NEPAL

FOREIGN TRIP REPORT

February 9-March 4, 1993

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I. SUMMARY

The purpose of this trip was to prepare a four and one-half year workplan for contraceptive logistics management improvement for His Majesty's Government (HMG) Ministry of Health, and particularly for the Family Planning/Maternal Child Health (FP/MCH) Division.

A more detailed summary is in the attached workplan. This report is late because the workplan was sent back to USAID for final editing.

II. PLACES, DATES, AND PURPOSE OF TRAVEL

This trip was a joint effort of CDC and the Family Planning Logistics Management Project of John Snow, Inc. (FPLM/JSI). Mr. Richard Owens, Project Director represented FPLM/JSI. The localities visited were:

Mr. Graves - Kathmandu, February 12-20 and February 26-March 3; Hetauda, February 20; Bharatpur, February 21; Bhairawa, February 22; Nepalgunj, February 23-26.

Mr. Owens - Kathmandu, February 9-20 and February 26-March 3; Gorkha and Pokhara, February 20-26.

The purpose of this trip was to serve as members of a team to design the next family planning project to be supported by USAID/Kathmandu. Our specific assignment was to evaluate the contraceptive logistics system and make recommendations for its improvement. Our counterparts were Mr. Pangday Yonzone, USAID and Mr. Ganesh Man Shrestha, former chief of the family planning logistics system, MCH/FP Division, MOH.

III. PRINCIPAL CONTACTS

A. Governmental

Ministry of Health

Dr. Kalyan Raj Pandey, Chief, Family Planning/Maternal and Child Health (FP/MCH) Division

Mr. Mitra Maskey, FP/MCH Supply Section

Dr. B. D. Chatut, Chief, Curative Division

B. Multilateral Agencies

UNFPA

Mr. Omer Ertur, Country Director

World Bank

Brajesh Panth, Social Sector Specialist

C. NGOs and Other Organizations

Family Planning Association of Nepal (FPAN)

Mr. R. K. Neupane, Director General

JSI/USAID Child Survival/Family Planning Services Project

Ms. Wilda Campbell, Chief of Party

Dr. Paul MacKenzie, Family Planning Resource Person

Nepal Contraceptive Retail Sales (CRS) Company (P), Ltd.

Mr. Subarna J. Thapa, Deputy General Manager

Mr. Rajeeb L. Satyal, Director of Marketing
Mr. Jyoti R. Sharma, Director,Corporate Planning and Administration

New Era

Mr. Ashoke Shrestha, Project Coordinator, Strengthening Family Planning Delivery Systems in Nepal

Mr. Yogendra Prasai, Deputy Research Officer

Sajha, Cooperative Health Services

Mr. N. K. Thapa, Managing Director

Management Support Services (MASS)

Mr. Om Rajbhandari, Managing Director

Family Health, International

Dr. Shayam Thapa, Technical Advisor

International Planned Parenthood Federation (IPPF)

Mr. K. J. Dewar, Systems Consultant

Nepal Fertility Care Center (NFCC)

Dr. Tika Man Vaidya, Executive President

D. USAID

Mr. David Oot, Chief, Office of Health and Population

Mr. Matthew S. Friedman, Technical Advisor, Office of Health and Family Planning

Mr. Pangday T. Yonzone, Procurement Specialist

ATTACHMENT

The detailed workplan is attached.

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NEPAL PRIORITY COUNTRY PLANNING EXERCISE

LOGISTICS SYSTEM IMPROVEMENT COMPONENT
Four Year Workplan
January 1993 - July 1997

Jack L. Graves, FPLM/CDC
Richard C. Owens, Jr., FPLM/JSI
Ganesh Man Shrestha, New ERA, USAID/Nepal
Pangday Yonzone, USAID/Nepal

Note to Readers: This document is a preliminary four and one-half year Workplan for contraceptive logistics management activities with His Majesty's Government Ministry of Health, to be assisted by USAID under its Priority Country initiative as well as its bilateral programs. This draft of the Workplan has not been reviewed by MOH staff, nor by donor, NGO, and private sector organization staff who will be involved. It is anticipated that this document will be revised, perhaps substantially, when input from these individuals and organizations is received.

While the focus of the efforts described here is contraceptive logistics, it is intended that the effort to strengthen logistics management will include MCH, Child Survival, and other non-contraceptive expendables as well as appropriate non-expendable equipment.

DRAFT 4, April 14, 1993

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1. Example: National Physical Inventory Questionnaire
2. Draft Scope of Work: Long-term Logistics Management Advisor
3. PRISM Outputs and Indicators

LIST OF ACRONYMS

A.I.D.	U.S. Agency for International Development (central offices)
CDC	Centers for Disease Control
CRS	Contraceptive Retail Sales Company, Nepal
DPHO	District Public Health Office (of the MOH)
EPI	Expanded Program for Immunization (of the MOH)
FCHV	Female Community Health Visitor (of the MOH)
FHI	Family Health International
FP/MCH	Family Planning/Maternal and Child Health Project (of the MOH)
FPLM	Family Planning Logistics Management Project
HMG	His Majesty's Government of Nepal
JSI	John Snow, Inc.
LMIS	Logistics Management Information System
MIS	Management Information System
MOH	Ministry of Health
TA/DA	Temporary Allowance/Daily Allowance (HMG's per diem)
UNFPA	United Nations Population Fund
USAID	U.S. Agency for International Development (field missions)

I. EXECUTIVE SUMMARY

The following pages constitute the four and one-half year Workplan for logistics management improvement for His Majesty's Government's (HMG) Ministry of Health (MOH), and particularly for the Family Planning/Maternal Child Health (FP/MCH) Division. While a major focus of this plan is improvement of contraceptive logistics supply within the government program, it is not intended that the efforts described here be limited either to contraceptives alone, or to the public sector alone. On the contrary, the intent is to develop systems and procedures applicable to and consistent with the supply needs of other portions of the MOH, both curative and preventive. These systems should also serve the needs of the various private sector and NGO providers of family planning services, and may indeed be operated in whole or in part by the private sector.

The necessary development effort is summarized in Section III of this Workplan, and described in more complete detail in Sections IV and V. A three-phased strategy is proposed, with the first two phases overlapping in time:

- In Phase I, basic stock data will be gathered, and a country-wide distribution of contraceptives and other essential commodities will be made, bypassing the existing in-country distribution system in the interest of speed.

- In Phase II, an improved permanent in-country distribution system will be designed and tested, starting in selected integrated districts and extended on a district-by-district basis until the entire country is covered.

- In Phase III, institutionalization of the new logistics system will begin, through transfer of financial responsibility for donor-funded portions of the effort to HMG.

External technical assistance required for this effort will be funded largely by the United States Agency for International Development (USAID, or A.I.D.) under both its bilateral agreement with HMG and central funds available through A.I.D./Washington's Priority Country Initiative. Direct funding for many of the activities described will be provided by A.I.D., the United Nations Population Fund (UNFPA), and a number of other donors. The work will actually be accomplished by staff of the MOH, of the other service providers and NGO's in Nepal, and of several local private sector organizations. Technical assistance will be provided by John Snow, Inc. (JSI) through its Nepal bilateral contract

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(JSI/Nepal) and by JSI and the Centers for Disease Control (CDC) through A.I.D./Washington's Family Planning Logistics Management (FPLM) Project. An intense, collaborative effort on the part of all these organizations is required for Project success.

This Workplan is four and one-half years in length in order to bring USAID/Nepal's planning cycle into congruence with HMG's five-year planning cycle. The workplan aims to revitalize the family planning logistics system within this time frame, so that by the end of the four and one-half year period, logistics improvements will be visible in all 75 districts of Nepal. Both this scope and this time frame are extremely ambitious, assuming, among other things, that the pending reorganization of the MOH occurs swiftly, and that it will include appropriate provision for logistics management.

It is anticipated that substantial portions of the logistics system will be privatized from the outset, and that a number of functions will be carried out by the private sector on a permanent basis. In this way, the relative strengths of both public and private sectors can be brought to bear on this critical prerequisite for delivery of health and family planning services.

II. ANALYSIS OF LOGISTICS MANAGEMENT NEEDS

This section of the Workplan summarizes the current logistics management situation and the constraints to system improvement which must be overcome for the efforts described here to succeed.

