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ASSESSMENT OF THE INSTITUTIONAL TRAINING CAPACITY AND DEVELOPMENT OF A TRAINING PLAN FOR THE FAMILY PLANNING ASSOCIATION OF NEPAL

I. EXECUTIVE SUMMARY

In Nepal there is a need for an organization to coordinate family planning activities and training in the non-governmental organization (NGO) sector. The coordinating organization should set standards and consistency in the areas of: clinical services, counselling, quality of care, supervision, information management, reproductive health education, and the integration of other health activities, such as AIDS and STDs, pre- and post-natal care, and infertility services. It is also appropriate for this organization to play a leading role in advocacy for all areas of reproductive health.

The Family Planning Association of Nepal (FPAN) is the most appropriate NGO to fulfill this role because of its strong community support and active presence in the most densely populated districts of the country. In addition, FPAN's reputation for sterilization and counselling training makes it the preferred national supplier. It is the Nepalese IPPF affiliate, which provides access to the international arena, and a stamp of credibility that would be difficult for other groups to replicate. It has well appointed training facilities, and it is already the main advocacy group for family planning issues. It also has a revitalized leadership in the form of a new Central Executive Committee and Director General.

To achieve this end, important internal issues should be addressed: key vacant posts must be filled, management systems put in place, and staff skills developed to create a Center of Excellence in family planning. Specifically:

- A Senior Program Officer should be recruited to supervise Program Officers.
- A Senior Training Officer should be recruited to provide leadership in all aspects of the design, delivery, and management of training.
- A Nepal-based training consultant should be contracted to assist FPAN in recruiting the Senior Training Officer and assist with detailed development and implementation of the training strategy.
- Once the Officers and the consultant are hired, the management information systems (MIS) should be upgraded to meet current needs.
- Program Officers and Branch Managers need immediate training in all areas of program management to enable them to supervise and train supervisors, community workers, and women volunteers in each district.
- Management skills and knowledge need to be strengthened, especially in the Medical,

and Finance and Administration Divisions.

- Members of the Central Executive Committee and branch committees need to develop skills in advocacy and lobbying.

- Counselling skills should be strengthened in AIDS and STDs.

After internal training skills and systems have been developed, FPAN will be in a strong leadership position to provide both clinical and managerial training to outside client organizations.

FPAN will be in a position to establish itself as the leader in advocacy for reproductive health issues, in particular quality of care, abortion, AIDS/STDs, and age of marriage.

After researching work in other countries, FPAN will be able to educate their internal staff, develop curricula, and set up teacher demonstrations for family health education programs in the school system.

Funding should be sought to produce new information, education and communication (IEC) materials to support FPAN's community based programs and the work of other agencies. FPAN should collaborate closely with other organizations, particularly with Population Communication Services (PCS), to establish its role within the country IEC strategy.

II. COUNTRY BACKGROUND

A. Demographic Profile

Nepal is a relatively small country, only 885 kilometers long and between 145-240 kilometers wide. It is divided into three distinct regions: the mountains in the North bordering Tibet; the central hills running the length of the country; and the terai (plains) in the South bordering India. Although the country is ethnically and culturally complex with seventy-five identified ethnic groups, most of the population can be categorized as Indo-Nepalese or Tibeto-Nepalese. Hinduism is the official religion, however, Buddhism is a strong thread throughout the culture.

Nepal is one of the poorest countries in the world with a GNP per capita of $180 per year. Most of the population is engaged in subsistence farming with 90 percent residing in rural areas. Life expectancy at birth is 51 years for males and 50 years for females. Infant mortality is high at 107:1000, while under five mortality is estimated to be 165:1000 live births. Maternal mortality is 850:100,000, one of the highest in the world. Malnutrition in children is widespread with at least 50 percent of children under five suffering from moderate to severe malnutrition. Sixty-five percent of the adult population is illiterate with 82 percent female illiteracy. Difficult mountain terrain, lack of transport and communication, and limited health infrastructure make delivery of health and family planning services difficult.

The current population is about 19 million with a population growth rate estimated at approximately 2.5 percent per year. The crude birth rate is estimated to be 40 per 1000, and crude death rate 15 per 1000. The total fertility rate is estimated at 5.8 children. Children under 15 years account for over 42 percent of the population and there are 83 dependents for every 100 persons in the productive age group. Modest increases in agricultural production have not been able to keep pace with population growth. Population projections suggest that regardless of the pace of fertility decline, Nepal will have a population of at least 26 million in the next 20 years. Migration from the hills to the urban areas (especially to the Kathmandu Valley) and the terai is accelerating. Currently, approximately 10 percent of the population resides in urban areas; this percentage is expected to at least double by the year 2010.

B. Contraceptive Prevalence

The Contraceptive Prevalence Rate (CPR) for Nepal was estimated at 25 percent in 1992 and has grown steadily from under 3 percent in 1976. However, it is characterized by wide variations among districts. In 1990, prevalence rates in the 75 districts of the country ranged from a low of 2 percent to a high of 54 percent. Generally, urban districts and those in the terai have much higher CPRs than districts in the mountains and inaccessible hilly regions. This is evidenced by the 18 districts classified in the "high" socioeconomic group (an index related to female literacy, infant and child mortality, proportion of urban population,

proportion of non-agricultural population, per capita agricultural production, life expectancy, population density, and ecological variables) which consist of the major urban districts in the Kathmandu Valley and districts in the terai. Their CPRs range from 12 percent to 54 percent, with an average of 30 percent.

