95.5	0.0	0.0	0.0	4.5
71	Dadeldhura	74.2	17.2	0.0	0.0	8.6
72	Darchula	69.4	26.5	2.0	0.0	2.0
73	Doti	91.5	2.1	0.0	0.0	6.4
74	Kailali	87.0	10.0	2.0	0.0	1.0
75	Kanchanpur	98.9	1.1	0.0	0.0	0.0
	Total	**82.0**	**10.1**	**4.5**	**1.0**	**2.4**

Annex Table 3.9.1: Percentage distribution of FCHVs who have heard specific radio programs in the last 6 months before the survey and frequency of listening Sewa Nai Dharmo Ho by districts

Characteristics		Any health program	*Jana Swasthya Karyakram*	*Gyan Nai Sakti Ho*	*Sewa Nai Dharma Ho*	Frequency of program Sewa Nai Dharma Ho		
						Regularly	Some-times	Rarely
Eastern								
1	Bhojpur	73.5	69.4	22.4	69.4	5.9	94.1	0.0
2	Dhankuta	85.9	75.0	63.0	82.6	0.0	72.4	27.6
3	Ilam	88.0	78.0	12.0	82.0	2.4	90.2	7.3
4	Jhapa	94.0	89.0	86.0	93.0	26.9	73.1	0.0
5	Khotang	93.6	72.3	46.8	68.1	0.0	96.9	3.1
6	Morang	72.2	52.6	38.1	62.9	14.8	60.7	24.6
7	Okhaldhunga	90.0	68.0	24.0	56.0	10.7	85.7	3.6
8	Panchthar	85.7	75.5	30.6	79.6	14.1	82.1	3.8
9	Sankhuwasabha	77.1	52.1	41.7	64.6	6.5	83.9	9.7
10	Saptari	87.4	64.2	33.7	62.1	25.4	67.8	6.8
11	Siraha	94.9	64.3	73.5	89.8	33.0	64.8	2.3
12	Solukhumbu	83.0	57.4	14.9	27.7	46.2	53.8	0.0
13	Sunsari	94.0	69.0	83.0	97.0	57.7	42.3	0.0
14	Taplejung	86.0	50.0	24.0	54.0	18.5	81.5	0.0
15	Terhathum	95.9	81.6	65.3	87.8	2.3	97.7	0.0
16	Udayapur	88.2	62.4	47.3	58.1	42.6	57.4	0.0
Central								
17	Bara	96.0	76.0	79.0	94.0	53.2	45.7	1.1
18	Bhaktapur	86.7	80.0	28.9	97.8	0.0	100.0	0.0
19	Chitwan	83.8	58.6	41.4	79.8	51.9	48.1	0.0
20	Dhading	69.4	67.3	18.4	57.1	28.6	71.4	0.0
21	Dhanusa	81.6	59.2	72.4	81.6	47.5	48.8	3.8
22	Dolakha	76.0	78.0	26.0	68.0	11.8	88.2	0.0
23	Kathmandu	84.0	86.0	30.0	56.0	7.1	92.9	0.0
24	Kavre	90.6	69.8	24.0	87.5	2.4	83.3	14.3
25	Lalitpur	87.8	63.3	65.3	75.5	10.8	86.5	2.7
26	Mahotari	95.9	80.6	81.6	99.0	53.6	42.3	4.1
27	Makwanpur	79.0	63.0	39.0	78.0	12.8	67.9	19.2
28	Nuwakot	79.4	64.9	34.0	62.9	1.6	95.1	3.3
29	Parsa	98.0	68.4	82.7	95.9	57.4	40.4	2.1
30	Ramechhap	83.3	72.9	16.7	39.6	10.5	78.9	10.5
31	Rasuwa	93.9	77.8	77.8	97.0	14.6	76.0	9.4
32	Rautahat	79.2	49.0	59.4	94.8	42.9	50.5	6.6
33	Sarlahi	85.0	69.0	50.0	68.0	25.0	66.2	8.8
34	Sindhuli	72.7	47.7	36.4	52.3	39.1	60.9	0.0
35	Sindhupalchowk	87.5	62.5	31.3	79.2	2.6	68.4	28.9
Western								
36	Arghakhanchi	82.0	76.0	56.0	60.0	23.3	73.3	3.3
37	Baglung	91.5	80.9	2.1	38.3	0.0	100.0	0.0
38	Gorkha	79.2	79.2	47.9	66.7	18.8	81.3	0.0
39	Gulmi	77.6	69.4	26.5	53.1	23.1	69.2	7.7
40	Kapilbastu	38.4	33.3	12.1	21.2	14.3	81.0	4.8
41	Kaski	92.8	92.8	37.1	79.4	22.1	70.1	7.8
42	Lamjung	77.1	68.8	43.8	64.6	0.0	100.0	0.0
43	Manang	74.5	46.8	21.3	68.1	0.0	93.8	6.3
44	Mustang	31.3	25.0	8.3	10.4	0.0	80.0	20.0
45	Myagdi	75.5	67.3	28.6	55.1	14.8	70.4	14.8
46	Nawalparasi	70.1	56.7	61.9	88.7	29.1	61.6	9.3
47	Palpa	87.5	54.2	45.8	68.8	24.2	72.7	3.0
48	Parbat	89.8	71.4	18.4	73.5	2.8	94.4	2.8
49	Rupandehi	76.0	64.0	18.0	52.0	5.8	65.4	28.8
50	Syangja	83.7	55.1	40.8	69.4	14.7	70.6	14.7
51	Tanahu	76.3	77.3	38.1	67.0	12.3	87.7	0.0
Mid-Western								
52	Banke	92.9	82.8	90.9	93.9	54.8	43.0	2.2
53	Bardia	75.0	73.0	64.0	76.0	39.5	52.6	7.9
54	Dailekh	73.5	53.1	32.7	53.1	3.8	73.1	23.1
55	Dang	70.0	65.0	41.0	62.0	27.4	72.6	0.0
56	Dolpa	68.2	30.3	19.7	66.7	2.3	88.6	9.1
57	Humla	58.9	30.0	8.9	17.8	12.5	37.5	50.0
58	Jajarkot	76.0	68.8	4.2	8.3	0.0	100.0	0.0
59	Jumla	70.8	47.9	27.1	46.9	42.2	48.9	8.9
60	Kalikot	64.4	40.2	10.3	26.4	17.4	82.6	0.0
61	Mugu	24.7	19.6	51.5	4.1	0.0	100.0	0.0
62	Pyuthan	72.0	56.0	42.0	58.0	24.1	69.0	6.9
63	Rolpa	76.1	41.3	19.6	32.6	6.7	66.7	26.7
64	Rukum	71.1	53.3	14.4	31.1	3.6	85.7	10.7
65	Salyan	93.8	77.1	39.6	72.9	25.7	71.4	2.9
66	Surkhet	94.0	84.0	60.0	86.0	16.3	81.4	2.3
Far-Western								
67	Achham	61.5	44.8	24.0	33.3	9.4	59.4	31.3
68	Baitadi	78.0	64.0	24.0	42.0	9.5	85.7	4.8
69	Bajhang	72.6	50.5	36.8	53.7	13.7	72.5	13.7
70	Bajura	76.4	74.2	16.9	40.4	8.3	83.3	8.3
71	Dadeldhura	69.9	45.2	18.3	31.2	10.3	75.9	13.8
72	Darchula	75.5	67.3	20.4	44.9	0.0	95.5	4.5
73	Doti	63.8	42.6	38.3	55.3	34.6	46.2	19.2
74	Kailali	89.0	88.0	67.0	84.0	9.5	82.1	8.3
75	Kanchanpur	88.3	68.1	59.6	77.7	17.8	76.7	5.5
	Total	**81.3**	**66.1**	**40.9**	**65.9**	**22.0**	**71.2**	**6.7**

Annex Table 3.9.2: **Percentage distribution of FCHVs who do not listen to the radio program regularly according to reasons for not listening to the program Sewa Nai Dharma Ho and Ever Received and Ever Read Newsletter HAMRO KURA by districts**

