

THE KING OF NEPAL

His Majesty Birendra Bir Bikram Shah Dev

"IT IS THE DEMAND OF THE DAY
THAT WE EXTEND THE FAMILY PLANNING PROGRAMMES
TO COVER THE TOWNS AND ALSO THE VILLAGES"



**Message from Her Royal Highness Princess
Prekshya Rajya Laxmi Devi Shah,
President
Family Planning Association of Nepal**

In 1978, I was very pleased to inaugurate the Nepal Contraceptive Retail Sales (CRS) Project in its innovative plan to market family planning products through the retail shops of Nepal.

Now in 1983, through the efforts of the CRS Project, assisted in its development by the USAID contracting organisation, Westinghouse Health Systems, and implemented through HMG's Nepal Family Planning Maternal and Child Health (FP/MCH) Project, the number of retail shops marketing family planning products has grown from 100 in 1978 to more than 8,000 shops and CRS availability reaches to 66 of the Kingdom's 75 districts.

Through difficult development barriers, the Nepal CRS Project has grown and proven its viability in many ways: the increased availability of family planning products in shops, its complementary role with other family planning programs, an overall increase in CRS sales and also in the total nation-wide distribution of temporary contraceptives. The raising of public awareness and demand has been stimulated through both traditional and modern media with widespread advertising and promotions, and by the successful introduction and continuing marketing of five CRS brand products including **Dhaal, Gulaf, Suki-Dhaal, Nilucon, and Kamal.**

So, five years after the CRS inauguration, I am very happy and pleased to recognize these worthwhile contributions of this special project toward the national family planning programme and thus, to Nepal's overall development. I urge the Nepal CRS Project to continue and ever increase its efforts and I wish the program greater success in the future.

Prekshya Shah

NEPAL

Beautiful. Rugged. An exotic Kingdom in the sky of South Asia.

Population: 15 million (est. 1983) and growing at 2.7% each year. 30 million in 2002. (projected)

Neighbors: Tibet (Peoples Republic of China) on the north.

India on the west, south and east.

Size: 140,797 square kilometers - 54,362 square miles. Approximately 500 miles in length and from 90 to 150 miles in width. About the size of Florida in the U.S.A.

Nepal is diverse, complex, a land of contrasts.

Topography: ranges from 200 feet in the terai (south) through middle hills and valleys of 2,000-10,000 feet to 29,000 feet in the Himalayas. Mount Everest is 29,028 feet. Hills, valleys and mountains comprise 83 per cent of the land area. Overall - a mountainous land rising over the plains.

Nepal's dramatic topography means that internal transportation and communication are very expensive in effort, money and time.



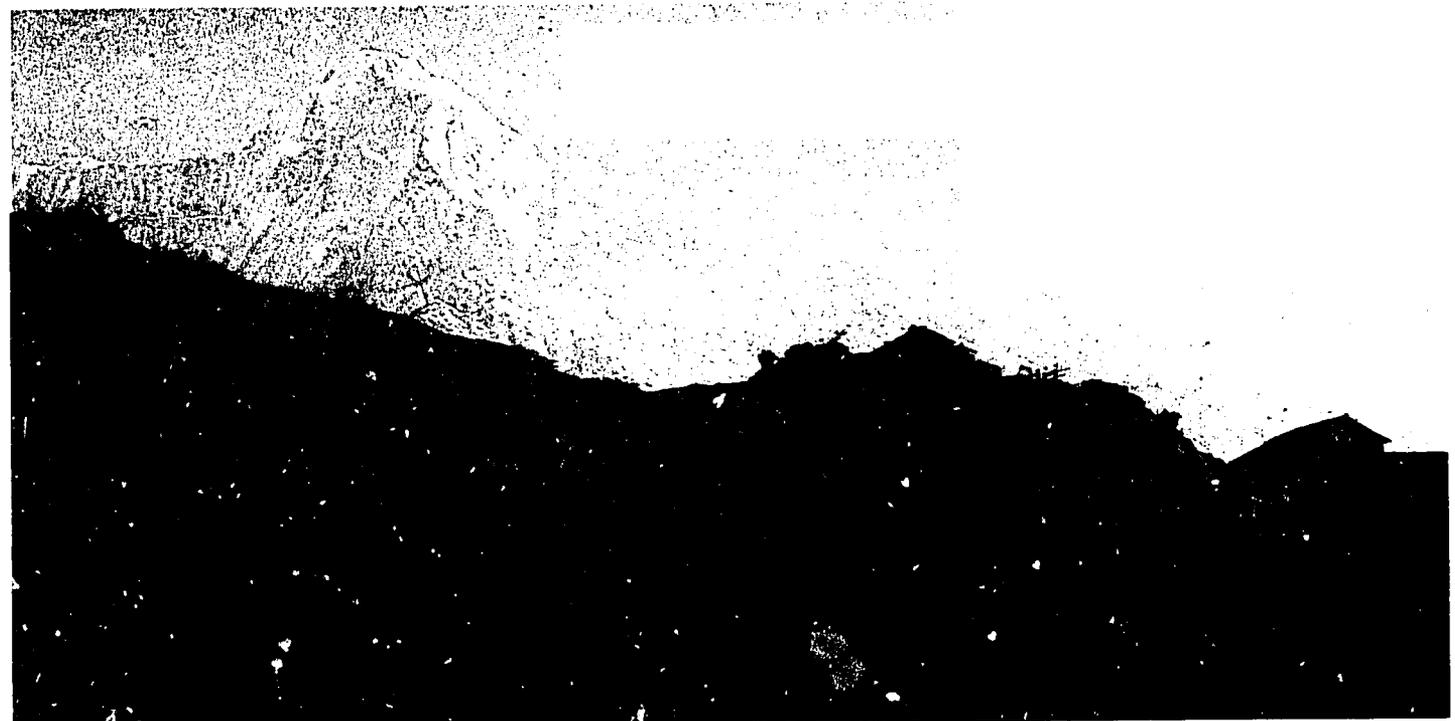
Terai (plains)
Meeting the hills



Rivers



Hills & valleys
in the middle



Himalayas in the north

MANY PEOPLES, MANY LANGUAGES



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RELIGION

Between Buddhist Tibet to the north and Hindu India to the south, Nepal has been influenced from both directions.

Pashupatinath, one of the holiest Hindu temples in the world, is in Kathmandu.

Lord Gautam Buddha was born in Lumbini in Southwestern Nepal. Officially and predominantly Hindu, Nepal is unique in religious practices as Hindu and Buddhist images are worshipped in the same temples.

90 percent Hindu

8 percent Buddhist

2 percent Muslim & others

Some customs and beliefs with implications for family planning

- An old hills blessing for a wedding wishes the newlywed couple enough children to cover the hills and valleys

- A patrilineal society, male children are strongly desired as in some groups, funeral rites of parents and other customs may be conducted only by a son.

- Children are still seen by many to represent a higher family income.

- Due to high infant mortality, couples hesitate to limit fertility to a small number of children.

- Many Nepalese couples do not talk about sex at all and therefore, family planning communications are also taboo.

- Customs vary and patterns differ among ethnic groups. But overall, the values of Nepal continue to encourage high fertility.



HARD WORK - LITTLE RETURN

Economy-income: Nepal is one of the poorest in the world: average income U.S. \$10 a month.

Occupations: 95 per cent work in agriculture. 5 per cent work in other areas such as administration, services, portering and labor.

Transportation: Limited air service, trucks, buses, cars and rickshaws. Number of roads are increasing, but are still limited so that walking remains as the major mode of transportation.

Hill and mountain dwellers measure distances in terms of the number of days needed to reach destinations.

Literacy: 20 per cent (female literacy is only about 6 per cent) Graphic literacy (understanding pictures) is also low.