Among couples currently relying upon modern methods, female sterilization leads with 50.2 percent, followed by male sterilization (31.1 percent), injectables (9.5 percent), pills (4.6 percent), condom (2.5 percent), Norplant and IUDs (2.1 percent combined). The popularity of sterilization is a result of the promotional efforts of the government. In a country where communication and transport are difficult, sterilization is one solution to the problem of providing contraceptive supplies to clients on time. However, concentrating on sterilization has failed to address the need for child spacing, which is now a major objective of the national family planning effort.

C. Unmet Demand

Lack of information and misinformation are important impediments to untapping the latent demand for alternative family planning methods. For example, the national focus on sterilization has resulted in many eligible couples (ELCOs) believing that family planning is synonymous with sterilization. Although surveys show that 93 percent of currently married women are able to mention at least one modern family planning method, the majority mention female or male sterilization (89 and 85 percent, respectively). Far fewer women mention pills, injectables, and condoms (66, 65 and 52 percent, respectively), and fewer still mention Norplant and IUDs (35 and 24 percent, respectively). Moreover, although methods can be named, knowledge of each is usually at best sketchy and at worst dangerously wrong.

Overall, the potential demand for temporary family planning methods is extremely high. Surveys of married women, who are the population demanding temporary and permanent methods, indicate they would like to have 3.1 children, a much lower average than the average woman is likely to have (5.8). However, as the focus of the national program has been on sterilization, the use of temporary methods to manage the spacing of births has been historically limited or unavailable. Therefore, as might be expected, older women who have had many children are more likely to use a contraceptive method (sterilization) than younger women. Over 60 percent of women over 40 years are likely to have their demand satisfied, in contrast to 52 percent of those in their late thirties, 51 percent in their early 30s, 39 percent in late 20s, 20 percent in early 20's, and only 8 percent of teenagers.

D. National Family Planning Goals

The national policy for family planning is multi-sectoral. Targets for the population policy by the year 2000 include the following: reduce the total fertility rate from 5.8 to 4; reduce the infant mortality rate from 107 to 50 per 1000; reduce child mortality from 165 to 70 per 1000; reduce maternal mortality from 8.5 to 4 deaths per 1000 live births; and, increase the

average life expectancy from 50 to 65 years.

III. STRUCTURE OF THE FAMILY PLANNING PROGRAM

Nepal is administratively divided into 5 development regions, 14 zones and 75 districts. Each district is divided into Municipality and Village Development Committees (VDCs). Altogether, there are 33 Municipalities and 4,021 VDCs. Eighteen districts, consisting of 40 percent of the population, belong to the "high" socioeconomic group. Similarly, 36 districts, representing 45 percent of the population, belong to the "moderate" socioeconomic group. The remaining 21 districts, representing 15 percent of the population, belong to the "low" socioeconomic group.

Funding for the national program is received primarily from the United States Agency for International Development (USAID) and the United Nations Population Fund (UNFPA). Other organizations providing technical assistance and training include ICOMP, USC Canada, Japan International Cooperating Agency (JICA), and the United Nations Children Fund (UNICEF). NGOs such as FPAN receive funding from their parent organizations -- in FPAN's case the International Planned Parenthood Federation (IPPF) -- and grants and technical assistance from the Association for Voluntary Surgical Contraception (AVSC).

There are currently four types of institutions offering family planning services:

1. The Family Planning/Maternal and Child Health (FP/MCH) Division of the Ministry of Health, which provides the majority of family planning services in the country through 800 clinics and health posts. During 1988-89 a program of 15 "institutionalized" districts was begun. This program aims to effectively utilize local resources and institutions in each of the districts to develop and establish a capacity to provide regular, high quality, family planning services on a year-round basis.

2. Private sector organizations with strong community support, such as the FPAN and the Nepal Red Cross Society (NRCS). Such NGOs typically provide either community based distribution (CBD) services and/or clinic-based services. There are a total of 37 major NGOs working in the family planning field, most of them providing services in the context of integrated health care service delivery. Some of these NGOs have a national presence, such as the FPAN and NRCS, while others may be operating in only one district.

3. The Nepal Contraceptive Retail Sales (CRS) project which distributes oral contraceptive pills and condoms through more than 10,000 pharmacies and shops in nearly all districts of Nepal.

4. The Nepal Fertility Care Center (NFCC) is emerging as an important private sector organization which provides a range of specialized services. These include training medical staff in sterilization techniques, supporting private practitioner based family planning services, and running the national laparoscopic Repair and Maintenance (RAM) Center.

NFCC will also be training and supporting the CRS pharmacies to provide Depo Provera through their network of outlets. Nepal is unique in allowing pharmacists to perform such a role. NFCC also has plans to extend its medical training activities for the government sector.

IV. FAMILY PLANNING ASSOCIATION OF NEPAL

It is our recommendation that the FPAN serve in the capacity of coordinating training and allied services for the NGO sector in Nepal.

