



Memorandum

Date March 31, 1988

From Jay S. Friedman, M.A., Program Analyst, Program Evaluation Branch (PEB),
Division of Reproductive Health (DRH), Center for Health Promotion and
Education (CHPE)

Subject Foreign Trip Report (AID/RSSA): Nepal--Logistics Assistance, March 9-21, 1988

To Billy G. Griggs
Assistant Director for International Health, CDC (D19)
Through: Acting Director for Science, CHPE *J. Griggs* (A-37)

SUMMARY

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SUMMARY

The courier reporting system, which was designed by FP/MCH staff 1 year ago was just being implemented when the Ministry of Health was reorganized in July 1987. Under the new integrated health structure, all management information is to include all health activities, not just FP/MCH, and reports must flow through the new regional health directorates. After consultation with concerned personnel, it was concluded that this type of courier reporting system is feasible. Details of its implementation were then worked out with the Eastern Regional Director. The new system will be presented at a training course for district health officers in April.

A further task was to estimate the needs for USAID-supplied contraceptives and complete the contraceptive procurement tables.

I. PLACES, DATES, AND PURPOSE OF TRAVEL

At the request of USAID/Nepal and AID/S&T/POP/FPSD, I visited Kathmandu and six rural Districts of Nepal February 27-March 17 to provide assistance to the Ministry of Health and USAID/Kathmandu on management information reporting and contraceptive logistics management. This travel was in accordance with the Resources Support Service Agreement (RSSA) between AID and CDC/CHPE/DRH and was made in conjunction with a trip to Thailand.

The scope of work established by USAID/Nepal for this TDY trip was to:

1. Assess the courier reporting system over the past year and how it might be improved;
2. Assess the accuracy and completeness of data going into the courier reporting system, and
3. Assess the implications of the recent re-organization of the MOH.

II. PRINCIPAL CONTACTS

A. USAID/Kathmandu

1. Dr. David Calder, Health, Population, Nutrition Officer
2. Mr. Joseph L. Anderson, Health Officer
3. Mr. David Piet, Family Planning Officer
4. Mr. Pangdey Yanzone, Population Assistant

B. Ministry of Health (MOH)

1. Family Planning/Maternal-Child Health (FP/MCH) Project
 - a. Dr. T. B. Khatri, Project Chief
 - b. Dr. Thapalia, Deputy Project Chief
 - c. Mr. T. B. Dangi
 - d. Ganesh Man Shrestha, Chief, Supply and Procurement Section
2. Public Health Division (PHD)
 - a. Dr. D. N. Regmi, Chief
 - b. Dr. Benu Bahadur Karki, Deputy Chief
 - c. Dr. K. R. Regmi, Director, Eastern Regional Health Office
 - d. Mr. Hira Lal Rajbhansi, Section Chief, Family Planning
3. Ministry of Health, Other
 - a. Mr. Ramesh Bhatta, Personal Assistant to the Health Secretary
 - b. Dr. K. R. Pandey, Eastern Regional Director

C. JSI--Nepal

1. Eileen McGinn, Family Planning Specialist
2. Pat Taylor, Management and Logistics Advisor

D. Columbia University

1. Ms. Susan Walder, Training Consultant

III. BACKGROUND

A. Background

1. Courier Management Information Reporting

The Nepal Ministry of Health (MOH) has been providing family planning services through two projects--FP/MCH project in 52 of the country's 75 districts, and the Integrated Community Health Health Service Development Project (ICHSDP)--in the remaining 23 districts. A major problem in the past has been the provision of timely and accurate reports of service statistics and logistics data to the central level, and particularly to USAID/Nepal (See Friedman/Johnson trip report of March 11, 1986). In early 1987, Mr. Ramesh Bhatta of the FP/MCH

Project designed a reporting system meant to ensure timely arrival of the 52 FP/MCH district-level management information reports at the project headquarters in Kathmandu. These reports included the "progress report" which contains the number of clients and contraceptives distributed to them, the supply report of stock at the health worker (PBHW), district and regional store levels, as well as accounting and personnel reports. Couriers were to be used to carry reports from outlets to district headquarters, from districts to 1 of 12 "collection points" selected according to geographical-transportation considerations, and from these to the central office. Depending on whether districts were "easily accessible" or "remote," the deadlines for reports to arrive at the central office were the tenth of the month following the report month or the tenth of the second month following the report month. USAID provided financial assistance to this system for which Rs. 1,412,600 (\$64,200) was budgeted for Nepali Fiscal Year 044/045 (87-88) as below:

Travel Allowance (TA) 56 couriers = Rs. 600 x 12 trips x 56 Rs. 403,200
Daily Allowance (DA) 56 couriers = Rs. 40 x 5 days x 12 trips x 56 = Rs
134,400
Printing Forms = Rs. 800,000
Training Intermediate Supervisors = Rs. 75,000

During my trip to Nepal in March 1987, I noted that this system once implemented, would go a long way toward resolving the problem of reporting FP/MCH activities to USAID. At that time, it was recommended that the system be evaluated in 1988, once it had been in operation 1 year (See Friedman trip report of April 22, 1987).

Implementation of the courier reporting system had just begun when the MOH was re-organized at the beginning of the current Nepali fiscal year in July 1987 (Nepali Calendar--Shrawan 2044). Under this new administrative structure, vertical projects such as FP/MCH are to be phased out, and reports of all health activities, including FP/MCH activities, are to be made to a Public Health Division within the MOH. Furthermore, administrative responsibility for local activities is to be delegated to five regional directorates, which means that all reporting within each region must be from district health offices through the new regional offices (see Figure 1 and 2).

Although creation of the new regional health structure is to be completed, in principle, by the close of the current fiscal year in July 1988 (Shrawan 2045), in practice it will be a longer process. As of this writing, the MOH has only partially converted to the new system; i.e., the Public Health Division has been created, yet at the same time, the vertical projects are still functioning. At the regional level, only the Eastern Region has "integrated" its activities; that is, 16 district health offices within the region have now been created which are supervised by the Regional Directorate in Dhankuta, the regional headquarters (See Figure 3). The next regions to be integrated are the Central and Mid-Western, although the exact sequence and timing is still under discussion.

