

PD-RRY-117
 (10)

AGENCY FOR INTERNATIONAL DEVELOPMENT PROJECT PAPER FACESHEET	1. TRANSACTION CODE <div style="border: 1px solid black; display: inline-block; padding: 2px;">C</div> A ADD C CHANGE D DELETE	PP 2. DOCUMENT CODE 3
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3. COUNTRY/ENTITY NEPAL	4. DOCUMENT REVISION NUMBER <div style="border: 1px solid black; display: inline-block; padding: 2px;">1</div>
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5. PROJECT NUMBER (7 digits) <div style="border: 1px solid black; display: inline-block; padding: 2px;">367-0096</div>	6. BUREAU/OFFICE A. SYMBOL ASIA B. CODE <div style="border: 1px solid black; display: inline-block; padding: 2px;">04</div>	7. PROJECT TITLE (Maximum 40 characters) <div style="border: 1px solid black; display: inline-block; padding: 2px;">POPULATION/FAMILY PLANNING</div>
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8. ESTIMATED FY OF PROJECT COMPLETION FY <div style="border: 1px solid black; display: inline-block; padding: 2px;">80</div>	9. ESTIMATED DATE OF OBLIGATION A. INITIAL FY <div style="border: 1px solid black; display: inline-block; padding: 2px;">716</div> B. QUARTER <div style="border: 1px solid black; display: inline-block; padding: 2px;">4</div> C. FINAL FY <div style="border: 1px solid black; display: inline-block; padding: 2px;">719</div> (Enter 1, 2, 3, or 4)
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10. ESTIMATED COSTS (\$000 OR EQUIVALENT \$) - Is 11.90 NC						
A. FUNDING SOURCE	FIRST FY 76			LIFE OF PROJECT		
	B. FX	C. L/C	D. TOTAL	E. FX	F. L/C	G. TOTAL
AID APPROPRIATED TOTAL	458		458	4,578		4,578
(GRANT)	(458)		(458)	(4,578)		(4,578)
(LOAN)						
OTHER U.S. 1. PL 480 (INDIA)		439	439		2,135	2,135
2.						
HOST COUNTRY					4,700	4,700
OTHER DONOR(S)				1,100		1,100
TOTALS	458	439	897	5,678	6,835	12,513

11. PROPOSED BUDGET APPROPRIATED FUNDS (\$000)									
A. APPROPRIATION	B. PRIMARY PURPOSE CODE	PRIMARY TECH. CODE		E. 1ST FY 76		H. 2ND FY 79		K. 3RD FY 77	
		C. GRANT	D. LOAN	F. GRANT	G. LOAN	I. GRANT	J. LOAN	L. GRANT	M. LOAN
(1) PN	B 400	400		458		87		1,100	
(2)									
(3)									
(4)									
TOTALS				458		87		1,100	

A. APPROPRIATION	N. 4TH FY 78		O. 5TH FY 79		LIFE OF PROJECT		12. IN-DEPTH EVALUATION SCHEDULED <div style="border: 1px solid black; display: inline-block; padding: 2px;">MM YY 10 78</div>
	Q. GRANT	P. LOAN	R. GRANT	S. LOAN	T. GRANT	U. LOAN	
(1) PN	1,300		1,633		4,578		
(2)							
(3)							
(4)							
TOTALS	1,300		1,633		4,578		

13. DATA CHANGE INDICATOR. WERE CHANGES MADE IN THE PID FACESHEET DATA, BLOCKS 12, 13, 14, OR 15 OR IN PRP FACESHEET DATA, BLOCK 12? IF YES, ATTACH CHANGED PID FACESHEET.

1

 1 = NO
2 = YES

14. ORIGINATING OFFICE CLEARANCE	15. DATE DOCUMENT RECEIVED IN AID/W, OR FOR AID/W DOCUMENTS, DATE OF DISTRIBUTION
SIGNATURE <i>Julius E. Coles</i>	<div style="border: 1px solid black; display: inline-block; padding: 2px;">MM DD YY 06 05 78</div>
TITLE Julius E. Coles, Acting Director	
DATE SIGNED	
<div style="border: 1px solid black; display: inline-block; padding: 2px;">MM DD YY 06 02 78</div>	

PART I

SUMMARY AND RECOMMENDATION

A. Recommendation

Extension of the project for two years and an increase in the life-of-project cost from \$3,868,000 to \$6,678,000.

B. Summary Description

1. Project Goals and Purpose: This activity originated in FY 1968 but was revised in 1976 by amending the original Project Paper to add a population policy element to the project and change the title from Family Planning to Population and Family Planning. The revised project was approved on June 10, 1976 through September 30, 1978. This revision has run less than two years to date. USAID/N requests extension of the project through September 30, 1980, for a total contract service period of four years and three months.

Neither the goal nor the purpose of this project is being changed. The nature of the inputs and outputs is also unchanged, but the relative magnitudes among inputs and outputs is varied.

2. Rational for the Revision: This project is currently out of phase both with the GON's development planning and with USAID/N's other major project in the health and family planning sector. The GON's current development plan, the Fifth Five Year Plan began July 15, 1976 and will end July 14, 1980. USAID/N's Integrated Health Services Project is approved through September 1980. The Population and Family Planning Project is scheduled to end two years earlier. The GON plans a major shift toward an integrated rural health and family planning service beginning with Sixth Five Year Plan to be inaugurated July 15, 1980. In the longer term, the various vertical programs currently underway - malaria, TB, leprosy, and family planning - will be absorbed into a single rural health service by July 14, 1980.