A. Current Services

FPAN is organized by 21 district branch committees and the national Central Executive Committee. Each branch usually works in 8 - 10 VDCs (25 - 30 percent of the VDCs in any given district). In each VDC, community based services are provided by either a community worker (CW) or women volunteers (WV). CWs are full-time male staff, each looking after all wards in a VDC. There are usually 9 wards per VDC. WVs work part-time, usually in 3 wards, and receive a small remuneration. A team of 3 WVs therefore provide coverage for all VDC wards in a given VDC. CWs and VWs provide family planning information, counselling, and supplies of pills and condoms to clients. They refer clients to the branch staff nurse for Depo and IUDs. The branch staff nurse provides these services at either the branch clinic or at mobile clinics which visit VDCs in rotation. Norplant and permanent methods are provided at either FPAN's three static clinics or at government facilities.

At a national level, FPAN is the preferred source for sterilization training (vasectomy and minilaparotomy) because of the large volume of clients and the superior quality of care as compared to government service sites. The same is true for IUD insertion training, and for family planning counselling.

There is a multi-sectoral focus at all levels in the organization. For example, CWs, WVs and nursing staff play an important role in educating and providing basic MCH services. Furthermore, linkages are established and maintained with adult literacy projects and income generation schemes. Indeed, FPAN itself is directly involved with these ventures in some areas.

B. Strategy

FPAN's strategic plan for the period 1993 to 2002 focuses on the following four areas: expansion of service delivery, demand generation, institutional reform, and advocacy on national policy.
The main components of each element are described in Appendix II.

C. Structure, Management and Supervision

Branches

Branches are relatively autonomous in their day-to-day management. On average, there are 7 CWs and 20 VWs reporting to the branch supervisor who in turn reports to the Branch Manager. One staff nurse supervises the medical services. One accounting officer manages the finances.

Program Development Operation Division

The Program Development Operation Division oversees the branches at the national level. A team of four Program Officers provide supervision and support to the branches, with each Program Officer responsible for 6 or 7 branches or projects. (In addition to the 21 established branches, there are three centrally managed projects and another three "budding" branches that are currently managed centrally, until such time as full-fledged branch committees are established).

Project Support Services Division

The Project Support Services Division oversees all training activities, including training conducted by the Medical Division. It manages the FPAN library as well as IEC activities and advocacy work.

Medical Division

The Medical Division oversees the medical services, focusing mainly on management of FPAN's three static clinics. These clinics provide client services (sterilization, temporary methods, counselling) and training in all these areas.

Finance and Administration Division

The Finance and Administration Division manages financial, personnel, and logistics aspects (buildings, equipment, vehicles, contraceptive and medical supplies) of FPAN's activities.

Other central functions include administrative units covering planning and evaluation, resource development, and internal audit.

Central Executive Committee and Branch Executive Committees

Each branch has an 11-member committee. Ten of the positions are elected from, and by, local members; one position is for a designated government representative. Each branch committee receives funds from the national FPAN coffers and can determine their allocation within parameters set by the national office. The Central Executive Committee also consists

of 11 members. Eight are elected by the branches from among their members on the basis of one representative from each of the five regions and an additional three slots for competitive elections from all branches. The final three places are taken by government or expert members.

The four Division Directors and the three section heads report directly to the Director General. The Director General as well as the individual branch executive committees report directly to the Central Executive Committee.

V. RECOMMENDATIONS: FPAN's TRAINING ROLE AND NEEDS

A. Background for Recommendations

Nepal is embarking on a bold new direction in family planning and needs an organization that can represent public interest, advocate policy, develop innovative projects, and model service delivery excellence. An organization is needed that can be both a "Center of Excellence" for family planning service delivery, and a "Custodian of the Public Good" for family planning, reproductive rights, and family health education. Past experience from other countries suggests that this is not a role the government can or should perform. This role is much better suited to a national NGO. FPAN is the natural choice for such mission because it is the premier NGO in the field.

Several factors contribute to the FPAN's comparative advantages vis-a-vis other NGOs. First, it is a leader in providing comprehensive, quality family planning services. Its branch system, which has strong community support, covers the most densely populated districts of the country. In addition, its reputation for sterilization and counselling training makes it the preferred national supplier. It is already the main advocacy group for family planning issues. Furthermore, its position as the Nepalese IPPF affiliate gives FPAN access to the international arena, and a stamp of credibility that would be difficult for other groups to replicate. It also has revitalized leadership in the form of a new Central Executive Committee and Director General. Finally, it also has well appointed training facilities.

Although FPAN has experienced and dedicated staff, they lack training in and exposure to many important areas of current family planning knowledge and practice. Such areas include demographic trends, clinical practice, program management, training, IEC, advocacy, etc. Only after these skills and this knowledge have been acquired can FPAN establish itself as a sustainable Center of Excellence in reproductive health training for Nepal. However, if FPAN is to be the Center of Excellence for family planning training, it also needs to be able to model the excellence of quality in service delivery to which others should aspire. In addition, to be the Custodian of the Public Good requires a clear understanding of what represents the public good. Both these goals can only be achieved through skilled and knowledgeable staff.

B. Recommendations by Division

1. Program Development Operation Division

The skills of branch staff and those responsible for supporting them at the national level should be developed and maintained. The Program Development Operation Division plays a key role in this respect -- in particular the four Program Officers, Senior Program Officer (position currently vacant), and Director of the Division. Although the Program Officers have considerable experience -- some have previously been branch managers -- they all lack formal education in demography, family planning technology, program management, and community empowerment. Their main training has been orientation to IPPF procedures.

In order to effectively help branches develop an appropriate vision, gain commitment to it, and provide managerial support to facilitate its achievement, a level of sophistication that they currently do not have is needed. We therefore recommend that training be organized in family planning program management for the four program officers soon, and as soon as possible thereafter for the branch managers.