Characteristics		Reason for not listening Sewa Nai Dharma Ho Program							Read Newsletter HAMRO KURA		
		Program is not interesting	Language difficult	No time to listen	Don't know when Broad-cast	Broad-casting time not good	Others	Total N	Ever received	Ever read	Total N
Eastern											
1	Bhojpur	0.0	0.0	100.0	6.3	21.9	3.1	44	0.0	0.0	67
2	Dhankuta	0.0	0.0	98.7	7.9	30.3	11.8	31	0.0	1.1	37
3	Ilam	0.0	0.0	100.0	2.5	50.0	0.0	109	2.0	2.0	136
4	Jhapa	0.0	0.0	97.1	1.5	32.4	4.4	40	72.0	70.0	59
5	Khotang	0.0	0.0	96.9	9.4	37.5	3.1	75	0.0	0.0	110
6	Morang	1.9	0.0	98.1	21.2	23.1	11.5	37	4.1	5.2	69
7	Okhaldhunga	0.0	0.0	96.0	4.0	48.0	24.0	42	10.0	10.0	84
8	Panchthar	0.0	1.5	94.0	3.0	50.7	7.5	30	5.1	5.1	43
9	Sankhuwasabha	0.0	0.0	79.3	3.4	48.3	13.8	21	68.8	50.0	35
10	Saptari	2.3	15.9	77.3	11.4	47.7	29.5	56	2.1	2.1	121
11	Siraha	0.0	15.3	91.5	6.8	27.1	25.4	68	39.8	18.4	112
12	Solukhumbu	0.0	0.0	85.7	0.0	71.4	14.3	5	38.3	19.1	36
13	Sunsari	0.0	2.4	73.2	0.0	58.5	2.4	51	70.0	42.0	125
14	Taplejung	0.0	0.0	100.0	31.8	9.1	9.1	44	4.0	0.0	101
15	Terhathum	0.0	0.0	95.2	2.4	38.1	2.4	41	2.0	2.0	48
16	Udayapur	3.2	0.0	96.8	12.9	3.2	16.1	16	1.1	1.1	47
Central											
17	Bara	0.0	56.8	63.6	6.8	47.7	29.5	46	79.0	15.0	104
18	Bhaktapur	0.0	0.0	100.0	2.3	4.5	13.6	17	2.2	2.2	17
19	Chitwan	0.0	2.6	97.4	34.2	63.2	5.3	15	24.2	22.2	38
20	Dhading	0.0	0.0	90.0	15.0	80.0	20.0	22	12.2	6.1	53
21	Dhanusa	0.0	19.0	78.6	2.4	42.9	16.7	46	36.7	16.3	107
22	Dolakha	0.0	0.0	80.0	10.0	66.7	6.7	87	26.0	16.0	145
23	Kathmandu	0.0	0.0	100.0	38.5	0.0	3.8	71	2.0	8.0	137
24	Kavre	0.0	3.7	96.3	7.3	69.5	3.7	79	2.1	2.1	92
25	Lalitpur	0.0	0.0	93.9	3.0	45.5	6.1	29	2.0	2.0	43
26	Mahotari	0.0	9.1	77.3	0.0	31.8	20.5	36	29.6	7.1	80
27	Makwanpur	0.0	0.0	92.6	17.6	13.2	23.5	31	21.0	19.0	46
28	Nuwakot	1.7	0.0	100.0	35.0	56.7	18.3	79	0.0	0.0	127
29	Parsa	7.5	42.5	65.0	2.5	40.0	17.5	35	70.4	7.1	87
30	Ramechhap	5.9	0.0	82.4	0.0	64.7	5.9	31	6.3	6.3	88
31	Rasuwa	0.0	25.6	73.2	1.2	56.1	6.1	24	84.8	12.1	29
32	Rautahat	0.0	71.2	40.4	5.8	19.2	13.5	55	81.3	11.5	102
33	Sarlahi	3.9	7.8	78.4	19.6	9.8	5.9	79	8.0	5.0	156
34	Sindhuli	7.1	0.0	78.6	28.6	28.6	7.1	18	2.3	2.3	56
35	Sindhupalchowk	0.0	8.1	91.9	32.4	62.2	0.0	64	18.8	10.4	84
Western											
36	Arghakhanchi	0.0	0.0	73.9	34.8	60.9	4.3	46	2.0	2.0	99
37	Baglung	0.0	0.0	100.0	0.0	55.6	11.1	38	0.0	0.0	100
38	Gorkha	0.0	0.0	73.1	0.0	57.7	15.4	38	16.7	14.6	70
39	Gulmi	0.0	0.0	100.0	10.0	25.0	0.0	48	4.1	4.1	117
40	Kapilbastu	0.0	0.0	100.0	72.2	22.2	0.0	23	1.0	0.0	124
41	Kaski	0.0	0.0	95.0	26.7	8.3	6.7	57	0.0	1.0	93
42	Lamjung	0.0	0.0	100.0	0.0	100.0	6.5	51	6.3	8.3	79
43	Manang	0.0	3.1	93.8	6.3	37.5	21.9	9	0.0	0.0	13
44	Mustang	0.0	0.0	80.0	0.0	40.0	20.0	2	0.0	0.0	17
45	Myagdi	0.0	0.0	100.0	21.7	4.3	13.0	20	16.3	14.3	42
46	Nawalparasi	0.0	9.8	91.8	1.6	19.7	13.1	51	70.1	47.4	82
47	Palpa	0.0	0.0	100.0	4.0	48.0	4.0	36	2.1	0.0	69
48	Parbat	0.0	0.0	100.0	0.0	65.7	2.9	42	71.4	69.4	58
49	Rupandehi	0.0	0.0	89.8	32.7	8.2	6.1	74	2.0	1.0	152
50	Syangja	0.0	0.0	89.7	10.3	37.9	6.9	38	0.0	0.0	64
51	Tanahu	1.8	0.0	100.0	14.0	43.9	8.8	29	21.6	17.5	50
Mid-Western											
52	Banke	0.0	19.0	88.1	7.1	57.1	11.9	33	14.1	12.1	78
53	Bardia	0.0	2.2	93.5	0.0	47.8	15.2	41	39.0	37.0	89
54	Dailekh	0.0	0.0	100.0	4.0	16.0	0.0	45	16.3	12.2	88
55	Dang	2.2	2.2	71.1	40.0	75.6	0.0	42	2.0	2.0	92
56	Dolpa	2.3	7.0	93.0	2.3	37.2	65.1	16	0.0	0.0	24
57	Humla	0.0	14.3	85.7	35.7	50.0	64.3	4	0.0	0.0	29
58	Jajarkot	0.0	0.0	50.0	0.0	37.5	25.0	3	1.0	1.0	32
59	Jumla	0.0	0.0	92.3	3.8	53.8	23.1	18	55.2	19.8	66
60	Kalikot	0.0	0.0	89.5	10.5	68.4	21.1	7	0.0	0.0	32
61	Mugu	0.0	50.0	100.0	25.0	25.0	0.0	1	0.0	0.0	25
62	Pyuthan	0.0	0.0	95.5	13.6	45.5	18.2	23	0.0	0.0	52
63	Rolpa	0.0	0.0	100.0	7.1	35.7	21.4	16	2.2	0.0	54
64	Rukum	0.0	0.0	96.3	7.4	37.0	3.7	14	0.0	1.1	46
65	Salyan	0.0	0.0	100.0	26.9	15.4	0.0	27	41.7	27.1	50
66	Surkhet	0.0	0.0	100.0	11.1	5.6	19.4	76	2.0	4.0	105
Far-Western											
67	Achham	0.0	0.0	65.5	27.6	44.8	3.4	24	4.2	2.1	79
68	Baitadi	0.0	0.0	100.0	63.2	5.3	0.0	31	0.0	4.0	81
69	Bajhang	0.0	0.0	95.5	13.6	81.8	25.0	24	1.1	0.0	52
70	Bajura	0.0	0.0	100.0	21.2	39.4	6.1	11	60.7	41.6	30
71	Dadeldhura	0.0	0.0	80.8	38.5	38.5	15.4	13	0.0	0.0	45
72	Darchula	0.0	0.0	95.5	50.0	13.6	4.5	19	0.0	0.0	43
73	Doti	0.0	0.0	94.1	29.4	41.2	5.9	27	0.0	0.0	73
74	Kailali	2.6	0.0	85.5	3.9	14.5	22.4	102	47.0	39.0	135
75	Kanchanpur	0.0	1.7	90.0	0.0	16.7	78.3	50	75.5	66.0	78
Total		**0.6**	**5.3**	**89.7**	**13.5**	**38.0**	**11.8**	**2,839**	**19.3**	**11.4**	**5,526**

Annex Table 3.10: Percentage of FCHVs who conducted mother group meeting and number of meetings conducted in the last one year and support from Mothers group to carry out work and type of Support by districts

	Districts	Meeting Conducted	Mean # of partici-pants	No. of meeting last year				Support from MG to carry out work	Cash/allowances for attending meeting	In Kind incentives for their work
				No meeting	1-6 meeting	More than 6 meeting	Mean number of meeting			
Eastern										
1	Bhojpur	26.5	11.9	0.0	46.2	53.8	7.2	20.4	4.1	2.0
2	Dhankuta	84.8	14.1	0.0	29.5	70.5	8.7	73.9	46.7	23.9
3	Ilam	66.0	16.9	0.0	18.2	81.8	9.1	54.0	14.0	26.0
4	Jhapa	100.0	21.6	0.0	6.0	94.0	10.8	81.0	40.0	45.0
5	Khotang	85.1	18.7	0.0	12.5	87.5	10.0	78.7	27.7	25.5
6	Morang	96.9	13.8	0.0	3.2	96.8	11.2	85.6	51.5	26.8
7	Okhaldhunga	76.0	15.8	0.0	39.5	60.5	8.3	74.0	2.0	2.0
8	Panchthar	93.9	16.5	0.0	14.1	85.9	10.0	90.8	6.1	1.0
9	Sankhuwasabha	91.7	15.3	0.0	29.5	70.5	8.4	64.6	45.8	79.2
10	Saptari	96.8	14.0	0.0	3.3	96.7	11.3	91.6	74.7	17.9
11	Siraha	99.0	14.5	0.0	2.1	97.9	11.6	76.5	18.4	34.7
12	Solukhumbu	31.9	15.3	0.0	40.0	60.0	7.9	34.0	6.4	
13	Sunsari	95.0	20.0	0.0	4.2	95.8	11.4	74.0	29.0	73.0
14	Taplejung	54.0	14.3	0.0	33.3	66.7	8.7	48.0	54.0	82.0
15	Terhathum	69.4	13.2	0.0	11.8	88.2	9.8	69.4	4.1	2.0
16	Udayapur	86.0	14.3	0.0	6.2	93.8	10.9	63.4	9.7	22.6
Central										
17	Bara	100.0	15.5	0.0	3.0	97.0	11.7	91.0	20.0	43.0
18	Bhaktapur	71.1	14.9	0.0	9.4	90.6	9.5	80.0	13.3	13.3
19	Chitwan	97.0	16.8	0.0	4.2	95.8	11.1	91.9	52.5	50.5
20	Dhading	55.1	15.4	0.0	33.3	66.7	8.6	38.8	16.3	6.1
21	Dhanusa	95.9	16.5	0.0	3.2	96.8	11.5	77.6	54.1	26.5
22	Dolakha	74.0	17.8	0.0	13.5	86.5	10.6	54.0	8.0	46.0
23	Kathmandu	92.0	16.4	0.0	15.2	84.8	10.2	74.0	70.0	50.0
24	Kavre	83.3	15.5	0.0	38.8	61.3	8.1	78.9		5.3
25	Lalitpur	75.5	13.4	0.0	16.2	83.8	10.4	40.8	6.1	55.1
26	Mahotari	99.0	16.6	0.0		100.0	11.9	78.6	23.5	51.0
27	Makwanpur	93.0	16.9	0.0	28.0	72.0	9.2	83.0	65.0	34.0
28	Nuwakot	95.9	15.8	4.3	8.6	87.1	10.1	58.8	66.0	5.2
29	Parsa	99.0	18.8	0.0	6.2	93.8	11.3	98.0	40.8	14.3
30	Ramechhap	62.5	17.2	0.0	33.3	66.7	8.3	45.8	2.1	8.3
31	Rasuwa	94.9	14.5	0.0	4.3	95.7	10.9	90.9	1.0	10.1
32	Rautahat	99.0	15.3	0.0	8.5	91.5	11.2	94.8	39.6	52.1
33	Sarlahi	96.0	15.6	0.0	12.5	87.5	10.4	61.0	3.0	32.0
34	Sindhuli	52.3	12.4	8.7	21.7	69.6	8.5	34.1	20.5	
35	Sindhupalchowk	60.4	15.2	3.4	41.4	55.2	6.9	66.7		2.1
Western										
36	Arghakhanchi	90.0	22.6	0.0	4.4	95.6	11.4	68.0	2.0	
37	Baglung	70.2	20.0	0.0	18.2	81.8	9.3	68.1	12.8	4.3
38	Gorkha	100.0	20.0	0.0	43.8	56.3	7.6	68.8	93.8	10.4
39	Gulmi	85.7	19.7	0.0	21.4	78.6	9.6	63.3	16.3	6.1
40	Kapilbastu	89.9	14.5	0.0	10.1	89.9	10.7	82.8	4.0	20.2
41	Kaski	95.9	17.5	1.1	7.5	91.4	10.4	74.2	4.1	60.8
42	Lamjung	89.6	21.8	0.0	23.3	76.7	9.8	54.2	22.9	33.3
43	Manang	40.4	7.2	0.0	57.9	42.1	5.7	23.4		
44	Mustang	70.8	18.6	0.0	55.9	44.1	7.0	56.3	2.1	
45	Myagdi	75.5	19.0	2.7	45.9	51.4	7.4	53.1	2.0	
46	Nawalparasi	90.7	17.4	0.0	8.0	92.0	10.9	72.2	22.7	51.5
47	Palpa	83.3	20.2	0.0	22.5	77.5	9.6	45.8	10.4	6.3
48	Parbat	95.9	17.9	0.0	29.8	70.2	8.7	93.9	20.4	12.2
49	Rupandehi	96.0	19.4	0.0	9.4	90.6	11.0	74.0	40.0	38.0
50	Syangja	85.7	16.7	0.0	33.3	66.7	8.0	57.1	28.6	2.0
51	Tanahu	79.4	19.8	0.0	10.4	89.6	10.4	68.0	69.1	9.3
Mid-Western										
52	Banke	94.9	22.7	1.1	7.4	91.5	11.3	80.8	22.2	34.3
53	Bardia	98.0	19.3	0.0	6.2	93.8	10.8	44.0	4.0	29.0
54	Dailekh	87.8	17.8	9.3	44.2	46.5	6.3	69.4	2.0	
55	Dang	98.0	19.9	0.0	14.3	85.7	9.6	80.0	11.0	5.0
56	Dolpa	54.5	11.3	0.0	30.6	69.4	9.1	28.8		
57	Humla	72.2	13.7	0.0	63.1	36.9	5.6	35.6	4.4	1.1
58	Jajarkot	97.9	14.8	0.0	14.9	85.1	10.1	76.0	4.2	
59	Jumla	100.0	14.0	0.0	20.8	79.2	9.2	57.3	3.1	
60	Kalikot	64.4	14.8	3.6	42.9	53.6	7.2	42.5	2.3	5.7
61	Mugu	53.6	13.9	0.0	76.9	23.1	4.4	37.1		
62	Pyuthan	70.0	15.8	0.0	17.1	82.9	9.7	30.0	6.0	2.0
63	Rolpa	34.8	14.0	0.0	43.8	56.3	6.9	50.0	21.7	
64	Rukum	63.3	12.9	15.8	64.9	19.3	3.7	60.0		
65	Salyan	85.4	17.7	0.0	53.7	46.3	6.0	60.4		
66	Surkhet	98.0	18.1	0.0	35.4	64.6	8.5	66.0		6.0
Far-Western										
67	Achham	88.5	14.7	21.2	32.9	45.9	6.0	70.8	5.2	1.0
68	Baitadi	72.0	12.9	8.3	41.7	50.0	6.6	52.0	2.0	
69	Bajhang	97.9	17.9	1.1	22.6	76.3	9.1	80.0	2.1	17.9
70	Bajura	83.1	17.9	0.0	37.8	62.2	7.4	68.5	18.0	2.2
71	Dadeldhura	97.8	16.9	0.0	22.0	78.0	9.2	65.6	8.6	8.6
72	73Darchula	49.0	9.8	12.5	16.7	70.8	7.6	49.0	2.0	2.0
73	Doti	87.2	16.8	0.0	22.0	78.0	8.8	68.1	2.1	14.9
74	Kailali	97.0	21.3	0.0	2.1	97.9	11.2	73.0	16.0	27.0
75	Kanchanpur	100.0	20.8	0.0	1.1	98.9	11.9	95.7	8.5	20.2
	Total	**84.9**	**17.2**	**1.0**	**17.6**	**81.4**	**9.8**	**67.5**	**21.4**	**22.4**

