

Proj. 3670096 (5)  
 PD-AAD-027-A1

**I. PROJECT IDENTIFICATION**

**1. PROJECT TITLE**

**FAMILY PLANNING**

367-11-560-096

**3. RECIPIENT (specify)**

**COUNTRY** NEPAL  
 **REGIONAL**  **INTERREGIONAL**

**4. LIFE OF PROJECT**  
 BEGINS FY 1973  
 ENDS FY 1978

**5. SUBMISSION**  
 **ORIGINAL** \_\_\_\_\_ DATE \_\_\_\_\_  
 **REV. NO.** \_\_\_\_\_ DATE \_\_\_\_\_  
 CONTR./PASA NO. \_\_\_\_\_

**II. FUNDING (\$000) AND MAN MONTHS (MM) REQUIREMENTS**

A. FUNDING BY FISCAL YEAR	B. TOTAL \$	C. PERSONNEL		D. PARTICIPANTS		E. COMMODITIES \$ d/	F. OTHER COSTS \$ a/	G. CONTR.		H. LOCAL EXCHANGE CURRENCY RATE: \$ US = 1 = (U.S. DATED) 28 10 1973		
		(1) \$	(2) MM	(1) \$	(2) MM			(1) \$	(2) MM	(1) U.S. GRANT LOAN	(2) COOP COUNTRY	(3) BUDGET
1. PRIOR THRU ACTUAL FY												
2. OPRN FY 73	550							550	180			
3. BUDGET FY 74	641	92	24	-	-	240	77	232	229	400		250
4. BUDGET +1 FY 75	884	70	24	-	-	259	70	485	298	375		375
5. BUDGET +2 FY 76	896	91	24	-	-	322	70	413	222	350		650
6. BUDGET +3 FY 77	883	70	24	-	-	382	70	361	179	350		300
7. XXXX SUBQ. FY 78	745	91	24	-	-	428	70	156	119	350		600
8. GRAND TOTAL	4,500	414	120	-	-	1,631	357	2,197	1,227	1,825		2,675

**9. OTHER DONOR CONTRIBUTIONS**

(A) NAME OF DONOR	(B) KIND OF GOODS/SERVICES	(C) AMOUNT
UNICEF	MCH DRUGS	90 Approx.

**III. ORIGINATING OFFICE CLEARANCE**

1. DRAFTER	TITLE	DATE
William H. Trayfors	Chief, Population & Health Div.	6/7
2. CLEARANCE OFFICER	TITLE	DATE
E.G. Ruoff / J.R. Burdick	PHA/POP/WASIA	6/7

**IV. PROJECT AUTHORIZATION**

**1. CONDITIONS OF APPROVAL**

- a/ includes Nepalese staff, per diem & in-country travel, air services, recruitment travel, etc.
- b/ contract totals include participants as follows: FY 74 \$138,400; FY 75 \$118,800; FY 76 \$17,600; FY 77 \$24,800
- c/ includes 72 man months each year (FY 74-78) for contract Nepalese staff
- d/ includes following amounts for oral contraceptives: FY 74 \$100; FY 75 \$110; FY 76 \$150; FY 77 \$170; FY 78 \$185

**2. CLEARANCES**

BUR/OFF.	SIGNATURE	DATE	BUR/OFF.	SIGNATURE	DATE
PHA/POP	J.K. Shafer	6/7	GC AA/PPC	A. Gardiner P. Birnbaum	6/10/73 6/18/73
PHA/POP	R.T. Ravenholt	8-6-73	AA/ASTA	D. MacDonald	6-11-73
PHA/PRS	G. Coleman	6/12/73	ASIA/SA	H. Rees J. Shepard	6/12/73

**3. APPROVAL A/9 (BY OFFICE DIRECTOR)**

SIGNATURE: Jarold Kieffer  
 DATE: JUN 19 1973  
 TITLE: AA/PHA

**4. APPROVAL A/AID (SEE M.O. 1025-11C)**

SIGNATURE: John A. Hannah  
 DATE: 6-19-73  
 ADMINISTRATOR A/AID AGENCY FOR INTERNATIONAL DEVELOPMENT

ACTION MEMORANDUM FOR THE ADMINISTRATOR

THRU: EXSEC

JUN 13 1973

FROM: AA/PHA, *Jerry* Jarold A. Kieffer

Problem: Approval of Project for Expanded Population/Family Planning Program for Nepal.

Discussion: The purpose of this project is to strengthen Nepal's existing population/family planning program by helping to upgrade technical, administrative and management skills and performance of program personnel; and to develop, through carefully planned, small-scale experiments, a set of service delivery modules which have the demonstrated capacity to recruit and to sustain a relatively high percentage of target couples in the practice of family size limitation.