A major evaluation of all headquarters and field activities of the Ministry of Health is now underway. The evaluation is based on a well designed survey which will cover a third of Nepal's districts, randomly selected, and will make an indepth assessment of the effectiveness of the Ministry's current programs. Particular scrutiny is being given to the effectiveness of family planning and maternal/child health services delivered by the FP/MCH Project and the Integrated Health Services.

The revision will allow the momentum that has been built for expanding family planning services to be maintained and, at the same time, allow for thoughtful planning by both the GON and USAID/N for the expanded five year program in health and family planning that will be inaugurated with the Sixth Five Year Development Plan (see USAID's PID, 367-0135).

To reiterate, the extension will:

- put this project in phase with both GON's planning and with USAID's other major health sector project;
- maintain momentum in family planning services while allowing time for rational and considered planning based upon the results of a careful, statistically sound evaluation;
- provide time and data for genuinely collaborative planning of future programs among the GON, USAID, and Other Donors.

3. Elements of the Project During the Extension: The Population/Family Planning Project has proceeded somewhat differently than was anticipated two years ago when the project was revised. It has moved much more rapidly on the services side but more slowly on the policy issues. The actual and proposed funding reflects this trend. In FY 1979 a separate project is being proposed to focus on the policy questions. Consequently, this extension is almost entirely aimed at the provision of family planning services, strengthening the ongoing service programs of the FP/MCH organization, expanding the number of field based motivators, and increasing the capacity for providing surgical contraception on a voluntary basis. The proposed extension involves the following elements.

(a) Technical Assistance: Currently, AID is supplying four full time advisors to the CON's FP/MCH Project, in the areas of family planning management, training, demography and services research. The thrust of the CON's programs is on implementation of services with less emphasis on research. It believes that the Research and Evaluation Division has developed sufficiently to carry on by itself, if occasional short term consultants are provided for specific future needs. Therefore, the CON has requested only two long term advisors in management and in training/IEC, and up to eight months of short term consultation in demography, curriculum development, services research and evaluation.

The ideal mechanism for providing technical assistance would be through an institutional contract. However, the difficulty in obtaining a qualified organization to provide these services on such

short notice for a two year period must be recognized. The more workable option may will be host country Personal Services Contracts, for 56 person months of technical assistance for the period covered by the extension. The estimated cost of the technical services required is \$569,000.

(b) Participant Training: The extension involves participant training for eleven new long term participants, nine non-degree, twelve month programs and two for MPH degrees. Five of these programs are in the population policy area, (ecology, economics, law, demography and population research). The other six cover family planning education, statistics and logistics management. Candidates have been identified for these eleven programs. Some already approved training programs will require extension funding when the current technical assistance contract is phased out in September 1978. In addition, funding authority is requested for up to thirteen short term programs in the US to bridge the gap between now and the proposed Population Policy Project for FY 1979 and the Integrated Rural Health/Family Planning Services Project proposed for implementation July 1980 through July 1985. These short term programs will be in areas such as education, IEC, computer science, demography, census analysis, and supply and logistics management. Short term training (one month) in Asia in surgical contraception will also be arranged. This is discussed under the expanded Voluntary Surgical Contraception element (see e) below. The participant training requested is estimated to cost \$322,000.

(c) Commodities: The increase in the level of funds for commodities is for direct support of the expanded voluntary surgical contraception program. Surgical instruments for vasectomies, minilaparotomies, and laparoscopic sterilizations are required. Tents and portable operating room equipment will be purchased for the camps that will be carried by STOL aircraft back into the inaccessible but heavily populated mid-mountain ranges. The construction and equipping of surgical contraceptive training centers at six hospitals is included. The commodity requirements are estimated at \$675,000.

(d) KAP Data Analysis: During the past three years, an extensive longitudinal knowledge, attitudes, and contraceptive practices (KAP) survey has been conducted in eight districts, four of which are mid-mountain districts and four Terai (plains) districts. Of the eight, two are districts where experimental programs in family planning are being delivered, two are districts where the FP/MCH Project delivers these services, and two are districts where the services are delivered by the Integrated Health Services program. Two districts which had no special family planning or maternal child health services were included in the survey as a control.

The survey will indicate current levels of fertility, family planning knowledge and practice, and the desire for additional children. It will also show how these levels differ between the mid-mountain and terai areas and will illustrate the social and demographic groups within these areas.

The massive data accumulated is undergoing coding at present but an additional year for ordering the data and computer processing and analysis will be required at an estimated cost of \$180,000. This amount will fund a contract for data analysis in the US with the necessary participation by Nepalese who assisted in the survey.

(e) Expansion of Voluntary Surgical Contraception: This proposal is aimed at increasing the GON's capacity to reach surgical acceptors in a time and cost effective manner and at increasing the number of surgeons to perform these operations. The program emphasizes training and expansion of services to heavily populated, inaccessible areas. Over the two year period, 60 physicians will be trained in vasectomy and minilaparotomy. These physicians will be trained in six surgical sterilization training centers located in major hospitals distributed across the southern third of the country. They will also be trained under field conditions, in a one on one situation with an experienced surgeon, and then outside the country for short term training in a neighboring Asian country. Ten general surgeons will be trained in the laparoscopic sterilization techniques in the U.S. so that the number of laparoscopic camps per year can be doubled.