Annex Table 3.10.1: Percentage distribution of FCHVs according to the registration and reported case endowment fund of endowment fund registered in their VDC and reponse of the FCHVs where the ragistration of endowment fund is not done

Districts		Fund Rag istered	Fund (as reported by FCHV)		Response of FCHVs from the wards/ VDCs without Fund is not			Response of FCHVs from the wards/ VDCs with Fund is.		
			Yes	Don't know	Yes	Don't know	Total N	Yes	Don't know	Total N
Eastern										
1	Bhojpur	24.5	12.2	0.0	2.7	0.0	37	41.7	0.0	12
2	Dhankuta	32.6	50.0	7.6	37.1	8.1		76.7	6.7	30
3	Ilam	48.0	40.0	2.0	15.4	3.8	26	66.7	0.0	24
4	Jhapa	98.0	99.0	1.0	100.0	0.0	2	99.0	1.0	98
5	Khotang	0.0	0.0	27.7	0.0	27.7	47			
6	Morang	96.9	89.7	5.2	100.0	0.0		89.4	5.3	94
7	Okhaldhunga	0.0	8.0	4.0	8.0	4.0	50			
8	Panchthar	2.0	17.3	6.1	15.6	6.3	96	100.0	0.0	2
9	Sankhuwasabha	0.0	0.0	4.2	0.0	4.2	48			
10	Saptari	8.4	17.9	9.5	11.5	10.3	87	87.5	0.0	8
11	Siraha	0.0	3.1	9.2	3.1	9.2	98			
12	Solukhumbu	0.0	0.0	2.1	0.0	2.1	47			
13	Sunsari	97.0	85.0	7.0	66.7	33.3	3	85.6	6.2	97
14	Taplejung	0.0	0.0	0.0	0.0	0.0	50			
15	Terhathum	4.1	4.1	0.0	4.3	0.0	47	0.0	0.0	2
16	Udayapur	0.0	68.8	1.1	68.8	1.1	93			
Central										
17	Bara	19.0	9.0	2.0	1.2	2.5	81	42.1	0.0	19
18	Bhaktapur	100.0	86.7	6.7				86.7	6.7	45
19	Chitwan	69.7	71.7	2.0	33.3	0.0	30	88.4	2.9	69
20	Dhading	2.0	6.1	4.1	4.2	4.2	48	100.0	0.0	1
21	Dhanusa	4.1	14.3	4.1	14.9	4.3	94	0.0	0.0	4
22	Dolakha	0.0	0.0	0.0	0.0	0.0	50			
23	Kathmandu	24.0	12.0	0.0	13.2	0.0	38	8.3	0.0	12
24	Kavre	0.0	0.0	17.7	0.0	17.7	96			
25	Lalitpur	44.9	57.1	8.2	33.3	7.4	27	86.4	9.1	22
26	Mahotari	38.8	53.1	6.1	38.3	8.3	60	76.3	2.6	38
27	Makwanpur	100.0	58.0	22.0				58.0	22.0	100
28	Nuwakot	0.0	18.6	20.6	18.6	20.6	97			
29	Parsa	0.0	2.0	22.4	2.0	22.4	98			
30	Ramechhap	100.0	6.3	8.3				6.3	8.3	48
31	Rasuwa	9.1	1.0	2.0	0.0	2.2	90	11.1	0.0	9
32	Rautahat	0.0	1.0	22.9	1.0	22.9	96			
33	Sarlahi	28.0	35.0	10.0	18.1	13.9	72	78.6	0.0	28
34	Sindhuli	0.0	0.0	0.0	0.0	0.0	44			
35	Sindhupalchowk	4.2	4.2	33.3	2.2	32.6		50.0	50.0	2
Western										
36	Arghakhanchi	0.0	0.0	8.0	0.0	8.0	50			
37	Baglung	6.4	31.9	17.0	27.3	18.2	44	100.0	0.0	3
38	Gorkha	2.1	6.3	0.0	4.3	0.0	47	100.0	0.0	1
39	Gulmi	0.0	6.1	0.0	6.1	0.0	49			
40	Kapilbastu	0.0	0.0	0.0	0.0	0.0	99			
41	Kaski	81.4	90.7	4.1	94.4	0.0	18	89.9	5.1	79
42	Lamjung	0.0	6.3	0.0	6.3	0.0	48			
43	Manang	0.0	0.0	2.1	0.0	2.1	47			
44	Mustang	0.0	0.0	0.0	0.0	0.0	48			
45	Myagdi	2.0	14.3	8.2	14.6	8.3	48	0.0	0.0	1
46	Nawalparasi	0.0	25.8	0.0	25.8	0.0	97			
47	Palpa	0.0	0.0	2.1	0.0	2.1	48			
48	Parbat	98.0	67.3	16.3	100.0	0.0	1	66.7	16.7	48
49	Rupandehi	23.0	43.0	9.0	32.5	10.4	77	78.3	4.3	23
50	Syangja	2.0	2.0	12.2	0.0	12.5	48	100.0	0.0	1
51	Tanahu	3.1	3.1	2.1	0.0	2.1	94	100.0	0.0	3
Mid-Western										
52	Banke	29.3	64.6	15.2	60.0	12.9	70	75.9	20.7	29
53	Bardia	32.0	25.0	5.0	1.5	2.9	68	75.0	9.4	32
54	Dailekh	0.0	0.0	0.0	0.0	0.0	49			
55	Dang	32.0	31.0	0.0	1.5	0.0	68	93.8	0.0	32
56	Dolpa	0.0	10.6	10.6	10.6	10.6	66			
57	Humla	0.0	0.0	5.6	0.0	5.6	90			
58	Jajarkot	0.0	0.0	37.5	0.0	37.5	96			
59	Jumla	0.0	5.2	29.2	5.2	29.2	96			
60	Kalikot	0.0	3.4	8.0	3.4	8.0	87			
61	Mugu	0.0	0.0	0.0	0.0	0.0	97			
62	Pyuthan	6.0	4.0	16.0	2.1	17.0	47	33.3	0.0	3
63	Rolpa	93.5	56.5	34.8	66.7	0.0	3	55.8	37.2	43
64	Rukum	14.4	4.4	17.8	5.2	13.0	77	0.0	46.2	13
65	Salyan	18.8	14.6	6.3	10.3	7.7	39	33.3	0.0	9
66	Surkhet	0.0	2.0	2.0	2.0	2.0	50			
Far-Western										
67	Achham	0.0	0.0	0.0	0.0	0.0	96			
68	Baitadi	0.0	0.0	2.0	0.0	2.0	50			
69	Bajhang	0.0	5.3	2.1	5.3	2.1	95			
70	Bajura	64.0	10.1	36.0	6.3	40.6	32	12.3	33.3	57
71	Dadeldhura	0.0	21.5	15.1	21.5	15.1	93			
72	Darchula	0.0	2.0	16.3	2.0	16.3	49			
73	Doti	0.0	2.1	27.7	2.1	27.7	47			
74	Kailali	7.0	26.0	4.0	21.5	4.3	93	85.7	0.0	7
75	Kanchanpur	23.4	54.3	7.4	45.8	8.3	72	81.8	4.5	22
Total		**19.3**	**21.1**	**8.4**	**10.1**	**8.4**	**4356**	**67.3**	**8.2**	**1170**

Note: The registration of endowment fund is taken into account as of June 2006.