This training should be designed such that the quality of the services provided and the management of these services establish a model of quality which other organizations can follow. The training should therefore include community based distribution, supervision, use of information for management, counselling, logistics management, training, and IEC.

Branch managers can then work with program officers and the training staff of the Program Support Services Division to provide training for supervisors, CWs and WVs in each district. A curriculum has already been developed for such training by the Program Support Services Division. We recommend that this form the basis for the training, with necessary modifications to reflect additional issues identified in the program management course.

An appropriately skilled Senior Program Officer (SPO) needs to be recruited as soon as possible to provide leadership in operational management. The sustained absence of the SPO also significantly reduces the overall effectiveness of the Division. The Division Director is currently required to perform two roles: his own and that of the SPO. This is happening at a time when the FPAN is undergoing considerable change, and when the Director General needs his participation and support in shaping strategic direction.

2. Project Support Services Division

The Division needs to be strengthened to provide the quantity and quality of training being advocated. A new post of Senior Training Officer (STO) should be created. The STO would coordinate all FPAN internal staff training based on objectives determined by the senior management group. The presence of the STO would allow the Division Director to concentrate on IEC and advocacy issues and to represent the Division on the senior management team.

The STO, with the participation of FPAN staff and outside experts, if necessary, would design course curricula and purchase or produce teaching and resource materials to support the curricula. In addition, the STO would hire teaching staff from within and outside FPAN. The STO would accept responsibility in the following areas: training teaching staff in the principles of adult learning, course and session design, presentation, and facilitation skills; manage implementation of the training schedule, including the booking of training venues and of training staff; recruit participants and arrange their travel, accommodation and per diem; evaluate the immediate impact of courses; keep abreast of courses being offered by other organizations in Nepal, the region, and overseas, and advise the senior management about their suitability for FPAN staff; assist the Division Director and senior management team with the selection and timing of courses for outside clients and manage their implementation.

Training equipment must be purchased. Basic items were found to be either absent or in disrepair. These include overhead projectors, photocopy machines, and dummies for demonstration and practice of medical procedures. The resources in the library could also be extended by adding books, slides, videos, teaching simulations, etc. Basic supplies, such as felt pens for overhead transparencies, were also in short supply.

The production and distribution of Nepali IEC materials -- important resources for training -- has been a service provided by the Program Support Services Division. The materials include manuals for community workers and small portable flip-charts used for counselling clients in villages, that are used by other agencies such as the Nepal Red Cross Society. However, for the past couple of years they have been unobtainable due to depleted stocks and to the lack of funds for reprinting. This is a disappointment to agencies, such as NRCS, because the materials are highly regarded and there are few comparable substitutes.

In addition some agencies, particularly PCS, are concerned about the lack of national standards governing IEC materials. They believe this has resulted in inconsistent messages at the community level. This may have fueled rather than doused the rumors and misinformation about family planning methods and their side effects and has done little to dispel the widespread believe that sterilization is the only method available.

IEC materials of the type produced by FPAN are vital in molding attitudes and influencing contraceptive choice at community level. Funding should be sought to produce new materials to support FPAN's community based programs as well as the work of other agencies. However, it is important that all IEC work undertaken by FPAN conform to national standards. Therefore, we recommend that the FPAN collaborates closely with the staff of the new PCS national office to establish its role within the country IEC strategy.

Another role of the Program Support Services Division is to manage FPAN's advocacy work. This activity will be a major focus if FPAN is to establish its role as Custodian of the Public Good. The following priorities for advocacy work are being considered: quality of care, family life and sex education, family planning and women's rights, abortion, and raising the legal age of marriage. Before FPAN embarks on a program of attitude change

within the country it needs to educate its own staff and volunteers on the issues and the process of advocacy. Particular attention should be given to developing individuals and groups that have power to leverage policy makers, such as the Central Executive Committee and Branch Executive Committees.

Each issue chosen as a focus for advocacy work will require a strategy for which training will play a part. Training will be developed at the time of strategy formulation. Family life and sex education, however, are in themselves a training initiative. An outline for an implementation plan has therefore been included in the Training Plan in Appendix I. The project will have three main elements -- curriculum development, teacher training, and youth counselling. As a first step we recommend sensitizing FPAN staff, seeking help from IPPF, and exploring experiences in other countries, notably Thailand and Sri Lanka. Step 2 will include choosing a pilot site in an urban setting and running a training of trainers (TOT) program for FPAN staff to train teachers. Stage 3 will include the first demonstration for the teachers by FPAN staff in the chosen site, and the first practice by teachers observed by FPAN trainers.

3. Medical Division

The Medical Division develops the clinical and counselling skills of medical professionals and paramedics. This is the main external training service provided by the FPAN and one of which the organization should, with justification, feel proud.

FPAN is the preferred source for sterilization training (vasectomy and minilap) because of the large volume of clients and superior quality of care as compared to government service sites. The same is true for training in IUD insertion and family planning counselling. Although FPAN is likely to face competition in clinical training from the Ministry of Health's new National Training Center (NTC) and from the NFCC, it should not be deterred. There is room for competition and FPAN's continued involvement in training activities will help raise standards, especially if it is successful in modelling the quality to which others should aspire.