With chartered STOL aircraft, surgical teams with full surgical equipment and tents will be carried back into the remote, mid-mountain region where 60% of the population live, isolated from roads and any vehicular traffic. Until now, surgical sterilization, male and female, has been carried on either in a camp situation, primarily in the plains of the Terai well serviced by roads, or by trekking for days, even weeks, with the equipment carried by porters, back to the remote villages where vasectomies are performed on the "kitchen table."

Charter aircraft will allow a full surgical team to set up a laparoscopic and vasectomy camp along side a STOL strip in a remote area. Panchayat based workers will have motivated the district well in advance. The team will perform the procedures in well equipped operating rooms under canvas, will then be picked up and moved to another site when the demand has been met. The season during which camps are practical is short, no more than five or six months - the country is immobilized by the summer monsoons - and the number of trained personnel very limited, so outreach and efficient utilization of time is essential.

The two year period of this expansion may not show a dramatic increase in procedures performed. It is a training phase, both in technical and in operational management terms. The surgeons time spent in training may reduce his time for actually performing operations. A transportation schedule missed could have both short and long term negative results. It is a complex program designed for a complex environment.

Commodity costs for surgical supplies, field equipment such as tents for expanding camp facilities, some vehicles - two mini busses are programmed - and air charter costs for moving personnel and equipment quickly and economically. The total estimated cost of this element is \$464,000.

(f) Expansion of Panchayat (Village) Based Workers: As of July 15, 1977 the Project had 200 clinics operational and an additional staff of 295 trained motivator/health aides actually living in villages of Nepal as members of the community and working in maternal child health and family planning motivation. This proposed program would provide for a more than four fold expansion of these village based workers over the next two years, through July 1980. Over a two year period this program will provide for training of about 1,000 family planning and MCH workers and about 170 supervisors. These persons when trained will be assigned to rural areas with the workers assigned to and living in a specified village to provide basic MCH information and services and to act as motivators for family planning.

The panchayat based worker is an essential element in providing the villagers with information and family planning commodities and in motivating the target population in surgical contraception. The worker is the link with the project, up through the District to the Central level in communicating when and where surgical contraception camps will be in operation. The workers are recruited on the basis of their interest, their status within the village and their natural leadership, motivational abilities. They may or may not have the educational backgrounds requisite to the GON's regular civil service requirement. These workers will therefore be recruited, trained and placed under six to twelve month contracts fully financed by this expansion element. The trainers for this expansion will be provided by GON's FP/MCH Project personnel. USAID/N will provide for the costs of moving the trainers to the District training sites and for the full costs of salaries and allowances for these contract workers. The estimated cost of this component is \$600,000.

PART II

PROJECT STATUS

A. Background

Population pressure against Nepal's land resource base is extraordinarily heavy. Although the country-wide density is estimated at 579 persons per square kilometer of cultivated land, in the hill areas where two-thirds of the people live-density is estimated as high as 1,170 persons per square kilometer. This compares with national averages of 824 in Bangladesh, 350 in India, 222 in Pakistan and 149 in Burma. Growing at a rate of 2.5% per year (present estimates) the population of Nepal will double in the next 28 years. The migration from the hills to the terai and to India has been accelerated in recent years - the proportion of the population living in the hills having fallen from an estimated 68% in the 1960's to 60% now (this does not count large scale seasonal migration). Yet, in absolute terms, population in the hills has also increased. It is estimated that the terai can absorb approximately one million additional people or about the natural rate of population increase over a three year period. Thus, even with considerable acceleration of the present slow growth in agriculture and other sectors, greatly increased pressures on the land are inevitable.

Since 1968 AID has been assisting the GON's Family Planning/Maternal and Child Health (FP/MCH) Project. This Project has made steady headway in establishing a service network throughout the country which is now comprised of 456 FP/MCH clinics and service delivery points, and 289 Health Posts (HPs) administered by the Integrated Community Health Program. These HPs deliver FP/MCH services, utilizing a large number of personnel trained and assigned by the FP/MCH Project. Three FP/MCH training centers have been established and have trained over 2,500 family planning workers. Twelve female obstetrician/gynecologists have been trained in laparoscopic sterilization techniques. To date, 300 population and family planning personnel have undergone training outside Nepal. Over 217,000 women have been oral contraceptive users, and more than 160,000 couples have used other contraceptive methods. Currently, there are more than 118,000 active users. Over 15,000 women have had laparoscopic sterilization, 7,000 in the past year, and more than 55,000 men have had vasectomies. A three year longitudinal KAP survey in eight districts has been completed but requires data processing and analysis. A two year longitudinal study of Fertility, Morbidity and Mortality in 30,000 people is currently being analyzed at University of California, Berkeley.

While progress has been made in the development of family planning services in Nepal, the program is now entering a phase of rapid

expansion. Only a small fraction of the fertile couples who can be motivated to accept temporary methods of contraception (pills, condoms, etc.) have been reached. The demand for surgical contraception is high in Nepal, perhaps uniquely so for a developing country. Meeting this demand with safe, well performed surgical procedures, back into the inaccessible, crowded hills, will be a major priority of the FP/MCH Project in the coming years. Developing the demand for contraception, of all types, by increasing the number of home visiting family planning motivators or village health workers required to reach all of the households of Nepal is also a firm intention of the GON.

This revision attempts to directly support this ambitious expansion of personnel and services. Nepal's population problem is approaching disaster levels and measures to control excessive fertility must be quickly provided.