Health: Infant Mortality about 104 per 1,000 Mortality about 17 per 1,000

Common health problems: High fertility, tuberculosis, malnutrition, leprosy, goitre, diarrhea, intestinal parasites, dysentery, cholera, gastroenteritis, malaria,

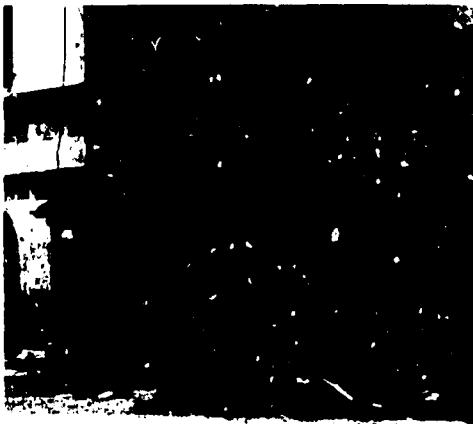
encephalitis, venereal disease, pulmonary diseases, eye diseases, skin diseases, accidents, rabies.

Health Personnel: Fewer than 500 physicians. Most of them in Kathmandu. Other health personnel also short of the national needs. Traditional health practitioners are found in most areas.

Life expectancy :

1960 : 37 years

1981 : 45 years





DEMOGRAPHIC CHARACTERISTICS

Family size: more than 6 children per family on the average

Young: More than 40% are under 15 years old

Rural: 95 per cent live in rural areas, only 5 per cent in urban areas. Of the small urban population, over half live in the Kathmandu Valley.

High Birthrate: 43 per thousand

Decreasing Deathrate: 17 per thousand (men live longer than women)

Expanding Growthrate: 2.7 per cent per year (population will double in 29 years)

Distribution: Two-thirds live in villages smaller than 3,000 persons. There are some 4,000 communities with an average size of 2,900 people.

Marriage age: 60 per cent of women marry at 18 years or younger. 92 per cent are married by age of 24 years. Marriages are usually "arranged" by the parents.

Density: Only about 200 persons per square kilometer of cultivatable land fewer than Bangladesh, the most densely settled rural population in the world.

Nepal's development efforts are

most greatly effected by the expanding population growth rate. Family planning use rates are effected by many factors including:

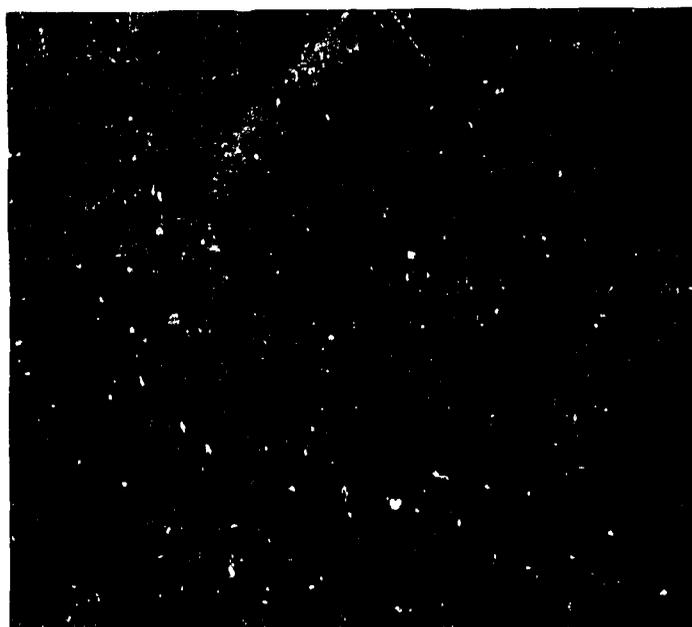
- a desire for many children for greater income, for fear that infants will die, cultural traditions and pressures, and the religious need for male children.

- ignorance and fear about family planning methods.

- rumors about the negative side effects from contraceptives.

- non-availability of f.p. services.

- inaccessability to health and family planning messages.



FAMILY PLANNING EFFORTS IN NEPAL, 1958-1978



1958 First FP activities began when FPAN, the Family Planning Association, was formed.

1965 Late King Mahendra initiated the first official government FP activities.

1968 The Nepal FP/MCH Board and FP/MCH Project within the Ministry of Health was formed by His Majesty's Government (HMG).

1969 The Fourth Five-Year Plan called for limiting Nepal's population to a level of 16 to 20 million.

1974 An HMG population policy organization, POPCOB, was formed under the National Planning Commission. Later it was reconstituted as the National Commission on Population.

1975 Fifth Five-Year Plan stated a goal to reduce birth rate from 40 to 38 per 1,000 population and infant mortality from 200 to 150 per 1,000 live births.

1976 Under USAID Contract, Westinghouse Health Systems arrived in Nepal to begin work with HMG to develop the Nepal Contraceptive Retail Sales (CRS) Project.

1978 National Commission on Population formed under Chairmanship of Prime Minister. Former group, Popcob dissolved

THE SETTING IN 1976 (BEGINNINGS OF CRS)

A pattern of complex challenges for every family planning program in Nepal:

- high fertility
- high infant mortality
- poor but improving health
- Falling mortality (raising population growth)
- low literacy and education
- high cultural value on children especially males
- young age at marriage
- ignorance about f.p. methods
- a taboo within couples against talking about family planning
- widespread rumors about oral contraceptives and other methods

- low contraceptive prevalence rates (4 per cent usage in 1976)
- non-availability of contraceptives in many areas
- lack of workers for f.p. outreach work
- lack of motivation for family planning overall
- few media available for messages
- overall low popular demand for family planning services and products.

In 1976, as in 1983, Nepal's rapid population growth rate represents

the most serious single threat to Nepal's overall national development. Population policy work and all family planning efforts still hold the key for reducing the population growth.

The Nepal CRS program has grown steadily since 1978 and is now contributing significantly more each year to the overall efforts. The potential of CRS impact over the next two decades is large; with CRS covering the private commercial sector and HMG and the other organizations covering the public (free distribution) sector, greater availability, popularity and use is anticipated and planned.



Dr. Badri Raj Pande, Chief, Nepal FP/MCH Project

Mr. Hem B. Hamal, General Manager, Nepal CRS Project

Mr. James R. Messick, Advisor, Westinghouse - CRS Project

CONTRACEPTIVE RETAIL SALES: CRS

The philosophy of CRS programs (also now called Contraceptive Social Marketing: CSM) is based on commercial marketing principles and strategies and was first applied in the late 1960's. The United States Agency for International Development (USAID) has since funded surveys and CRS programs in countries of Asia, Africa, Latin America and the Caribbean.

THE CRS APPROACH:

- * Market contraceptives using existing commercial resources and networks for consumer products such as cigarettes, soaps, matches and kerosene that can be found throughout the country.
- * Employ available resources including:

Market research

-Product

-Pricing

Advertising & promotion agencies

Public relations firms

Printing & packaging firms

Sales & distribution companies

Normal wholesale & retail networks.

- * Values. CRS is successfully selling products which are available free elsewhere. This is possible in part because people feel that if a product is free, then perhaps it is not very valuable. Even for free contraceptives, the person may have to travel some distance and time and to pay some potential embarrassment costs to wait in line and answer questions such as "How many condoms do you need?"

'Nothing is free'

- * Complementary: When both free and CRS programs are operating, people have a choice of obtaining contraceptive products through many distribution points - whichever type is most convenient for them.

STRATEGY: USE MARKETING METHODS TO BOOST FAMILY PLANNING AWARENESS RAISE CONTRACEPTIVE DEMAND INCREASE AVAILABILITY AND USE OF PRODUCTS

THE PRIMARY OBJECTIVE: HELP LOWER THE POPULATION GROWTH RATE

SECONDARY OBJECTIVE CREATE REVENUES FOR SELF SUFFICIENCY



The CRS Management staff

Right to left Mr. B.K. Waiba, Administration & Finance Manager; Mr. Hem B. Hamal, General Manager; Mr. N.K. Pradhan, Sales Manager; Mr. Ranjan Poudyal, Communication Manager; Mr. Subarna Jung Thapa, Assistant General Manager.