(1) Title X Objective Served: His Majesty's Government, aware of the serious implications of rapid population growth, seeks to lower Nepal's birthrate in order to bring population growth into line with the country's rate of social and economic development.

(2) What is to be done? The ultimate goal of the Nepal population/family planning program is to be able to offer basic contraceptive services through MCH to all the country's estimated 1.2 million fertile couples and to induce a high percentage of these couples to adopt and continue the practice of contraception. To achieve this goal, and to move the program forward as rapidly as possible, two sub-goals have been articulated. The first of these is to provide -- as expeditiously as possible -- contraceptives (non-clinical) to as many couples as possible. In order to accomplish this, given the considerable constraints imposed by geography and terrain, it is expected that at the completion of the project at least 75% of Nepal's market places will have contraceptives readily and abundantly available and that virtually all fertile couples in the country will know how they are to be utilized. The second sub-goal is to develop delivery systems which can be adapted and extended throughout Nepal and which, through experimentation, have been proved to be effective in serving the needs of couples already desiring service and, at the same time, effective in motivating new couples to accept and continue the practice of contraception. To this end the following specific activities and targets have been identified: To develop a rapid data feedback system; to upgrade the skills and performance of program personnel at all levels; to improve overall program management capability; to design and prepare for implementation a series of experimental activities to test those variables believed to have most potential for incorporation in model family planning delivery systems; to evaluate all experimental activities undertaken; to test new contraceptives for their acceptability in Nepal and to introduce new contraceptive methods into the program according to test results.

(3) Is the program self-contained? The proposed AID project is intended to provide major support to a national population/family planning program. The AID project is thus an important part of a larger activity. Achievement of project targets is not dependent on other donor inputs, but is, of course, dependent on continued HMG interest and action in moving the Nepal family planning program ahead.

(4) Who will do it? The basic program will be carried out by HMG's Family Planning/MCH Project, assisted by six resident U.S. technicians hired under an A.I.D. contract with a U.S. institution as well as other AID-financed advisors and consultants. In addition, advisory and consultant personnel financed through WHO, UNICEF and perhaps other donor countries may possibly be involved.

(5) How will it be done? The project will be implemented under the provisions of a formal Project Agreement between the U.S. Govt. and HMG. The Project Agreement will describe project objectives, nature and time-phasing of project inputs, and specific financial and other assistance to be provided. The Project will be carried out in Nepal and at the institution selected to administer the contract. The life of the Project is seen as being five years (1974-1978).

(6) What will be the cost? For costing data see the PROP face sheet. The first obligation (FY'73 funds) will amount to \$550,000. The total Title X cost over the five year life-of-project period will be \$6,424,000.

(7) Intended Outcome? The intended outcome at the completion of the project is to have in place a model delivery system and a blue print for the phased expansion of family planning services throughout Nepal.

(8) Basic Issues: All basic issues have been resolved. These included (a) the decision to use Title X dollars for budget support to Nepal's family planning program during the life of the project (Total \$1,825,000); (b) the decision to provide two Title X funded direct hire Population Officers in Nepal; and (c) to procure and provide the necessary contraceptive commodities for the program through regular AID channels rather than under the contract.

(9) Remaining Issues: All issues pertaining to this PROP have been resolved and there are no remaining issues to be settled.

Recommendation: That you approve the expanded Population/Family Planning Project as summarized in the Project Summary Description and sign the attached Project Authorization.

Clearances (in draft)

ASIA/SA/N/JShepard

ASIA/SA:HRees

AA/ASIA:DGMacDonald

USAID/N:WTrayfors

PPC/DPR:MWard

AA/PPC:PBirnbaum *pb*

AA/PHA, Dr. Jarold Kieffer

June 15, 1973

GC, Arthur Z. Gardiner, Jr.

Nepal Family Planning PROP

I am clearing the attached PROP (Nepal Family Planning) on condition that the words "mass camps for male and female sterilization approaches" paragraph D(4) family planning, page 12 of the PROP, be amended to read "male and female sterilization approaches". I will separately consider the legal soundness of projects to be undertaken in this regard when furnished all relevant details. In addition, the following sentence should be added to paragraph D(4):

"All experimental activities undertaken will be carried out in a manner designed to assure an AID determination of the protection of the rights and welfare of the individual or individuals involved, of the appropriateness and of the risks and potential medical benefits of the investigation."