B. Findings and Recommendations

Currently, the courier reporting system is functioning to a greater or lesser extent in the 52 FP/MCH districts. However, only the FP/MCH progress report is being transmitted.

Although it is not totally clear to MOH staff how implementation of the new integrated structure will proceed, it is almost certain that a number of Ministry staff working in vertical projects will become redundant, particularly those who are "contract" or "development project" (as opposed to "regular") staff. The implication for reporting is that the FP/MCH courier system, as currently conceived, will eventually cease to exist. However, all senior Public Health Division personnel I spoke with, including those in the FP/MCH section, want it to continue after being modified to conform to the new administrative structure. After discussions with various concerned persons I find this to be feasible provided that:

1. The system is expanded to include management information for all MOH activities (although the types of data obviously must be reduced).
2. The flow of reports is through the regional directorates, although it might be desirable that copies of all or certain reports be simultaneously sent to the Public Health Division in order to not delay reports to the National Planning Commission.

In whatever form integration proceeds and at whatever speed it is implemented, at the present time it must be assumed that within the next 1-2 years it will be a fact and that any reporting system must conform to it. If, in the future, the MOH administrative structure is again modified, the reporting system could then be changed as necessary.

As a first step, I met with Dr. K. R. Pandey, Eastern Regional Director, March 7-8, to discuss implementation of a courier system in his region. We worked out a plan incorporating elements of the FP/MCH courier system and the system used by the malaria program. Details of the proposed system are in Appendix 1.

Dr. Pandey pointed out that while there is a Planning, Programming, and Statistical Sub-Section in the Regional Health Directorate, at the present time there is no staff member within this Sub-Section who is statistically trained and who could:

1. critique incoming reports;
2. provide feedback to districts; and
3. assume full responsibility for managing the reporting system.

A staff member must be recruited in a presently existing or newly created permanent post who would meet these criteria. Perhaps USAID could fund this position. It is not recommended that new development posts be created for this purpose.

I feel the present budget for the courier system is sufficient to cover the system as modified for the Eastern Region. While a larger number of districts are now covered, since districts not previously in the FP/MCH project (Sunsari, Saptari, Siraha, Udaipur, Fanchthar) are now included, this should be offset by the fact that Royal Nepal Airlines (RNAC) air document and private courier

services, rather than persons travelling, will be used to a greater extent. Expenses should be closely monitored during the first year of the reporting system's operation and the budget adjusted upward or downward as necessary. USAID financial assistance must be for at least a 5 year period to be effective. It is also essential that funds for the courier system within HMG be specifically allocated for this purpose and not to TA/DA (per diem) in general.

This new system will be presented by Dr. Pandey at a 5-week training course for District Health Officers (DHOs) at Dhankuta beginning on March 21 (7 Chaitra) (Columbia University is providing technical assistance to the course). At that time, it can be critiqued by the DHOs and other staff and modified as necessary.

Points for further discussion at this course might include: (1) A greater use of persons to carry reports as opposed to RNAC air document service; (2) The use of British Nepal Medical Trust (BNMT) couriers to Biratnagar, from the eight districts* where they work, on a 6-month trial basis; (3) The need for sending duplicate copies of certain district reports directly to the Public Health Division in Kathmandu; (4) The incentives needed for the village health workers (VHW), health post, and district staff to prepare timely reports--including the content of feedback reports, the honor of being named the "courier of the month" for good work and other appropriate awards; (5) A more precise budget for TA/DA, bus fare and RNAC air document service for each of the 16 districts in the region.

To provide a framework for this discussion, at the suggestion of Columbia University staff, I have drafted a questionnaire on these matters for the district health officer trainees (See Appendix 2).

Once finalized, regional and district staff can be trained in using the management information system and dealing with service statistics at the Dhankuta course. The MOH-Columbia University group organizing the course decided to include details of the courier reporting system in the MIS sessions presented by Pat Taylor of JSI.

As time goes on, regional health directorates will become more capable of analyzing and using data, particularly through computerization. The experience of the Eastern Region should be applied to the courier reporting systems eventually organized in other regions.

I also looked at the accuracy and completeness of the data reported. While it seems, in general, that no reports are false, they are frequently less than accurate and complete for the following reasons:

*Ilam, Panchthar, Taplejung, Tehrathum, Dhankuta, Bhojpur, Sankhuwasabha, Khotang.

1. As mentioned above, only the "progress report" is presently transmitted by the courier system. While this includes data on supplies distributed to FP clients, it includes no logistics data on stock levels, receipts, and issues which are in the separate "supply report." This problem should be rectified in the courier system designed for the new administrative structure (Appendix 1), which will include data for all health activities, as well as logistics data on contraceptives and other supplies.
2. District level reports are frequently sent to the FP/MCH central office in a piecemeal fashion; i.e., as late health post reports are received beyond the monthly report cut-off date they are compiled in separate supplementary reports for previous months. This results in confusion at the central level, since reports for a single month are not received at a single time, resulting in data which are difficult to compile into meaningful totals. This will be rectified in part if the proposed policy in Appendix 1 is adopted which would cut off health post data at the district level by the monthly deadline and only include late health post reports in the following month's report. The eventual elimination of late reports and training of district, regional, and even central staff in managing data, as mentioned earlier, will also help in this regard.

It is unclear how the new administrative structure will affect the contraceptive logistics system. At present, it is functioning as a separate vertical system. Nevertheless, in the next 2-3 years it is possible that contraceptive supply management will be integrated with that of other MOH drug supplies. If this merely means moving the present regional stores to the regional offices, this would not greatly affect efficiency, except in the case of the Nepalgunj and Dhangadi stores, which are best situated for air shipment in their regions. On the other hand, if the staff of the Teku, Pathlaiya and regional stores are terminated, serious problems could result. I feel this provides even greater justification than before for USAID to finance the rehabilitation of the Tata truck (Plate BA.A.GA.525) belonging to the MOH, which could be used to ship supplies from Kathmandu to the regions. The FF/MOH supply section must submit to USAID an estimate from a garage for a complete overhaul of the chassis and body.