ORGANIZATIONAL DEVELOPMENT AND HISTORY

July 1976 Original USAID/Washington-Westinghouse contract to develop CRS through His Majesty's Government (HMG) of Nepal.

September 1976 Westinghouse Field Project Manager arrived in Kathmandu.

October 1976 Westinghouse Manager developed and submitted an expanded CRS Project proposal through the USAID/Nepal Population Officer and HMG's Nepal FP/MCH Project Chief.

October 1976 - January 1977 Westinghouse collected and analysed current information on Nepal, on market resources, and on family planning and population data.

January 1977 HMG officially approved Mr. J.R. Messick as Field Project Manager.

February 1977 FP(MCH approved Westinghouse CRS proposal for development.

April 1977 FP/MCH approved a Westinghouse Market Design for developing and operating CRS in Nepal. Counterpart from FP/MCH

assigned. HMG requested a special HMG-USAID-Westinghouse Agreement to cover all CRS Plans.

April 1977 HMG identified the following organizational structure for CRS development:

- FP/MCH Project (in HMG's Ministry of Health) as the implementing organization
- FP/MCH Board and POPCOM (Population Policies Coordination Committee) for CRS policy guidance
- Special Advisory Committee- for assisting CRS development. Member organizations included:
 - FP/MCH Project
 - Ministry of Health
 - Sajha Cooperative Service
 - Nepal Chemists & Druggists Association
 - Nepal Medical Association
 - Janakpur Cigarette Factory
 - Nepal Chambers of Commerce
 - Women's Social Services Committee
 - NEBICO (private company)
 - Westinghouse Health Systems
 - USAID Mission to Nepal

1976-1978 Westinghouse-HMG Ministry of Finance held many discussions on handling of CRS sales revenues.

1977 Search for market research firms 'Nepal National Brand Name Contest run to set a mood and select names. Market research conducted (500 interviews) on brandnames, pricing, and packaging. Sales & Distribution Firm search conducted. Advertising agency survey-Kathmandu. Package-printing resources survey-Nepal, India, Thailand was done.

1978 CRS Sales Representatives selected and trained.

May 1978 HMG-USAID-Westinghouse Agreement on CRS completed, signed. HRH Princess Prekshya inaugurated the CRS Project. Sales began on June 1, 1978.

Spring - Fall 1978 Household Distribution Sampling Survey conducted.

1979 onward Dhaal & Gulaf brand names became generic terms for all condoms and pills in Nepal.



CRS Advisory Committee-1980

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APPLYING THE CRS MODEL IN NEPAL: NO FIT

"A single strategy can't work in Nepal. It's too diverse, too complex."

(Statement by an outgoing technical advisor)

The model was there, but many resources were not

DIFFICULTIES

1. Doubts about the concept

"We have been trying for years to give condoms and pills to people free of cost with little success. I don't see why they should be interested in paying money for them now if they didn't want them free".

(Informal reaction by HMG official, 1976)

2. Market research firms - none (1976-1977)

3. Advertising agencies - Of all 32 publicity firms identified, the best (1

boss, 2 typists) dealt only with making zinc blocks for the two newspapers. The manager said he did know someone who could paint a hoarding (billboard). No capabilities in conceptual, creative, media, research, or production.

4. Packaging firms - None capable. No one interested in Nepal (1976-1977).

5. Printing - Mostly letterpress printing. Final products very rough. Two offset firms existed: one overscheduled, the other took 10 months to print two CRS posters.

6. Distribution Firms - Either not capable or not interested. The best candidate firm refused to consider marketing condoms and pills for CRS, as the products weren't "appropriate" for their marketing line.

7. Sales representatives - Ads were run, but no experienced or trained Nepalese Salesman were

found. No concept of shop-to-shop selling existed. Most, applicants would not consider selling contraceptive products.

8. Communication with pictures - "Pretesting" shock. A nonliterate man in a Kathmandu Valley village was asked, "What do you see in this picture?" He replied, "What is a picture?" The implications of his reply for plans to communicate with many of the 80% nonliterate people was immediate and it revealed, the obstacles ahead.

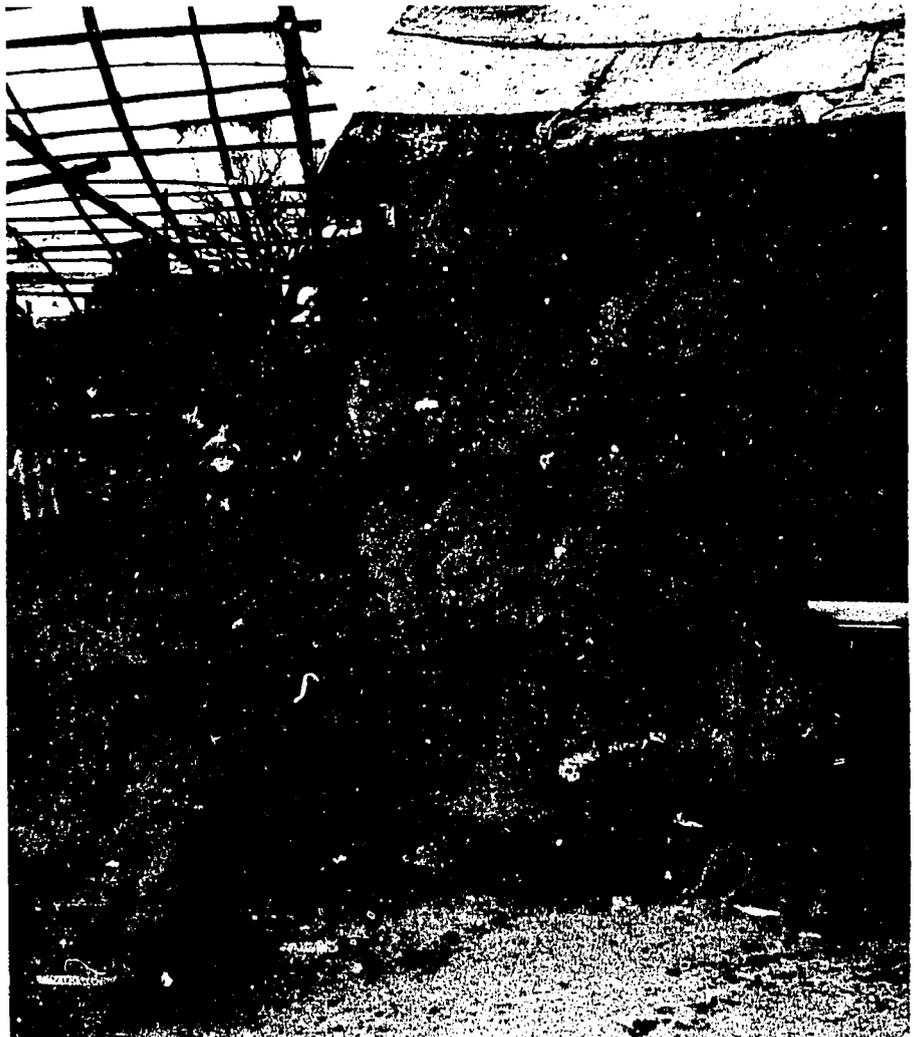
9. Expected demand for contraceptives - Less than expected. Not only with initial consumer sales. But also selling to many general shops who sometimes refused entry to CRS Sales Reps. Others refused to buy, saying that customers would not buy other products if they saw condoms in his shop. Demand would have to be created.



Pretesting



First billboard under way



Signpainting

THE NEPAL CRS PROGRAM

Building something new, adapting something old. The model didn't fit. Some "Existing" resources didn't exist and some old resources were not adequate. CRS began working to develop the marketing components. Wherever possible, Nepali resources were used.

THE MARKETING COMPONENTS;

BRAND NAMES, Developed a nationwide brand name contest with cash prizes for the first condom & pill products Nearly 1,200 entries were received. Names were screened, tested, selected.

1977 **DHAAL** (TRADITIONAL WARRIOR'S SHIELD) For colored condoms.