Annex Table 3.10.2: Percentage distribution of FCHVs according to their knowledge about National FCHV Day, celebration of recent FCHVs day and and having FCHV Identification Card by districts

	District	Knowledge about the national FCHV day	Celebrated national FCHV day	Having FCHV identification card
Eastern				
1	Bhojpur	61.2	53.3	63.3
2	Dhankuta	78.3	68.1	73.9
3	Ilam	92.0	56.5	86.0
4	Jhapa	98.0	88.8	93.9
5	Khotang	85.1	60.0	57.4
6	Morang	72.2	65.7	83.5
7	Okhaldhunga	62.0	3.2	56.0
8	Panchthar	75.5	28.8	82.7
9	Sankhuwasabha	58.3	64.3	47.9
10	Saptari	28.4	55.6	85.3
11	Siraha	57.1	94.6	78.6
12	Solukhumbu	17.0	0.0	0.0
13	Sunsari	63.0	61.9	89.0
14	Taplejung	64.0	68.8	68.0
15	Terhathum	46.9	30.4	95.9
16	Udayapur	39.8	37.8	62.4
17	Bara	65.0	78.5	75.0
Central				
15	Bhaktapur	100.0	100.0	84.4
19	Chitwan	82.8	86.6	92.9
20	Dhading	49.0	83.3	89.4
21	Dhanusa	31.6	73.3	89.7
22	Dolakha	48.0	75.0	88.0
23	Kathmandu	96.0	64.6	84.0
24	Kavre	37.5	41.7	53.1
25	Lalitpur	73.5	36.1	83.7
26	Mahotari	76.5	82.7	70.4
27	Makwanpur	43.4	46.5	70.7
28	Nuwakot	41.2	32.5	79.4
29	Parsa	17.3	88.2	75.0
30	Ramechhap	50.0	41.7	91.7
31	Rasuwa	45.5	80.0	82.7
32	Rautahat	61.5	84.7	58.3
33	Sarlahi	67.0	47.8	86.0
34	Sindhuli	13.6	33.3	72.7
35	Sindhupalchowk	47.9	34.8	54.2
Western				
36	Arghakhanchi	48.0	25.0	84.0
37	Baglung	44.7	4.8	85.1
38	Gorkha	27.1	7.7	37.5
39	Gulmi	73.5	22.2	51.0
40	Kapilbastu	12.1	33.3	84.8
41	Kaski	91.8	69.7	89.5
42	Lamjung	68.8	54.5	93.8
43	Manang	51.1	100.0	31.9
44	Mustang	29.2	21.4	4.2
45	Myagdi	32.7	31.3	53.1
46	Nawalparasi	84.5	90.2	90.6
47	Palpa	35.4	23.5	47.9
48	Parbat	46.9	27.3	91.8
49	Rupandehi	50.0	60.0	89.9
50	Syangja	32.7	12.5	34.7
51	Tanahu	58.8	73.7	35.4
Mid-Western				
52	Banke	56.6	60.7	89.9
53	Bardia	71.0	63.4	91.0
54	Dailekh	61.2	36.7	26.5
55	Dang	70.0	65.2	94.0
56	Dolpa	9.1	33.3	51.5
57	Humla	6.7	66.7	0.0
58	Jajarkot	11.5	0.0	68.8
59	Jumla	28.1	55.6	96.8
60	Kalikot	5.7	50.0	53.5
61	Mugu	11.3	45.5	22.7
62	Pyuthan	26.0	7.7	58.0
63	Rolpa	41.3	26.3	50.0
64	Rukum	12.2	9.1	20.0
65	Salyan	56.3	29.6	54.2
66	Surkhet	44.0	9.1	48.0
Far-Western				
67	Achham	12.5	41.7	63.5
68	Baitadi	20.0	0.0	60.0
69	Bajhang	73.7	87.1	76.8
70	Bajura	40.4	76.5	40.4
71	Dadeldhura	82.8	77.9	66.7
72	Darchula	18.4	11.1	79.6
73	Doti	55.3	38.5	14.9
74	Kailali	93.0	83.9	90.5
75	Kanchanpur	100.0	94.7	98.9
	Total	**54.6**	**57.3**	**71.9**

Annex Table 4.1: Percentage distribution of FCHVs who have Pill ,condom and who gave it to any one in the last one month; FCHVs without pill and condom at the time of survey and cause of no need to have them and FCHV s who ever refferred for Depo and Sterilisation by districts

Characteristics		Pill	Giving pill last month	Condom	Giving condom last month	Cause of no need to have Pills	Cause of no need to have condoms	Ever referred for Depo	Ever referred for sterilization
Eastern									
1	Bhojpur	14.3	28.6	6.1	8.2	57.1	63.0	93.9	57.1
2	Dhankuta	43.5	39.1	26.1	17.4	66.7	73.1	83.7	70.7
3	Ilam	30.0	44.0	18.0	22.0	14.3	31.7	100.0	72.0
4	Jhapa	88.0	91.0	82.0	59.0	25.0	50.0	98.0	100.0
5	Khotang	29.8	38.3	23.4	23.4	71.9	91.4	93.6	53.2
6	Morang	89.7	89.7	85.6	84.5	20.0	21.4	90.7	79.4
7	Okhaldhunga	30.0	26.0	18.0	12.0	25.7	43.9	96.0	64.0
8	Panchthar	54.1	59.2	45.9	40.8	42.2	49.1	98.0	57.1
9	Sankhuwasabha	43.8	31.3	25.0	12.5	44.4	52.8	93.8	18.8
10	Saptari	41.1	46.3	63.2	66.3	42.9	22.9	94.7	82.1
11	Siraha	86.7	71.4	83.7	79.6	30.8	37.5	96.9	94.9
12	Solukhumbu	10.6	10.6	6.4	0.0	88.1	97.7	87.2	34.0
13	Sunsari	91.0	81.0	83.0	70.0	33.3	41.2	92.0	83.0
14	Taplejung	30.0	48.0	24.0	16.0	11.4	34.2	100.0	84.0
15	Terhathum	34.7	51.0	32.7	42.9	37.5	45.5	100.0	63.3
16	Udayapur	49.5	54.8	44.1	28.0	31.9	34.6	93.5	55.9
Central									
17	Bara	92.0	55.0	94.0	95.0	37.5	0.0	84.0	87.0
18	Bhaktapur	31.1	44.4	13.3	13.3	70.0	92.1	100.0	82.2
19	Chitwan	94.9	85.9	98.0	81.8	20.0	50.0	97.0	91.9
20	Dhading	32.7	32.7	20.4	16.3	30.3	41.0	93.9	59.2
21	Dhanusa	74.5	63.3	76.5	64.3	16.0	13.6	94.9	89.8
22	Dolakha	4.0	14.0	4.0	2.0	16.7	35.4	100.0	74.0
23	Kathmandu	14.0	22.0	28.0	14.0	86.0	94.4	98.0	90.0
24	Kavre	31.3	27.1	35.4	21.9	38.5	52.5	94.8	74.0
25	Lalitpur	42.9	36.7	38.8	34.7	50.0	56.7	95.9	77.6
26	Mahotari	89.8	80.6	83.7	90.8	10.0	25.0	93.9	93.9
27	Makwanpur	60.0	59.0	51.0	37.0	55.0	57.1	87.0	63.0
28	Nuwakot	34.0	37.1	26.8	10.3	43.8	62.0	96.9	90.7
29	Parsa	72.4	57.1	88.8	93.9	11.5	0.0	96.9	94.9
30	Ramechhap	25.0	35.4	27.1	27.1	25.0	44.1	100.0	79.2
31	Rasuwa	85.9	65.7	75.8	69.7	14.3	20.8	94.9	89.9
32	Rautahat	75.0	83.3	78.1	89.6	20.8	4.8	85.4	87.5
33	Sarlahi	17.0	26.0	16.0	14.0	15.7	27.4	91.0	91.0
34	Sindhuli	25.0	29.5	20.5	13.6	30.3	34.3	81.8	61.4
35	Sindhupalchowk	16.7	16.7	16.7	10.4	46.2	59.0	95.8	70.8
Western									
36	Arghakhanchi	34.0	38.0	58.0	44.0	27.3	33.3	96.0	94.0
37	Baglung	34.0	25.5	14.9	27.7	64.5	57.5	100.0	78.7
38	Gorkha	27.1	29.2	12.5	4.2	34.3	47.6	75.0	47.9
39	Gulmi	38.8	30.6	36.7	34.7	48.3	45.2	98.0	95.9
40	Kapilbastu	42.4	46.5	49.5	43.4	26.3	18.0	97.0	91.9
41	Kaski	38.1	36.1	42.3	36.1	56.7	60.7	95.9	87.6
42	Lamjung	20.8	18.8	22.9	14.6	55.3	56.8	91.7	77.1
43	Manang	2.1	2.1	2.1	0.0	56.5	4.3	80.9	25.5
44	Mustang	6.2	4.2	12.5	10.4	66.7	76.2	81.3	77.1
45	Myagdi	26.5	26.5	18.4	14.3	44.4	55.0	93.9	67.3
46	Nawalparasi	86.6	60.8	92.8	78.4	30.8	28.6	87.6	93.8
47	Palpa	31.3	22.9	29.2	22.9	60.6	70.6	83.3	75.0
48	Parbat	26.5	34.7	34.7	22.4	44.4	46.9	98.0	77.6
49	Rupandehi	66.0	72.0	54.0	40.0	32.4	50.0	98.0	96.0
50	Syangja	34.7	26.5	32.7	26.5	81.3	75.8	83.7	71.4
51	Tanahu	49.5	33.0	40.2	23.7	81.6	77.6	83.5	83.5
Mid-Western									
52	Banke	69.7	76.8	65.7	72.7	36.7	50.0	98.0	89.9
53	Bardia	78.0	72.0	75.0	68.0	31.8	24.0	82.0	86.0
54	Dailekh	20.4	22.4	12.2	18.4	43.6	44.2	91.8	46.9
55	Dang	50.0	72.0	42.0	65.0	22.0	22.4	92.0	67.0
56	Dolpa	24.2	27.3	24.2	25.8	24.0	26.0	92.4	60.6
57	Humla	13.3	10.0	3.3	3.3	6.4	5.7	70.0	57.8
58	Jajarkot	68.8	60.4	67.7	65.6	23.3	25.8	93.8	75.0
59	Jumla	14.6	29.2	6.2	13.5	36.6	23.3	86.5	71.9
60	Kalikot	13.8	17.2	5.7	9.2	22.2	22.0	77.0	47.1
61	Mugu	29.9	27.8	36.1	35.1	0.0	0.0	58.8	13.4
62	Pyuthan	64.0	54.0	40.0	30.0	44.4	46.7	96.0	90.0
63	Rolpa	28.3	30.4	30.4	28.3	78.8	84.4	87.0	65.2
64	Rukum	32.2	28.9	13.3	10.0	42.6	48.7	83.3	50.0
65	Salyan	43.8	37.5	31.3	22.9	44.4	42.4	89.6	45.8
66	Surkhet	50.0	52.0	20.0	16.0	20.0	50.0	80.0	78.0
Far-Western									
67	Achham	10.4	12.5	14.6	16.7	39.5	36.6	97.9	68.8
68	Baitadi	14.0	16.0	24.0	26.0	25.6	23.7	96.0	80.0
69	Bajhang	21.1	24.2	28.4	27.4	16.0	8.8	90.5	64.2
70	Bajura	73.0	68.5	41.6	36.0	10.0	6.3	77.5	76.4
71	Dadeldhura	19.4	20.4	34.4	29.0	49.3	32.8	92.5	67.7
72	Darchula	18.4	8.2	12.2	10.2	20.0	30.2	91.8	63.3
73	Doti	23.4	25.5	25.5	25.5	25.0	42.9	85.1	68.1
74	Kailali	77.0	85.0	87.0	89.0	21.7	23.1	97.0	95.0
75	Kanchanpur	79.8	74.5	87.2	86.2	52.6	58.3	91.5	94.7
	Total	**44.1**	**44.2**	**42.0**	**38.3**	**38.8**	**45.5**	**90.9**	**77.7**