PART III

SUMMARY ANALYSIS

A. Analysis

The Technical, Environmental Social and Economic Analysis remain unchanged from those of the Project Paper approved June 10, 1976.

B. Administrative Feasibility

The two new local cost programs will involve a considerable increase in the administrative work load of the FP/MCH Project but not to such a degree that the current administrative apparatus of the Project will be swamped. The management and administrative capacity of the FP/MCH Project is far from perfect; nevertheless, the Project does have the largest and most highly trained staff within the Ministry of Health. A major objective of the current project has been the development of an improved management capacity within the Project. This development will be continued through the technical assistance of a management advisor during the next two years. USAID's workload will also be increased but the addition of another staff member in October to the Health and Family Planning Office will make it possible to handle this added load.

The activities will be implemented through Project Agreements which will define the specific roles of the GOM and USAID relative to management, reporting and release of funds. Releases will be based upon performance. The two new activities, surgical contraception and field motivator expansion, will require separate reporting and accounting as these are additional to ongoing activities of the FP/MCH and will be fully funded by USAID. The project budget support will also require separate reporting and accounting, an administrative activity that has been satisfactorily performed by the projects personnel for some years.

NEPAL - POPULATION AND FAMILY PLANNING PROJECT 367-0096

<u>FUNDING ELEMENT</u>	<u>APPROVED 6/10/76 (FY 76-78)</u>	<u>ADDITIONAL REQUESTED (Thru FY 79)</u>	<u>NEW TOTAL APPROVAL (Thru FY 79)</u>
USAID/N OBLIGATION AUTHORITY	\$1,763,000	\$2,810,000	\$4,578,000
AID/W OBLIGATION AUTHORITY (Centrally Funded Contraceptive)	\$2,100,000	NONE	\$2,100,000
PL 480 LOCAL CURRENCY (in U.S. Dollars Equivalent)	(\$2,180,000)*	NONE	(\$2,180,000)*
TOTAL AUTHORITY	\$3,868,000	\$2,810,000	\$6,678,000

* No additional authority for PL 480 local currency is requested for the project.

NEPAL - POPULATION AND FAMILY PLANNING PROJECT 357-0096

<u>PROJECT ELEMENT</u>	<u>APPROVED 6/30/76 (FY 76-70)</u>	<u>ADDITIONAL APPROVAL REQUESTED (Thru FY 79)</u>
a) Technical Services		\$569,000
b) Participants	\$1,768,000	322,000
c) Commodities (USAID/N)		675,000
Commodities (AID/W)	2,100,000	-
d) KAP Analysis	-	180,000
e) Voluntary Surgical Contraception	-	454,000
f) Panchayat Based Workers	-	600,000
- PL 480 Local Currency (in U.S. Dollars equivalent)	2,180,000	-
TOTAL	\$6,043,000	\$2,810,000

Revised Implementation Plan
Population and Family Planning Project

1. 50% of field staff consists of panchayat-based workers (7/76).
2. POFCOB Secretariat established and funded (7/76).
3. Organizational development program, Phase I, underway (9/76).
4. Demographic baselines established (9/76).
5. Contractor for commercial distribution of contraceptives arrives in Nepal (9/76).
6. Workplan developed for storage and distribution of FP/MCH commodities (10/76).
7. Small scale experimental commercial distribution scheme underway (10/76).
8. 4 laparoscopy teams trained, 100 physicians retrained in vasectomy, (12/76) adequate incentives approved.
9. New data system in place and operating throughout Nepal (1/77).
10. Gurkha Fertility survey completed (3/77).
11. Large-scale commercial distribution of contraceptives underway (3/77).
12. Two-way radio communications system established to link all district and regional offices together (4/77).
13. Nurses and ANM's trained for IUD insertion (6/77).
14. Coordinating mechanism between FP/MCH and PFAN established (7/77).
15. Revised system for storage and distribution of FP/MCH commodities operational (8/77).
16. World Fertility Survey completed and published (8/77).
17. Organizational development program, Phase II, underway (9/77).
18. FP/MCH Project in-country training programs completed for district, clinic and panchayat-based workers.
19. Changes in demographic baseline measured through service program and repeated yearly from this point onwards (12/77).

20. 50% improvement in clinic continuation rates in demonstration clinics over 1974 rates (1/78).
21. Key positions in control and regional FP/MCH organizations staffed by trained population professionals (6/78).
22. Detailed survey of fecundity and fertility in 2000 women and morbidity/mortality among their children (under age 5) completed (6/78).
23. Nepal Womens Organization's cooperation in FP/MCH effort assured and in process of implementation (7/78).
24. Mutually agreeable interface with Integrated Basic Health Services worked out (7/78).
25. Pro population control policies proposed/adopted (8/78).
26. Management-implementation capability demonstrated (9/78).
27. Experimental programs completed, research-evaluation capability demonstrated (9/78).
28. Country-wide commercial availability of contraceptives (9/78).
29. Technical assistance contract negotiated and signed (10/78).
30. Project Paper amended (6/78).
31. Expanded Voluntary Surgical Contraception (VSC) program design completed and Project Agreement signed with GON (8/78).
32. Expanded Village Based Family Planning Method (VBM) program design completed and Project Agreement signed with GON (8/78).
33. Equipment for VSC program ordered (9/78).
34. Expanded VBM training begun (9/78).
35. Technical Assistance Contract signed and two advisors on the job in Nepal (10/78).
36. A and B's for VSC training centers awarded (11/78).
37. Operational Manual for VSC prepared (12/78).