B. Contraceptive Procurement

In conjunction with Pangdey Yanzone of USAID, contraceptive procurement tables were prepared for MOH and the contraceptive retail sales (CRS) project. MOH stock level data were gathered by USAID staff from regional warehouses, district level data were provided by the two programs, while clinic stock levels were roughly estimated based on stock seen in the clinics visited during this trip. Estimated product use was based on the 1986 Nepal Fertility and Family Planning Survey (NFFS) and contraceptive distribution data from the two MOH programs and the CRS project (See CPT tables in Appendix 3).

The expansion of the use of reversible methods in Nepal is somewhat constrained by two factors:

1. The emphasis placed on sterilization, both male and female, through the use of sterilization "camps." During the period when a camp is held, district and clinic level staff concentrate on activities at the camp, frequently by absenting themselves from their usual place of work. This must result in some women not being resupplied with their reversible methods at such times.
2. Only one pill cycle is being supplied per visit in certain districts (Dhanusa District, for example). This practice exacerbates the problems caused by holding sterilization camps. In future integrated districts, there will also be a concentration of district health office activities during EPI program rounds, which may create similar problems for family planning activities.

A handwritten signature in cursive script that reads "Jay S. Friedman".

Jay S. Friedman, M.D.

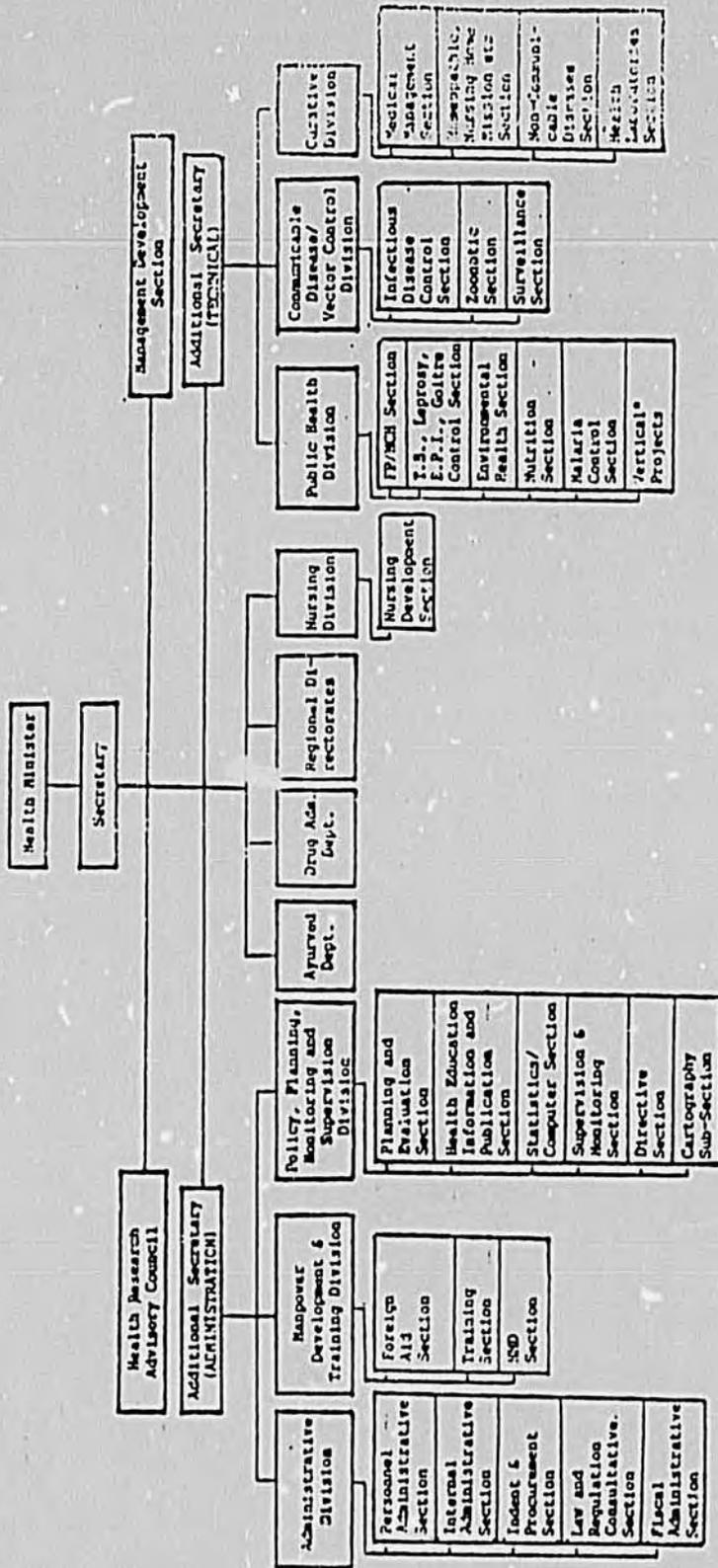
Attachments

FIGURE 1

Organization of the Ministry of Health, Federal Health Directorates, District Public Health Offices and Health Posts