1977 **GULAF** (ROSE) For the medium-dose oral contraceptive for women.

1980 **SUKI DHAAL** (A QUARTER-RUPEE SHIELD) For a lower-priced single color condom.

1982 **NILOCON** (INVENTED NAME) Blending the Nepali word, **BLUE**, for the pill's blue colour, **LOW**, For a low dose pill for women and **CON** for contraceptive. Name is intended to convey an international pharmaceutical image.

1982 **KAMAL** (LOTUS FLOWER) For a foaming vaginal tablet.

MARKET RESEARCH At different times, CRS used different resources: a Nepalese firm, a British market research consultant from Bangkok, **COMMAT** - The second CRS advertising agency, and the CRS Communication Division Manager. CRS developed most of these resources while developing the marketing program.

PRICING

CONSUMER PRICES were designed to be affordable for the majority of the people.

DHAAL Rs 1.00 (US \$0.069) for package of six.

GULAF Rs 1.50 (US \$0.104) for one cycle of 28 pills.

SUKI DHAAL Rs 0.25 (US \$0.017) for package of two.

NILOCON Rs 5.00 (US \$0.35) for one cycle of 28 pills.

KAMAL Rs 3.00 (US \$0.208) for a 9-tablet package.

- **RETAILER & WHOLESALER PRICES** Were chosen to be attractive to shopkeepers using higher profit margins than most consumer products.

- **All SALES REVENUES** Collected from the trade are earmarked for paying toward CRS program costs

- CRS is a non-profit Social marketing program.

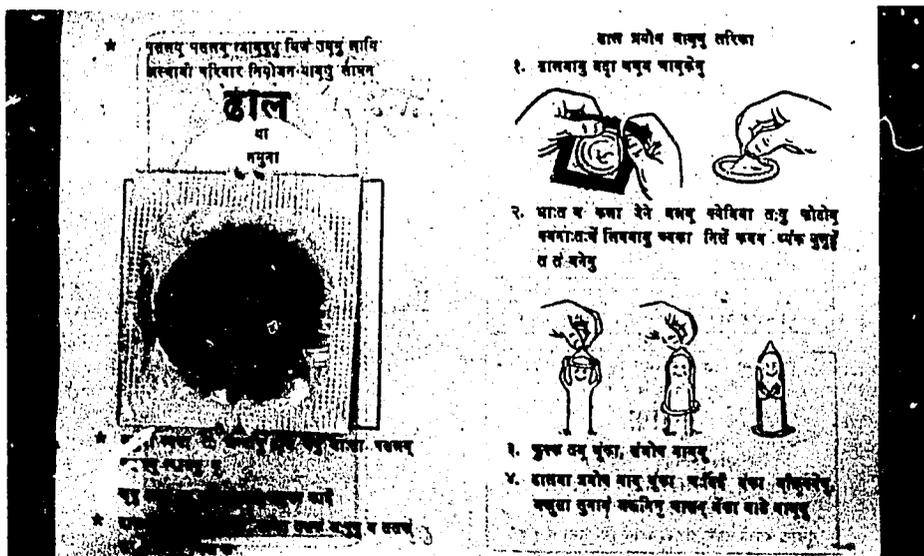
PACKAGING

to attract consumers
protect products
facilitate transportation
sell the product and image

Three kinds of packaging

1. Consumer unit packs*
2. Retail shop dispensers
3. Shipping cartons-for larger quantities

* Instruction Sheets with each consumer pack included.



CONSUMER PACKAGES



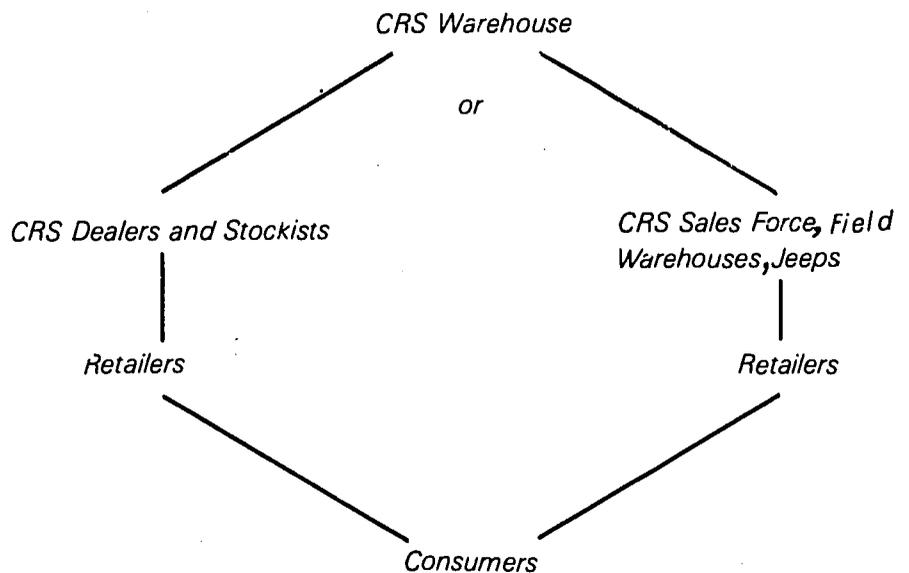
DISTRIBUTION & SALES FORCE

The CRS model calls for contracting with a successful distribution firm having national distribution and an active sales force in order to sell and distribute the products. But Nepal was unique.

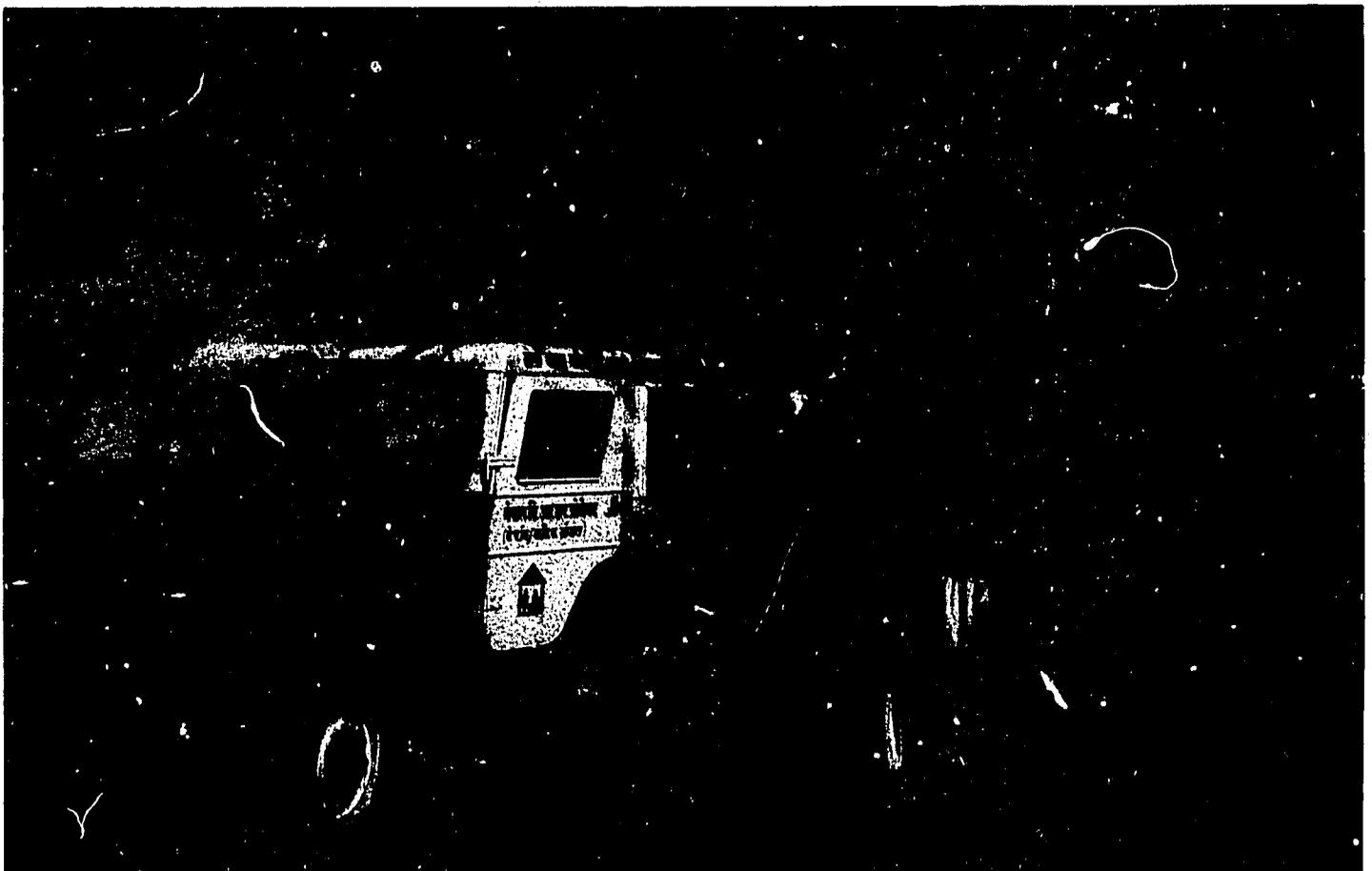
No firm in Nepal was both capable and willing to market the CRS products and in 1976-1978, no Nepali sales force could be located that worked shop-to-shop, promoting and marketing consumer products. The normal system in Nepal relied almost entirely on a retailer going to a wholesaler to purchase products for his shop. There was no "active" sales force system and no distribution firm available.