A. THE CURRENT SITUATION

Several recent analyses have highlighted current logistics management difficulties faced at least in the family planning sector by the MOH, the various NGO's, and the Contraceptive Retail Sales (CRS) Company. These findings are not repeated here; the interested reader is referred particularly to the following three documents:

- Contraceptive Requirements and Logistics Management Needs in Nepal, Report of a Mission organized by UNFPA, 16 November - 16 December 1992 (DRAFT).

- Background Paper for the Mid-Term Evaluation of USAID/HFP's Child Survival and Family Planning Services Project, Matthew Friedman, USAID/Nepal, July 1992.

- Nepal Family Planning Sector, Background and USAID Sector Strategy, Shyam Thapa, March 1992.

In summary, most of the logistics systems of the MOH are currently very weak. The present difficulties stem from a long history of resource constraints (personnel, financial, and other) and a number of significant administrative bottlenecks, compounded in recent years by an on-going substantive reorganization of the MOH and by lack of donor support for logistics management. At this writing, the new organization structure of the MOH has not been finalized, but it is anticipated that logistics management will be consolidated under one roof, changing significantly the duties and perhaps the staff of the various divisions which now have logistics management responsibilities.

HMG has recently retired civil servants with more than thirty years of service, reducing the number of available staff who have the requisite skills and experience to manage the Ministry's logistics systems. Another planned administrative change will eliminate temporary staff positions (which include many of the logistics staff working under the MOH's various service projects) and would further exacerbate this shortage.

For these reasons, the MOH, with support of the various donors, wishes to establish a logistics system that combines the strengths of the public and private sectors for in-country distribution and management. This division of responsibilities will be better defined as part of the initial design process in Phase II of the effort described below.

B. CONSTRAINTS TO SYSTEM IMPROVEMENT

Technical improvements are required in every area of logistics management, as detailed in Section III of this Workplan. A number of constraints – many of which are outside the control of the MOH – will make implementation of such technical improvements difficult. Among these constraints are the following:

- Logistics personnel under the permanent civil service system are classified simply as administrative staff, with the result that they may be shifted at any time to other non-logistics administrative jobs.

This practice is in fact widespread: administrative staff are regularly moved from assignment to assignment. In addition to personal hardships which this places on the staff involved, this policy makes training very difficult, since trained staff may be lost to the logistics system and replaced by workers with no training in logistics. This situation is compounded by (and is partially the cause of) frequent deputation of staff from one assignment to another. Posts from which staff have been deputed elsewhere cannot be refilled, as they are still considered to be occupied by the deputed staff member. Even where posts are actually vacant, they may remain unfilled.

The plan to eliminate temporary positions is in part motivated by HMG's desire to remedy these problems. In the short- and medium-term, however, these policy changes will make the current situation worse. Even those temporary staff who are able to switch to permanent positions may lose the tenure and seniority they have built up in their temporary positions, which some have held for decades.

- With certain exceptions, the supervision systems of most divisions of the MOH are very weak, and little attention is paid to logistics supervision.

The travel allowance/daily allowance (TA/DA) rates paid to Ministry staff are in many cases well below the cost of subsistence in the field. Travel is arduous at best and, in some seasons and some places, impossible. In some (but not all) districts, there is a shortage of functioning vehicles. For these reasons, higher level managers rarely make field visits for supervision or other purposes.

- With certain exceptions, the monitoring systems for logistics and other program activities of most divisions of the MOH are relatively weak.

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Monitoring of logistics activity is reportedly quite good in the MOH's Expanded Program for Immunization (EPI), with routine monitoring reports used for microplanning not only for logistics but also for other program needs. Considerable progress has been made in the recent past in improving FP/MCH's logistics Management Information System (LMIS), though the new system is not yet operational nationwide. FP/MCH's service statistics Management Information System (MIS) has also been extensively redesigned, but is now so comprehensive that it is unlikely to be sustainable as service volumes increase. Monitoring procedures and responsibilities in FP/MCH are not well defined.

- HMG and MOH disposal procedures are not routinely implemented, with the result that the entire in-country distribution system is clogged with unusable commodities and equipment.

A trip to the central warehouse facilities in Teku reveals the extent of this problem: there are so many junked vehicles that it is difficult even to approach the stores. In some districts extra storage space is rented to store ruined and damaged goods, using funds which might otherwise be available for productive purposes. In addition to complicating distribution through the Ministry's system, this situation substantially reduces the various donors' willingness to provide the MOH with additional commodities and equipment.

- Financial authority at the lower levels of the service system is very limited, and approvals from higher levels require extremely long times to obtain.

As one example, the District Public Health Officer's financial authority is insufficient to cover the most basic maintenance of MOH vehicles, even where sufficient total budget is available. It may take up to a year to receive necessary approvals from Kathmandu.

- HMG standard rates for commercial transportation are lower than the market rates for these services, and government payment procedures are slow and uncertain.

In the case of air transport, which is required for many locations during the monsoon season, HMG's rates are lower than private organizations routinely pay. This results in government shipments being made on a space-available basis, with a priority so low that transit times are frequently unsatisfactory. Similar problems occur with ground transportation. District level staff have sufficient flexibility to pay the appropriate rate for porters' fees, but the government formula used in calculating the budget for these services results in insufficient funds for porterage.

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C. IMMEDIATE ACTIONS AND POLICY DECISIONS

Many of the above constraints are beyond the Ministry's ability to resolve, and should be raised to higher levels of government for consideration. Some, however, are within the MOH's purview, and there are several other actions which should be taken immediately to ensure success of the logistics effort. Among these actions are to:

- Appoint a senior logistics officer who can serve as Coordinator/Counterpart for the Project.

As stated above, a large number of Nepali public and private organizations, as well as multiple donors, will necessarily be involved in the logistics system development process. Moreover, any distribution system is only as strong as its weakest link. Commodities in a district store are no more useful than commodities that never leave the manufacturer: it is only when goods reach the service site that the logistics system has succeeded.

For these reasons, it is essential that the system development and implementation process be carefully planned, monitored, and controlled from the outset. Appointment of a single, senior level manager for the effort is the first step in establishing this control. Definition of additional central staffing needs, and appointment of additional staff that may be required, should be an early priority of the design effort.

- Continue cooperation with staff of USAID/Nepal in planning for rehabilitation of usable vehicles at the central level.

Extensive field work will be required throughout the logistics system development effort, and in the short term it will be difficult or impossible for the MOH to obtain additional new vehicles. USAID/Nepal and Ministry staff have begun a survey of existing vehicles at the central level which are currently off-line but in reparable condition, and USAID/Nepal is willing to fund the necessary repairs. This effort should be completed as quickly as possible, and if feasible, extended to the regional level as well.

- Initiate action to have logistics management staff categorized separately from administrative staff within the HMG civil service system.

For the reasons discussed above, it will be very difficult to institutionalize logistics management capabilities in the public sector unless stores personnel are categorized separately, and provided with appropriate training and a career ladder which encourages continuity and longevity of staff. This process should begin immediately.

- Enforce current disposal procedures, and provide sanctions for non-compliance.

Workable disposal policies for expendable and non-expendable goods exist. However, the procedures are sufficiently cumbersome that they are rarely implemented in practice, with the results described above. This problem has reached critical proportions: it will be impossible to implement an improved distribution system until the pipeline is cleaned of expired and ruined materials. The Phase II development plan described in Sections III and IV requires this cleanup in the initial stage of implementation in each district. As a first step, the Ministry should re-publish HMG's disposal policy under a directive which requires that it be implemented.

- Increase lower-level management staff financial authority, and find ways to streamline the approval process for expenditures which still require higher level approval.

Increased local control of financial resources is also essential to improving the supply situation at the periphery: it is simply not possible to manage minor vehicle repair for the entire nation from Kathmandu. The first effort should be to increase the discretionary financial authority of management staff at lower levels of the service delivery system. If this proves impossible, then it is essential that ways be found to streamline the higher level approval process, for example by providing standing approval for certain types of repair/maintenance as long as costs do not exceed a preset limit.

- Develop and publish a policy statement requiring that full-time, daily access to MOH stores at all levels be assured when the storekeeper is away from post, either by leaving commodities with another staff member, or by leaving the storeroom key.

Storekeepers at all levels of the distribution system are frequently absent from their posts for a variety of purposes, including deputation elsewhere, holidays, vacation, training courses, and other reasons. All storekeepers believe that store security is a major (perhaps the major) responsibility of their jobs, and many have been trained not to ever leave the store keys with anyone else. Other staff members may in any case be reluctant to accept the store keys, fearing liability for any items that may subsequently be found missing or damaged. For these reasons, it is quite common to find the store locked, and the storekeeper gone. This is particularly frustrating to staff who may have walked several days one way in order to obtain needed supplies.