38. VSC camp and surgical equipment incountry (1/79).
39. A & E's complete, construction contracts awarded (2/79).
40. First STOL transported laparoscopic and vasectomy camp carried out in mid hills, and further camps scheduled on regular basis (2/79).
41. VSC camps shut down, total of 20 camps carried out during 78/79 winter season (5/79).
42. Training of 10 general surgeons in laparoscopy completed (6/79).
43. VSC Training Centers operational (8/79).
44. 500 VBW trained and assigned (8/78).
45. 30 physicians trained in vasectomy (8/79).
46. VSC camps operational in hills and terai (10/79).
47. 25 VSC camps carried out during 79-80 winter season (5/80).
48. Total of 60 physicians have received vasectomy training (9/80).
49. Total of 1000 VBW trained and assigned (9/80).
50. All US and Third Country Participants return and assigned (9/80).
51. Demonstrated increased proficiency in the conduct of population programs and activities, and increased preparedness for further development of effective fertility and migration programs (9/80).

II. B. 2. Logical Framework

PROJECT TITLE: POPULATION/FAMILY PLANNING

Date Prepared: May 1973

PROJECT NUMBER: 0096

Date Revised: June 1978

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	IMPORTANT ASSUMPTIONS
<p><u>Sector Goal:</u></p> <p>(1) To reduce Nepal's Population growth to a rate consistent with national economic and social development objectives, with a specific target of fertility decline of four-points in the crude birth rate (from approximately 40 to about 36).</p> <p>(2) To limit in-migration to Nepal, and to carry out in a planned and systematic manner internal migration from the hills to the terai (lowlands) and from rural to urban areas.</p>	<p>Measures of progress toward Goal Achievement:</p> <ol style="list-style-type: none"> 1. actual population growth will equal the desired growth rate as specified in HMG policy statements and development plans. 2. substantial and sustained increase in the percentage of fertile couples continuing the practice of birth control. 3. appearance of new and effective policies, legislation, and programs designed to directly or indirectly affect fertility (e.g., laws affecting age at first marriage or proportions of women ever married; restrictions on child labor; disincentives in tax, social security, or labor policies for the formation of large families; etc.) 4. appearance of new and effective policies legislation, and programs designed to directly or indirectly influence the pattern of migration or population distribution in Nepal 	<ol style="list-style-type: none"> 1. Sufficient demand for FP services exists or will be generated by activities under project to attain projected number of users. 2. That political conditions will remain stable and not disrupt population migration and distribution patterns. 3. That conditions remain favorable for new contraceptives and post-coital anti-fertility devices having most of the following properties will be made freely available in Nepal: (a) low cost; (b) self-administered; (c) low or no side effects; (d) culturally acceptable; (e) highly effective. 4. That a large percentage of fertile Nepalese couples will eventually perceive it to their advantage to limit their family size, and will take appropriate steps to do so.

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	IMPORTANT ASSUMPTIONS
<u>Sector Goal:</u>	<p>Measures of progress toward Goal Achievement:</p> <ol style="list-style-type: none">5. appearance of large numbers of concerned and informed HMG officials, private citizens, and organizations actively seeking to reduce Nepal's population growth and distribution problems.6. significantly increased HMG allocations and expenditures in the population sector.7. increasing body of research findings relevant for population policy development.8. significantly increased number of hill families actually resettled in terai.9. significantly reduced number of in-migrants to Nepal.	

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NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
<p>Project Purpose:</p> <p>To establish a capability to set effective population and migration policy, and to plan and implement cost-effective family planning programs.</p>	<p>End of Project Status:</p> <ol style="list-style-type: none"> 1. Achievement of HMG demographic targets: 39,000 prevented births by mid-July 1978. 2. A functional POPCOB and Population Institute making new population laws and policies. 3. Overall cost per birth prevented decreased from \$ * _____ in 1975 to \$ * _____ in 1978. 4. Cost per acceptor declined from \$ 10.72 in 1975 to \$ 5.55 in 1978 (local currency costs). 5. High-level HMG officials are adopting programs and taking actions expected to have greater demographic effect. <hr/> <p>* these figures to be supplied following in-depth financial study cited in text (Section III.B.)</p>	<ol style="list-style-type: none"> 1. Program statistics. Contractor reports. Sample surveys. 2. POPCOB reports, implementation plans, and published HMG documents. 3. Program budgets and statistics. 4. Program budgets and statistics. 5. Minutes of POPCOB meetings. Conversations with HMG officials. Public statements by HMG officials. Budgetary plans. Existence of alternatives. 	<p>Continued high-level HMG interest in and commitment to population/family planning programs and activities.</p> <p>Absence of budgetary, political, technical, or other crises which result in de-emphasis of population/family planning programs and activities.</p> <p>Continued high-quality leadership of the FP/MCH program, POPCOB and the Population Institute.</p>

16.