CRS began by recruiting and training young men as area sales representatives including their home town areas. The number of CRS Sales Representatives in 1983 is seven, the number is planned to be increased to about 20 over the next 6-12 months.

CRS Distribution Chain (1983)



CRS painted "media" jeep with cassette-loudspeakers. serve education, promotion, and distribution.



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CRS EDUCATION AND TRAINING

Consumer Education on products, methods, and the CRS program

- Product instructions with drawings w/each pack
- Cassette tapes on CRS jeep loudspeakers
- Radio announcements
- Cinema Films: Dhaal condoms and Gulaf pills
- Dhaal & Gulaf pamphlets

RETAILER TRAINING In groups or individually in shops

- Pharmacy group training on the pills conducted in major urban areas
- Individual training by CRS Sales Reps in shops of more isolated areas
- Flip booklets for retail shops about all family planning methods and availability.

ORIENTATION

- Briefings about CRS for government, non-government, private groups
- Flip booklets for all family planning methods and availability
- CRS brochures

CRS SALES TRAINING

- Semi-annual training & coordination conferences in Kathmandu
- Field training by CRS Sales Manager and Supervisor



PROMOTION AND ADVERTISING

ADVERTISING AGENCIES - During the 1977-1983 period, two new agencies were encouraged into existence to serve the Westinghouse-CRS Project. The second one, COMMAT, Inc. won an award in Singapore at the Asian Advertising Congress for the "resourceful and innovative" CRS campaign.

MESSAGE STRATEGIES (translated to English or paraphrased)
(child spacing) "Next child when? One grows up-then! In the meantime, use (Dhaal-Gulaf) contraceptives"

(education) "Next child-when? First goes to school-then!"

(education) "Fathers, give your children a better chance for education. Don't have too many children, and use Dhaal to space them."

(pill continuation) "Remember to take the Gulaf pill for at least 90 days and side effects will diminish or disappear after that."

MEDIA

modern

cash award display contests

sample cards

radio

store signs

newspaper

posters

calendars

prescription pads

store mobiles

stickers

carrying bags

jeep painting

parade float

jeep cassette-loudspeaker

special pharmacy envelopes

frisbee (Dhaal shield) tournament

billboards-small & large

cinema films

lighted in-store signs

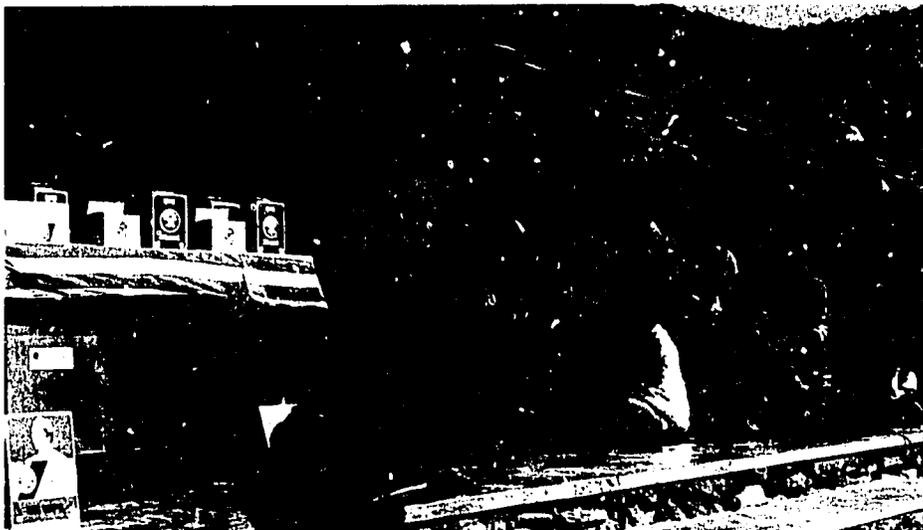
folk & other media

folk singer song contests

women's tie bags

folk play stage awnings curtains

painted rickshaws



Folksinger Songwriting Contest in Western Nepal.



Dhaal frisbee - disc in the field.



Loudspeakers bring people.

दाल
काल
गुलाफ
कमल

Nepal CRS Project
गुलाफ
Gulaf

दोस्रो बच्चा कहिले ?

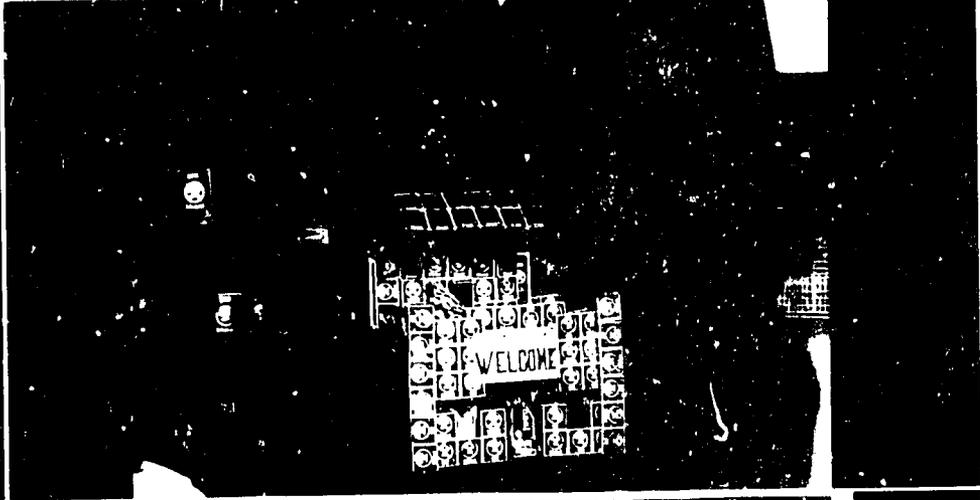
Dhaal

पहिलो बच्चा कहिले !

गुलाफ

गुलाफ
Gulaf

- एक परिवारको तीन मोहर
- औषधी फसलहरूमा पाइन्छ
- तीन महिनासम्म दिनका दिन खाएफछि विसन्धो गर्दैन



गुलाफ चक्की दिनका दिन नधिरसी खानु हरेक दिन

गुलाफ
अन्नघी पसलबाट किन्नुहोस्

परिवार नियोजनको लागि हामी गुलाफ चक्की खान्दौं

२०३२
१९८२-१९९२

मलाई सेवा गर्ने मौका दिनुहोस्

दाल किन्नुहोस्

नयाँ

नयाँको किज चक्की

कमल

- साजिलो
- सुरक्षित
- भाउबहनको परेको पैसामा मात्र प्रयोग गर्ने

CRS STAFF & MANAGEMENT

Total Staff (July 1983) is less than thirty, including the field sales force.