The most obvious solution to this problem is to promulgate a policy requiring that the store keys always be available in the hands of a responsible individual who can issue commodities as needed; this in fact happens informally in many places. As an alternative, storekeepers could be instructed to issue reserve quantities of all essential supplies to someone who can keep them outside the store during periods when the storekeeper will be away. This latter strategy would eliminate the liability question, but would require specific definitions of "essential" and quantities to be held in reserve, as well as identification of alternative storage locations in every facility.

- Finalize and issue the existing draft guidelines for NGO access to contraceptive supplies without delay.

Guidelines for NGO access to contraceptive supplies have been drafted and reviewed by the Ministry, but at this writing have not been finalized or published. These should be issued as soon as possible, as confusion regarding these procedures is a significant impediment to NGO supply.

- Insure that the Ministry's reorganization of logistics management responsibilities protects the interests of the current individual programs, especially FP/MCH.

At present and for most of the past several decades, the individual service projects of the Ministry (FP/MCH, EPI, etc.) have had their own logistics management systems. While this strategy had the disadvantage of duplicating management structures, it also provides several strong advantages. Perhaps the most important of these is that individual projects did not have to compete for priority with other parts of the Ministry. Under a unified structure these individual service project interests need to be protected, so that each program can continue and improve.

III. PROJECT STRATEGY AND OBJECTIVES

The overall objective of the Project, and of A.I.D./Washington's Priority Country Strategy is to

> Expand the availability, quality, access to and use of family planning services in Nepal.

This section of the Workplan summarizes the strategy and objectives for logistics system improvement, along with a proposed approach to implementation. Details of tasks and activities for each phase of Project activities can be found in Section IV below.

A. SUMMARY OF STRATEGY AND APPROACH

Given the current uncertainties of the MOH's reorganization, the long history of logistical difficulties in the public sector, and the relative urgency of providing adequate stocks of contraceptives and other products to service delivery points in both public and private sectors, a three-phased approach to improving the supply situation is proposed.

In the first phase, basic data on the stock situation at the service delivery level will be obtained, and facilities which have inadequate stocks on hand will have contraceptives delivered directly to them, in quantities adequate to prevent stock-outs until more permanent logistics system improvements can be put in place. This initial phase will bypass the existing distribution system almost entirely, using private sector means to stock both health posts and district public health office (DPHO) stores, and delivering non-contraceptive items which are found to be ready for delivery at the same time. Data gathering for this phase has already begun. If this delivery mechanism proves successful, it will be continued until an improved permanent logistics system for family planning, MCH and child survival medicines and equipment, and essential curative commodities can be put in place in each district.

Phase II will design and establish that permanent system on a phased basis, working initially at the central and regional levels and in selected integrating districts. Once the new system has been proven successful, it will be extended on a district-by-district basis until the entire country is covered. It is anticipated that the new system will be operated jointly by HMG and one or more private sector organizations, with the division of responsibilities to be established as part of the initial system design.

Phase III will further institutionalize the new system by beginning the transfer of financial responsibility for donor-funded portions of the effort to HMG. It is anticipated that

this process will begin during the time period covered by this Workplan, but it is likely that it will not be completed. A formal evaluation at the beginning of Phase III will establish a timetable for this transfer, and will address the issue of continued permanent private sector participation in logistics management and supply.

B. PHASE I: ENSURE IMMEDIATE AVAILABILITY OF CONTRACEPTIVES

Data collection for Phase I has begun at FP/MCH, with assistance from New ERA and Family Health International (FHI). District- and health post-level survey instruments which will gather basic logistics data (stock levels, expiry dates, and consumption rates) as well as information on training of staff, travel times, conditions of stores, and so forth have been designed and field tested. These questionnaires will be completed in the DPHO and five health posts in each of 15 representative districts by April 15th, 1993, and will form the basic situation analysis for the system design effort in Phase II.

Concurrently with this effort, UNFPA is establishing a mechanism for immediate distribution of a 9-month supply of contraceptives to each health post, using available district-level MIS and LMIS data to determine how much additional stock is needed in each district. UNFPA-funded personnel will travel to all districts along with these stocks, and will assist district and health post staff in determining quantities to be issued to each health post. Given the questionable accuracy of existing logistics data, additional data collection mechanisms are required to track the success of this effort, and the subsequent stock levels at the service sites. Annex 1 shows the minimal data that will be needed to ensure proper functioning of this "push" or allocation system.

Ideally, this extraordinary distribution would be required only once. Given the incremental implementation plan proposed for Phase II, and the lead time necessary to design and test logistics system improvements, it is likely that the Phase I distribution scheme will have to be repeated semi-annually or annually for some time. As improved permanent delivery mechanisms are instituted in each district, Phase I delivery can be phased out.

An essential step for the overall logistics improvement effort is appointment by the MOH of a senior logistics officer who can serve as Coordinator/Counterpart for the Project. As discussed in Section II above, this appointment should be made immediately. Among other responsibilities, this individual would serve as the chairperson of a small Logistics Management Task Force, which should be appointed to oversee the Phase II systems development effort. Membership of this Task Force could be determined either immediately, or as part of the initial systems design workshop proposed for Phase II.

C. PHASE II: DESIGN AND IMPLEMENT IMPROVED LOGISTICS MANAGEMENT SYSTEM

Logistics systems improvements are required in at least the following functional areas:

- forecasting and procurement planning;
- stores management and inventory control;
- distribution and transport;
- logistics MIS/MIS;
- logistics management supervision; and
- contraceptive quality assurance.

Each of these areas will require systems design/redesign, and each may require policy as well as procedural changes on the part of the MOH.

It is proposed that Phase II be initiated with a week-long workshop to begin this design process. This workshop should be chaired by the FP/MCH Logistics Coordinator/Counterpart, and attended by top decision-makers of the Ministry, by some intermediate and field level FP/MCH staff, and by representatives of each NGO, private organization, and donor involved in the contraceptive supply effort. The goal of the workshop would be to prepare initial strategies for system improvement in each of the above areas, along with a more detailed Plan of Action, acceptable to the MOH and all concerned, for Project implementation.

The implementation steps which should be followed for each area are:

1. Design and documentation of improved policies and procedures;
2. Field testing of procedures at the central and regional levels and in a sample of districts, probably focussing on integrating districts;
3. Revision and retesting of procedures if needed;
4. Preparation of new/strengthened training curricula and materials for new systems and procedures (concurrent with steps 1 - 3); and
5. District-by-district implementation of new system(s) and procedures.

This last step should be preceded in each district by a "pipeline cleaning" effort, which would unclog the existing distribution system through:

1. Removal and disposal of unusable commodities (both expendable and non-expendable);

2. Repair and distribution (or re-storage) of non-expendables which can be made usable;

3. Repair of storerooms where necessary;

4. Provision of shelving, dunnage, and other equipment as necessary to allow efficient operation of the store; and

5. Updates of all stock inventory records as required by the above.

The new system(s) and procedures should be installed in each district only after these steps are completed. "Installation" should include provision of adequate quantities of any new forms and reference materials which may be required, training of stores and service delivery staff in new procedures, observation of new system operation, and regular followup and retraining as necessary.

It is proposed that one or more local Nepali technical assistance/training contractor(s) be retained to assist the MOH in this entire effort. While the contractor(s)' major responsibilities would be training and field implementation of the new system, the firm(s) should be retained as quickly as possible, so that technical staff can also participate in the design effort.

The local contractor(s) and the Ministry will be provided with a variety of external technical support, funded by USAID/Nepal and A.I.D./Washington. Expatriate technical assistance and training assistance will be provided by JSI/Nepal and FPLM/CDC-JSI, and a new expatriate long-term Logistics Management Advisor will be appointed under JSI's current contract with USAID/Nepal. A proposed Scope of Work for this individual is included in Annex 2..

It is premature at this writing to suggest the final form that an improved system might take. However, several themes are already clear:

- First, appropriate use should be made of private sector organizations for commodity transport as well as other elements of the strengthened system, to avoid administrative and procedural constraints inherent in HMG's rules and regulations.