However, to be this paragon of excellence will require updating the current knowledge of staff, and the development of new activities and services. This should include consolidating existing vasectomy and minilap services, especially the no-scalpel vasectomy technique; IUD and Norplant training for staff nurses; recanalization training and infertility services, such as counselling and testing. Counselling training should be broadened in scope to include AIDS and other sexually transmitted diseases (STDs). FPAN will then be well equipped to provide training in all these areas for external clients. This can include initial training and updating for qualified and experienced staff.

In addition to developing these clinical skills it is important to update management skills. The national family planning policy calls for a multi-sectoral approach. FPAN's strategic plan calls for the integration of MCH and FP, increasing work in STDs, and service

expansion. Although the Medical Division has effectively managed on its current plateau and has provided leadership in clinical family planning, the new challenges will require an infusion of energy, creativity and management. Some of the needs can be addressed by training and some by a reallocation of roles and duties. We recommend that the Director General and Medical Division Director discuss how this can be achieved. Management training can take place as soon as roles and duties have been agreed upon.

4. Finance and Administration Division

The Finance and Administration Division is responsible for financial management, personnel management, and logistics management (buildings, equipment, vehicles, contraceptive and medical supplies). It is not involved in internal or external training. However, it occupies a pivotal position in overseeing all management systems that are essential for the creation of FPAN as a Center of Excellence.

Its role vis-a-vis the Program Development Operation Division is particularly crucial. Staff of both divisions will require training in information use and the systems necessary to support it. For the Program Officers and Branch Managers, this should be linked to training in the analysis of their divisional needs. All training, however, should be linked to the new MIS system that will result from the MIS study which will soon begin.

Like other divisions, the Finance and Administration Division has skill needs at the senior management level. In this case, the issues stem from a number of factors -- a broad portfolio of management responsibilities, the lack of a specific senior manager dedicated to each responsibility, and the newness and sector inexperience of the Division Director.

As solutions we recommend the following course of action: the first priority should be a professional development program for the Division Director. As a first step it should include an international senior level program management course in family planning. This would provide the context and framework to understand the strategy his division is required to pursue, identify the skills the divisional team needs to implement the strategy, and equip him to make a valuable contribution within the FPAN senior management group. Staff should then be identified who can take responsibility for each of the major activities of the division -- finance, personnel, logistics, and information. Suitable training for each should then be provided.

5. Planning and Evaluation Section and Internal Audit Section.

It is possible that the Planning and Evaluation Section may have a service to provide external clients in the future. At the moment, however, we do not consider it a priority. Its activities should continue to focus on internal studies. The Section Head is new and his training needs to be determined by his supervisor, the Director General.

It was not possible to interview the Internal Auditor as he was away from Kathmandu during

this technical assistance visit.

6. Senior Management Group

The development needs of each division head are mentioned above. However, the senior management group also has team development needs that should be addressed.

In its transitional state, FPAN is facing on the one hand an external environment characterized by changes in the national political climate, health and family planning structure, competing/collaborating organizations, donor concern, and precarious health and family planning profile. And, on the other hand, a new Executive Committee, a changed organizational structure with a new Director General, and divisional and section heads who are either new to FPAN or to their position or whose duties have changed. Because of the lack of senior middle management depth in each of the divisions, divisional heads are forced to spend much of their time concentrating on operational management rather than assisting the Director General in establishing the direction for FPAN and developing the organization's infrastructure. This is causing dysfunctional strains and stresses which are inhibiting the building process. We therefore urge FPAN to fill the vacant posts, create new posts as described, and dedicate time to building a synergistic management team.

7. Central Executive Committee and Branch Executive Committees

The training required for both groups has been mentioned above. To reiterate, it is extremely important that both are fully trained to be effective advocates. To accomplish these objectives, they will need a thorough knowledge on the background of the issues, including facts about the Nepal situation, the experience of other countries, the interests of the donors, IPPF's position, and the competitiveness of FPAN with respect to each issue. They will also need to be skilled in the process of advocacy and to have the ability to orchestrate individual or group advocacy campaigns.

The majority of this training can be arranged by the Program Support Services Division as a service to both committees. However, proactivity on behalf of both committees will be required as the Director General and Divisions have no authority to impose training on the volunteer committees.

APPENDIX I: TRAINING PLAN

TRAINING PLAN: Activities are listed under two headings - training for internal staff and training for external clients. Under internal, activities are listed by division; however, implementation will involve resources from many FPAN divisions.

TRAINING FOR INTERNAL STAFF

PROGRAM DEVELOPMENT OPERATION DIVISION

ACTIVITY	TIME	CONDUCTED BY	CONTENT	TARGET GROUP	Nos. TO BE TRAINED	LENGTH	LOCATION
Recruit Senior Program Officer	1993	Division Director					
Train Program Officers and Branch Managers in Program management	Early 1994 - Late 1994	External training organization in Collaboration with Senior FPAN Staff	Demography F. P. Technology Community Based Distribution Supervision Information Use Using New MIS Counselling Logistics Management IEC Training Quality of Care	Program Officers	4	3 weeks	Bangkok
		Internal Training with support from external training organization		Training Officer Branch Managers Project Officers F.P. Health Coordinator	2 21 7 1	2 week course and 1 week study tour	Kathmandu (Regional study tour)
Develop Curriculum and Course for supervisors in program supervision	1994	Sr. Training Officer Sr. Program Officer Training Officers and other attendees of program management course	Adaptation of external program management course and (TOT)	Branch Supervisors Project Supervisors			
Conduct Course	1994	as above	as above	as above	21 +	2 weeks	Kathmandu