Motivation Good salaries, leave, insurance, transportation English classes. The Sales Division receive large bonuses if they achieve high sales performances measured against their quotas.

Training-orientation Staff member candidates are not selected if they are too sensitive about contracep-

tives and actively promoting them. CRS training includes semi-annual sales training, periodic in-field training, special management courses in Thailand, the USA, and in the Philippines and other seminars-conferences in Nepal. English classes were provided a nominal amount for interested staff at CRS for twelve weeks in the Spring of 1983.

CRS Management

Mr. Hem Hamal - General Manager

Mr. Subarna J. Thapa - Assistant General Manager

Mr. N.K. Pradhan - Sales Manager

Mr. Ranjan Poudyal - Communication Manager

Mr. B.K. Waiba - Administration/ Finance Manager

Mr. James R. Messick - Advisor/ Field Project Manager Westinghouse Health Systems



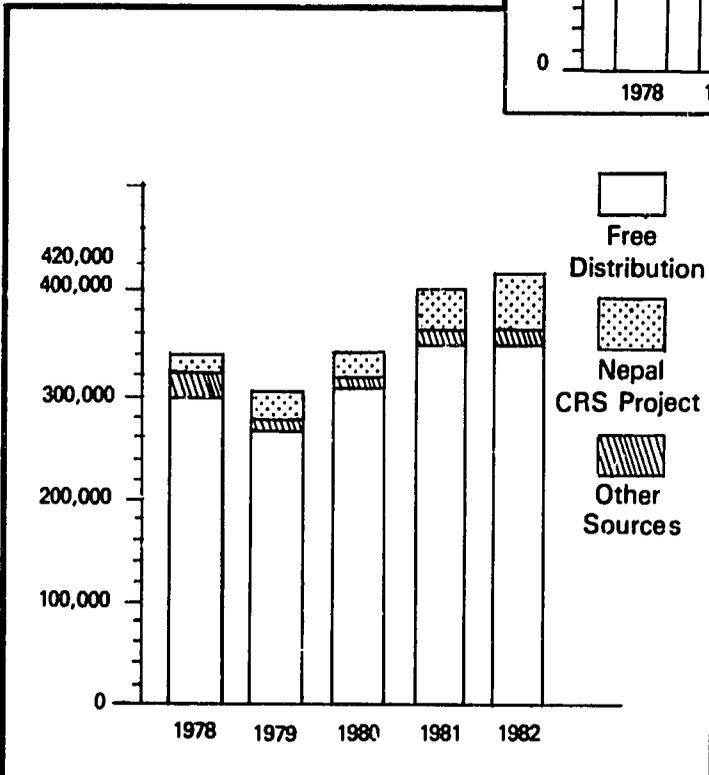
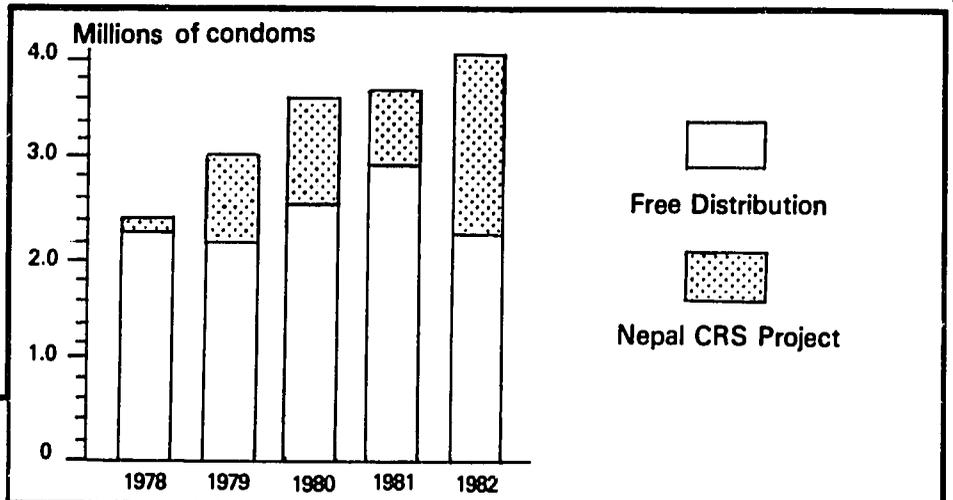
General Manager, Hem Hamal and the Westinghouse Advisor, Jim Messick.

MAKING IT WORK: PROBLEMS & RESPONSES

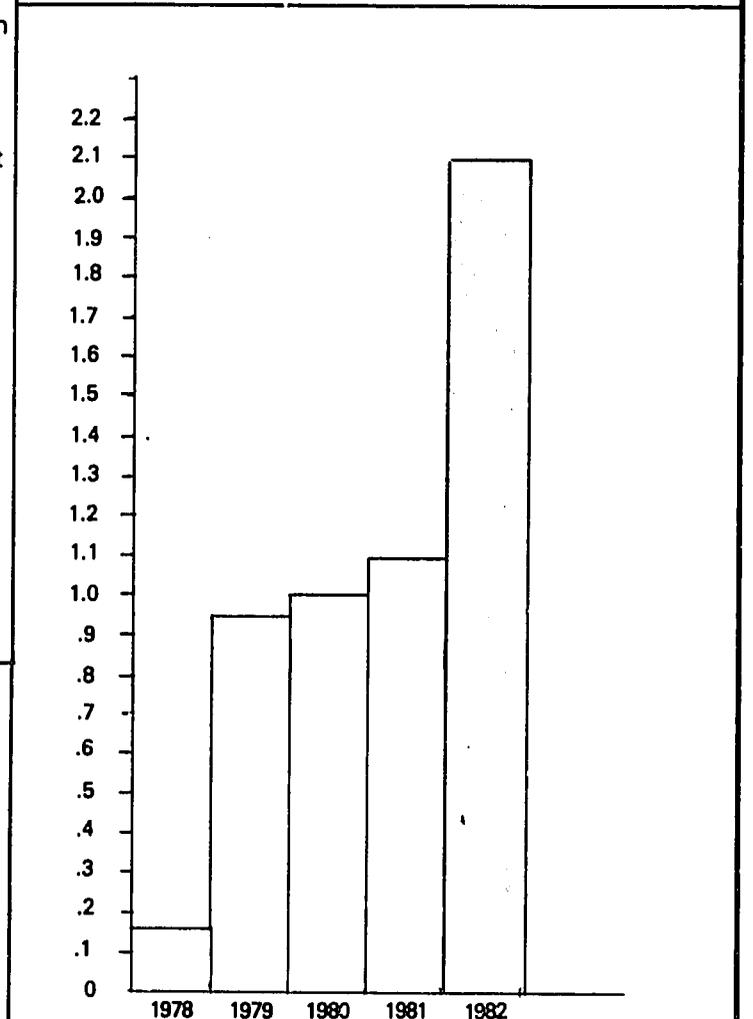


SALES PROGRESS SINCE 1978

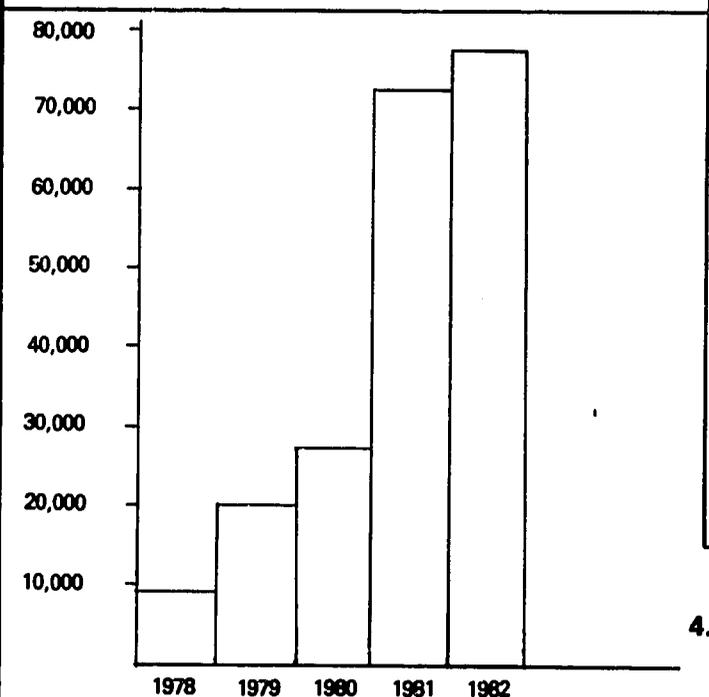
The measure of CRS progress is by sales of its products. But not only by CRS products. The greatest measure is by the total number of the same types of family planning Products distributed nationally: by CRS in shops and by HMG and other agencies together.