- Second, positive links must be established from the top to the bottom of the pipeline. In all cases, the higher level facility should be given the responsibility and the resources to deliver products to the lower level facility, replacing current ad hoc procedures which depend on staff coming to the higher level facility for some other purpose before they receive supply.

- Third, ordering and reordering procedures must be clarified and implemented, and consideration should be given to moving away from the current pull (indent) system to a push (allocation) system, at least at lower levels.

- Fourth, paperwork requirements and procedures must be simplified as much as possible, again especially at lower levels. This requirement will become even more critical as sub-health posts and Female Community Health Volunteers (FCHV's) become involved in contraceptive supply. The current service statistics MIS, for example, will be unsustainable as service volumes increase; most of the data it collects should be gathered on a sample survey basis rather than through routine recording and reporting.

Within these guidelines, several alternative strategies can be envisioned. It would be possible to institute a system, for example, which pushed contraceptive commodities to the service delivery points annually or semi-annually (based on reported consumption figures), with each facility ordering additional stocks on an ad hoc basis if supplies fell below minimum levels between scheduled deliveries. Procedures which require no record-keeping at the lowest level can also be constructed. The Phase II design process will identify the most appropriate alternatives at each level.

D. PHASE III: INSTITUTIONALIZE IMPROVED LOGISTICS SYSTEM

Phase III should begin with a formal evaluation of the strengthened, permanent logistics system. The definition of Phase III activities will depend on the results of this evaluation: Further design modifications may or may not be required, based on implementation experience from Phase II. It may prove desirable for additional operational components to be privatized, or for the MOH to reabsorb some functions itself. In any case, Phase III planning will begin the process of transferring financial responsibility for system operations to HMG.

It is imperative that this transfer process be orderly and gradual, and that realistic guidelines and milestones be established to ensure that systems developed in Phase II are sustained. Thus the plan should establish specific steps in the process, specific

responsibilities of all parties (MOH, private Nepali organizations, donors, technical assistance organizations) at each step, and a timetable agreeable to all for the transfer.

E. TECHNICAL ASSISTANCE MECHANISMS

External technical assistance will be funded primarily through two mechanisms:

- Long-term technical assistance will be funded by USAID/Nepal under its existing bilateral contract with JSI. The proposed Scope of Work for the JSI/Nepal Logistics Management Advisor is included in Annex 2.

- Short-term technical assistance will be provided by CDC and JSI, and funded by A.I.D./Washington and USAID/Nepal through the Family Planning Logistics Management (FPLM) Project.

Some of these short-term activities may be funded using A.I.D./Washington's central monies, and others may require a buy-in to the FPLM Project by USAID/Nepal.

There will also be a variety of local direct costs (e.g., training per diems, costs of warehouse renovations) for which donor support is appropriate. These costs may be funded by USAID/Nepal through the above contract mechanisms, or directly with HMG, either by USAID/Nepal or other donors.

Further discussion among all these parties will be required to finally determine the appropriate division of responsibilities and funding mechanisms.

IV. ACTION PLAN FOR PROJECT ACTIVITIES

The following pages describe in detail the tasks, output indicators, anticipated Project activities, responsible organizations, and timing for each of the three major objectives of the Project. A timeline of Project activities is provided in Section V below. Annex 3 includes PRISM indicators of Project objectives and indicators in the format required by USAID/Nepal.

It is anticipated that the timing of these activities as well as the tasks themselves, will be modified, updated, and expanded as implementation proceeds. These modifications will be reflected in the annual workplans and regular progress reports of the MOH, JSI, and CDC, as well as in periodic updates to this Workplan.

PHASE I:
ENSURE IMMEDIATE AVAILABILITY OF CONTRACEPTIVES

TASK	OUTPUT/ INDICATOR	ANTICIPATED PROJECT ACTIVITIES	RESPONSIBLE PARTIES	T[redacted]	
1 Implement Immediate Actions/Policy Decisions	MOH Coordinator/ Counterpart identified; other actions taken	Implement actions/policy decisions discussed in Section II of Workplan: Appoint Coordinator/Counterpart; rehabilitate vehicles at central and perhaps regional levels; initiate action to create separate civil service category for logistics staff; enforce current disposal procedures; increase lower-level staff financial authority; ensure continuous access to commodities at all MOH stores; issue guidelines for NGO access to contraceptives.	Secretary of Health, MOH staff, FP/MCH staff; USAID/N; JSI/N	Present - 9/93	See detailed discussion in Section II ab
2 Ensure Acceptability of Current Condom Stocks	Pathlaiya condoms sampled and tested	Draw sample of condom stocks from Pathlaiya warehouse in accordance with A.I.D./CPSD sampling guidelines and forward to FHI for testing. Take action if needed indicated by test results.	USAID/N; JSI/N; FHI	3/93 - 5/93	Sampling should be by manufacture
3 Determine Present Contraceptive Stock Levels and Usage Rates for all Current Outlets	Immediate contraceptive needs for each outlet determined	Telephone/visit all storage facilities (central, regional, DPHO, NGO) to determine current usable stock balances. Estimate district-wise consumption from LMIS/MIS data. Gather service delivery point stock data at time of first resupply (see Task 7 below). Develop procedures for estimating needs for non-reporting facilities. Develop computer program to analyse data. Enter and analyse data upon receipt. Develop procedures to obtain consumption and stock level data regularly in future. (See also Task 4 below.)	KRPandey, FP/MCH, DPHO staff; New ERA; - FPLM/CDC-JSI; USAID/N, UNFPA/N	3/1/93 - 4/15/93	
4 Complete Logistics System Situation Analysis	15 district survey completed and analysed	Complete training of interviewer staff. Gather data from district stores and five health posts in each of 15 sampled districts. Complete data analysis, and use to verify stock level and consumption data from nationwide mailing (see Task 3 above).	FP/MCH; New ERA, FHI; USAID/N	Present - 4/15/93	
5 Prepare Immediate Distribution Plan	Plan completed	Compute contraceptive needs for each district based on data gathered in Tasks 3 and 4 above. Determine months of stock/quantities to be delivered to service delivery and district levels based on available usable stocks in all in-country facilities. Update current contraceptive needs forecasts based on distribution plan and review with all donors.	UNFPA/N, USAID/N; FP/MCH; New ERA; JSI/N, FPLM/CDC-JSI	Present - 4/15/93	

PHASE I:
ENSURE IMMEDIATE AVAILABILITY OF CONTRACEPTIVES

TASK	OUTPUT/ INDICATOR	ANTICIPATED PROJECT ACTIVITIES	RESPONSIBLE PARTIES	TIMING	COMMENTS
6 Ensure Storeroom Access at All Levels for Phase I Delivery	Store key available in each storage facility during Phase I delivery	Review HMG regulations regarding responsibility and access to stores and seek modifications if necessary. Issue instruction from highest level of MOH that arrangements be made so that store keys will be available at store for initial Phase I product delivery.	MOH, MCH/FP; USAID/N, UNFPA/N, other donors	Present - 5/93	
7 Distribute Contraceptives and Other Commodities to Service Delivery Points	Contraceptives delivered to facilities which need them along with other commodities	Gather contraceptives from central, regional facilities as needed and transport to each district. Package and dispatch contraceptives to each facility which needs them in quantities determined by above analysis. Dispatch all other commodities found at the DPHO awaiting delivery at the same time. Top up DPHO stores' contraceptive supplies to the number of months of stock determined in Task 5 above.	UNFPA/N, USAID/N; DPHO staff; JSI/N, FPLM/CDC-JSI	4/15/93 - 6/30/93	Monsoon-inaccessible districts to be visited first; DPHO store staff to gather receiving reports from service sites and forward to Kathmandu
8 Resupply Districts and Service Delivery Points	Contraceptives delivered to facilities which need them along with other commodities	Repeat national inventory, quantity determination, and stock delivery as in Tasks 3, 5, and 7 above, in districts which await permanent distribution system improvements. (See Phase II below).	FP/MCH, DPHO staff; JSI/N, FPLM/CDC-JSI; UNFPA/N, USAID/N	Semi-annually or annually	Timing depends on quantities initially provided and speed of Phase II implementatio