Annex Table 4.2: Percentage distribution of FCHVs by their knowledge to have good rapport with a client (IPC skills) and percentage of FCHVs who feel it is difficult to talk to men about Family Planning by districts

Characteristics		Greet Client Hospi-tably	Eye Contact with Smiling Face	Listen Care-fully	Assure Client's Confiden-tiality	Ask About Client's Health Problems	Provide Information Relevant To Clients Needs	Treat Client With Respect And Courtesy	FCHVs who Feel difficulty talking to men about FP
Eastern									
1	Bhojpur	28.6	10.2	36.7	0.0	36.7	73.5	63.3	16.3
2	Dhankuta	8.7	4.3	50.0	3.3	58.7	92.4	73.9	16.3
3	Ilam	14.0	2.0	82.0	14.0	94.0	94.0	76.0	2.0
4	Jhapa	62.0	30.0	66.0	31.0	89.0	95.0	60.0	17.0
5	Khotang	23.4	0.0	61.7	8.5	80.9	85.1	36.2	17.0
6	Morang	19.6	21.6	41.2	8.2	56.7	79.4	74.2	22.7
7	Okhaldhunga	48.0	2.0	46.0	8.0	76.0	88.0	28.0	12.0
8	Panchthar	34.7	5.1	72.4	5.1	81.6	91.8	50.0	7.1
9	Sankhuwasabha	22.9	35.4	52.1	4.2	81.3	89.6	43.8	22.9
10	Saptari	47.9	3.2	55.3	0.0	86.2	68.1	52.1	9.5
11	Siraha	21.4	1.0	58.2	2.0	89.8	65.3	54.1	7.1
12	Solukhumbu	14.9	2.1	29.8	0.0	78.7	78.7	36.2	40.4
13	Sunsari	68.0	22.0	49.0	17.0	54.0	70.0	51.0	8.0
14	Taplejung	56.0	4.0	34.0	0.0	94.0	94.0	48.0	20.0
15	Terhathum	22.4	8.2	40.8	6.1	75.5	69.4	79.6	6.1
16	Udayapur	7.5	6.5	33.3	5.4	86.0	93.5	26.9	20.4
Central									
17	Bara	49.0	15.0	48.0	5.0	89.0	81.0	77.0	19.0
18	Bhaktapur	33.3	13.3	64.4	26.7	55.6	75.6	37.8	8.9
19	Chitwan	82.8	19.2	53.5	6.1	82.8	75.8	25.3	0.0
20	Dhading	49.0	6.1	42.9	0.0	75.5	100.0	30.6	14.3
21	Dhanusa	57.1	4.1	52.0	6.1	87.8	77.6	38.8	22.4
22	Dolakha	34.0	8.0	78.0	2.0	70.0	100.0	40.0	14.0
23	Kathmandu	64.0	32.0	32.0	6.0	94.0	98.0	86.0	18.0
24	Kavre	13.5	2.1	75.0	3.1	68.8	76.0	43.8	27.1
25	Lalitpur	75.5	38.8	55.1	10.2	87.8	59.2	22.4	16.3
26	Mahotar i	58.8	0.0	68.0	14.4	64.9	50.5	36.1	14.3
27	Makwanpur	31.0	3.0	21.0	0.0	79.0	90.0	90.0	18.0
28	Nuwakot	20.6	1.0	22.7	3.1	84.5	97.9	55.7	15.5
29	Parsa	49.0	8.2	30.6	3.1	60.2	69.4	64.3	18.4
30	Ramechhap	39.6	0.0	10.4	6.3	93.8	97.9	79.2	25.0
31	Rasuwa	22.2	8.1	71.7	1.0	68.7	74.7	35.4	39.4
32	Rautahat	37.5	29.2	59.4	20.8	68.8	75.0	53.1	18.8
33	Sarlahi	35.0	4.0	46.0	0.0	68.0	75.0	52.0	27.0
34	Sindhuli	29.5	2.3	18.2	4.5	86.4	90.9	34.1	43.2
35	Sindhupalchowk	8.3	4.2	89.6	2.1	62.5	64.6	54.2	39.6
Western									
36	Arghakhanchi	58.0	12.0	16.0	8.0	90.0	100.0	60.0	8.0
37	Baglung	44.7	10.6	42.6	14.9	97.9	80.9	48.9	17.0
38	Gorkha	35.4	2.1	31.3	6.3	93.8	95.8	27.1	14.6
39	Gulmi	57.1	8.2	34.7	6.1	100.0	73.5	91.8	8.2
40	Kapilbastu	34.3	0.0	3.0	1.0	93.9	74.7	61.6	22.2
41	Kaski	22.7	9.3	43.3	9.3	91.8	91.8	73.2	22.7
42	Lamjung	0.0	0.0	54.2	29.2	97.9	89.6	43.8	10.4
43	Manang	51.1	0.0	57.4	4.3	55.3	48.9	36.2	12.8
44	Mustang	16.7	0.0	29.2	10.4	62.5	68.8	62.5	31.3
45	Myagdi	22.4	12.2	38.8	0.0	100.0	100.0	59.2	28.6
46	Nawalparasi	20.6	14.4	40.2	20.6	63.9	52.6	69.1	17.5
47	Palpa	50.0	6.3	50.0	22.9	62.5	77.1	43.8	27.1
48	Parbat	55.1	12.2	69.4	14.3	89.8	83.7	73.5	6.1
49	Rupandehi	45.0	5.0	31.0	6.0	83.0	77.0	68.0	17.0
50	Syangja	59.2	10.2	57.1	10.2	69.4	79.6	65.3	22.4
51	Tanahu	48.5	12.4	51.5	5.2	69.1	76.3	59.8	23.7
Mid-Western									
52	Banke	58.6	24.2	68.7	14.1	77.8	81.8	68.7	33.3
53	Bardia	41.0	7.0	67.0	10.0	82.0	82.0	58.0	14.0
54	Dailekh	34.7	0.0	26.5	8.2	91.8	81.6	42.9	20.4
55	Dang	46.0	12.0	51.0	9.0	87.0	80.0	80.0	15.0
56	Dolpa	56.1	7.6	59.1	0.0	69.7	53.0	68.2	50.0
57	Humla	36.7	3.3	7.8	0.0	94.4	95.6	34.4	66.7
58	Jajarkot	6.2	0.0	43.8	2.1	96.9	76.0	36.5	34.4
59	Jumla	21.9	2.1	52.1	2.1	89.6	86.5	40.6	38.5
60	Kalikot	26.4	0.0	25.3	1.1	90.8	93.1	25.3	50.6
61	Mugu	8.2	4.1	30.9	8.2	83.5	58.8	62.9	44.3
62	Pyuthan	58.0	10.0	40.0	2.0	84.0	80.0	76.0	14.0
63	Rolpa	47.8	13.0	8.7	0.0	100.0	100.0	73.9	19.6
64	Rukum	55.6	1.1	17.8	1.1	92.2	91.1	51.1	21.1
65	Salyan	35.4	6.3	41.7	8.3	93.8	97.9	64.6	18.8
66	Surkhet	34.0	2.0	40.0	6.0	100.0	100.0	72.0	4.0
Far-Western									
67	Achham	43.8	0.0	19.8	2.1	83.3	78.1	26.0	32.3
68	Baitadi	42.0	12.0	46.0	0.0	100.0	100.0	84.0	52.0
69	Bajhang	22.1	15.8	56.8	0.0	96.8	95.8	63.2	49.5
70	Bajura	42.7	4.5	25.8	0.0	88.8	83.1	62.9	23.6
71	Dadeldhura	19.4	11.8	14.0	2.2	75.3	98.9	52.7	40.9
72	Darchula	14.3	20.4	36.7	0.0	100.0	98.0	63.3	61.2
73	Doti	38.3	19.1	23.4	2.1	76.6	93.6	48.9	34.0
74	Kailali	79.0	12.0	36.0	2.0	72.0	82.0	55.0	14.0
75	Kanchanpur	56.4	12.8	52.1	3.2	80.9	95.7	70.2	21.3
	Total	**39.5**	**8.8**	**44.5**	**6.7**	**81.9**	**83.3**	**56.9**	**20.3**

Annex table 4.3: Percentage distribution of FCHV according to the heard of HIV/AIDS and other knowledge about the transmission of AIDS among FCHVs who heard HIV/AIDS, counseling information about HIV/AIDS provided to the community and the time of last counseling by districts