Chart 1

MINISTRY OF HEALTH



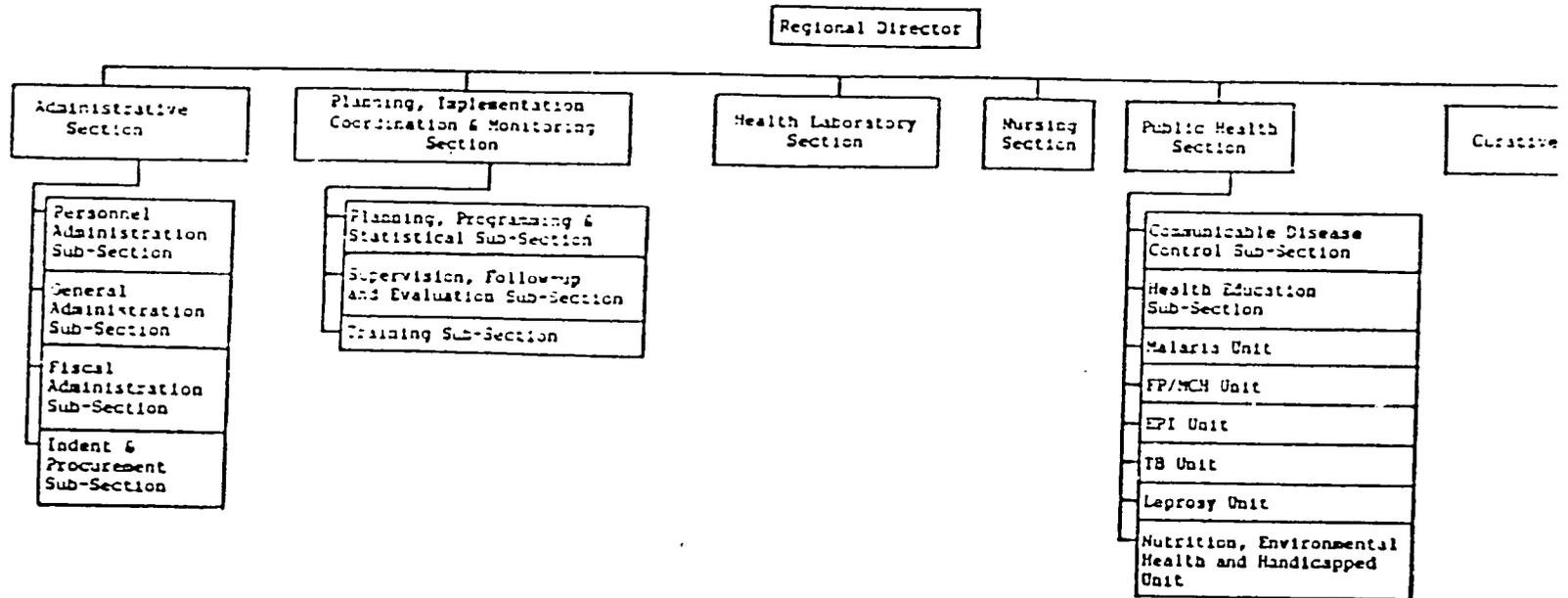
* Projects, under the Health Ministry, will be gradually integrated.

FIGURE 2

Organization of the Ministry of Health, Regional Health Directorates, District Public Health Offices & Health Posts

CHART III

EASTERN, WESTERN, MID-WESTERN & FAR WESTERN REGIONAL HEALTH DIRECTORATES



Courtesy of Pat Taylor, JSI (Nepal)

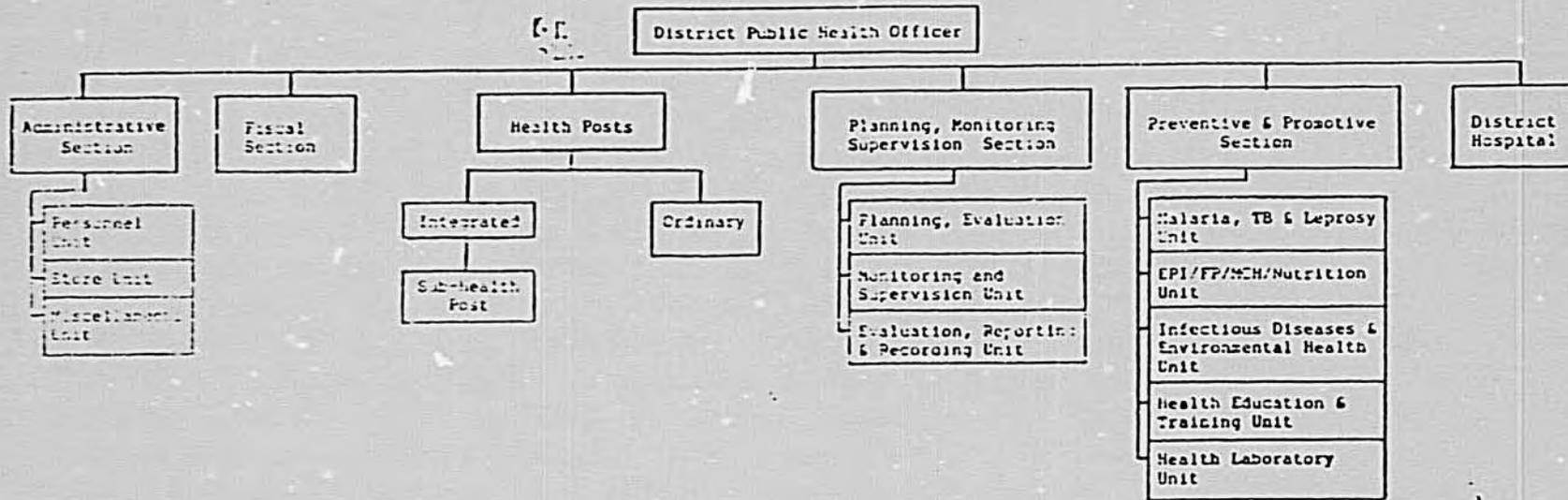
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FIGURE 3

Organogram of the Ministry of Health, Regional Health Directorates, District Public Health Offices & Health Posts

CHART IV

DISTRICT PUBLIC HEALTH OFFICE



Courtesy of Pat Taylor of JSI (Nepal)

TABLE 1

Estimated Number of Contraceptives Required Based on
1986 Nepal Fertility and Family Planning Survey

1988 Estimated Population = 17,900,000*

Of whom 26.8% are MWRA = 4,796,000**
(aged 15-49 as per NFFS)

Of MWRA 0.9%*** use pills	=	43,164 women
Number of cycles annually required (x13)	=	<u>561,130 cycle</u>
Of MWRA 0.6%*** use condoms	=	28,776 women
Number of condoms annually required (x100)	=	<u>2,877,600 condoms</u>
Of MWRA 0.1%*** use IUDs	=	4,790 women
Number of IUDs annually required (x0.4)	=	<u>1,920 IUDs</u>