GC/TFHA:ARRichstein:my:6/15/73

UNITED STATES GOVERNMENT

# Memorandum

TO : AA/PPC, Mr. Philip Birnbaum

OKPB

DATE: June 14, 1973

FROM : PPC/DFR, Arthur M. Handly *M. Handly*

SUBJECT: Nepal Family Planning PROP

Problem: AA/PHA requests the Administrator's approval of a project for an expanded population/family planning program for Nepal.

Discussion: Your clearance is requested of the project described in the attached action memorandum for the Administrator. The proposed project has been reviewed and cleared by the Asia Bureau, GC and PPC/DFR. It will provide \$6.4 million of Title X funds over the five-year life of the project, of which \$1.8 million will be used for budget support to Nepal's family planning program. The FY 1973 obligation will amount to \$550,000.

Recommendation: It is recommended that you indicate PPC clearance of this project by signing the attached action memorandum for the Administrator and the PROP face sheet.

Att. a/s



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## NEPAL

### FAMILY PLANNING PROJECT PROP

#### I. Summary Description

##### A. Introduction

This project proposal is a continuation of Project #367-096 initiated in FY 1968. It provides for continuing technical, financial, and commodity support to the GON family planning program for a period of five years (FY 74-78) in order to:

- (a) strengthen the existing program by upgrading technical, administrative, and managerial skills and performance of program personnel, and
- (b) develop through carefully planned, small-scale experiments, a set of service delivery modules which have the demonstrated capacity to recruit and to sustain a relatively high percentage of target couples in the practice of family size limitation.

The two objectives are mutually reinforcing. Past experience in the overall program will influence the experimental efforts; knowledge obtained in the small-scale experimental programs will, in turn, influence the national program. The end objective of this particular project is to strengthen the existing Nepal family planning program by developing and testing a combination of service and motivation components which can be extended widely throughout Nepal and which will be likely to achieve a maximum demographic impact for the resources committed.

A conscious attempt is made throughout to avoid stereotyping the eventual program structure. Nepal seems truly to be a special situation; that is, there are problems to be overcome here which are somewhat more complex and more arduous than are similar problems in many developing nations. It is believed that eventual solutions will require a departure from the "canned" or conventional approaches to family planning service delivery--or perhaps a local adaptation of these supplemented by other unique approaches yet to be developed in Nepal. For this reason, no attempt is made at this time to estimate all future GON or outside assistance resources which will be required to mount an effective total-coverage program. To attempt this now would be to presume an understanding of the morphology of future organizations and mechanisms for the effective delivery of family planning services in Nepal. In the absence of programs of proven effectiveness and given the myriad problems yet to be resolved, such presumption would be economically unsound, administratively hazardous, and intellectually indefensible if indeed the true focus is upon effective family planning services in Nepal.

Assistance outlined here in includes technical advisory and consultant services, commodities, participant training (both in-country and abroad), and local currency budget support: all to be provided in a mixture believed to best complement GON and other donor inputs, and to achieve the objectives summarized above.

B. Background

The Nepalese family planning effort can be said to have first begun on a significant scale in 1968, coincident with the establishment of an expanded Family Planning/Maternal and Child Health Project within the Ministry of Health.

Joint emphasis on FP and MCH was predicated upon the unproven but nevertheless durable belief that success in family planning cannot be achieved in the presence of high infant and child mortality.

To date, the program has achieved several notable successes both in absolute terms and in relation to achievements in other HMG programs. The most significant among these seem to be in areas of:

- (1) staff development
- (2) publicity
- (3) public interest and support
- (4) physical infrastructure

Despite a number of bureaucratic and human resource constraints, the program has made rather remarkable progress in establishing a network of family planning/MCH centers located in 52 of Nepal's 75 districts. The participant training program has provided opportunity for many program personnel to study abroad to improve their performance capabilities. In-country training programs have steadily improved in quality and in output. This year alone, more than 100 new health aides (lowest level family planning field workers) have been recruited, trained, and assigned in the field.

Program achievements in the area of public relations are highly visible. Posters, calendars and large billboards are in wide evidence throughout Nepal. Family Planning messages are regularly sent to listeners of Radio Nepal. The news media give frequent favorable accounts of family planning efforts and of demographic and ecological concerns, both here and in other countries. The Nepalese King has repeatedly issued public statements in support of the family planning program.

Understandably, many significant problems remain, both in relation to building an effective national family planning program and in the broader context of population planning, i.e., the so-called area "beyond family planning."

It seems obvious by now that reproductive behavior is governed by a complex set of socio-cultural and economic factors, not only by the knowledge and availability of modern methods of contraception. Many of these factors may realistically be beyond the limited power of LDC governments to influence or control by means of "voluntary" programs. This implies that programs which are less voluntary may be required.

