

ISSUES PAPER

NEPAL: Integrated Rural Health/Family Planning (IRH/FP)
367-0135

Current PACD: 9/30/85 Proposed Extension: 3/30/88
LOP Funding: \$35.2 million (~~includes \$1 million health funds~~)
FY 85 Funding: \$3.2 million (includes \$1 million health funds)

I. Summary Description

During the project extension period of 2 1/2 years, the project will continue to support the Ministry of Health (MOH) in its effort to integrate health and family planning services through specific vertical programs (e.g., malaria control, participant training, commodity support, technical assistance to the MOH) already under implementation. However, IRH/FP will target remaining funds towards expansion of rural health (especially MCH) and family planning service delivery, and child survival activities such as ORT and immunizations. No additional funds are required.

II. Issues

1. Analytical Base for Indicators of Health Care Quality and Delivery to the Field:

While the quantity of certain health care services increased during the life-of-project (LOP), there is little indication of progress towards improving quality of services. Likewise, there is little analysis of incentives and motivations necessary to improve services. While the selective mix of project interventions appears appropriate, the PEP is unclear as to how delivery of services will be improved during the extension period. Can the Mission provide more information on its strategy for improving service delivery? Are data collection efforts now adequate so we will have better understanding of constraints by the end of the extension period?

2. Service Delivery Approach:

Training and incentives are provided to male field workers, who apparently are frequently not locally recruited from the districts in which they serve. However, selection of local health delivery personnel, especially females, is a key to successful delivery of health services. Can project activities during the extension period explore, on an experimental basis, the use of alternative service delivery approaches, such as traditional healers in order to increase use of locally recruited, female workers?

3. Integrated Approach to Health Care:

The meaning of "integrated" approach to health services as presently used in Nepal and in the context of this project is unclear, and the concept will apparently be reexamined during the extension in light of problems endemic to integrating health systems in developing world. What alternatives or modifications to integration are possible? What progress has been made on institutional objectives? How will our institutional objectives change during the extension?

4. Recurrent Cost Financing by GON:

The GON should be assuming increased financial responsibilities over the life of the project; however, given actual availability of GON financial resources, it seems unlikely that GON will be able to continue to provide adequate counterpart funds during LOP nor adequate future funds to cover recurrent costs. What is the Mission's judgment of the impact of fiscal constraints on the project?

III. Concerns:

1. "Lessons Learned":

PEP lacks a clear articulation of what "lessons learned" have taught us about the original assumptions contained in the analysis section of the PP, and how the project should change during extension. Linkages between outputs and expected impacts need to be better articulated.

2. Malaria:

Funding devoted to malaria may be insufficient to provide continuing success to Nepal malaria program. TA in particular is limited both in time and funding available. Can additional funds be allocated for this purpose?