PHASE II:
DESIGN AND IMPLEMENT IMPROVED LOGISTICS MANAGEMENT SYSTEM

	TASK	OUTPUT/ INDICATOR	ANTICIPATED PROJECT ACTIVITIES	RESPONSIBLE PARTIES	TIMING	COMMENT
	DISTRIBUTION SYSTEM PLANNING AND IMPLEMENTATION					
1	Review and Finalize Four Year Logistics Workplan	Workplan completed and agreed to by all parties	Review this workplan and adapt as necessary based on comments received. Negotiate general roles of participating agencies and donors. Develop draft budgets for HMG, USAID/N, UNFPA/N, JSI/N, FPLM/CDC-JSI, others.	MOH, FP/MCH; FPLM/CDC-JSI, JSI/N; USAID/N, UNFPA/N	Present - 5/93	FPLM/CDC-JSI to take le in workplan revision, bud development
2	Design Improved Logistics Management System	Initial system design and plan of action completed; Logistics Management Task Force appointed	Design and hold one-week planning workshop to review current logistics system(s) strengths and constraints, to specify improvements and system changes along with district-by-district phased implementation plan, and to present plan to Secretary of Health for approval. Identify Logistics Management Task Force to supervise implementation effort during initial workshop. Assign single Ministry counterpart to chair Task Force and coordinate external technical assistance. Complete, document, field test, and revise needed system changes in the areas of supply status monitoring/forecasting/ procurement, stores management, distribution/transport, MIS and Logistics MIS, logistics supervision, and commodity quality assurance. (See detailed tasks for each of these functional areas below).	Secretary of Health, MOH, FP/MCH, other service providers; FPLM/CDC-JSI, JSI/N; all concerned donors	Present - 5/94	Initial design workshop to held as soon possible (not later than 9/9 attendees sho include top decision-mak from MOH, representative from intermediate supervisory levels, field service deliv staff, and representativ of NGO's an donor organizations FPLM/CDC-JSI to facilita

PHASE II:
DESIGN AND IMPLEMENT IMPROVED LOGISTICS MANAGEMENT SYSTEM

TASK	OUTPUT/ INDICATOR	ANTICIPATED PROJECT ACTIVITIES	RESPONSIBLE PARTIES	TIMING	COMMENTS
3 Obtain Needed Personnel and Financial Resources for Logistics Management System Improvements	MOH local cost budget(s) completed and submitted; Nepali technical assistance/training organization identified; external technical assistance in place	Prepare and submit logistics management workplans and budgets to HMG and appropriate donors. Identify and place long-term expatriate Logistics Advisor with JSI/N (see draft job description in Annex 2). Identify additional external technical assistance needs in logistics management and arrange through JSI/N, FPLM/CDC-JSI. Identify funding mechanism for Nepali private logistics implementation/training contractor, and bid/negotiate contract.	FP/MCH; FPLM/CDC-JSI, JSI/N; USAID/N, A.I.D./CPSD	Present - 9/93	Division of external assistance budget betwee JSI/N and FPLM/W to b negotiated between USAID/N and A.I.D./W
4 Implement Improved Logistics Management Procedures	Training provided, new system implemented according to phased action plan	Provide training, implement improved forecasting/procurement, commodity quality assurance procedures at central and regional levels. Provide training, implement improved stores management, distribution/transport, MIS/LMIS, and supervision procedures at central, regional, district, and health post levels.	MOH, FP/MCH; implementation/ training contractor, JSI/N, FPLM/CDC-JSI	12/93 - 6/96	Pipeline clean must precede new system implementatio implementatio should begin i institutional- izing districts
5 Evaluate Logistics System Improvements	Stock-outs of more than one week's duration of family planning commodities at service delivery points reduced to not more than 5%	Visit selected service delivery points and intermediate stores to evaluate logistics system improvements. Monitor (improved) MIS/LMIS reports and supervision/monitoring reports to determine trends in numbers of stockouts and other logistics system problems. (See also Phase III, Task 1 below.)	FP/MCH, NGO service providers; JSI/N, FPLM/CDC-JSI; USAID/N, UNFPA/N	Present - 6/97	

PHASE II:
DESIGN AND IMPLEMENT IMPROVED LOGISTICS MANAGEMENT SYSTEM

TASK	OUTPUT/ INDICATOR	ANTICIPATED PROJECT ACTIVITIES	RESPONSIBLE PARTIES	TIMING	COMMENTS
PIPELINE CLEANUP					
6 Destroy all Unusable Expendable Supplies in Storage	Expired/damaged/ unusable supplies removed from pipeline and destroyed	Identify unusable expendable items at central and regional levels and destroy. Identify unusable expendable items at district and health post levels at beginning of new system implementation in each district, and destroy.	HMG National Planning Commission, MOH, FP/MCH; USAID/N, UNFPA/N, other donors; implementation/ training contractor, JSI/N, FPLM/CDC-JSI	12/93 - 6/96	This task to b completed in each district before further training or system implementati begins
7 Inventory and Repair and Distribute or Dispose of Non-expendable Supplies and Equipment in Storage	Usable non-expendables distributed or stored appropriately; unusables auctioned/ destroyed	Design national physical inventory to identify usable, repairable and unusable/irreparable non-expendable items in storage. Complete at national and regional levels, arrange for repairs where possible, and distribute or redistribute excess usable items as appropriate. Obtain sanction for disposal of unusables at highest necessary level of HMG, along with any needed waivers/changes to government procedures. Dispose of unusables at central and regional levels. Complete inventory at district and health post level at beginning of new system implementation in each district, repair and distribute usables as necessary, and dispose of unusables.	HMG National Planning Commission, MOH, FP/MCH; USAID/N, UNFPA/N, other donors; implementation/ training contractor, JSI/N, FPLM/CDC-JSI	12/93 - 6/96	This task to b completed in each district before further training or system implementati begins

PHASE II:
DESIGN AND IMPLEMENT IMPROVED LOGISTICS MANAGEMENT SYSTEM

TASK	OUTPUT/ INDICATOR	ANTICIPATED PROJECT ACTIVITIES	RESPONSIBLE PARTIES	TIMING	COMMENTS
8 Clean, Repair, Equip, and Organize Warehouses and Storerooms	Storerooms secure from weather, theft, and pilferage, and equipped with shelves, cupboards, pallets as appropriate	Identify needed repairs at central, regional, district, and health post stores in conjunction with Tasks 6 and 7 above. Arrange local contracts for minor repairs, identify donor assistance if needed for major repairs. Procure shelves, cupboards, pallets, equipment as necessary and install in stores. Clean and reorganize storerooms to permit appropriate inventory management, FEFO distribution. Update stores records.	MOH, FP/MCH; implementation/ training contractor, JSI/N, FPLM/CDC-JSI; USAID/N, UNFPA/Nepal, WB/Nepal	12/93 - 6/96	This task must be coordinated with World Bank warehouse construction plans; to be completed in each district before further training or system implementation begins
FORECASTING AND PROCUREMENT PLANNING					
9 Prepare National Contraceptive Requirements Estimates and Contraceptive Procurement Tables	Contraceptive needs forecasts updated at least annually; CPT's prepared and submitted to A.I.D./W and other contraceptive donors	Review, upgrade as necessary, and document contraceptive requirements forecasting methods used by FP/MCH. Provide/install automated monitoring and forecasting tools as appropriate, and train MOH, FP/MCH, CRS, and NGO staff in their use. Examine likely effects of new service initiatives (sub-health posts, FCHV distributors, expanded VSC program) on contraceptive consumption, and prepare/modify forecasts accordingly. Prepare CPT's annually for donor use. Monitor proposed shifts in donor contraceptive procurement to prevent transitional shortfalls.	MOH, National Planning Commission, FP/MCH; JSI/N, FPLM/CDC-JSI; USAID/N, UNFPA/N, other commodity providers	10/93 - On-going	

PHASE II:
DESIGN AND IMPLEMENT IMPROVED LOGISTICS MANAGEMENT SYSTEM

TASK	OUTPUT/ INDICATOR	ANTICIPATED PROJECT ACTIVITIES	RESPONSIBLE PARTIES	TI[redacted]	
10 Strengthen MOH Procurement Planning Capability	Family planning and MCH-related supplies and equipment procured in timely and appropriate fashion	Review current procurement procedures and staffing patterns in light of proposed MOH reorganization. Provide external assistance in procurement planning/scheduling and forecasting as needed. Assist in coordinating donor efforts.	MOH, FP/MCH; FPLM/CDC-JSI (PATH), JSI/N; UNFPA/N, UNICEF/N	12/93 - 6/95	
11 Ensure Adequate In-country Pipeline Capacity	Storage capacity requirements reviewed regularly and appropriate plans made for increased needs	Compute storage capacity requirements for all facilities based on consumption estimates, established max-min policies. Rent temporary space if needed. Revise HMG, WB and other construction plans as appropriate.	MOH, FP/MCH; FPLM/CDC-JSI, JSI/N; USAID/N, WB/N, UNFPA/N	On-going	Task should repeated eve 2-3 years
		STORES MANAGEMENT AND INVENTORY CONTROL			
12 Develop Max-Min Inventory Control Policies and Procedures	Policy documented and published	Determine appropriate maximum and minimum stock policies and appropriate push (allocation) or pull (requisition) procedures for each distribution system level. Determine resupply interval for each facility based on microplanning exercise (see Task 14 below). Revise supply manuals and instructions to reflect new policies, and field test.	FP/MCH; New ERA, JSI/N, FPLM/CDC-JSI	9/93 - 5/94	Initial syste likely to req centralized control and substantial outside technical an financial support