Numerous scholars are of the opinion that some LDC governments may be faced with the prospect of taking successive steps along the policy continuum leading to more coercive and, quite likely, more unpopular controls. It is difficult to speculate how far or how fast these steps need be taken until the potential of family planning is fully explored. Small-scale experiments such as those proposed herein seem likely to provide the most rapid and least expensive answers to this crucial question.

In Nepal, the time is fast approaching when it will no longer be possible for the thinking man to ignore the population issue. Hill-to-terai migration is already a key economic and political concern. Food deficits are chronic. Cropping already extends upwards to the very mountain tops. Natural resources such as forests are being destroyed or depleted rapidly. Industrial development potential is not high. Tourism potential is good but limited. Agricultural potential is fair but also limited.

Because development potential is limited and population pressures are becoming increasingly evident, Nepal may be able to wisely avoid the complacency which often accompanies the establishment of a national family planning program. Already there is realization at high levels in the GON that family planning is but a first step: a necessary, yet in-and-of

itself, an insufficient measure to meet the overall need to bring about a balance between population growth and economic and social development.

It is important therefore that this Project be considered as the first of several program efforts required to contribute to the eventual management of Nepal's population growth rate.

### C. Necessity and Justification

Since 1968 the Government of Nepal has operated a national family planning program. <sup>1/</sup> With assistance from USAID, the program seeks to provide basic contraceptive information and services to married couples, along with elementary MCH services delivered through FP/MCH centers. At present, there are 150 such centers operating in 52 of Nepal's 75 districts, providing services within reach of an estimated 15 percent of Nepal's 12 million inhabitants.

Although an official FP effort has been underway for several years, the program must nevertheless at this time be viewed as in the formulative stage. In Nepal, as elsewhere, the government is searching for a suitable system of service delivery and client motivation which can achieve a significant demographic impact and which can be operated within the constraints posed by a rudimentary physical infrastructure, lack of trained manpower, inadequate management and administrative systems, and very limited financial resources.

<sup>1/</sup> Official name: Family Planning/Maternal and Child Health Project, located within the GON Ministry of Health

There is a growing realization in the GON of three key problems associated with the present family planning effort: (1) coverage is inadequate (the program provides services within reasonable reach of less than 15% of the population); (2) performance is low in areas already served; and (3) the present delivery system, with health facility-based workers, may not be feasible for wide expansion in the near future because there are almost no additional health facilities located near population concentrations, and such concentrations are themselves limited in number. The majority of the population live in widely scattered locations, with individual houses sometimes an hour's walk or more apart.

Rapid expansion seems not to be the answer to these problems, for in areas already served the performance is disappointingly low. Client continuation rates, to the extent they can be calculated using presently available data, appear to be very low. In addition, there are significant problems of leadership, worker supervision, work organization, supply and logistics, training, and reporting of basic program data required for effective management of the program. Taken together, these factors make it doubtful that the program has any significant demographic effect at present.

Seemingly, most of the above-listed problems are soluble-- to some degree at least--provided sufficient motivation, ability, and authority exists among GON-administrators and assuming the requisite inputs of financial and technical assistance. In part, USAID assistance under this Project is aimed at helping to reduce or to overcome these problems. If such improvements can indeed be effected in the present program, one could expect a greatly heightened impact in areas served and might then logically look forward to extending program coverage.

Even assuming the present program could be successfully implemented in the areas now served, the present service structure could not economically be expanded to cover the rest of the country. Family planning centers have already been established in all hospitals, in all the health facilities which can be even minimally supervised by the FP organization, and in most other health facilities where there is a nearby population concentration.

Clearly expansion of the present program is not enough. What is needed are new program designs and experimentation with delivery systems which are suited to the special problems faced in Nepal. Because almost any conceivable program will be expensive (due to the problems of limited infrastructure

and population distribution noted above), it is prudent to attempt to identify effective activities before extending them widely. In USAID judgement, this will require a series of well designed, carefully thought out, thoroughly tested experimental programs in at least the following four subject areas: (1) utilization of clinic-based services and personnel; (2) provision of services through nonclinic-based field workers; (3) mobile sterilization camps; and (4) utilization of commercially-based delivery systems. In addition new contraceptive methods must be tested to determine how they can be most effectively introduced in the Nepalese program.

It is in these areas of experimental effort that technical assistance is most needed and, perhaps, most appropriate. The range of possibly significant variables to be tested is extensive; indigenous manpower skilled in program research and in program evaluation is extremely limited; time is of essence since the problems are being magnified rapidly as population continues to grow; and finally, the design, implementation, and evaluation of experimental family planning activities requires a critical, precise, and highly professional handling by experienced research and management personnel if it is to be possible to establish causal relationships among the variables.