	District	Ever heard about AIDS	Reduce AIDS by having just 1 uninfected sex partner	Can not get the AIDS virus from mosquito bites	Reduce AIDS by using a condom every time they have sex	Can not get the AIDS by sharing food with AIDS people	Possible for a healthy looking person to have the AIDS	Provided information about HIV/AIDS	Last time counseling infromarion anyone in community			
									<1 month	1-6 months	More than 6 months	Never /DK
Eastern												
1	Bhojpur	100.0	83.7	55.1	98.0	98.0	85.7	65.3	16.3	44.9	4.1	34.7
2	Dhankuta	100.0	96.7	48.9	98.9	97.8	79.3	80.4	37.0	42.4	1.1	19.6
3	Ilam	100.0	78.0	66.0	96.0	96.0	98.0	82.0	24.0	56.0	2.0	18.0
4	Jhapa	100.0	93.0	72.0	72.0	93.9	97.0	97.0	46.0	48.0	3.0	3.0
5	Khotang	100.0	97.9	46.8	100.0	83.0	85.1	85.1	14.9	66.0	4.3	14.9
6	Morang	100.0	79.4	58.8	96.9	93.8	93.8	92.8	60.8	29.9	2.1	7.2
7	Okhaldhunga	100.0	100.0	46.0	100.0	98.0	90.0	66.0	32.0	32.0	2.0	34.0
8	Panchthar	99.0	70.1	58.8	82.5	91.8	82.3	81.4	40.2	41.2	0.0	18.6
9	Sankhuwasabha	93.8	88.9	51.1	100.0	77.8	93.3	60.0	22.2	33.3	4.4	40.0
10	Saptari	92.6	61.4	48.9	56.8	70.5	94.3	89.8	25.0	55.7	9.1	10.2
11	Siraha	99.0	83.5	25.8	86.6	71.1	87.6	88.7	11.3	70.1	7.2	11.3
12	Solukhumbu	87.2	56.1	48.8	58.5	78.0	95.1	61.0	19.5	34.1	7.3	39.0
13	Sunsari	96.0	82.3	81.3	96.9	91.6	91.7	87.5	35.4	42.7	9.4	12.5
14	Taplejung	86.0	79.1	46.5	83.7	93.0	90.7	95.3	32.6	60.5	2.3	4.7
15	Terhathum	98.0	87.5	75.0	97.9	93.8	81.3	68.8	20.8	47.9	0.0	31.3
16	Udayapur	89.2	91.6	51.8	96.4	85.5	90.4	86.7	41.0	38.6	7.2	13.3
17	Bara	96.0	78.1	38.5	93.8	83.3	89.6	99.0	31.2	66.7	1.0	1.0
Central												
18	Bhaktapur	100.0	95.6	66.7	100.0	97.8	100.0	100.0	46.7	46.7	6.7	0.0
19	Chitwan	100.0	64.6	77.8	60.6	97.0	87.9	94.9	18.2	63.6	13.1	5.1
20	Dhading	95.9	44.7	8.5	100.0	93.6	91.5	85.1	19.1	66.0	0.0	14.9
21	Dhanusa	85.7	67.1	35.7	73.8	81.5	67.5	88.1	32.1	53.6	2.4	11.9
22	Dolakha	100.0	74.0	26.0	94.0	90.0	92.0	78.0	30.0	48.0	0.0	22.0
23	Kathmandu	100.0	100.0	72.0	100.0	100.0	100.0	98.0	50.0	44.0	4.0	2.0
24	Kavre	99.0	97.9	40.0	96.8	82.1	92.6	83.2	28.4	46.3	8.4	16.8
25	Lalitpur	93.9	82.6	50.0	100.0	91.3	88.9	71.7	32.6	34.8	4.3	28.3
26	Mahotari	76.5	54.7	37.3	76.0	53.3	92.0	89.3	36.0	48.0	5.3	10.7
27	Makwanpur	98.0	82.7	50.0	93.9	88.8	93.9	68.4	10.2	57.1	1.0	31.6
28	Nuwakot	91.8	50.0	32.6	95.5	84.3	88.8	82.0	33.7	43.8	4.5	18.0
29	Parsa	95.9	73.9	39.4	79.8	83.0	90.4	98.9	56.4	41.5	1.1	1.1
30	Ramechhap	89.6	81.4	39.5	95.3	79.1	69.8	76.7	34.9	37.2	4.7	23.3
31	Rasuwa	99.0	92.9	36.7	90.8	89.7	88.8	98.0	55.1	38.8	4.1	2.0
32	Rautahat	79.2	80.3	32.9	76.3	60.5	92.1	93.4	42.1	50.0	1.3	6.6
33	Sarlahi	87.0	66.7	47.1	96.6	81.6	92.0	75.9	23.0	47.1	5.7	24.1
34	Sindhuli	52.3	60.9	56.5	100.0	78.3	91.3	78.3	43.5	30.4	4.3	21.7
35	Sindhupalchowk	100.0	91.7	25.0	91.7	83.3	83.0	72.9	31.3	37.5	4.2	27.1
Western												
36	Arghakhanchi	100.0	98.0	64.0	98.0	92.0	94.0	94.0	40.0	52.0	2.0	6.0
37	Baglung	100.0	70.2	61.7	100.0	83.0	93.5	70.2	19.1	46.8	4.3	29.8
38	Gorkha	95.8	93.5	30.4	97.8	82.6	91.3	63.0	13.0	34.8	15.2	37.0
39	Gulmi	100.0	89.8	63.3	67.3	89.8	91.8	100.0	44.9	55.1	0.0	0.0
40	Kapilbastu	86.9	82.6	43.0	90.7	75.6	93.0	84.9	26.7	54.7	2.3	16.3
41	Kaski	100.0	85.6	72.2	100.0	99.0	99.0	90.7	36.1	50.5	4.1	9.3
42	Lamjung	100.0	85.4	62.5	97.9	91.7	95.7	83.3	14.6	64.6	4.2	16.7
43	Manang	97.9	52.2	60.9	58.7	91.3	91.3	76.1		54.3	21.7	23.9
44	Mustang	93.8	88.9	31.1	100.0	93.3	93.3	60.0	24.4	35.6	0.0	40.0
45	Myagdi	95.9	87.2	42.6	93.6	87.2	100.0	76.6	23.4	34.0	19.1	23.4
46	Nawalparasi	97.9	75.8	63.2	90.5	88.4	94.7	86.3	35.8	48.4	2.1	13.7
47	Palpa	100.0	81.3	60.4	93.8	93.8	85.4	83.3	16.7	47.9	18.8	16.7
48	Parbat	98.0	64.6	79.2	70.8	100.0	100.0	81.3	18.8	60.4	0.0	20.8
49	Rupandehi	99.0	84.7	74.7	98.0	100.0	99.0	93.9	32.3	58.6	3.0	6.1
50	Syangja	100.0	91.8	67.3	95.9	89.8	85.7	85.7	26.5	26.5	32.7	14.3
51	Tanahu	95.9	66.7	64.5	66.7	91.4	90.3	73.1	15.1	47.3	10.8	26.9
Mid-Western												
52	Banke	96.0	74.7	71.6	83.2	94.7	91.5	94.7	37.9	52.6	4.2	5.3
53	Bardia	100.0	79.0	65.0	90.0	94.0	97.0	88.0	26.0	30.0	27.0	17.0
54	Dailekh	95.9	89.4	27.7	93.6	74.5	93.6	74.5	21.3	42.6	8.5	27.7
55	Dang	100.0	83.8	87.0	87.0	97.0	98.0	89.0	38.0	47.0	4.0	11.0
56	Dolpa	71.2	78.7	42.6	83.0	72.3	83.0	83.0	46.8	21.3	14.9	17.0
57	Humla	66.7	73.3	20.0	75.0	50.0	71.7	75.0	33.3	33.3	3.3	25.0
58	Jajarkot	95.8	85.9	29.3	94.6	70.7	88.0	78.3	10.9	65.2	2.2	21.7
59	Jumla	81.3	71.8	32.1	79.5	69.2	76.9	88.5	20.5	60.3	7.7	11.5
60	Kalikot	42.5	64.9	18.9	86.5	59.5	83.8	83.8	5.4	64.9	13.5	16.2
61	Mugu	75.3	67.1	53.4	77.8	60.3	71.2	42.5	11.0	31.5	0.0	57.5
62	Pyuthan	94.0	87.2	38.3	93.6	74.5	85.1	76.6	21.3	48.9	6.4	23.4
63	Rolpa	100.0	97.8	45.7	97.8	73.9	100.0	41.3	13.0	23.9	4.3	58.7
64	Rukum	78.9	95.8	28.2	97.2	71.8	94.4	71.8	4.2	66.2	1.4	28.2
65	Salyan	93.8	66.7	53.3	77.8	86.7	95.6	86.7	4.4	80.0	2.2	13.3
66	Surkhet	98.0	49.0	79.6	67.3	100.0	100.0	98.0	24.5	61.2	12.2	2.0
67	Achham	100.0	81.3	31.3	91.7	82.3	89.6	78.1	18.8	53.1	6.3	21.9
Far-Western												
68	Baitadi	98.0	98.0	28.6	93.9	85.7	87.8	79.6	26.5	46.9	6.1	20.4
69	Bajhang	88.4	97.6	29.8	98.8	79.8	86.9	81.0	17.9	59.5	3.6	19.0
70	Bajura	95.5	84.7	43.5	94.1	82.4	77.6	70.6	30.6	40.0	0.0	29.4
71	Dadeldhura	93.5	88.5	46.0	90.8	85.1	90.8	78.2	19.5	42.5	16.1	21.8
72	Darchula	93.9	100.0	32.6	95.7	71.7	82.6	47.8	13.0	23.9	10.9	52.2
73	Doti	85.1	87.5	37.5	100.0	85.0	85.0	65.0	17.5	30.0	17.5	35.0
74	Kailali	100.0	89.9	79.0	94.0	99.0	93.9	97.0	49.0	44.0	3.0	4.0
75	Kanchanpur	100.0	96.8	80.9	95.7	96.8	95.7	97.9	33.0	61.7	3.2	2.1
	Total	**94.3**	**81.1**	**52.0**	**90.0**	**86.7**	**91.0**	**83.8**	**29.1**	**48.8**	**5.7**	**16.4**

Annex Table 4.4: Percentage distribution of FCHVs according to outreach clinic conducted for their catchment population regularly and their role in the clinic, availiability of Iodine liquid and Gentian Violet, and FCHVs that provided firstaide in the last month and mean number of Patients getting first aide by districts