Strengthen current courses for community workers and women volunteers	1994	Sr. Training Officer Training Officers and appropriate staff from Program Development Operation Division	Population issues F.P. Technology Community based Distribution Counselling IEC Information & Record Keeping Quality of Care	Community Workers Women Volunteers			
Conduct Courses	1994	Branch Managers Supervisors	as above	Community Workers Women Volunteers	163 438	1 week	Districts

PROJECT SUPPORT SERVICES DIVISION

ACTIVITY	TIME	CONDUCTED BY	CONTENT	TARGET GROUP	Nos. TO BE TRAINED	LENGTH	LOCATION
Recruit Nepal based Training Consultant	1993	USAID/FPMD Director General Division Director					
Recruit Senior Training Officer	early 1994	Director General Division Director Training Consultant					
Produce IEC materials to support training courses and CBD Programs and clinic activities	1994 ongoing	Division Director Sr. Training Officer Training Officers Training Consultants (Liaison with PCS)					
Train Central Executive Committee for advocacy role	1994	Director General All Divisions Outside Consultants (Orchestrated by Project Support Services Division)	Demography F.P. Technology Reproductive Health Issues AIDS Women's rights Quality of Care Advocacy skills	Members of Central Executive Committee	11	2 - 3 days	Kathmandu
Train Branch Executive Committees for advocacy role	1994	as above with close involvement of Branch Managers and Central Executive Committee	as above	Members of Branch Executive Committees	231	2 - 3 days	Kathmandu District or Regional (could form additional component to national meeting

FAMILY LIFE EDUCATION

ACTIVITY	TIME	CONDUCTED BY	CONTENT	TARGET GROUP	Nos. TO BE TRAINED	LENGTH	LOCATION
Seek IPPF approval	1993	Director General					
Research experience in other countries	1993/ early 1994	Division Director Senior Training Officer Training Officers					
Sensitize Key FPAN	as above	as above					
Develop Curriculum	early 1994	as above and medical and counselling staff	Family Planning and Reproductive Health AIDS/STDs Youth Counselling TOT	School teachers			
Train FPAN staff to train school teachers	late 1994	as above	as above	FPAN Training Staff	to be determined	2 - 3 days	Kathmandu
Choose urban school for pilot	late 1994	Divisional Director and Sr. Training Officer					
Demonstrate course to teachers in chosen school	late 1994	as above	as above	School teachers	to be determined	to be determined	Kathmandu
Practice by teachers, observation by FPAN	late 1994	as above	as above	School students	to be determined	to be determined	Kathmandu

MEDICAL DIVISION

ACTIVITY	TIME	CONDUCTED BY	CONTENT	TARGET GROUP	Nos. TO BE TRAINED	LENGTH	LOCATION
Train Staff nurses in Norplant	1994	to be determined	to be determined	Staff nurses	28	to be determined	Kathmandu or regional
Training in infertility services	1994	to be determined	Counselling testing	Relevant medical division staff	to be determined	to be determined	Kathmandu
AIDS/STD Counselling Train in AIDS/STD Counselling and TOT	1994	to be determined	TOT in AIDS/STDs Counselling	Counsellors in central and satellite clinics	4	to be determined	to be determined
Develop curriculum for TOT in AIDS/STD counselling and basic course in AIDS/STD Counselling	1994	Sr. Training Officer Training Officers Counsellors	TOT in AIDS/STD Counselling				
Conduct TOT course for branch and project staff	1995	as above	as above	Branch Managers Project Coordinators Supervisors Government Staff NGO Staff	21 7 21 ? ?	to be determined	Kathmandu or regional
Conduct basic course for community based staff	1995	Branch Managers Supervisors	Counselling in AIDS/STDs	Community Workers Women Volunteers	163 438	to be determined	District
Provide sr. management training	1994	to be determined	to be determined	Sr. Divisional staff member	1	to be determined	to be determined

FINANCE AND ADMINISTRATION DIVISION

ACTIVITY	TIME	CONDUCTED BY	CONTENT	TARGET GROUP	Nos. TO BE TRAINED	LENGTH	LOCATION
Conduct MIS Evaluation and Develop new MIS	1993 - 1994	Director General Division Director Director Program Development and Operation Division FPMD Consultant					
Provide Sr. Management Training	1994	to be determined	Family Planning & Reproductive Health Program Management Implementation and Evaluation	Director of Finance and Administration	1	3 - 4 weeks	overseas
Development Specialist Sr. and Middle Managers to cover logistics, personnel and finance	1994	to be determined	Logistics Management Personnel Management Finance Management	Relevant Finance and Administrative Staff	1 1 1	to be determined	to be determined
Provide computer training to coincide with installation of MIS	late 1994	to be determined	Computer Management skills required for new MIS	as above	to be determined	to be determined	to be determined

PLANNING AND EVALUATION SECTION AND INTERNAL AUDIT SECTION

No training being recommended at this stage

SENIOR MANAGEMENT GROUP

ACTIVITY	TIME	CONDUCTED BY	CONTENT	TARGET GROUPS	Nos. TO BE TRAINED	LENGTH	LOCATION
Conduct Sr. Management Retreat	1994	Director General and Outside Consultant to be determined	to be determined	division and section heads	8	2 or 3 days	Kathmandu

CENTRAL EXECUTIVE COMMITTEE AND BRANCH EXECUTIVE COMMITTEES

Train both Committees for Advocacy role - See details in Project Support Services Division Section.