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
<p><u>Outputs:</u></p> <p>(A) Public Sector Programs</p> <p>1. Training capability established</p> <p>2. Trained manpower in place</p> <p>3. Management capability demonstrated</p> <p> a. management information system</p>	<p><u>Magnitude of Outputs:</u></p> <p>A. 1. Three regional training centers established by Feb 1976. Minimum of 12 trainers trained by end FY 1976. Training methods tested and evaluated. Curriculum materials developed and printed. Effectiveness of training methods assessed by objective measurement. Training methodology internalized.</p> <p>2. Annual training targets for all categories of personnel (fieldworkers, supervisors, paramedicals, and administrators) have been met each year. (For FY 1976 targets, see annex 6).</p> <p>2. a. Panchayat Based Workers increased from 295 in July 1977 to 1300 by July 1980.</p> <p>3. a. By January 1977 all District Offices (32 in FY 1975 growing to 44 in FY 1976) are using simplified data system to transmit monthly program statistics. Reports are received NLT 15th of each month following end of reporting period. Data are regularly analyzed at center and made available to all program managers down to district level.</p>	<p>A. 1. Program documents; contractor reports; joint evaluation; independent evaluation.</p> <p>2. Training targets set and met annually.</p> <p>3. a. Monthly program reports. FPO quarterly meetings. Program reports.</p>	<p>A. 1. Continuing HMG commitment to increasing manpower. New training methodology adapted and accepted by HMG. Trainers will be integrated into HMG budget.</p> <p>2. Suitable recruits will be identified and will successfully complete training.</p> <p>3. a. Sufficient authority can be exercised by the center and RMOs to ensure timely completion and receipt of reports.</p>

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NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
<p><u>Outputs:</u></p> <p>b. radio communication system</p> <p>c. planning capability</p> <p>d. financial system</p>	<p><u>Magnitude of Outputs:</u></p> <p>b. Radio communications system (HF/SSB) in place by April 1977 and in use between Regional Offices (4) and all District Offices (32-50). System used daily to transmit intelligence regarding: program statistics; personnel movements; supply situation; administrative matters; finance; policy interpretations; mobile camp organization; etc.</p> <p>c. Indigenous capability exists to assess current program, identify problems, use effectively data from research and evaluation activities, and design new program activities to improve efficiency and effectiveness of FP/MCH program.</p> <p>c. (1) implementable plans developed for initiation of expansion programs for surgical contraception and village workers.</p> <p>d. Financial system established by July 1977 with demonstrated capability to provide budgeted funds to all administrative levels on timely basis.</p>	<p>b. Existence of system (installed and operating); sample survey to determine actual use (time and purpose).</p> <p>c. Existence of quality workplan financial plans developed wholly by Nepalese personnel. Joint evaluations and independent evaluations of quality of plans.</p> <p>d. Survey of FPOs re timely availability of funds.</p>	<p>b. Ministry of Communication and NTC approval of system.</p> <p>c. Participants will be appropriately trained and will return to suitable FP/MCH program positions.</p> <p>d. Sufficient motivation and flexibility exists to implement an improved system.</p>

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NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
<p><u>Outputs:</u></p> <p>4. Logistics and supply system established</p> <p>5. Commodities and equipment in place</p> <p>6. Supervisory capability demonstrated</p>	<p><u>Magnitude of Outputs:</u></p> <p>4. Adequate warehousing and records systems established by December 1976 at minimum of 5 major entry points along Nepal/India border. Micro-level study completed by Dec. 1976 yielding comparative cost information on alternative modes of transport for project commodities between primary warehouses and all service points in country.</p> <p>5. Minimum of one year's supply of contraceptives exists at all distribution and service locations. Another one year's supply is on order. Sufficient medical and related equipment exists at service points to facilitate delivery of clinical services.</p> <p>6. Minimum of 150 Intermediate Supervisors trained and in place in 44 districts by end of FY 1976. Minimum of 50 Family Planning Officers trained and in place by end of FY 1976. FPOs and ISs are supervising effectively.</p>	<p>4. Warehouses set up in at least five locations along border. Commodities received and stored at these points. Efficient records system in place in each location. Distribution study available. Distribution made from primary warehouses according to data provided by study.</p> <p>5. Verification of warehouse records. Program monthly stock reports from all districts. PIO/Cs or other ordering documents. Program statistics on contraceptive use during previous years (in order to calculate liberal definition of "one year's supply").</p> <p>6. Program personnel records. Contractor reports. Joint and independent evaluations.</p>	<p>6. Training will be effective in modifying supervisory motivation and skills</p>

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
<u>Outputs:</u>	<u>Magnitude of Outputs:</u>		
7. Research and evaluation capability demonstrated	7. Baseline demographic surveys completed in eight districts by June 1976. Program performance data regularly collected, analyzed, and reported on monthly basis. Sample surveys conducted as required, with planning, implementation, and evaluation having been done by Nepalese staff.	7. Monthly reports. Reports from 8-district survey. Contractor reports. Joint and independent evaluations.	7. Key personnel are retained in R & E Division of FP/MCH Program.
8. Alternative delivery models tested	8. Experimental activities (formally approved by FP/MCH Board and detailed in annual contractor workplans) carried out satisfactorily (according to time schedule listed in workplans).	8. Contractor and FP/MCH program reports. Joint and independent evaluations.	8. Experimental models reflect best judgment on feasible and cost-effective approaches.
9. Successful models adopted	9. Successful experimental models have been incorporated into national program (as of March 1976, three such models have been adopted). 9. a. Models for surgical contraception and village worker expansion improved to meet targets of 60 additional surgeons trained in vasectomy and half of them actually performing in camps by January 1980; 1,000 village workers operating in Panchayats by July 1980.	9. FP/MCH program plans. Contractor reports. Joint and independent evaluations	10. Continued availability of helicopter services.
10. World Fertility Survey completed	10. WFS successfully completed, data analyzed, and final report prepared by August 1977. Initial survey data reported by December 1976.	10. Final report available by August 1977. Preliminary data available by 12/76.	
11. Program statistics and demographic data bank established	11. Data collected, analyzed, and reported from 8-district survey, health laboratory, WFS, ongoing national program, and all experimental activities. Data are available to POPCOB, Population Institute, Ministry of Health, and other interested groups. 11. a. Nepal KAP study of 8 districts published by October 1979 and data in use in planning by October 1980.	11. Reports prepared and distributed to POPCOB, Population Institute, etc.	