PHASE II:
DESIGN AND IMPLEMENT IMPROVED LOGISTICS MANAGEMENT SYSTEM

TASK	OUTPUT/ INDICATOR	ANTICIPATED PROJECT ACTIVITIES	RESPONSIBLE PARTIES	TIMING	COMMENTS
13 Refine Storekeeping Policies and Procedures	Storekeeper's Guide documented and published	Review current instructions and materials, and refine/develop Storekeeper's Guide, to include Max-Min inventory control policies and procedures, good storekeeping practices, First-to-Expire, First-Out (FEFO) stock management, stock distribution procedures, LMIS procedures and instructions, and logistics supervision policies. (See related tasks below.)	FP/MCH; New ERA, FPLM/CDC-JSI, JSI/N	9/93 - 5/94	Procedures must include supply to NGO facilities and both NGO and MOH field workers
		DISTRIBUTION AND TRANSPORT			
14 Automate EPI Microplanning Database	Detailed facility information accessible to all units of MOH	Review EPI facility microplanning data collection effort to date, along with plans for future updates. Adapt appropriate parts to FP/MCH use. Assist in development of automated database if appropriate to ensure wide access to microplanning data.	FP/MCH, EPI; JSI/N, FPLM/CDC-JSI, New ERA; UNICEF	Present - 12/93	UNICEF may already have automation plans
15 Prepare National Transportation Scheme	Positive transportation link established from center to every health post	Review microplanning transport data (see Task 14) and update if necessary. Revise supply policies (and budgets) to ensure that each health post receives supplies from the nearest higher level facility regardless of political boundaries, and that the higher level facility bears responsibility for delivery. Document revised policies. Involve private sector shipping/logistics organizations and/or revise MOH budgets to ensure that higher level facility is adequately funded to meet these responsibilities.	FP/MCH; New ERA, training/ implementation contractor, JSI/N, FPLM/CDC-JSI	12/93 - 6/95	New transport scheme to be implemented in each district at time of new system start-up; use of private sector for this purpose should be maximized

PHASE II:
DESIGN AND IMPLEMENT IMPROVED LOGISTICS MANAGEMENT SYSTEM

TASK	OUTPUT/ INDICATOR	ANTICIPATED PROJECT ACTIVITIES	RESPONSIBLE PARTIES	TIMING	COMMENT
16 Establish Procedures for Supply/Resupply of Sub-Health Posts, FCHV's	Supply/transport procedures documented	Establish distribution mechanisms from health post level to sub-health post and FCHV's, when these service delivery mechanisms are activated.	FP/MCH; New ERA, training/ implementation contractor, JSI/N, FPLM/CDC-JSI; USAID/N	To be determined	
17 Establish Functional Mechanism for Repair of MOH Vehicles and other Equipment	Vehicle repair policy formulated and appropriate budgets obtained	Review current MOH policies on vehicle repair and revise as necessary to allow private sector repair, preferably on-site and with maximum local authority to initiate. Revise budgets accordingly.	MOH, FP/MCH; JSI/N, FPLM/CDC-JSI; USAID/N	Present - 6/94	FP/MCH vehicles should be used primarily at central and regional level
LOGISTICS MIS/MIS IMPROVEMENT					
18 Complete Revision and Field Testing of Logistics MIS	Timely, accurate consumption data from health post level available routinely in Kathmandu; 95% of reports received by due date	Complete testing and implementation of new LMIS, seeking further ways to simplify data collection. Seek simplified methods for accounting for field worker stocks. Revise computer software and develop/test additional programs as needed. Develop additional management reports and display formats to meet immediate needs of logistics managers at all levels. Provide feedback reports at least to district level, and performance indicators to top managers. Revise operational handbooks and training materials.	MOH, FP/MCH; New ERA, JSI/N, FPLM/CDC-JSI	On-going	Software and programming support available through FPLM/CDC-JSI if needed

PHASE II:
DESIGN AND IMPLEMENT IMPROVED LOGISTICS MANAGEMENT SYSTEM

TASK	OUTPUT/ INDICATOR	ANTICIPATED PROJECT ACTIVITIES	RESPONSIBLE PARTIES	TIM[redacted]	
19 Simplify Family Planning MIS	Timely, accurate service statistics from health post level available routinely in Kathmandu; demographic/ acceptor data collected on sample basis	Undertake decision analysis with FP/MCH managers at all levels to identify minimum service statistics data set for current decision-making needs, and accuracy requirements for data collection and processing. Ensure that consumption data are collected for all methods (e.g., depo). Shift as much data collection as possible to regular sampling basis rather than routine reporting. Design, field test, and document simplified data collection instruments for service delivery staff. Consider consolidation of LMIS/MIS routine data collection into single, simplified system. Prepare/update user documentation.	MOH, FP/MCH; New ERA, JSI/N, FPLM/CDC-JSI	Present - 5/94	Current acceptor data processing will become unmanageable as service volume increases
20 Produce Standardized Recording and Reporting Formats	Instructions, recording, reporting formats produced and distributed	Centralize forms production and distribution to ensure standardization of recording and reporting formats.	FP/MCH; New ERA, JSI/N, FPLM/CDC-JSI	Present - On-going	
LOGISTICS MANAGEMENT SUPERVISION					
21 Establish Routine Logistics Supervision Procedures for FP/MCH	Regular supervision visits being made at all levels	Establish/re-establish routine supervision policy. Establish, train, and fund Logistics Management Supervision Teams in each region, supplemented by private sector staff/funding if necessary. Develop supervision protocol and site visit schedules.	FP/MCH; New ERA, training/ implementation contractor; JSI/N, FPLM/CDC-JSI; USAID/N	9/93 - On-going	Enhanced supervision is key to success

PHASE II:
DESIGN AND IMPLEMENT IMPROVED LOGISTICS MANAGEMENT SYSTEM

TASK	OUTPUT/ INDICATOR	ANTICIPATED PROJECT ACTIVITIES	RESPONSIBLE PARTIES	TI[redacted]	
CONTRACEPTIVE QUALITY ASSURANCE					
22 Establish Contraceptive Quality Monitoring System at Central and Regional Level	Regular quality monitoring inspections made and documented	Establish policy for quality monitoring, particularly for condoms. Document procedures and prepare and test additional record keeping forms and reporting procedures. Arrange for quality testing of products as needed.	FP/MCH; JSI/N, FPLM/CDC-JSI, FHI; USAID/N	9/93 - On-going	Example records and procedures in WHO/DPA's "Managing Condom Supplies"
23 Monitor Product Quality at Peripheral Levels	Quality inspection routinely included in logistics supervision visits	Establish visual inspection procedures for product stored at lower levels and include in supervision protocols (see Task 21 above). Sample and test product in response to all quality complaints received from field.	FP/MCH; JSI/N, FPLM/CDC-JSI, FHI; USAID/N	9/93 - On-going	
LOGISTICS MANAGEMENT TRAINING					
24 Conduct Training Needs Assessment and Periodic Reassessments	Assessment completed and documented	Assess training needs for each of the above functional areas in conjunction with new system design and testing. Identify audience(s) for training(s) and number and types of training courses required.	FP/MCH; JSI/N, FPLM/CDC-JSI, implementation/ training contractor	9/93 - On-going	