TRAINING FOR EXTERNAL CLIENTS

ACTIVITY	TIME	CONDUCTED BY	CONTENT	TARGETED GROUP	Nos TO BE TRAINED	LENGTH	LOCATION
Provide Clinical Training	1993 onwards	Medical division Project Support Service Division	Vasectomy Minilap IUD Norplant Recanalization Infertility Testing	Government NGOs	Annual Target to be Determined	Various	Central and Satellite Clinics
Provide Counselling Training	1993 onwards	as above	Family Planning Infertility Counselling	as above	as above	as above	various
Provide Counselling Training	1994 onwards	as above	AIDS/STDs Counselling	as above	as above	as above	as above
Provide courses in Program Management for family planning / reproductive health	1994 onwards	Project support service division	Demography F.P. Technology Community Based Distribution Supervision Information use Counselling Logistics Management IEC Quality of Care	as above	as above	as above	as above
Develop strategy and provide family life education in schools	1995 onwards (after initial pilot)	Project Support Services Division	Family Planning and Reproductive Health/STDs Youth Counselling TOT	school teachers	to be determined	to be determined	various
Provide ad hoc seminar, workshops and public events to publicize various issues	1993 onwards	as above	various	Policy maker Media General public	various	various	various

APPENDIX II: TENTATIVE COURSE SCHEDULE FOR 1994

DATES	COURSE/EVENT	TARGET GROUP	LENGTH
External Courses May/June 1994	Family Planning Program Management Course	Program Officers	3 weeks
Internal Courses March/April	Senior Management Retreat	Sr. Management Group	2-3 days
April/May	Advocacy Role of Central Executive Committee	Central Executive Comm.	2-3 days
August	Family Planning Program Management Course	Training Officers Branch Managers Project Officers F.P. Health Coordinators	2 weeks (with 1 week study tour to be arranged later)
September	Advocacy Role of Branch Executive Committee	Branch Executive Committees	2-3 days (either as series of regional/district events or at national meeting)
October	Family Planning Program Supervisory Course	Branch Supervisors Project Supervisors	2 weeks
November	Pilot of Community Workers/Women Volunteers Course in one District	Community Workers Women Volunteers	1 week
December/ January 1995	Community Workers Women Volunteers Courses in each district	Community Workers Women Volunteers	1 week
Clinical Training Courses External Courses			
To be determined	Norplant Training	Staff Nurses	to be determined
To be determined	Infertility Training	Medical Division Staff	to be determined
To be determined	AIDS/STD Counselling	Counsellors	to be determined

Internal Courses

Clinical and counselling training for internal staff and external clients to continue on current basis for 1994

Family Life Education

September	ToT for FPAN staff	FPAN Training Staff	2-3 days
October	Demonstration course	School teachers	to be determined
November/December	Teacher Practice	School Students	to be determined

APPENDIX III: IMPLEMENTATION ISSUES: FPAN STRATEGIC PLAN

i) Expansion of Service Delivery

Required Output:

Action Plan for expansion of service delivery in 6 districts
Needed prior to March 15, 1993

Training Requirements:

- Expanded training in counseling
- Refresher clinical training
- Expanded training in program management
- Outreach workers in general family planning
- Outreach workers in counseling
- Supervision

Personnel Requirements:

- Recruitment, benefits for doctors, nurses, other staff
- Program managers at district level
- Supervisors

Issues for consideration:

- What will be the relationship between government and FPAN programs? How will FPAN staff work together with DPHO?

- What configuration of services will be offered in each district?
- Will sterilization camps be reintroduced? What will be the role of counseling and backup?
- If mobile clinics primarily provide temporary methods, how will VSC be increased?

- Is adequate staffing available? How will they be recruited and retained? Are current Branch Managers able to take on this expanded responsibility?

- How will service delivery be supervised?
- How will standards of quality be set and guaranteed for all facilities and mobile clinics?

ii) Training

Required Output

- Training Plan to include:
  - training audiences: (FPAN, NGOs, MOH)
  - type of courses: (general FP, clinical methods, counseling, supervision)
- Written standardized curricula and training materials for:
  - clinical contraception
  - other contraception
  - counseling
  - program management?
- Trainers
- Plan for Physical Facilities requirements

Issues for consideration:

- What division will manage training? Is there a need for a separate training division or should it be included in programs or medical?
- Training requirements and staffing requirements to be determined by plan.
- Who will pay for training?

iii) Coordination with other NGOs

Required Output

Clarification of role as technical resource to other NGOs

Issues for consideration:

- In what areas will FPAN provide technical assistance and what are FPAN's capabilities in these areas?
- How will this be developed and maintained?
- Who will pay for this?

iv) Demand Generation

Required Output

Specific targets for numbers of family planning clients being served by FPAN

Issues for consideration:

- IEC program strategy needs to be worked out in context of national strategy and available resources (PCS/CRS)
- Are the roles and functions of the current community/field workers appropriate and effective in generating demand for overall family planning services? Could the ranges of services they are providing be expanded to include counseling,

injectables, and other services not currently offered?