Why research when service needs are so great? The answer seems obvious: scarce resources are already being invested for activities thought to be desirable or necessary, but without empirical evidence and, particularly, without adequate comparative data on which to base such policy and programming decisions.

Clearly it is central to the mandate of donor organizations to assist the GON to spend its own (and their) family planning funds as judiciously and efficiently as possible to achieve the desired objectives. But before this mandate can be adequately fulfilled, important questions need to be answered with respect to elements in the design of a truly effective family planning delivery system for Nepal.

D. Project Goals

It may be convenient to think of the assistance outlined herein in terms of two distinct but complementary components:

- (1) Continuing commodity and financial assistance coupled with intensified technical assistance to the ongoing program to overcome problems of training, work organization, supervision, management, and program evaluation; and

- (2) Assistance in the design, implementation, and evaluation of experimental family planning activities aimed at the identification of model delivery systems having the following attributes:
  - (a) proven capability to recruit a high percentage of continuing contraceptive users;
  - (b) suitability for replication on a wide scale; and
  - (c) plausibility for implementation within future GON manpower and financial resource capabilities.

In brief, the assistance aim is to improve what already exists while making a concerted effort to come up with something much better.

The following specific Project goals have been identified:

- (1) Within one year after commencement of this project, to develop a rapid data feedback system to provide vital information for ~~special~~ program management and evaluation;
- (2) Within one year after commencement of this project to provide a plan to upgrade the skills and performance of program personnel at all levels through improvements in program training activities and by setting up new in-country training activities to meet specific program needs;

- (3) Within one year after commencement of this project, to provide a plan to improve overall program management capability by introducing special training in management techniques and by providing technical assistance to administrators to help them interpret and make use of information obtained through the rapid feedback system and from other sources;
- (4) Within one year after commencement of this project, to design and prepare for implementation a series of experimental activities to test those variables believed to have the most potential for incorporation in model family planning delivery system (e.g., extended family planning field services; administrative management systems; commercial and institutional marketing of contraceptives; male and female sterilization approaches [All experimental activities undertaken will be carried out in a manner designed to assure an AID determination of the protection of the rights and welfare of the individual or individuals involved, of the appropriateness and of the risks and potential medical benefits of the investigation] );
- (5) Within three years after commencement of this project to evaluate all experimental activities previously undertaken;
- (6) Within four years after commencement of this project, to have tested a model service delivery system;
- (7) By the end of the fifth year after commencement of this project, to have in place a model service delivery system and a blueprint for the phases expansion of family planning services throughout Nepal; and
- (8) On a continuing basis over the life of this project, to test new contraceptives for their acceptability in Nepal, and to introduce new methods into the program according to test results.

A related goal of this Project is to increase the scope and intensity of HMG interest in and actual commitment to fertility control efforts in Nepal. To accomplish this goal it is intended that this Project demonstrate that a really effective program can be mounted despite the many constraints now extant in Nepal.

At the end of this Project period, USAID will reassess the need for continuing family planning assistance in Nepal, basing the assessment on:

- (1) degree of demonstrated HMG interest and commitment;
- (2) existence of a realistic plan for the expansion of an effective FP program throughout Nepal; and
- (3) requirements for outside assistance in improving the scope or quality of FP services.

E. Narrative Summary of Project Inputs

1. USAID-Financed Inputs

USAID will finance technical advisory services, commodities, participant training, and local currency budget support for the life of the project.

Technical assistance and participant training are to be provided primarily through an intermediary -- a U.S. institution under contract to AID. Commodity assistance and local currency budget support will be provided directly by USAID.

In addition to the above, USAID will provide technical and project managerial assistance in the form of two direct-hire population officers. A PASA medical officer funded under a separate project will provide occasional part-time consultant services to the FP program.

#### Technical Assistance

The technical assistance component of this project is of particular interest. Under an existing contract with the University of Michigan, four resident advisors have been assisting the Nepal Family Planning program for the past two years. Three of these advisors wish to continue their association with the Nepal program in the future, putting to continuing use their knowledge and experience gained in Nepal. These three highly qualified professionals combine a total of 13 years experience in Nepal (two are ex-PCVs in Nepal) and 8 years past experience in the Nepal family planning program. By retaining these individuals, the new contractor will be able to provide immediately a U.S.-based consultant group to assist in recruiting and orienting the new resident advisory group and who thereafter will perform a variety of functions directly supportive of the field program in Nepal.