PHASE II:
DESIGN AND IMPLEMENT IMPROVED LOGISTICS MANAGEMENT SYSTEM

TASK	OUTPUT/ INDICATOR	ANTICIPATED PROJECT ACTIVITIES	RESPONSIBLE PARTIES	TIMING	COMMENTS
25 Develop Training Curricula and Materials	Curricula and materials completed	Develop curricula and materials based on revised logistics system for storekeeper training for each of the above functional areas for both basic and refresher trainings. Develop training curricula and materials for other audience(s) as identified by needs assessment.	FP/MCH; New ERA, JSI/N, FPLM/CDC-JSI, implementation/ training contractor	9/93 - On-going	Logistics training for general audiences to be coordinated with other pre-service and in-service training efforts
26 Conduct Training of Trainers for Logistics Curricula	Training of Trainers course(s) held and training plans developed	Select/recruit and provide training of trainers for Logistics Management Training Teams, preferably one or two per region. Assist in development of training plans and coordinate implementation.	FP/MCH; JSI/N, FPLM/CDC-JSI, implementation/ training contractor	9/93 - 5/94	Ideally, training teams will include both private sector and FP/MCH staff
27 Conduct Basic and Refresher Training in Logistics Management	Basic and refresher courses conducted according to training plan	Provide training for storekeepers from central and regional levels. Conduct training in each district for district, health post, CRS, and NGO staff in conjunction with phased implementation effort (see Task 4 above).	FP/MCH; JSI/N, FPLM/CDC-JSI, implementation/ training contractor	12/93 - On-going	
28 Evaluate Training Effectiveness	Course evaluations and follow-up evaluations made	Evaluate each training using formal pre- and post-test questionnaires and revise curricula and materials accordingly. Follow-up trainees during logistics supervision visits and through formal follow-up interviews at intervals following training.	FP/MCH; JSI/N, FPLM/CDC-JSI, implementation/ training contractor	12/93 - On-going	

PHASE III:
INSTITUTIONALIZE IM[redacted]TICS SYSTEM

TASK	OUTPUT/ INDICATOR	ANTICIPATED PROJECT ACTIVITIES	RESPONSIBLE PARTIES	TIMING	COMMENT
1 Evaluate Phase II Implementation Effort	External evaluation completed	Evaluate all aspects of new system operation at completion of Phase II implementation, with particular attention to division of responsibility between government and private sector organizations. Prepare recommendations for any needed changes or further improvements.	FP/MCH; JSI/N, FPLM/CDC-JSI, New ERA, implementation/ training contractor; external evaluators, concerned donors	6/96	
2 Revise Logistics Management System as Necessary	Recommended revisions made and implemented	Continue modifications/improvements to logistics system as indicated by evaluation.	FP/MCH; JSI/N, FPLM/CDC-JSI, New ERA, implementation/ training contractor	To be determined	Depends on results of evaluation
3 Transfer Logistics System Financial Responsibility to HMG	Plan for gradual reduction of donor funding for logistics system negotiated and documented	Develop plan for transfer of new system to HMG funding, ensuring that full financial and technical support remains available for logistics management needs.	FP/MCH; JSI/N, FPLM/CDC-JSI, implementation/ training contractor; concerned donors	6/96 - 7/97	

V. IMPLEMENTATION SCHEDULE

TASK	1993				1994				1995				1996				1997	
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2
I. PHASE I: ENSURE IMMEDIATE AVAILABILITY OF CONTRACEPTIVES																		
1 Implement Immediate Actions/Policy Decisions	XXXXXXXX																	
2 Ensure Acceptability of Current Condom Stocks	XXXXX																	
3 Determine Present Stock Levels and Usage Rates	XXXXX																	
4 Complete FP/MCH–New ERA Logistics Situation Analysis	XXXXX																	
5 Prepare Immediate Distribution Plan	XXXXX																	
6 Ensure Store Access at All Levels for Phase I Delivery	XXXXX																	
7 Distribute Contraceptives/Other Commodities to SDP's		XXXXXX																
8 Resupply Districts and Service Delivery Points						XXXX	XXXX		XXXX	XXXX			XXXX					
II. PHASE II: DESIGN AND IMPLEMENT IMPROVED LOGISTICS MANAGEMENT SYSTEM																		
DISTRIBUTION SYSTEM PLANNING/IMPLEMENTATION																		
1 Review and Finalize Four–Year Logistics Workplan	XXXXX																	
2 Design Improved Logistics Management System	XXXXXXXXXXXX				XXX													
3 Obtain Personnel/Resources for Logistics Improvements	XXXXXXXXX																	
4 Implement Improved Logistics Management Procedures			XX		XXXXXXXXXXXXX				XXXXXXXXXXXXX				XXXXXXX					
5 Evaluate Logistics System Improvements			XXXX				XXXX				XXXX				XXXX		XXXX	
PIPELINE CLEANUP																		
6 Destroy All Unusable Expendable Supplies In Storage			XX		XXXXXXXXXXXXX				XXXXXXXXXXXXX				XXXXXXX					
7 Inventory, Repair/Distribute/Dispose Non–expendables			XX		XXXXXXXXXXXXX				XXXXXXXXXXXXX				XXXXXXX					
8 Clean, Repair, Equip, Organize Warehouses/Storerooms			XX		XXXXXXXXXXXXX				XXXXXXXXXXXXX				XXXXXXX					

V. IM[redacted]CHEDULE

TASK	1993				1994				1995				1996				1997	
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2
FORECASTING AND PROCUREMENT PLANNING																		
9 Prepare National Contraceptive Estimates and CPT's			xxxx				xxxx				xxxx				xxxx			
10 Strengthen MOH Procurement Planning Capability			xx		xxxxxxxxxxxxxx				xxxxxxx									
11 Ensure Adequate In-Country Pipeline Capacity			xxxx								xxxx							xxxx
STORES MANAGEMENT AND INVENTORY CONTROL																		
12 Develop Max-Min Inventory Policies and Procedures			xxxxxx		xxxxxx													
13 Refine Storekeeping Policies and Procedures			xxxxxx		xxxxxx													
DISTRIBUTION AND TRANSPORT																		
14 Automate EPI Microplanning Database	xxxxxxxxxxxxx																	
15 Prepare National Transportation Scheme			xx		xxxxxxxxxxxxxx				xxxxxxx									
16 Establish Procedures to Supply Sub-H.P.'s/FCHV's	To be determined																	
17 Establish Mechanism for Vehicle/Equipment Repair	xxxxxxxxxxxxx				xxxxxxx													
LOGISTICS MIS/MIS IMPROVEMENT																		
18 Complete Revision and Field Testing of Logistics MIS	xxxxxxxxxxxxx				xxxxxxxxxxxxxx				xxxxxxxxxxxxxx				xxxxxxx					
19 Simplify Family Planning MIS	xxxxxxxxxxxxx				xxxxxx													
20 Produce Standardized Recording and Reporting Formats	xxxxxxxxxxxxx				xxxxxxxxxxxxxx				xxxxxxxxxxxxxx				xxxxxxxxxxxxx				xxxxxxx	
LOGISTICS MANAGEMENT SUPERVISION																		
21 Establish Routine Logistics Supervision Procedures			xxxxx		xxxxxxxxxxxxxx				xxxxxxxxxxxxxx				xxxxxxxxxxxxx				xxxxxxx	

V. IMPLEMENTATION SCHEDULE

TASK	1993				1994				1995				1996				1997	
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2
CONTRACEPTIVE QUALITY ASSURANCE																		
22 Establish Central/Regional Contraceptive Monitoring			xxxxx		xxxxxxxxxxxxx				xxxxxxxxxxxxx				xxxxxxxxxxxxx				xxxxxxx	
23 Monitor Product Quality at Peripheral Levels			xxxxx		xxxxxxxxxxxxx				xxxxxxxxxxxxx				xxxxxxxxxxxxx				xxxxxxx	
LOGISTICS MANAGEMENT TRAINING																		
24 Conduct Training Needs Assessment/Reassessments			xxxxx		xxxxxxxxxxxxx				xxxxxxxxxxxxx				xxxxxxxxxxxxx				xxxxxxx	
25 Develop Training Curricula and Materials			xxxxx		xxxxxxxxxxxxx				xxxxxxxxxxxxx				xxxxxxxxxxxxx				xxxxxxx	
26 Conduct Training of Trainers for Logistics Curricula			xxxxx		xxxxxx													
27 Conduct Basic and Refresher Training in Logistics Mgt.				xx	xxxxxxxxxxxxx				xxxxxxxxxxxxx				xxxxxxxxxxxxx				xxxxxxx	
28 Evaluate Training Effectiveness				xx	xxxxxxxxxxxxx				xxxxxxxxxxxxx				xxxxxxxxxxxxx				xxxxxxx	
III. INSTITUTIONALIZE IMPROVED LOGISTICS SYSTEM																		
1 Evaluate Phase II Implementation Effort															xxx			
2 Revise Logistics Management System as Necessary															To be determined			
3 Transfer Logistics System Financial Responsibility to HMG															xxxxxxxx		xxxxxxx	

ANNEX 1

(Date)

To: All Family Planning Service Outlets that Receive Contraceptives from the MCH/FP Logistics System

From: Minister of Health =or=
Chief, MCH/FP Division

The FP/MCH Program is embarking on a project to improve the logistics system. The goal of this project is to ensure that all Program service outlets will always have sufficient quantities of contraceptives and other MCH/FP supplies to meet the needs of their clients.