*Nepal Family and Fertility Survey, 1986, P.3

**Population Projection of Nepal, 1986, Table 4

***NFFS, 1986, Table 10:23

TABLE 2

Estimated Annual Distribution To Clients--Latest 12-Month Period

	<u>Pill</u>	<u>Condom</u>
FP/MCH (Nov. 16, 1986--Nov. 15, 1987)	452,000	3,507,000
ICHSDP (Nov. 1986--Oct. 1987)	82,500	655,000
Voluntary Agencies:		
Red Cross (6 months ending Feb. 15 x 2)	97,500	1,390,500
Mothers Club (estimate based on '86 data)	56,600	336,500
Ex-Servicemans Organization (7 months ending Dec. 15 x $\frac{12}{7}$)	46,000	368,300
Total MOH-Supplied Agencies	<u>734,600</u>	<u>6,257,300</u>
CRS (Feb. 87--Jan. 88)	106,000	2,677,000
Grand Total	<u>840,600</u>	<u>8,934,300</u>

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TABLE 3

Contraceptive Stocks On Hand As Of Latest Report
MOH-Supplied Organizations And CRS Project
March 1988

	<u>Pill</u> (Cycles)	<u>Condom</u> (Pieces)
FP/MCH	209,440	6,028,000
(In district, regional and central stores) + 1.2 months or 10% estimated to be in clinics and with fieldworkers)		
Voluntary Agencies:		
Red Cross (Dec. '87)	13,600	238,000
Mothers' Clubs (Mar. '88)	1,200	18,000
Ex-Servicemens' Organization (Dec. '87)	32,722	175,000
ICHSDP	<u>4,800</u>	<u> --</u>
Total MOH-supplied agencies	261,762	6,459,000
(Number of months supply on hand at CRS as per Table 2. (12.4) All MOH-supplied facilities)		(4.3)
CRS	230,213	6,161,147
Number of months supply on hand as per Table 2	(26.0)*	(27.6)*

*CRS sales are projected to increase by about 50 percent for pills from 106,000 in 1987 to equal the 1986 level of 148,856 cycles sold. CRS condom sales are expected to increase about 100 percent from 2,677,000 in 1987 to equal the 1986 level of 5,089,152 condoms sold. These fluctuations were caused by withdrawing and then re-instituting certain discounting practices at the wholesale level to increase sales (See Friedman trip report of April 22, 1987).

Appendix 1

Proposed Courier Reporting System Eastern Regional Health Directorate

1. Transmission of Monthly Reports of Health Posts to District Health Offices

With the exception of a few health posts in Solukhumbu, Sankhuwasabha, Taplejung and, at certain times of the year, Panchthar District, all district offices are accessible (within 5 days walk) from all health posts. It will be left to district health officers to organize the transmission of reports within their respective districts, since they are most familiar with the local geographical-transportation situation, but the following general rules will apply:

- A. For the present time, in former FP/MCH districts, intermediate supervisors will be collecting reports from village health workers (VHWs) and clinics to transmit them to district health offices. These districts are Taplejung, Ilam, Jhapa, Morang, Terhathum, Dhankuta, Sankhuwasabha, Bhojpur, Solukhumbu, Khotang, and Okhaldhunga. As integration is further implemented, individual "Elakha" (area) health posts will collect VHW reports to prepare a health post report.
- B. In "old" integrated districts, one of the health post peons should be used to transmit reports from health posts to district health offices (DHOs). These districts are Sunsari, Saptari, Siraha, Udaipur, and Panchthar.
- C. TA/DA will be provided for travel in a timely manner.
- D. Reports from health posts should reach district health offices by the 5th-10th of the following month. District health officers will determine the date for their districts. Exceptions will be made for remote health posts in Solukhumbu, Sankhuwasabha, Taplejung and, at certain times of the year, Panchthar District. The data in reports that arrive late from health posts should be added to the next months report. District health offices should not send supplemental reports of late health post data for previous months to the regional office. This is to avoid confusion in reporting district totals at the regional level. While certain regional monthly totals might therefore be slightly inaccurate, these inaccuracies will smooth out over a several month period and will be compensated for by lack of confusion.
- E. For reports that fail to arrive, district health officers will issue a warning for the first and second instances and stop the pay of the health post-in-charge after the third instance.
- F. Health post reports will be compiled in the district office by the Evaluation, Recording, and Reporting Unit, which will then prepare a district report. This unit must also prepare periodic feedback reports to health posts comparing their performance to other health posts in the district.

2. Transmission of Monthly Reports of District Health Offices to the Regional Health Directorate

- A. In the dry season, districts will be divided into two groups: (a) districts with easy communications and (b) districts with difficult communications. The first group consists of all districts except Solukhumbu, Sankuwasabha, Taplejung, Khotang and Okhaldhunga. The second group is these five districts.

Districts in the first group will submit their reports to the region by the 15th of the following month. Reports will be transmitted to Dhankuta by district health office peons, who will travel by bus from those districts with bus service. These are: Panchthar, Ilam, Jhapa, Morang, Sunsari, Saptari, Siraha and Udaipur. Reports from Terhathum and Bhojpur districts will be sent to Dhankuta with a peon who will walk. From Terhathum it is about 4 hours and from Bhojpur approximately 2 days to Dhankuta.

Districts in the second group will submit their reports to the region by the 25th of the following month. Reports will be transmitted from Taplejung, Khotang (Lamidanda Airport) and Sankhuwasabha (Tumlingtar Airport) by RNAC air document to the Morang DHO in Biratnagar. Reports from Solukhumbu district will be sent with a peon who will walk approximately 1 day to Okhaldhunga (Rumjatar Airport) from where reports will be sent by RNAC air document to the Morang DHO in Biratnagar. Reports from Okhaldhunga district will be sent the same way. On the 25th of each month, a peon of the Regional Health Directorate will travel by bus from Dhankuta to Biratnagar to collect these reports.

- B. In the rainy season, districts will be divided into two groups, as follows. Terai and hill districts (including Ilam and Udaipur) with bus service, as well as mountain districts including Sankhuwasabha and Khotang who have year round air service, will be permitted to submit their reports 1 month late. Solukhumbu, Okhaldhunga, Taplejung, and Panchthar will be permitted to submit reports 2 months late, since reports will be sent with peons who must walk to Dhankuta or to the nearest point from where they can travel by bus to Dhankuta.
- C. TA/DA will be provided for travel and bus fare in a timely manner. Funds will also be budgeted for sending reports by air document.
- D. For reports that fail to arrive, the Regional Director will issue a warning for the first and second instances and stop the pay of the district health officer after the third instance.
- E. District reports will be compiled at the Regional Health Directorate by the Planning, Programming and Statistical Sub-Section. These will then be transmitted to the Public Health Division from Biratnagar by a private courier service by the last day of the month.
- F. The Regional Health Directorates Planning, Programming and Statistical Sub-Section will critique incoming reports and provide guidance to district health offices on the preparation of their reports. Periodic feedback reports must also be sent back to districts comparing their performance with other districts in the region.