These three specialists will (1) participate in the design of the experimental FP activities in Nepal;

(2) will provide continuing guidance and assistance to Nepalese participants in the U.S. (who will, wherever possible and appropriate be sent to the

contract university for training); (3) will undertake a continuing analysis of program data generated in Nepal; (4) will design and orchestrate in country training programs in Nepal for Nepalese family planning personnel; and (5) will provide necessary administrative, financial, and technical backstopping at the home campus.

It is anticipated that the services of three of the six resident specialists (the Senior FP/MCH Specialist Statistical Specialist, and the Field Operations Training Specialist, and the Field Operations Training Specialist) will be physically directed towards strengthening the existing program. The experimental program will be guided, monitored, and serviced by the Experimental Program Specialist and the Experimental Program Specialist and the Experimental Program Research

Specialist, both resident in Nepal. Major responsibilities for doing background work on experimental program design and the analysis of results will rest with the U.S.-based contract personnel. A further elaboration of the rationale for this staffing arrangement is given below.

In the past it has been found that Nepal-based advisory personnel are kept busy with day-to-day problems related to program management and the data collection systems. This leaves them with little time for the long range planning that will be essential for the success of an experimental program.

It is anticipated that the two experimental project specialists in Nepal will have a full time job to be sure that the experiments are properly executed and monitored. They will have to spend a large amount of time in the field monitoring all the parts of the system. It will thus be the team in the U.S. which will carry the heaviest responsibility for overall experimental design and analysis of the data. They will be uniquely situated for doing this because they have a thorough background in the Nepal situation, will be able to test out ideas for the Nepal

experiments on a wide variety of experts in a University atmosphere, will have time to devote to macro-planning, and will have the data processing facilities available for rapidly analyzing the Nepalese data. Thus they will utilize to the fullest the potentials of the contracting institution while at the same time contributing to the ongoing Nepalese program through creation of experimental designs and feedback of research results to Nepal.

Through their training work with Nepalese participants in the U.S. they will involve Nepalese in the work of the Nepal program at a time when these Nepalese would otherwise have been losing contact with their country's FP program. As it is anticipated that some of the top family planning administrators will be in the U.S. for training in the near future, this will give them intensive experience in long-range planning, significant decision-making, and will prepare them for their return to the Nepalese program.

The U.S. based group is to consist of three full-time specialists for the first two years of the project, two specialists for the third and fourth years, and one full-time specialist for the last project year. In the last year, consultant services will be used to augment the contract team's evaluative capability as required and appropriate.

The need for demographic data and competent analyses thereof is critical in Nepal, both for planning and for evaluation purposes. Vital rate estimations are extremely crude at present. Good data on population growth rates and population migration have been practically non-existent.

Now, however, such data are beginning to be generated in sufficient quantity and of sufficient quality to warrant the services of an analytical demographer to begin to develop an accurate portrayal of vital demographic events in Nepal.

Initially, it is intended that the demographer will focus on data generated in the Integrated Health Services experimental districts, and in the family planning districts where vital data are being generated. Comparison of these data with 1971 census data and other statistical sources should provide important new information not only for the family planning program but for health planning and for general development planning as well.

The PROP also provides for a total of 40 man-months consultant services over the 5-year life-of-project period. Approximately 15 man-months will be used in the first year (FY 1974) to provide technical assistance in designing and implementing a rapid feedback system to assist in program management and evaluation. It is estimated that the development of this information system will require one

systems analyst for 3 months and one computer programmer for 12 months.

In addition, in FY 74, three man-months will be used for technical specialists to assist in highly specialized areas of experimental program design and evaluation.

In the last project year, 10 man-months of consultant services will be provided to assist in evaluation of experimental activities and formulation of a country plan for wide expansion of effective family planning services.

The contractor will also make use of consultant services available under centrally funded contracts or on AID rolls as required and appropriate.

#### Commodity Assistance

USAID will continue to provide, primarily through the contractor, funds for contraceptive supplies and equipment for the Nepalese program. Included are oral contraceptives (OCs), condoms, IUDs and inserters, aerosol foams, and related medical supplies and equipment.

Laparoscopy has been introduced in Nepal and has shown good potential for expansion as an approved program sterilization technique. Such additional laparoscopy kits and equipment as can be effectively and safely utilized in the program will be procured.

If, as anticipated, the Nepalese statutes relating to termination of pregnancy are revised, USAID, with GON concurrence, will provide funds necessary for supplies and equipment to ensure that the most modern, reliable and convenient medical/surgical methods are widely introduced.

Participant Training

The contract institution will be expected to negotiate with the GON and make all necessary arrangements for training of Nepalese participants in the U.S. The USAID project officer will participate in the planning and negotiation process.