Characteristics		Rreporting an outreach clinic	Role of the FCHV in the outreach clinic			Iodine Liquid	Gentian Violet	Providing first aide	Mean number of getting first aide.
			Refer Patients to clinic	No Role	Attend the clinic to help				
Eastern									
1	Bhojpur	40.8	10.0	0.0	100.0	14.3	32.7	69.4	3.7
2	Dhankuta	59.8	63.6	0.0	69.1	26.1	53.3	81.5	4.6
3	Ilam	86.0	97.7	2.3	74.4	24.0	48.0	64.0	3.8
4	Jhapa	72.0	75.0	5.6	76.4	37.0	44.0	66.0	5.8
5	Khotang	14.9	57.1	0.0	57.1	10.6	44.7	55.3	3.5
6	Morang	86.6	54.8	1.2	82.1	41.2	55.7	78.4	4.9
7	Okhaldhunga	14.0	57.1	0.0	42.9	30.0	42.0	74.0	3.6
8	Panchthar	81.6	95.0	0.0	88.7	52.0	76.5	86.7	5.0
9	Sankhuwasabha	64.6	58.1	0.0	93.5	41.7	54.2	72.9	5.5
10	Saptari	87.4	97.6	0.0	77.1	42.1	30.5	77.9	5.5
11	Siraha	90.8	95.5	0.0	92.1	37.8	33.7	72.4	4.1
12	Solukhumbu	4.3	100.0	0.0	50.0	17.0	36.2	48.9	5.3
13	Sunsari	94.0	66.0	0.0	87.2	38.0	43.0	78.0	4.6
14	Taplejung	22.0	81.8	0.0	81.8	28.0	30.0	44.0	4.3
15	Terhathum	26.5	38.5	0.0	100.0	34.7	42.9	79.6	4.6
16	Udayapur	44.1	70.7	2.4	70.7	22.6	30.1	73.1	4.5
Central									
17	Bara	52.0	94.2	1.9	78.8	35.0	42.0	61.0	4.9
18	Bhaktapur	31.1	57.1	7.1	50.0	51.1	35.6	80.0	5.6
19	Chitwan	77.8	68.8	0.0	100.0	47.5	56.6	94.9	8.6
20	Dhading	16.3	87.5	12.5	12.5	38.8	51.0	67.3	6.5
21	Dhanusa	72.4	81.7	1.4	91.5	10.2	13.3	45.9	3.3
22	Dolakha	24.0	75.0	0.0	75.0	34.0	34.0	62.0	5.8
23	Kathmandu	58.0	69.0	0.0	86.2	62.0	58.0	82.0	3.2
24	Kavre	53.1	74.5	2.0	49.0	33.3	43.8	70.8	5.4
25	Lalitpur	46.9	60.9	0.0	95.7	42.9	67.3	71.4	4.8
26	Mahotari	91.8	86.7	1.1	74.4	20.4	21.4	64.3	4.2
27	Makwanpur	59.0	86.4	5.1	71.2	28.0	56.0	72.0	4.4
28	Nuwakot	18.6	88.9	0.0	72.2	22.7	28.9	73.2	5.8
29	Parsa	56.1	90.9	0.0	80.0	14.3	25.5	60.2	3.5
30	Ramechhap	14.6	85.7	0.0	57.1	39.6	39.6	70.8	5.7
31	Rasuwa	73.7	87.7	1.4	67.1	39.4	52.5	86.9	5.0
32	Rautahat	71.9	89.9	0.0	88.4	44.8	40.6	66.7	4.2
33	Sarlahi	25.0	60.0	4.0	52.0	30.0	8.0	44.0	5.0
34	Sindhuli	13.6	83.3	0.0	83.3	50.0	52.3	77.3	5.7
35	Sindhupalchowk	31.3	66.7	0.0	60.0	33.3	43.8	64.6	6.0
Western									
36	Arghakhanchi	28.0	92.9	0.0	92.9	26.0	44.0	68.0	5.1
37	Baglung	10.6	100.0	0.0	60.0	8.5	48.9	68.1	5.7
38	Gorkha	83.3	52.5	2.5	95.0	20.8	39.6	60.4	6.6
39	Gulmi	40.8	80.0	0.0	95.0	20.4	32.7	46.9	5.7
40	Kapilbastu	63.6	85.7	1.6	88.9	38.4	32.3	55.6	4.3
41	Kaski	54.6	84.9	0.0	79.2	62.9	61.9	87.6	6.0
42	Lamjung	60.4	89.7	0.0	86.2	20.8	43.8	64.6	3.1
43	Manang	0.0	0.0	0.0	0.0	8.5	2.1	23.4	2.7
44	Mustang	4.2	100.0	0.0	100.0	39.6	27.1	50.0	2.9
45	Myagdi	14.3	100.0	0.0	42.9	28.6	38.8	55.1	4.0
46	Nawalparasi	73.2	94.4	0.0	87.3	51.5	45.4	66.0	5.9
47	Palpa	22.9	9.1	0.0	100.0	29.2	35.4	56.3	4.0
48	Parbat	28.6	71.4	0.0	92.9	28.6	42.9	75.5	5.5
49	Rupandehi	49.0	30.6	20.4	67.3	38.0	42.0	79.0	6.8
50	Syangja	16.3	25.0	0.0	100.0	36.7	46.9	57.1	3.9
51	Tanahu	24.7	66.7	0.0	95.8	56.7	43.3	78.4	5.9
Mid -Western									
52	Banke	76.8	72.4	5.3	89.5	84.8	91.9	87.9	4.6
53	Bardia	78.0	82.1	3.8	87.2	16.0	33.0	70.0	6.1
54	Dailekh	46.9	100.0	0.0	87.0	12.2	28.6	40.8	4.3
55	Dang	83.0	90.4	0.0	90.4	10.0	32.0	73.0	4.8
56	Dolpa	10.6	100.0	0.0	71.4	21.2	15.2	43.9	4.7
57	Humla	11.1	70.0	0.0	90.0	8.9	16.7	23.3	4.0
58	Jajarkot	92.7	96.6	1.1	93.3	19.8	72.9	80.2	6.6
59	Jumla	46.9	75.6	17.8	75.6	5.2	8.3	35.4	4.9
60	Kalikot	17.2	100.0	0.0	100.0	4.6	13.8	34.5	4.4
61	Mugu	23.7	100.0	0.0	100.0	32.0	48.5	62.9	3.0
62	Pyuthan	12.0	66.7	16.7	83.3	56.0	56.0	78.0	4.9
63	Rolpa	13.0	100.0	0.0	100.0	23.9	41.3	50.0	4.1
64	Rukum	4.4	75.0	0.0	50.0	8.9	27.8	54.4	3.7
65	Salyan	33.3	93.8	6.3	87.5	22.9	29.2	47.9	4.7
66	Surkhet	52.0	96.2	0.0	92.3	16.0	26.0	40.0	4.2
Far-Western									
67	Achham	51.0	95.9	0.0	69.4	5.2	13.5	25.0	3.4
68	Baitadi	22.0	100.0	0.0	81.8	24.0	40.0	64.0	4.0
69	Bajhang	5.3	60.0	0.0	60.0	29.5	40.0	54.7	5.1
70	Bajura	43.8	48.7	7.7	84.6	15.7	52.8	60.7	7.6
71	Dadeldhura	34.4	96.9	0.0	50.0	16.1	37.6	59.1	3.9
72	Darchula	18.4	88.9	11.1	66.7	14.3	16.3	40.8	3.5
73	Doti	27.7	100.0	0.0	84.6	17.0	36.2	53.2	4.1
74	Kailali	90.0	57.8	0.0	96.7	23.0	29.0	64.0	4.2
75	Kanchanpur	73.4	63.8	0.0	100.0	19.1	40.4	68.1	4.1
Total		**48.4**	**78.1**	**1.8**	**82.8**	**29.7**	**38.5**	**63.8**	**4.9**

Annex Table 5.1: Perccentage distribution of FCHVs according to counseling in pregnancy and knowledge of births by districts

	Districrts	Provide counseling/advice to pregnant women	Mean number of Women Counselled	FCHV reported births last year per FCHV	Estimated births/yr per FCHV (from population)	% of estimated births reported by FCHVs(exclude population based districts)
Eastern						
1	Bhojpur	98.0	6.8	6.3	10.5	60
2	Dhankuta	100.0	7.6	8.2	13.3	61
3	Ilam	100.0	11.8	11.3	6.7	
4	Jhapa	100.0	24.7	17.3	30.3	57
5	Khotang	97.9	9.7	12.7	7.2	
6	Morang	100.0	22.0	23.5	32.6	72
7	Okhaldhunga	100.0	9.5	8.3	6.4	
8	Panchthar	100.0	9.3	7.7	16.0	48
9	Sankhuwasabha	100.0	11.7	11.3	13.5	84
10	Saptari	97.9	12.8	9.9	14.9	66
11	Siraha	100.0	10.8	13.2	15.4	86
12	Solukhumbu	97.9	7.5	6.3	10.2	62
13	Sunsari	100.0	11.6	10.1	11.9	
14	Taplejung	100.0	11.0	9.7	4.6	
15	Terhathum	100.0	10.2	9.5	8.0	
16	Udayapur	98.9	9.2	9.7	16.7	58
Central						
17	Bara	100.0	11.8	10.1	17.3	58
18	Bhaktapur	100.0	10.4	11.2	21.2	53
19	Chitwan	99.0	14.8	13.6	31.0	44
20	Dhading	100.0	12.9	11.2	22.1	51
21	Dhanusa	100.0	12.3	11.3	18.8	60
22	Dolakha	98.0	5.2	3.6	3.7	
23	Kathmandu	100.0	12.6	18.4	8.8	
24	Kavre	100.0	7.8	7.8	12.4	63
25	Lalitpur	98.0	5.9	6.3	13.8	46
26	Mahotari	100.0	16.0	14.9	22.4	67
27	Makwanpur	92.0	8.3	8.0	24.4	33
28	Nuwakot	100.0	8.3	7.8	7.2	
29	Parsa	100.0	13.4	13.1	14.7	89
30	Ramechhap	100.0	9.6	8.6	8.2	
31	Rasuwa	100.0	7.1	6.7	5.2	
32	Rautahat	100.0	15.1	14.6	17.5	84
33	Sarlahi	100.0	20.5	18.0	13.4	
34	Sindhuli	100.0	10.3	8.7	15.0	58
35	Sindhupalchowk	97.9	7.0	8.9	12.1	74
Western						
36	Arghakhanchi	100.0	9.3	9.5	7.3	
37	Baglung	100.0	21.0	16.9	8.6	
38	Gorkha	95.8	9.5	9.7	12.6	77
39	Gulmi	100.0	9.0	8.3	8.7	
40	Kapilbastu	100.0	8.7	9.1	12.5	73
41	Kaski	100.0	9.2	7.2	6.7	
42	Lamjung	97.9	8.1	14.7	7.8	
43	Manang	95.7	1.2	0.8	2.5	32
44	Mustang	97.9	1.7	1.6	3.0	54
45	Myagdi	100.0	7.3	5.8	9.3	62
46	Nawalparasi	99.0	10.4	10.6	22.7	47
47	Palpa	100.0	6.3	7.0	12.5	56
48	Parbat	100.0	8.9	6.7	9.4	71
49	Rupandehi	100.0	16.0	16.6	12.5	
50	Syangja	100.0	5.0	7.9	14.6	54
51	Tanahu	96.9	10.9	11.1	19.9	56
Mid-Western						
52	Banke	100.0	19.6	17.8	14.2	
53	Bardia	99.0	12.5	10.5	13.0	
54	Dailekh	100.0	18.1	17.3	8.1	
55	Dang	100.0	18.5	17.2	14.4	
56	Dolpa	98.5	4.3	4.2	3.1	136
57	Humla	95.6	6.5	5.8	4.9	118
58	Jajarkot	100.0	10.2	16.5	14.7	112
59	Jumla	99.0	8.8	6.8	3.6	
60	Kalikot	98.9	5.5	7.2	11.5	62
61	Mugu	95.9	8.1	8.1	6.0	135
62	Pyuthan	98.0	9.6	8.5	14.1	60
63	Rolpa	95.7	4.7	9.7	13.4	72
64	Rukum	95.6	5.2	9.1	14.3	64
65	Salyan	100.0	13.6	11.0	14.9	74
66	Surkhet	100.0	11.5	9.2	7.7	
Far-Western						
67	Achham	100.0	7.0	6.7	9.8	68
68	Baitadi	100.0	15.9	14.5	9.1	
69	Bajhang	100.0	11.8	12.0	10.9	110
70	Bajura	96.6	9.3	10.2	11.0	92
71	Dadeldhura	97.8	10.5	11.8	8.2	
72	Darchula	98.0	7.3	8.6	9.6	89
73	Doti	95.7	12.3	14.3	8.4	
74	Kailali	100.0	17.9	13.3	12.7	
75	Kanchanpur	100.0	14.0	10.5	10.5	83
	Total	**99.3**	**11.6**	**16.6**	**12.5**	

Note: FCHVs in population-based districts tend to over-estimate births, possibly based on whole-ward births, and so are excluded from the final column.