1. Condom distribution in Nepal (1978-1982)

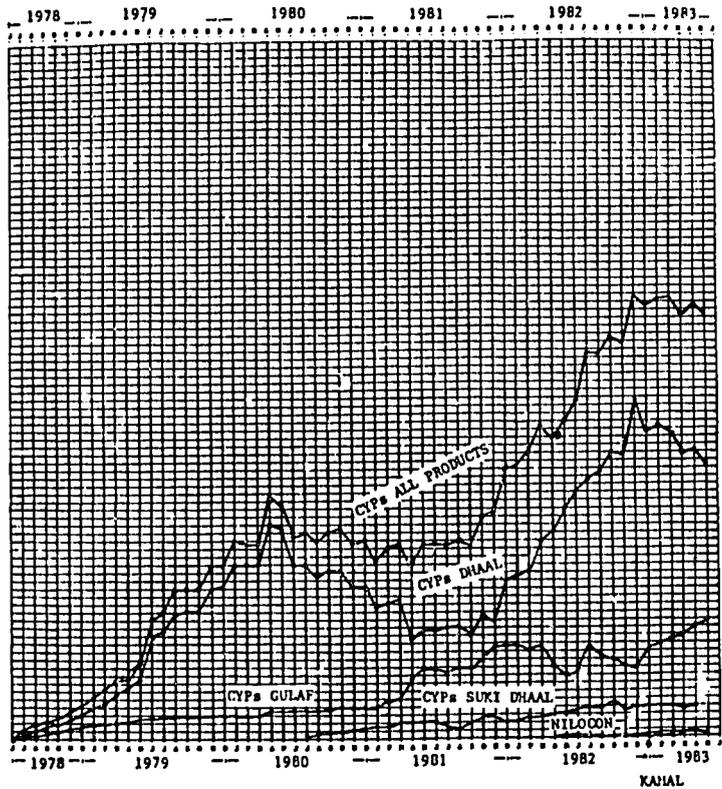


3. Dhaal and Suki Dhaal combined Sales, (1978-1982)



4. Gulaf and Nilocon combined pill sales, (1978-1982)

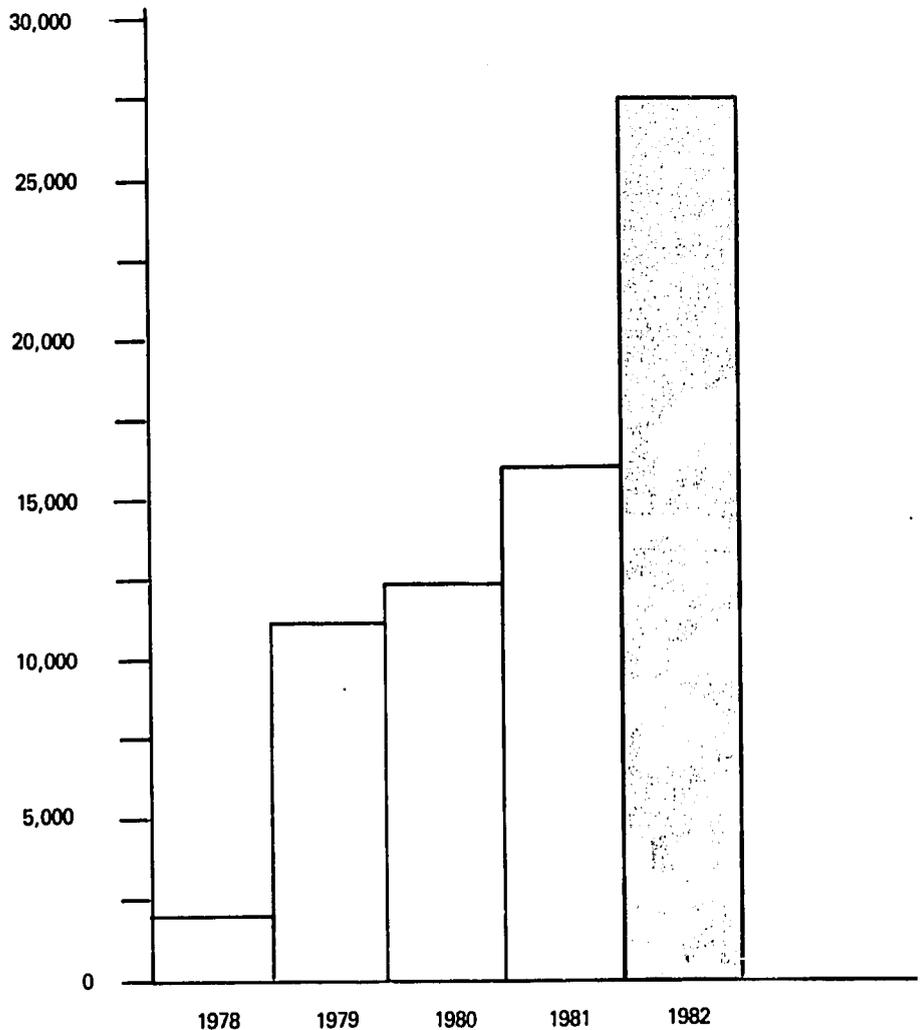
**5. Nepal CRS Project
Moving Annual Total
by Product Through May 1983**



6. Combined, Sales of All CRS Products, 1978-1982

in Couple Years of Protection, CYPs.

1 CYP = 100 condoms or 13 cycles of pills.



7. CRS Share of distribution in Nepal

By 1982, CRS brands of condoms represented 43 percent of all condoms distributed and CRS pills represented 16 per cent of all pills distributed in the country.



DISTRICTS WITH CRS PRODUCTS

PROGRESS AND ACCOMPLISHMENTS

CHARTING CRS PROGRESS

1976 Westinghouse began developing Nepal's CRS program
 1978 USAID-APHA Evaluation

1980 Second USAID evaluation

1982 Third USAID evaluation

1982 World Bank evaluation

Formal Evaluations of CRS

AVAILABILITY OF CONTRACEPTIVES IN SHOPS

NUMBER OF SHOPS SELLING CONTRACEPTIVES

May 1978 - 100 shops (Just before CRS)

May 1983 - 8,300 shops were selling CRS contraceptives

CRS geographical distribution coverage of Nepal's 75 districts

May 1978 - 5 of 75 districts (Just

before CRS)

May 1983 - 66 of 75 districts

Number of CRS shops in 1983 by region and type of shop

Sales Regions (13/14 covered)

Eastern (2 zones)

East Central (2 zones)

Central (1 zone)

Western Hills (2 zones)

Western Terai (2 zones)

Mid and Far West (5 zones)
 (most remote area)

Medical Shops	General Shops	Total Shops
224	1,407	1,631
112	1,064	1,176
204	1,426	1,630
114	1,180	1,294
154	1,587	1,741
86	801	887
894	7,465	8,359

Accomplishments

- * Increased retail availability of contraceptives from 100 to 8,130.
- * Popularized temporary contraceptives: DHAAL, GULAF, SUKI-DHAAL, NILOCON, KAMAL
- * Increased national distribution of condoms and pills
- * Developed marketing resources in Nepal: advertising, market research, sales & distribution
- * Established a Contraceptive Retail Sales (CRS) Project complementary to the free distribution programs with a trained, competent Nepalese staff
- * Developed a national sales-distribution force
- * Developed two advertising agencies COMMAT won Asia award.
- * Developed market research capabilities
- * Introduced new communications ideas and media
- * Provided for full transition of CRS from Westinghouse to an autonomous organization funded through USAID/Nepal
- * Prepared CRS for self-sufficiency in the future through new marketing business concepts
- * Provided for special training of CRS management and staff
- * Prepared the way for CRS to become permanently institutionalized as a private, non-profit company.