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NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
<p><u>Outputs:</u></p> <p>(B) Population Policy Support Mechanism</p> <ol style="list-style-type: none"> 1. POPCOB Secretariat organized and funded 2. Population policies and programs extended to appropriate ministries 3. Public & private sector organizations evaluated & selected for delivery of contraceptive information & services 4. Population Institute's organizational relationship with POPCOB, Secretariat, and other institutions clarified 	<p><u>Magnitude of Outputs:</u></p> <ol style="list-style-type: none"> B.1. Secretariat formally established, staffed, and budgeted during FY 1977. 2. Policies and programs have been adopted/extended through relevant ministries in FY 1978 (e.g., Education, Agriculture, Home, Panchayat, Defense, etc.) as result POPCOB reviews and recommendations. 3. Class organizations and public sector programs are engaged in FY 1978, wherever feasible and appropriate, in distribution of contraceptive information on and services, or other population support activities. 4. Written and approved plan exists by Dec. 1976 detailing organizational relationships between Population Institute and POPCOB, FP/MCH program, Tribhuvan University Institutes, etc. 	<ol style="list-style-type: none"> B.1. HMG documents, including budget. USAID and contractor reports. 2. Reports by concerned ministries. POPCOB reports. USAID and contractor reports. 3. POPCOB reports. USAID and contractor reports. Independent evaluation. 4. Existence of report. 	<ol style="list-style-type: none"> B.2. Coordination mechanism will be effective in establishing necessary linkages between research and development efforts and appropriate institutions.

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NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
<p><u>Outputs:</u></p> <p>5. Population Institute established</p> <p>a. professional staff hired</p> <p>b. curriculum developed</p> <p>c. research activities underway</p> <p>d. seminars held</p> <p>e. training provided</p>	<p><u>Magnitude of Outputs</u></p> <p>5. Population Institute established by Aug. 1977. Staff recruited and trained as necessary. Budget established (HMG plus donor funds). Research and training activities underway by Nov. 1977 and suitable candidates undergoing long-term training.</p>	<p>5. Institute records. HMG reports and budget. Contractor reports.</p>	

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NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
<p><u>Outputs:</u></p> <p>(c) Private Sector Programs</p> <ol style="list-style-type: none"> 1. Commercial distribution of contraceptive supplies increased 2. Nepal Women's Organization volunteers trained and services extended 3. FPAN programs coordinated with government programs, and extended 	<p><u>Magnitude of Outputs</u></p> <ol style="list-style-type: none"> C.1. Large-scale, commercial distribution schemes underway by March 1977. Other small-scale commercial schemes underway by October 1976, organized directed by FP/MCH program. 2. NWO program successfully extended to include minimum of 500 volunteer workers by end of project. (FPFA funding, with peripheral support from FP/MCH program and USAID). 3. By July 1977 coordination improved between FPAN and FP/MCH program. Existing coordination mechanism employed on regular (not less than quarterly) basis. FPAN program extended. 	<ol style="list-style-type: none"> C.1. Contractor reports, USAID reports. 2. FPFA and NWO reports. USAID reports. 3. Minutes of coordination meetings. USAID reports. Joint evaluation. FPAN reports. 	

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NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS		IMPORTANT ASSUMPTION
<u>Inputs:</u>			
<u>U.S. Government Direct Expenditures</u>			
1. Technical Assistance	Senior FP/MCH Management Specialist Training (IEC) Specialist Consultants	(24 PM) (24 PM) (8 PM)	250 250 69
2. Commodities	Contraceptives (AID/W funded) Surgical supplies and equipment KAP analysis and publication		1,000 675 180
3. Financial Assistance	Local currency budget support		800*
4. Participant Training	Participant Training		447
5. Panchayat Worker Expansion	Panchayat Worker Expansion		600
6. Expansion of Surgical Contraception	Expansion of Surgical Contraception		464
	*Local currency in dollar equivalent (PL 480)		

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NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS		IMPORTANT ASSUMPTIONS
<p><u>Inputs</u></p> <p style="padding-left: 40px;"><u>For Output A, Continued</u></p> <p><u>HMG</u> FP/MCH Program Cost (Salaries & allowances, furniture and equipment, transport and fuel, construction and rental, etc.)</p> <p><u>UNICEF</u> Commodities</p> <p><u>UNFPA</u> General support Data support Fellowships</p> <p><u>IPPF</u> Commodities</p> <p><u>World Fertility Survey</u> Tech. & Fin. Assistance</p> <p><u>Misc. Other Donors</u> Assorted inputs</p>	<p style="text-align: right; padding-right: 20px;"><u>FY 73-75</u></p> <p>MCH drugs</p> <p>Vehicles, bicycles, motorcycles, horses & mules Vital Registration 3 long-term; 4 short-term (48 FM)</p> <p>Depo-provera</p> <p>Costs of national survey, 1976</p> <p>Fellowships, condoms, etc.</p>	<p style="text-align: right; padding-right: 20px;"><u>FY 76-78</u></p> <p>2856</p> <p>230</p> <p>66 350 42</p> <p>25</p> <p>102</p> <p>60</p>	