The guiding principle for participant planning should be:

1. training in-country wherever possible; and
2. training abroad (i.e., in U.S. or third country) for a selected few only when in-country training is not feasible or appropriate for the achievement of specific training objectives.

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Emphasis should be placed upon the development of indigenous training capability wherever possible. The campus-based group will have primary responsibility for the design and orchestration of in-country training programs. They will travel to Nepal as and when necessary for this purpose, and will assist the HMG program personnel in developing training packages relevant to actual program needs.

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As noted before, training in the U.S. will be arranged in such a way as to permit Nepalese participants to continue their knowledge of and association with the ongoing program, chiefly through structured tutorial and seminar sessions with members of the campus-based specialist group.

Other Costs

Provision is made under the categories of "Other Costs - Direct" and "Other Costs - Contract" for the following items:

- (a) local hire clerical and administrative personnel;
- (b) air services (helicopter and STOL)
- (c) in-country travel and per diem
- (d) observational, invitational, and conference travel
- (e) travel of campus-based personnel to and from Nepal
- (f) minor, unforeseen contingencies (purchase of books, small supply or equipment items to support Project, etc.)

Budget Support

In previous years USAID has provided 75% of the total local currency operating budget of the Nepal family planning program, except in FY 1973 when the USAID contribution was reduced to 65%.

Both USAID and the GON understand and agree to the principle of GON assumption of an increasing proportion of local cost financing (with a resultant proportional decline in USAID financing). It is planned during this project period to decrease the USAID proportionate contribution for local costs, both in absolute and in relative (percentage) terms.

The degree to which GON decides to expand family planning services in accordance with the mandate discussed in the background section of this PROP, will determine the actual percentage ratios between GON and USAID inputs.

The levels of USAID financing shown herein represent best mission judgment as to amounts required to ensure a sufficient level of total funding to carry out objectives specified for this project. There can be no question that such a judgment is in part arbitrary. However, the suggested levels were set in good faith and after extensive discussion of the several considerations involved -- political, financial, and programmatic.

Contractor Selection

Representatives from the Government of Nepal and the USAID Mission will participate with AID/Washington personnel in the selection of an appropriate contractor.

Criteria for selection will include judgment by GCN and AID/USAID as to ability of the prospective contractor to provide the necessary professional services outlined in the Scope of Work. This judgment will be based upon an evaluation of materials submitted by the contractor describing present resource capabilities and past performance in related activities in developing nations.

Related USAID Projects

USAID is presently supporting an Integrated Health Services project which includes significant family planning elements. The Integrated Health experiment seeks to test the feasibility of a health services delivery system based primarily upon the use of multipurpose house visitors. It is presently operational in two districts, and includes substantial family planning inputs.

In one of the two districts (Bara -- a terai district near the Indian border) full-time family planning house visitors are interspersed among the multipurpose health house visitors, all of whom are assigned to specific geographical areas. Family planning performance in the multipurpose only areas will be compared to performance in areas covered by both the multipurpose workers and a full-time FP worker.

The experimental design for FP participation in the second district (Kaski -- a hill district near Pokhara) has not yet been fully developed.

USAID is presently exploring the feasibility of establishing a Population Planning Project in Nepal. This would encompass activities in the broader field of population policy. Initial exploration in this

vital area was done under a contract with the Research Triangle Institute. However, further preliminary work is required before a project proposal can be developed for AID/W consideration.

#### GON Inputs

Host country inputs include manpower, facilities, financial, and political elements.

Taking these in reverse order, the present political climate for family planning work in Nepal is quite favorable. His Majesty, King Birendra has repeatedly issued public statements in support of the national family planning effort, stressing it's vital relationship to Nepal's development objectives.

Key members of the National Planning Commission, the Finance Ministry, the National Panchayat (national assembly), Tribhuvan University, and other public and private organizations recognize the threat which unbridled population growth portends for Nepal's future social and economic well-being.

The Planning Commission has approved a FY 74 budget level of 61.7 lack Rupees for family planning, and is considering a level of 64 lacks. With continuing pressure

to expand services as rapidly as possible, it seems probable that future budget levels will be increased to provide for the expansion. With USAID absolute levels declining during this project period, the GON proportionate share will increase markedly.

The GON is also providing land and physical facilities for the family planning effort. During this project period, a new central office building and an equipment maintenance shop will be constructed, as well as additional district offices and clinic facilities.

At present, the FP program employs a total 805 persons at the central, regional, district, and peripheral levels. Future staffing of the program will be dependent upon program needs and available financing.