- G. The Public Health Division should issue reports for months for which data is complete as far as possible. However, since their statistical reporting should be computerized, they can issue partial interim reports also. The Public Health Division must prepare periodic feedback reports to the regions comparing their performance.

Appendix 2

Questionnaire

Courier Reporting System
District Health Officers

1. What kinds of motivation would you propose for health post personnel and VHWs to encourage timely and accurate reporting?

a. Feedback Reports? / / Yes / / No

If yes, what type of information would you include in these feedback reports?

/ / Periodic totals of their reports?

/ / Periodic totals of their reports and totals of other VHWs and health posts for comparison purposes?

/ / Other information? If yes, what type?

b. Awards? / / Yes / / No

If yes, what type of award

/ / Letter of Commendation

/ / Privilege of Carrying Health Post Report to District

/ / Privilege of Carrying District Report to Region?

/ / Other? If yes, what type?

c. Other incentives? If yes, what?

2. What kinds of motivation would you propose for district health office personnel to encourage timely and accurate reporting to the regional office?

a. Feedback Reports? / / Yes / / No

If yes, what type of information would you include in these feedback reports?

/ / Periodic totals of their reports?

/ / Periodic totals of their reports and totals of other districts for comparison purposes?

/ / Periodic totals of other regions reports?

/ / Other information? If yes, what type?

b. Awards? / / Yes / / No

If yes, what type of award

/ / Letter of Commendation

/ / Privilege of carrying District Report to Region?

/ / Other? If yes, what type?

3. a. How would you organize the sending of health post reports to the district health office in your district?

/ / Use existing malaria program couriers?

/ / Use existing FP/MCH staff?

/ / Use existing health post staff as my district is an "old" integrated district?

/ / Develop a new system since vertical projects will eventually be absorbed? If yes, give details.

b. Do you agree with the proposed deadline for health post reports to arrive in the district health office? / / Yes / / No. If no, what do you feel is an appropriate deadline? The ____th of the following month.

c. Do you agree with the sanctions for late reports?

/ / Yes / / No. If no, what do you think would be an appropriate sanction? _____

4. a. How would you organize the sending of _____ reports to the regional directorate? _____ (Name of your District)

/ / By bus all year round

/ / By RNAC air document all year round

/ / By sending a person on foot all year round

/ / By using a BNMT courier all year round. If not, why?

4. (continued)

/ / By various means, according to the season. If so, give details

b. Do you agree with the deadline for district reports to arrive in the Regional Health Directorate?

/ / Yes / / No. If no, what do you feel is an appropriate deadline? The ___th of the following month.

c. Do you agree with the sanctions for late reports?

/ / Yes / / No. If no, what do you think would be an appropriate sanction? _____

5. Draft an estimated annual budget for the courier reporting system in you district?

a. TA - Rs. _____ x _____ trips = Rs.

b. DA - Rs. _____ x _____ days x _____ trips = Rs.

c. Printing Forms = Rs. _____

d. Training of Staff

1. TA/DA - Rs. _____

2. Other - Rs. _____

e. RNAC Air Document Fee to Biratnagar Rs. _____ x 12 = Rs. _____

f. Bus fare to Dhankuta and return Rs. _____ x 12 = Rs. _____

g. Other = Rs. _____

Total = Rs. _____

6. Who should monitor performance on reporting?

/ / Health officials

/ / Health and population committees

/ / Other, specify _____

7. Make any further comments you have about the courier reporting system.

FY 1988 CPT
 COUNTRY: NEPAL
 PROGRAM: CRS
 PROJECT: 367-0135
 PRODUCT: 19CP - CONDOM 19MM COLORED PANTHER
 SOURCE OF DATA FOR BEGINNING-OF-YEAR STOCK: SALES DATA 3/88
 TABLE YEAR: 1986
 START NET DEFICIT YEAR: 1988

	CALENDAR YEARS					
	1986	1987	1988	1989	1990	1991
1. BEGINNING-OF-YEAR STOCK (PLEASE READ INSTRUCTIONS TO FILL IN THIS LINE ITEM)	2162	2337	1855	1355	855	
PLUS						
2. NEW SUPPLY OF SAME PRODUCT						
(A) AID SUPPLIES RECEIVED 1986 TO DATE	606					
(B) ADDITIONAL AID QUANTITIES SCHEDULED FOR SHIPMENT BUT NOT YET RECEIVED						
(C) OTHER SOURCES OF SUPPLY OF SAME PRODUCT (HOST COUNTRY/OTHER DONORS)						
MINUS						
3. ESTIMATED PRODUCT USE/SALES/DISTRIBUTION	431	482	500	500	500	0
EQUALS						
4. END-OF-YEAR STOCK	2337	1855	1355	855	355	
MINUS						
5. DESIRED END-OF-YEAR STOCK LEVEL (EQUAL TO 100% OF ESTIMATED USE IN SUBSEQUENT YEAR)			500	500	0	
EQUALS						
6. NET SUPPLY SITUATION/AID REQUIREMENT (NEGATIVE NUMBER SIGNIFIES ADDITIONAL SUPPLIES REQUIRED FROM AID; POSITIVE NUMBER SIGNIFIES NO AID REQUIREMENT)			855	355	0	

FY 1983 CPT
 COUNTRY: NEPAL
 PROGRAM: CRS
 PROJECT: 367-0135
 PRODUCT: 49CX - CONDOM 19MM COLORED NO LOGO
 SOURCE OF DATA FOR BEGINNING-OF-YEAR STOCK: GEN, REG, DIST INV (3/87) UDD, ISI 3/87
 TABLE YEAR: 1986
 START NET DEFICIT YEAR: 1987