- Does the current portfolio of specialized programs run by FPAN contribute substantially to an increase in demand for family planning?

v) Institutional Reform

Required Output

- Ability to recruit and keep highly trained and motivated staff
- Ability to manage substantially expanded program of service delivery, training, and logistics
- Enhanced ability to monitor program and financial activity
- Clarification of roles of volunteers and staff in direct program management

Issues for consideration:

- What information is required for key decision makers, and how can it be made available?
- How will FPAN measure and evaluate the success of programs?
- How to recruit and attract skilled staff, especially MDs, nurses.
- Are financial, logistics systems adequate for substantial growth?
- How to substantially increase cost recovery

vi) Advocacy on National Policy

Issues for consideration:

- How will FPAN carry out public education?
- Is advocacy for policy and legislative change the role of board or staff?

APPENDIX IV: LIST OF PERSONS CONTACTED

USAID

Ms. Molly Gingerich, Deputy of Health and Population Division
Ms. Barbara Winkler, NGO Coordinator
Ms. Irene Koek, Program Analyst, Office of Population, Washington
Mr. Lawrence Pradhan, Chief, Training Branch
Ms. Christa Skerry, Training Advisor

FPAN

Mr. Ram Neupane, Director General
Mr. Hari Khanal, Director of Programs
Dr. Pramilla Sharma, Director of Medical Division
Mr. Prabhat Rana, Director of Program Support Services Division
Mr. Prakash Kumar Regni, Director of Finance and Administration Division
Mr. Dinesh Raj Sharma, Chief of Planning and Evaluation Section
Dr. Ganesh Datta Bhatt, Medical Officer
Ms. Sharada Sharma, Training Officer
Mr. Narendra Bahadur Lama, Assistant Training Officer
Mr. Madan K.C., Counselor
Mr. Giradhari Sharma, Program Officer
Mr. Bhupati Khadka, Program Officer
Mr. Bala Ram Katuwal, Program Officer
Mrs. Luxmi Pandey, Program Officer
Mr. Rupak Kanta Rajupadhya, Valley Branch Manager
Mr. Gaurab Pudasaini, Kavre Branch Manager

HIS MAJESTY'S GOVERNMENT OF NEPAL, DEPARTMENT OF HEALTH SERVICES

Mrs. Vijaya K.C., Director, National Health Training Center
Dr. Indira Basnet, National Health Training Center
Dr. Hira Shrestha, Director, Family Planning Section, Family Health Division

NEPAL FERTILITY CARE CENTER

Dr. Tika Man Vaidya, Executive President

NEPAL RED CROSS SOCIETY

Mr. Deepak C. Bajracharya, Deputy Director, Family Planning Project

CEDPA

Ms. Sharada Jnawali, Deputy Director

THE SAVE THE CHILDREN FUND (UK)

Ms. Soni Shrestha, Training Unit Administrator

JSI, CHILD SURVIVAL/FAMILY PLANNING SERVICES PROJECT

Dr. Paul MacKenzie, Family Planning Resource Person
Dr. Penny Dawson, Maternal and Child Survival Specialist

JOHNS HOPKINS UNIVERSITY, POPULATION COMMUNICATION SERVICES

Dr. Pamella Allen, Director
Dr. Yagya Karki, Senior Program Officer
Dr. Dibya Karmacharya, Senior Program Officer
Dr. Karuna Onta, Program Officer

APPENDIX V: LIST OF DOCUMENTS REVIEWED

1. Family Planning Association of Nepal. Strategic Plan, 1993-2002.

2. Family Planning Association of Nepal. Three Year Plan, 1993-1995.

3. Family Planning Association of Nepal. Work Programme and Budget, 1993.

4. Family Planning Association of Nepal. Training Curriculum for Family Planning Counselling, December 1992.

5. Family Planning Management Development. Management Assessment and Management Development Plan, Family Planning Association of Nepal, January 1993.

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8. Karra, Miharra and Luke, Mary. Nepal Priority Country Strategy: NGO Sector, February 1993.

9. Ministry of Health, Family Planning and Maternal and Child Health Division, Planning Research and Evaluation Section, Kathmandu, Nepal. Nepal Fertility, Family Planning and Health Status Survey, NFHS, 1991: A Preliminary Report.

10. Ministry of Health, Kathmandu, Nepal. National Health Policy of His Majesty's Government of Nepal, 1991.

11. Ministry of Health, Family Planning and Maternal and Child Health Division. National Medical Standards for Contraceptive Services, November 1991.

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

13. UNICEF. Children and Women of Nepal: A Situational Analysis, 1992. National Planning Commission, His Majesty's Government of Nepal.

14. USAID/Nepal, JHU/PCS. Nepal: IEC Needs Assessment, Findings and Recommendations, February 1993.

FAMILY
PLANNING
MANAGEMENT
DEVELOPMENT

FPMD
Management Sciences for Health
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MEMORANDUM

January 18, 1994

TO:

Jean Baker	USAID/Kathmandu
Molly Gingerich	USAID/Kathmandu
Ram Neupane	FPAN
Hari Khanal	FPAN
Maria Busquets-Moura/Charlotte Ureksoy	R&D/POP/IT, USAID
Zynia Rionda	ASIA/DR/TR, USAID
Nate Wooley	POL/CDIE/DI, USAID

FROM:

Alison Ellis, Regional Director, Asia/Near East, FPMD

Enclosed for your information and review is a copy of the trip report covering the visit of Steve Reimann to Nepal during September 14 - October 2, 1993. Your comments and feedback on this report are welcome. Please do not hesitate to contact me if you have any questions.

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