The Nepal CRS Company Private Limited

Preparations for this institutionalization began in 1981. Registration of this non-profit CRS Company is hoped for by 31 July 1983.

CRS. 5th Anniversary, May 1983
 State Minister of Health,
 Mr. Arjun Narsingh K.C., speaking

RECOGNITION

We give our sincere thanks and appreciation to Her Royal Highness Princess Prekshya Rajya Laxmi Devi Shah for her special contribution to the Nepal CRS Project by inaugurating the Nepal CRS Project in 1978 and for her continuing kind and generous support.

The Westinghouse - Nepal
CRS Project

**His Majesty's Government of Nepal
Ministry of Health**

State Minister

Mr. Arjun Narsingh K.C.

Acting Health Secretary

Mrs. Chandra Kala Kiran

Assistant Minister

Mr. Keshav Bdr. Shah

Former Secretary

Mr. Tara Dev Bhattarai

National Commission on Population

Vice Chairman

Mr. Kul Shekhw Sharma

Secretary

Dr. B.P. Upreti

Rastriya Panchayat

Honorable Mrs. Kamal Shah

**Family Planning/Maternal & Child
Health (FP/MCH) Project**

Chief - Dr. Badri Raj Pande

Deputy Chief - Dr. Kalyan Raj Pandey

Deputy Chief - Dr. Kokila Baidya

All Division Chiefs and FP/MCH
staff members.

United States of America

U.S. Embassy, Kathmandu

His Excellency the Ambassador -

Mr. Carlton S. Cuon, Jr.

Deputy Chief of Mission -

Mr. James R. Cheek

USAID Mission to Nepal

Director: Mr. Dennis Brennan

Former Director:

Mr. Samuel Butterfield

Deputy Director: Mr. Thomas Rose

Former Deputy Director:

Mr. Julius Coles

Health-Family Planning (HFP) Office

Chief: Dr. Gerold (Jake)

V. van der Vlugt

Mr. Carl J. Hunter

Ms. Barbara Spaid

Ms. Robin Yasui

Mr. Dev Ratna Khagdi

Mr. Bikram Rana

Former HFP Chief: Dr. William Oldham

Former Chief of Population:

Mr. John Burdick

Former Special Assistant to Director-

Population:

Dr. David Mutchler

Former HFP/Population Members

Ms. Gladys Gilbert

Ms. Sigrid Anderson

Mr. Tri Ratna Tuladhar

CRS Project Advisory Committee

Mr. Tek B. Thapa, Ministry of Home
Panchayat

Dr. D.N. Regmi, Ministry of Health

Mr. Chandra Man Pradhan,
Agricultural Development Bank

Mr. Megh Nath Neupane, Nepal
Chambers of Commerce

Mr. Puspa Lal Rajbhandari, Nepal
Chemists & Druggists Association

Dr. Badri. Bdr. Vaidya, Nepal
Medical Association

Mr. Sashindra Bdr. Shrestha, NEBICO
Pvt. Ltd.

Ms. Pratibha Rana, Womens' Services
Coordination Committee

Mr. Sukadev Prasad Pandit, Janakpur
Cigarette Factory

Mr. Nagendra Sharma, CEDA, Tri-
bhuvan University

Mr. Yadav Kharel, Family Planning
Association of Nepal

**Commat, Inc - The CRS Adver-
tising Agency**

Director - Mrs. Durga Ghimire

**Family Planning Association of
Nepal (FPAN)**

Executive Chief - Mr. Shanker Shah

Secretary General - Mr. Yadav Kharel
and all of the officers and staff.

USIS

Mr. John Richotte

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Organizations

UNFPA - Kathmandu
UNICEF - Kathmandu
HMG- Department of Cooperatives
Family Planning Association of Nepal
(FPAN)
American English Language Institute
(ELI)
John Snow Inc - USAID Contract
Team
University of California, Berkeley -
USAID Contract team
USIS - Social Services Coordination
Committee
HMG - National Planning Commission
HMG - Ministry of Finance
Blue Star Hotel
Hotel Malla
Hotel de l'Annapurna
Population & Development Associa-
tion (PDA) of Thailand.

Individuals

- Professor Dor Bahadur Bista
- Dr. Lyn Bennett
- Dr. Gabriel Campbell
- Ms. Ane Haaland
- Mr. Tanothai Sookdhis
- Mr. Mechai Viravairya
- Mr. Julian Spindler
- Mr. Satish Sehgal

Nepal CRS Project General and Division Management

General Manager - Mr. Hem Hamal

(Former) General Manager -
Mr. Jagdish Ghimire
Assistant General Manager -
Mr. Subarna Jung Thapa
Sales Manager - Mr. N.K. Pradhan
Administration & Finance Manager
Mr. B.K. Waiba
Communication Manager
Mr. Ranjan Poudyal Sales Supervisor
Mr. Rebant Dhakal
Administrative Officer
Mr. Rajeeb Satyal
Executive Secretary -
Mr. Jyoti Sharma
Computer Programmer-Operator
Mr. Pan Bdr. Gharti
Communication Supervisor
Mr. Prakash Satyat
Assistant Accountant - Mr. shrestha
Sales Representatives:

Mr. Yadav Sharma
Mr. Tara Nath Poudyal
Mr. Narayan Baral
Mr. Prakash Shrestha
(Medical Representative)
Mr. Lalit Shrestha
Mr. Narayan Sangrula
Mr. Niraj Dhungana

Supply- In Charge

Mr. Deepak Pyukaral

Administrative Assistants:

Ms. Nani Bajracharya
Ms. Vidya Shakya

Ms. Luxmi Kunwar
Driver-Promoters:
Mr. Ratna Maharajan
Mr. Mohan K.C.
Mr. Hari Shrestha
Mr. Ramji Kunwar
Mr. Brish Shrestha
Security Guard - Mr. Jagat Gurung
Messenger - Mr. Ram B. Gurung
Messenger - Mr. Ram P. Acharya
**Current CRS Project Development
Team**
Nepal FP/MCH Project
Dr. Badri Raj Pande, Chief
Nepal CRS Project
Mr. Hem Hamal, General Manager.
USAID/Nepal
Dr. Jake van der Vlugt, Chief, Office
of Health & Family Planning
AID/Washington
Mr. Thomas Harriman, Cognizant
Technical Officer
Ms. Jonni Pittenger, Contract Officer
**Westinghouse Health Systems-
Nepal** Mr. Jim Messick, Advisor
USA
Ms. Mary Ann Abeyta-Behnke
Dr. Lawrence Smith, Jr.
Mr. Tim Whittier
Mr. David Wood
Formerly associated:
Mr. Gary Damkoehler
Mr. Michael J. Reardon
Ms. Debbie Kluge

This publication represents a final report by the USAID Contractor, Westinghouse Electric Corporation Health Systems, for Contract Nos AID DPE 0611 C 00 1001 and AID

pha C 1144. Additional information requests should be sent to the Family Planning Services Division Office of Population, United States Agency For International Develop

ment (USAID), Washington, D C 20523 or to Westinghouse Health Systems, Box 866, American City Building, Suite 400, Columbia, Maryland 21044