	CALENDAR YEARS					
	1986	1987	1988	1989	1990	1991
1. BEGINNING-OF-YEAR STOCK (PLEASE READ INSTRUCTIONS TO FILL IN THIS LINE ITEM)	5064	6240	5162	4500	4500	
PLUS						
2. NEW SUPPLY OF SAME PRODUCT						
(A) AID SUPPLIES RECEIVED 1986 TO DATE	6132	1116				
(B) ADDITIONAL AID QUANTITIES SCHEDULED FOR SHIPMENT BUT NOT YET RECEIVED			560			
(C) OTHER SOURCES OF SUPPLY OF SAME PRODUCT (HOST COUNTRY/OTHER DONORS)						
MINUS						
3. ESTIMATED PRODUCT USE/SALES/DISTRIBUTION	4956	2194	4500	4500	4500	0
EQUALS						
4. END-OF-YEAR STOCK	6240	5162	1322	0	0	
MINUS						
5. DESIRED END-OF-YEAR STOCK LEVEL (EQUAL TO 100% OF ESTIMATED USE IN SUBSEQUENT YEAR)		4500	4500	4500	0	
EQUALS						
6. NET SUPPLY SITUATION/AID REQUIREMENT (NEGATIVE NUMBER SIGNIFIES ADDITIONAL SUPPLIES REQUIRED FROM AID; POSITIVE NUMBER SIGNIFIES NO AID REQUIREMENT)		562	-3178	-4500	0	

FY 1988 CPT
 COUNTRY: NEPAL
 PROGRAM: CSR
 PROJECT: 367-0135
 PRODUCT: NRDS - DC HOLIDAY 1-50 USM PACKAGING
 SOURCE OF DATA FOR BEGINNING-OF-YEAR STOCK: CEN+PEG ENH 000/151 3/87
 TABLE YEAR: 1986
 START NET DEFICIT YEAR: 1988

	CALENDAR YEARS					
	1986	1987	1988	1989	1990	1991
1. BEGINNING-OF-YEAR STOCK (PLEASE READ INSTRUCTIONS TO FILL IN THIS LINE ITEM)	272	140	297	227	142	
PLUS						
2. NEW SUPPLY OF SAME PRODUCT						
(A) AID SUPPLIES RECEIVED 1986 TO DATE		217	15			
(B) ADDITIONAL AID QUANTITIES SCHEDULED FOR SHIPMENT BUT NOT YET RECEIVED						
(C) OTHER SOURCES OF SUPPLY OF SAME PRODUCT (HOST COUNTRY/OTHER DONORS)						
MINUS						
3. ESTIMATED PRODUCT USE/SALES/DISTRIBUTION	132	60	35	35	35	0
EQUALS						
4. END-OF-YEAR STOCK	140	297	227	142	57	
MINUS						
5. DESIRED END-OF-YEAR STOCK LEVEL (EQUAL TO 100% OF ESTIMATED USE IN SUBSEQUENT YEAR)			35	35	0	
EQUALS						
6. NET SUPPLY SITUATION/AID REQUIREMENT (NEGATIVE NUMBER SIGNIFIES ADDITIONAL SUPPLIES REQUIRED FROM AID; POSITIVE NUMBER SIGNIFIES NO AID REQUIREMENT)			142	57	0	

FY 1998 CPT
 COUNTRY: NEPAL
 PROGRAM: CRS
 PROJECT: 367-0135
 PRODUCT: NAMS - DC NORMINEST FE DSM PACKAGING
 SOURCE OF DATA FOR BEGINNING-OF-YEAR STOCK: SALES DATA 5/98
 TABLE YEAR: 1986
 START NET DEFICIT YEAR: 1988

	CALENDAR YEARS					1991
	1986	1987	1988	1989	1990	
1. BEGINNING-OF-YEAR STOCK (PLEASE READ INSTRUCTIONS TO FILL IN THIS LINE ITEM)	54	51	31	56	58	
PLUS						
2. NEW SUPPLY OF SAME PRODUCT						
(A) AID SUPPLIES RECEIVED 1986 TO DATE	30	56				
(B) ADDITIONAL AID QUANTITIES SCHEDULED FOR SHIPMENT BUT NOT YET RECEIVED						
(C) OTHER SOURCES OF SUPPLY OF SAME PRODUCT (HOST COUNTRY/OTHER DONORS)						
MINUS						
3. ESTIMATED PRODUCT USE/SALES/DISTRIBUTION	33	16	55	66	68	0
EQUALS						
4. END-OF-YEAR STOCK	51	31	15	0	0	
MINUS						
5. DESIRED END-OF-YEAR STOCK LEVEL (EQUAL TO 100% OF ESTIMATED USE IN SUBSEQUENT YEAR)			56	68	0	
EQUALS						
6. NET SUPPLY SITUATION/AID REQUIREMENT (NEGATIVE NUMBER SIGNIFIES ADDITIONAL SUPPLIES REQUIRED FROM AID; POSITIVE NUMBER SIGNIFIES NO AID REQUIREMENT)			-50	-68	0	

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APPENDIX 3 (Cont'd.)

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FY 1998 CPT
 COUNTRY: NEPAL
 PROGRAM: CRS
 PROJECT: 367-0135
 PRODUCT: UFTS - VAG FOAM TAB FLOWER LOGO
 SOURCE OF DATA FOR BEGINNING-OF-YEAR STOCK: CEN+REG INV 3/87 CDC/ISI 3/87
 TABLE YEAR: 1986
 START NET DEFICIT YEAR: 1988

	CALENDAR YEARS					
	1986	1987	1988	1989	1990	1991
1. BEGINNING-OF-YEAR STOCK (PLEASE READ INSTRUCTIONS TO FILL IN THIS LINE ITEM)	58	211	133	370	379	
PLUS						
2. NEW SUPPLY OF SAME PRODUCT						
(A) AID SUPPLIES RECEIVED 1986 TO DATE	182	274	36			
(B) ADDITIONAL AID QUANTITIES SCHEDULED FOR SHIPMENT BUT NOT YET RECEIVED						
(C) OTHER SOURCES OF SUPPLY OF SAME PRODUCT (HOST COUNTRY/OTHER DONORS)						
MINUS						
3. ESTIMATED PRODUCT USE/SALES/DISTRIBUTION	29	352	361	370	379	0
EQUALS						
4. END-OF-YEAR STOCK	211	133	-142	0	0	
MINUS						
5. DESIRED END-OF-YEAR STOCK LEVEL (EQUAL TO 100% OF ESTIMATED USE IN SUBSEQUENT YEAR)			370	379	0	
EQUALS						
6. NET SUPPLY SITUATION/AID REQUIREMENT (NEGATIVE NUMBER SIGNIFIES ADDITIONAL SUPPLIES REQUIRED FROM AID; POSITIVE NUMBER SIGNIFIES NO AID REQUIREMENT)			-512	-379	0	