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NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS			IMPORTANT ASSUMPTIONS
<u>Inputs</u> <u>For Output B (Pop Policy Coordination Mechanism)</u>		<u>FY 73-75</u>	<u>FY 76-78</u>	
<u>USAID</u>				
1. Technical assistance	Population Policy Specialist (18 PM) Overhead Consultants (19 PM) (Backstopping included under costs for other four contract team members) Local support costs	Nil Nil Nil Nil	62 10 57 30*	
2. Commodities	Audio-visual equipment, miscellaneous other training costs	Nil	55	
3. Financial Assistance	Local currency funds for action/research projects, demonstrations, seminars, in-country training, evaluation, etc.	Nil	800*	
4. Participant Training	Long-term (84 PM) Short-term (77 PM)	Nil Nil	92 117	
5. Other costs	Air services, misc. other	Nil	16	
	* Local currency expenditure -- dollar equivalent shown.			

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NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS		IMPORTANT ASSUMPTIONS				
<u>Inputs</u>							
<u>For Output B, Continued</u>							
<u>HMG</u>							
POPCOB Secretariat	Office space, furniture Salaries, misc. cost Seminars, printing, etc.	<table border="1"> <thead> <tr> <th data-bbox="1415 522 1415 545">FY 73-75</th> <th data-bbox="1415 545 1601 569">FY 76-78</th> </tr> </thead> <tbody> <tr> <td data-bbox="1415 569 1415 592">Nil</td> <td data-bbox="1415 569 1601 592">100*</td> </tr> </tbody> </table>	FY 73-75	FY 76-78	Nil	100*	
FY 73-75	FY 76-78						
Nil	100*						
Program Costs	Personnel costs & program costs assumed under budgets of various HMG ministries	<table border="1"> <tbody> <tr> <td data-bbox="1415 647 1415 671">Nil</td> <td data-bbox="1415 647 1601 671">**</td> </tr> </tbody> </table>	Nil	**			
Nil	**						
<u>UNFPA</u>							
Financial assistance (Support for POPCOB Secretariat)	Seminars Fellowships	<table border="1"> <tbody> <tr> <td data-bbox="1415 741 1415 765">Nil</td> <td data-bbox="1415 741 1601 765">470</td> </tr> </tbody> </table>	Nil	470			
Nil	470						
Financial assistance, commodities (Support for FP Elements of Basic Health Services)	Budget support & commodities for IHS districts	<table border="1"> <tbody> <tr> <td data-bbox="1415 820 1415 843">Nil</td> <td data-bbox="1415 820 1601 843">580</td> </tr> </tbody> </table>	Nil	580			
Nil	580						
Technical Assistance	For CBS demographer (24 PM) Consultants (3 PM)	<table border="1"> <tbody> <tr> <td data-bbox="1415 890 1415 914">80</td> <td data-bbox="1415 890 1601 914">(12 PM) 40</td> </tr> <tr> <td data-bbox="1415 914 1415 937">10</td> <td data-bbox="1415 914 1601 937">(36 PM) 140</td> </tr> </tbody> </table>	80	(12 PM) 40	10	(36 PM) 140	
80	(12 PM) 40						
10	(36 PM) 140						
World Population Year Activities	Seminars, misc. other	<table border="1"> <tbody> <tr> <td data-bbox="1415 961 1415 984">13</td> <td data-bbox="1415 961 1601 984">Nil</td> </tr> </tbody> </table>	13	Nil			
13	Nil						
<u>World Education</u> Technical assistance and other direct costs	Adult Educ. Project (Proposed) Technical assistance & other direct costs	<table border="1"> <tbody> <tr> <td data-bbox="1415 1031 1415 1055">Nil</td> <td data-bbox="1415 1031 1601 1055">120</td> </tr> </tbody> </table>	Nil	120			
Nil	120						
<p>* Local currency expenditure -- dollar equivalents shown.</p>							
<p>** no estimate available at this time; commitment will depend upon decisions made by POPCOB and concerned ministries.</p>							

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NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS		IMPORTANT ASSUMPTIONS
<u>Inputs</u> For Output C (private sector pop. program)		FY 73-75 FY 76-78	
<u>USAID</u> Technical Assistance	Very limited part-time assistance of USAID Pop Officers and Contract Team members		
<u>HMG</u> Coordination Commodity assistance <u>1/</u>	Committee to provide policy guidance Nil 5 Training provided Nil 10 Contraceptives (provided thru FP/MCH Project) Nil 250		
<u>Private Sector Company</u> Technical Assistance	Support for commercial marketing venture Nil 782 <u>2/</u>		
<u>FP/IA</u> Technical Assistance	Nepal Women's Organization Project 11 75		
<u>IPPF</u> Financial, commodity, technical assistance	Overall support for FP/N 300 500		

1/ contraceptive commodities originally provided thru central AID/W funding

2/ Central AID/W funding. Covered in world-wide contraceptive retail sales project paper and separate CPs (page 132, FY 1976 CP and page 142, FY 1977 CP - Interregional Programs).

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