To do this, we must be able to determine the quantities of each and every contraceptive being held at all Program locations and the quantities being dispensed to family planning clients and/or otherwise used by the Program.

It is urgent that you provide the information requested on the attached form as soon as possible to ensure that adequate stocks will be available in the future. The form has postage prepaid for your convenience.

Please give this request your immediate attention.

DR[redacted]

ANNEX 1

To: (enter address of office to receive the report)

REPORT OF CONTRACEPTIVE STOCK AND USE

Date prepared:_____

Name of Location submitting the data:_____

District:_____

Name and designation of person preparing this report:

_____,_____

	CONTRACEPTIVE					
	Condom (piece)	Pill (cycle)	Depo (dose)	Syringe (set)	IUD (set)	Norplant (set)
1. Quantity on hand in the store:	_____	_____	_____	_____	_____	_____
2. Quantity with field staff:	_____	_____	_____	_____	_____	_____
3. Total Stock (1 + 2)	_____	_____	_____	_____	_____	_____
4. Recorded use in past 12 months:	_____	_____	_____	_____	_____	_____
5. Estimated use in next 12 months:	_____	_____	_____	_____	_____	_____

INSTRUCTIONS

1. Enter the quantities of each contraceptive that are on hand in the store of the outlet on the date this report is prepared. Enter only the quantities that are in usable condition; do not include expired or damaged stock. Quantities should be determined by physically counting the stock; do not simply take figures from your record books.

2. Enter the quantities being held by field workers or at sites other than the store. For example, enter stocks held by FCHV's, and all other field staff who report to you.

3. The sum of lines 1 and 2.

4. Enter the quantities of each contraceptive that were dispensed to users or otherwise used by the outlet and the field staff of the outlet during the past 12 months.

5. Enter the quantities that you estimate will be dispensed to users or otherwise used in the next 12 months, assuming that all contraceptives will be available at all times.

[redacted]

DRAFT SCOPE OF WORK:
LONG-TERM LOGISTICS MANAGEMENT ADVISOR

This individual will serve both as Chief of Party (COP) and Senior Logistics Management Advisor for JSI/Nepal, reporting to the designated JSI Project Manager in Boston or Washington. It is anticipated that the majority of his/her technical effort will be devoted to establishing a functioning logistics system for contraceptives, related MCH supplies, and other essential health commodities, both expendable and non-expendable.

JOB DESCRIPTION

In the role of Senior Logistics Management Advisor, the advisor's duties will include, but not be limited to, the following:

- Assisting the Family Planning/Maternal Child Health (FP/MCH) Division of His Majesty's Government's Ministry of Health (MOH), the United Nations Population Fund (UNFPA), and the U.S. Agency for International Development's Mission to Nepal (USAID/Nepal) in followup of the current effort to distribute contraceptives and other commodities to all public and private sector service delivery points which are presently experiencing contraceptive shortages.

- Assisting the MOH and the various related non-government organizations (NGO's) in design and field testing of appropriate in-country distribution system(s) which are consistent with other system(s) of the MOH and capable of providing uninterrupted supply of contraceptives and other expendable and non-expendable MCH, family planning, and health products to both public and private sector service organizations. (It is anticipated that system improvements will be required in all aspects of logistics management, including forecasting and procurement, stores management and inventory control, distribution and transport, logistics Management Information Systems (LMIS) and MIS, logistics management supervision, and quality assurance. It is also expected that the design strategy will attempt to identify and implement the optimal mix of public/private sector participation in the system.)

D[redacted] April 14, 1992

- Assisting the MOH, the NGO's and the Contraceptive Retail Sales (CRS) Company in planning for and implementation of a national physical inventory of contraceptives and related products, to be completed on a regular basis (e.g., annually).

- Assisting the MOH, the NGO's and CRS in planning for nationwide implementation of improved logistics management systems and procedures, including definition of appropriate implementation strategies which maximize private sector involvement, preparation of phased implementation plans, marshalling of MOH and donor resources, and monitoring of the implementation process.

- Assisting the MOH, NGO's and CRS in design and implementation of a nationwide training program in logistics management, including development of training and training of trainers curricula and materials, and monitoring, oversight, and evaluation of the training program.

- Assisting the MOH, NGO's and CRS in development of strategies for institutionalizing improved logistics systems and procedures, and in transfer of logistics system financial responsibilities to HMG.

- Assisting the MOH, NGO's and CRS in forecasting contraceptive requirements, in preparing contraceptive procurement tables, and in placing timely requests for contraceptives with appropriate donor agencies.

As Chief of Party, the advisor's duties will include but not be limited to:

- Serving as the Contractor's senior advisor to the MOH, developing working relationships with its Secretary and other top officials.

- Assisting the MOH, the NGO's and CRS, with other Contract team members, in identifying and resolving program policies and practices that present obstacles to implementation and success of the national program.

- Assisting the MOH, with other Contract team members, to effectively prepare annual workplans and budgets (and to manage all Project finances) for USAID-funded activities under the CS/FPS Project, and subsequently to take appropriate actions to implement those plans.

- Managing all aspects of the JSI Nepal contract, in close collaboration with other Contract team members, JSI/Boston and JSI/Washington staff, and staff of USAID/Nepal, including preparation of strategic and annual workplans, development and monitoring of implementation strategies, and negotiation of contract issues and contract amendments as needed.

- Coordinating the work of the Contract team with the health and family planning activities of other international donors working in Nepal.

- Managing all aspects of the JSI/Nepal Project office, including local and international staff, facilities, records, and equipment.

- Assisting the MOH and USAID to determine short-term consultancy requirements under the CS/FPS Project, including development of scopes of work for USAID approval.

- Ensuring that all required technical, financial, and administrative reports and deliverables are produced, approved, and distributed in a timely fashion.

QUALIFICATIONS

Minimum requirements for this position include:

- Field experience (5-10 years) in public health programs in developing countries and preferably at least in part with A.I.D.-sponsored activities.

- Ability to work with a wide range of technical issues, with demonstrated competence and experience in logistics management.

- Experience with and ability to interact with high-level government officials, and to interact with technical and administrative personnel at all levels in a cross-cultural setting.

- Ability to administer and manage a large, complex project.

- Ability to travel to and work extensively in the field, often under arduous conditions.

PRISM INDICATORS FOR LOGISTICS MANAGEMENT ACTIVITIES

Performance Indicators	Baseline (Year)	Most Current Data (Year)	Performance Standard (Year)	Remarks
ercent of public and rivate service delivery oints stocked with contraceptives and related commodities according to plan	N/A	N/A	75% of health posts and higher level facilities (6/1996)	Definition: Stock level between established Max and Min levels at time of measurement. Source: LMIS or periodic survey.
Frequency of stock-outs reduced to acceptable levels at public and private service delivery points	N/A	N/A	To be determined	Definition: See EVALUATION Project handbook (still under development). Source: Periodic survey.
Level of pipeline wastage reduced to acceptable levels at public and private service delivery points	N/A	N/A	Wastage rate of contraceptive products less than 20%	Definition: Percentage of each product entering the in-country distribution system which expires, is lost or is damaged prior to distribution to clients. Source: LMIS or periodic survey.

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PRISM INDICATORS FOR LOGISTICS MANAGEMENT ACTIVITIES

Performance Indicators	Baseline (Year)	Most Current Data (Year)	Performance Standard (Year)	Remarks
Percentage of public sector storage facilities meeting recommended physical standards	N/A	N/A	To be determined	Definition: Percentage of storage facilities providing adequate protection (from temperature, humidity, theft, rodents, etc.) for products and following adequate inventory management procedures. Source: Periodic survey.