FY 1988 CPT
 COUNTRY: NEPAL
 PROGRAM: MOH
 PROJECT: 367-0135
 PRODUCT: 49CS - CONDOM 49MM COLORED SULFAM
 SOURCE OF DATA FOR BEGINNING-OF-YEAR STOCK: COM+PED, 1988, 100, 131, 8/87
 TABLE YEAR: 1986
 START NET DEFICIT YEAR: 1988

	CALENDAR YEARS					
	1986	1987	1988	1989	1990	1991
1. BEGINNING-OF-YEAR STOCK (PLEASE READ INSTRUCTIONS TO FILL IN THIS LINE ITEM)	3524	3500	5205	6510	6640	
PLUS						
2. NEW SUPPLY OF SAME PRODUCT						
(A) AID SUPPLIES RECEIVED 1986 TO DATE	4596	7962				
(B) ADDITIONAL AID QUANTITIES SCHEDULED FOR SHIPMENT BUT NOT YET RECEIVED						
(C) OTHER SOURCES OF SUPPLY OF SAME PRODUCT (HOST COUNTRY/OTHER DONORS)						
MINUS						
3. ESTIMATED PRODUCT USE/SALES/DISTRIBUTION	4720	6257	6382	6510	6640	0
EQUALS						
4. END-OF-YEAR STOCK	3500	5205	-1177	0	0	
MINUS						
5. DESIRED END-OF-YEAR STOCK LEVEL (EQUAL TO 100% OF ESTIMATED USE IN SUBSEQUENT YEAR)			6510	6640	0	
EQUALS						
6. NET SUPPLY SITUATION/AID REQUIREMENT (NEGATIVE NUMBER SIGNIFIES ADDITIONAL SUPPLIES REQUIRED FROM AID; POSITIVE NUMBER SIGNIFIES NO AID REQUIREMENT)			-7637	-6640	0	

FY 1988 CPT
 COUNTRY: NEPAL
 PROGRAM: MOH
 PROJECT: 367-0135
 PRODUCT: LFMP - DC LO-FEMENAL BLUE LADY PKG.
 SOURCE OF DATA FOR BEGINNING-OF-YEAR STOCK: CEN, REG, DIST INV 3/97 100/151
 TABLE YEAR: 1986
 START NET DEFICIT YEAR: 1988

	CALENDAR YEARS					
	1986	1987	1988	1989	1990	1991
1. BEGINNING-OF-YEAR STOCK (PLEASE READ INSTRUCTIONS TO FILL IN THIS LINE ITEM)	300	264	439	648	664	
PLUS						
2. NEW SUPPLY OF SAME PRODUCT						
(A) AID SUPPLIES RECEIVED 1986 TO DATE	522	775				
(B) ADDITIONAL AID QUANTITIES SCHEDULED FOR SHIPMENT BUT NOT YET RECEIVED			608			
(C) OTHER SOURCES OF SUPPLY OF SAME PRODUCT (HOST COUNTRY/OTHER DONORS)						
MINUS						
3. ESTIMATED PRODUCT USE/SALES/DISTRIBUTION	558	600	632	648	664	0
EQUALS						
4. END-OF-YEAR STOCK	264	439	415	0	0	
MINUS						
5. DESIRED END-OF-YEAR STOCK LEVEL (EQUAL TO 100% OF ESTIMATED USE IN SUBSEQUENT YEAR)			648	664	0	
EQUALS						
6. NET SUPPLY SITUATION/AID REQUIREMENT (NEGATIVE NUMBER SIGNIFIES ADDITIONAL SUPPLIES REQUIRED FROM AID; POSITIVE NUMBER SIGNIFIES NO AID REQUIREMENT)			-233	-264	0	

APPENDIX 3 (Cont'd.)

CPT ANALYSIS
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FY 1989 CPT
 COUNTRY: NEPAL
 PROGRAM: CRS
 PROJECT: 367-0135
 PRODUCT: HQOS - DC REQUEST GSM PACKAGING
 SOURCE OF DATA FOR BEGINNING-OF-YEAR STOCK:
 TABLE YEAR: 1986
 START NET DEFICIT YEAR: 1988

	CALENDAR YEARS					
	1986	1987	1988	1989	1990	1991
1. BEGINNING-OF-YEAR STOCK (PLEASE READ INSTRUCTIONS TO FILL IN THIS LINE ITEM)	0	0	0	50	50	
PLUS						
2. NEW SUPPLY OF SAME PRODUCT						
(A) AID SUPPLIES RECEIVED 1986 TO DATE						
(B) ADDITIONAL AID QUANTITIES SCHEDULED FOR SHIPMENT BUT NOT YET RECEIVED						
(C) OTHER SOURCES OF SUPPLY OF SAME PRODUCT (HOST COUNTRY/OTHER DONORS)						
MINUS						
3. ESTIMATED PRODUCT USE/SALES/DISTRIBUTION	0	0	50	50	50	0
EQUALS						
4. END-OF-YEAR STOCK	0	0	-50	0	0	
MINUS						
5. DESIRED END-OF-YEAR STOCK LEVEL (EQUAL TO 100% OF ESTIMATED USE IN SUBSEQUENT YEAR)			50	50	0	
EQUALS						
6. NET SUPPLY SITUATION/AID REQUIREMENT (NEGATIVE NUMBER SIGNIFIES ADDITIONAL SUPPLIES REQUIRED FROM AID; POSITIVE NUMBER SIGNIFIES NO AID REQUIREMENT)			-100	-50	0	