Annex Table 5.2: Percentage distribution of FCHVs according to the Advices/suggestion given to the pregnant women by districts

Characteristics		Suggestions/Advices***												
		Go for Antenatal Checkups	Get TT shots	Take Iron Tablets	Take Albendazole Tab	Advice on night blindness during pregnancy	Other advice activities during pregnancy	Danger signs that require medical attention	Use a skill birth attendent	Make plans of transportation in case of emergencies	Save money in case of emergency	Eating nutritious food	Other	Don't know
Eastern														
1	Bhojpur	93.9	61.2	67.3	14.3	0.0	34.7	0.0	44.9	0.0	2.0	89.8	26.5	0.0
2	Dhankuta	92.4	65.2	73.9	20.7	0.0	64.1	13.0	30.4	3.3	25.0	87.0	0.0	0.0
3	Ilam	98.0	98.0	98.0	50.0	4.0	52.0	12.0	26.0	0.0	8.0	100.0	14.0	0.0
4	Jhapa	93.0	79.0	96.0	64.0	3.0	70.0	37.0	48.0	41.0	58.0	90.0	13.0	0.0
5	Khotang	93.6	78.7	80.9	27.7	0.0	29.8	0.0	12.8	4.3	17.0	66.0	8.5	2.1
6	Morang	85.6	61.9	75.3	8.2	2.1	61.9	12.4	27.8	3.1	11.3	97.9	1.0	0.0
7	Okhaldhunga	98.0	52.0	70.0	20.0	0.0	20.0	8.0	24.0	0.0	2.0	98.0	10.0	0.0
8	Panchthar	91.8	81.6	93.9	25.5	2.0	53.1	7.1	29.6	4.1	0.0	99.0	7.1	0.0
9	Sankhuwa-sabha	95.8	81.3	81.3	50.0	4.2	77.1	20.8	20.8	4.2	6.3	93.8	12.5	0.0
10	Saptari	86.3	64.2	87.4	11.6	2.1	57.9	24.2	22.1	0.0	2.1	95.8	15.8	1.1
11	Siraha	95.9	87.8	95.9	8.2	2.0	70.4	16.3	42.9	8.2	41.8	94.9	5.1	0.0
12	Solukhumbu	91.5	51.1	38.3	4.3	0.0	68.1	6.4	23.4	0.0	4.3	87.2	2.1	0.0
13	Sunsari	97.0	76.0	81.0	26.0	14.0	39.0	6.0	36.0	6.0	24.0	95.0	3.0	0.0
14	Taplejung	100.0	60.0	60.0	14.0	0.0	80.0	4.0	44.0	26.0	40.0	94.0	0.0	0.0
15	Terhathum	95.9	65.3	79.6	32.7	4.1	38.8	4.1	57.1	14.3	40.8	89.8	10.2	0.0
16	Udayapur	82.8	75.3	81.7	16.1	3.2	47.3	6.5	15.1	1.1	3.2	90.3	0.0	1.1
Central														
17	Bara	87.0	64.0	81.0	10.0	13.0	66.0	12.0	57.0	4.0	5.0	94.0	24.0	0.0
18	Bhaktapur	100.0	66.7	64.4	4.4	0.0	31.1	24.4	8.9	2.2	2.2	100.0	13.3	0.0
19	Chitwan	87.9	78.8	92.9	15.2	8.1	48.5	6.1	38.4	1.0	16.2	83.8	25.3	0.0
20	Dhading	100.0	65.3	71.4	4.1	0.0	73.5	6.1	6.1	0.0	6.1	95.9	6.1	0.0
21	Dhanusa	79.6	52.0	85.7	3.1	7.1	46.9	11.2	10.2	2.0	6.1	98.0	18.4	0.0
22	Dolakha	100.0	72.0	72.0	8.0	2.0	88.0	8.0	0.0	2.0	6.0	100.0	6.0	0.0
23	Kathmandu	100.0	92.0	100.0	12.0	2.0	88.0	6.0	84.0	0.0	4.0	100.0	0.0	0.0
24	Kavre	96.9	71.9	71.9	12.5	6.3	25.0	25.0	58.3	8.3	26.0	97.9	3.1	0.0
25	Lalitpur	93.9	85.7	75.5	22.4	2.0	40.8	2.0	22.4	2.0	2.0	91.8	0.0	0.0
26	Mahotari	77.6	48.0	77.6	15.3	0.0	31.6	7.1	14.3	2.0	7.1	96.9	16.3	0.0
27	Makwanpur	90.0	55.0	73.0	6.0	9.0	47.0	5.0	47.0	0.0	2.0	88.0	9.0	2.0
28	Nuwakot	87.6	57.7	62.9	1.0	1.0	76.3	19.6	5.2	1.0	3.1	99.0	0.0	0.0
29	Parsa	85.7	50.0	72.4	13.3	13.3	45.9	7.1	10.2	0.0	5.1	98.0	15.3	0.0
30	Ramechhap	87.5	66.7	91.7	8.3	2.1	70.8	16.7	18.8	2.1	6.3	100.0	4.2	0.0
31	Rasuwa	92.9	82.8	78.8	5.1	4.0	27.3	21.2	60.6	2.0	23.2	100.0	0.0	0.0
32	Rautahat	89.6	76.0	80.2	17.7	16.7	46.9	26.0	56.3	3.1	14.6	95.8	1.0	0.0
33	Sarlahi	69.0	40.0	74.0	24.0	3.0	38.0	3.0	34.0	2.0	19.0	98.0	11.0	0.0
34	Sindhuli	54.5	52.3	88.6	4.5	0.0	59.1	11.4	20.5	0.0	0.0	93.2	6.8	0.0
35	Sindhupal-chowk	100.0	68.8	68.8	8.3	4.2	33.3	22.9	41.7	2.1	16.7	93.8	10.4	0.0
Western														
36	Arghakhanchi	94.0	82.0	84.0	22.0	0.0	64.0	2.0	26.0	0.0	4.0	88.0	10.0	0.0
37	Baglung	100.0	76.6	70.2	12.8	12.8	59.6	19.1	63.8	4.3	8.5	85.1	2.1	0.0
38	Gorkha	68.8	52.1	45.8	4.2	14.6	68.8	39.6	10.4	0.0	0.0	91.7	4.2	0.0
39	Gulmi	89.8	91.8	83.7	6.1	2.0	73.5	6.1	6.1	0.0	0.0	100.0	6.1	0.0
40	Kapilbastu	87.9	49.5	75.8	5.1	0.0	57.6	0.0	1.0	0.0	1.0	99.0	4.0	1.0
41	Kaski	90.7	68.0	64.9	22.7	1.0	80.4	17.5	44.3	9.3	32.0	93.8	22.7	0.0
42	Lamjung	91.7	70.8	70.8	8.3	0.0	83.3	4.2	33.3	0.0	0.0	87.5	6.3	0.0
43	Manang	83.0	38.3	51.1	4.3	0.0	8.5	4.3	2.1	0.0	12.8	100.0	14.9	0.0
44	Mustang	81.3	35.4	25.0	2.1	0.0	68.8	8.3	8.3	0.0	0.0	85.4	2.1	0.0
45	Myagdi	89.8	57.1	93.9	40.8	2.0	87.8	10.2	36.7	24.5	32.7	100.0	20.4	0.0
46	Nawalparasi	80.4	71.1	76.3	14.4	2.1	28.9	8.2	22.7	0.0	1.0	88.7	11.3	1.0
47	Palpa	70.8	70.8	68.8	22.9	4.2	54.2	6.3	41.7	2.1	6.3	87.5	0.0	0.0
48	Parbat	98.0	79.6	85.7	16.3	2.0	69.4	24.5	55.1	4.1	18.4	91.8	16.3	0.0
49	Rupandehi	90.0	66.0	75.0	13.0	1.0	55.0	10.0	39.0	2.0	2.0	97.0	12.0	0.0
50	Syangja	95.9	79.6	59.2	12.2	8.2	71.4	10.2	53.1	10.2	20.4	93.9	0.0	0.0
51	Tanahu	87.6	77.3	58.8	11.3	6.2	21.6	5.2	28.9	0.0	11.3	93.8	56.7	0.0
Mid-Western														
52	Banke	92.9	78.8	74.7	48.5	2.0	49.5	21.2	31.3	22.2	31.3	90.9	23.2	0.0
53	Bardia	88.0	65.0	82.0	22.0	10.0	65.0	13.0	20.0	1.0	5.0	97.0	13.0	0.0
54	Dailekh	75.5	73.5	98.0	12.2	4.1	67.3	38.8	14.3	0.0	0.0	98.0	14.3	0.0
55	Dang	96.0	86.0	80.0	41.0	6.0	28.0	21.0	49.0	10.0	15.0	94.0	8.0	0.0
56	Dolpa	68.2	66.7	39.4	28.8	0.0	43.9	10.6	6.1	0.0	4.5	97.0	12.1	0.0
57	Humla	53.3	58.9	37.8	4.4	6.7	76.7	7.8	7.8	0.0	1.1	87.8	15.6	1.1
58	Jajarkot	92.7	84.4	90.6	1.0	2.1	83.3	2.1	41.7	1.0	35.4	92.7	0.0	0.0
59	Jumla	72.9	63.5	76.0	10.4	14.6	62.5	6.2	8.3	1.0	1.0	97.9	15.6	0.0
60	Kalikot	71.3	48.3	14.9	4.6	4.6	73.6	20.7	8.0	1.1	0.0	90.8	0.0	1.1
61	Mugu	82.5	63.9	45.4	12.4	8.2	21.6	8.2	5.2	0.0	2.1	100.0	17.5	0.0
62	Pyuthan	86.0	70.0	92.0	32.0	0.0	72.0	2.0	42.0	0.0	0.0	92.0	14.0	2.0
63	Rolpa	97.8	58.7	91.3	2.2	2.2	95.7	6.5	41.3	0.0	0.0	100.0	4.3	0.0
64	Rukum	77.8	57.8	66.7	5.6	3.3	85.6	3.3	44.4	1.1	1.1	92.2	6.7	1.1
65	Salyan	91.7	64.6	97.9	31.3	0.0	68.8	16.7	64.6	6.3	29.2	95.8	4.2	0.0
66	Surkhet	96.0	74.0	94.0	32.0	2.0	64.0	18.0	38.0	4.0	34.0	100.0	6.0	0.0
Far-Western														
67	Achham	83.3	59.4	58.3	5.2	3.1	72.9	24.0	4.2	0.0	0.0	92.7	5.2	0.0
68	Baitadi	78.0	90.0	100.0	26.0	4.0	88.0	16.0	20.0	2.0	8.0	100.0	34.0	0.0
69	Bajhang	91.5	85.1	69.1	8.5	12.8	94.7	10.6	42.6	3.2	8.5	97.9	10.6	0.0
70	Bajura	78.7	76.4	83.1	4.5	0.0	49.4	5.6	37.1	0.0	0.0	86.5	2.2	2.2
71	Dadeldhura	73.1	65.6	75.3	7.5	3.2	75.3	4.3	17.2	1.1	7.5	93.5	0.0	2.2
72	Darchula	81.6	69.4	79.6	6.1	0.0	81.6	6.1	22.4	12.2	6.1	93.9	18.4	2.0
73	Doti	51.1	63.8	72.3	12.8	2.1	61.7	6.4	25.5	0.0	8.5	93.6	0.0	6.4
74	Kailali	90.0	78.0	85.0	25.0	7.0	55.0	13.0	20.0	1.0	6.0	92.0	22.0	0.0
75	Kanchanpur	93.6	84.0	94.7	31.9	9.6	68.1	9.6	33.0	16.0	25.5	91.5	17.0	0.0
	Total	**88.2**	**69.6**	**77.9**	**17.0**	**4.2**	**59.2**	**12.1**	**30.3**	**3.9**	**11.4**	**94.4**	**10.0**	**0.3**