Appendices I, II, and III provide complete breakdowns on facilities, and staffing, program financing, and participants.

#### Other Donor Inputs

The role of other donors (WHO, UNICEF) will be complimentary to the project to the extent that their proposed activities are actually funded and become operational. Their planned inputs will provide additional resources and support in such areas as availability of

drugs, paramedical training for the general health service, MCH program improvement, etc. However, should the other donors not be in a position to contribute the inputs planned, this will not affect the project to any significant degree. Planned HMG and USAID inputs are sufficient to achieve the project targets outlined herein. In short, while other donor inputs should be regarded as a positive factor, their absence or unavailability will not be detrimental to the successful accomplishment of stated project goals.

#### UNICEF

UNICEF has provided medicine and equipment used in the FP/MCH program since 1965. The annual level of their present contribution is \$18000.

A request for UNFPA financing of an IE & C advisor for the Nepal family planning program has been submitted from the Bangkok office. It is not known what action has been taken on this request thus far.

#### WHO

The WHO regional office (SEARO) in New Delhi has recently prepared a draft request for UNFPA financing of a 5 year assistance package for Nepal. Activities

to be supported include construction and supply of new health facilities, transport equipment, and a high level of technical and financial assistance to the Institute of Medicine to improve in-country training capabilities for paramedical (including MCH and FP) personnel. The requested funding level is U.S. \$4 million. UNFPA action on this request is not known.

F. Project Outputs

Expected Project outputs are of two primary kinds:

- A. Those which show a heightened demographic effect from the family planning program; and
- B. Those which constitute an increased indigenous capability for Nepal to mount an effective national family planning program which blankets the country.

In the first category are outputs resulting both from the experimental and the ongoing national programs. The expectation is that it will be possible to achieve a higher demographic impact in the experimental program areas, and that it will then be possible to modify the national program in such a way as to include the best characteristics and techniques developed for the experimental areas.

Quantification of expected demographic impact is difficult. Target setting in terms of new acceptors is not very meaningful. (In Nepal, new acceptor rates for OCs look fine, but continuation rates--and hence demographic impact--seem to be extremely low).

Nevertheless an attempt has been made to approximate a degree of target achievement which would seem to be meaningful. One such target herein is to develop commercial distribution systems to the point where 75% of all market places in Nepal--including those in remote areas--will have contraceptives available either free or at extremely low cost within five years. A corollary target is to ensure that most eligible couples know a nearby place to obtain conventional contraceptives.

Project inputs which aim at improved program administration, management, evaluation, and planning capability can logically be linked to improved program performance.

Additionally, these improvements relate to the second general category of outputs, i.e., improved Nepalese capability to run an effective national program.

The experimental activities represent a sort of bridge between project outputs, since they aim at higher demographic impact, improved indigenous capabilities, and improved mechanisms or tools with which to carry out an effective family planning effort.

Appendix IV outlines the experimental activities planned. A careful reading of these outlines and their related logical decision-charts should provide a clear picture of most anticipated project outputs.

POPULATION POLICY

PROJECT TITLE: FAMILY PLANNING PROJECT

PROJECT NUMBER: 096

Date Prepared: May 1973

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	IMPORTANT ASSUMPTIONS
<p><b>Program or Sector Goal:</b></p> <p><b>Population Sector Goal:</b> Rapid population growth is one of the primary phenomena inhibiting the development of adequate health, social, and economic systems necessary to improve the well-being of the Nepalese people.</p> <p>Activities in the Population Sector seek to bring about changes in the total environment of Nepal which will:</p> <p>(a) Foster a progressive decline in the size of completed families;</p> <p>(b) influence migration and population distribution patterns in a manner most consistent with overall economic and social development objectives.</p> <p>Included in the Population Sector as here defined are policies and programs intended to be both <u>population-sensitive</u> and <u>population-responsive</u>, that is, those which seek to influence population growth and distribution patterns and those which are undertaken to offset or compensate for the inevitable increases in population which will occur in Nepal. To date (1973) Nepal has not yet embarked on a comprehensive policy or program venture in the population sector.</p> <p>It is difficult to imagine that the Sector Goal can be fully achieved even within the next 20-30 years. Nevertheless, because of the fundamental relationship between population dynamics and all development programs and because of the startling degree to which population problems are exacerbated by sustained high rates of population growth, it is imperative to act now. USAID has begun exploration with the HMG of possible activities in the population policy field.</p>	<p>Measures of progress toward Goal Achievement:</p> <ol style="list-style-type: none"> <li>1. substantial and sustained reductions in age-specific marital fertility rates, particularly in the lower age groups.</li> <li>2. substantial and sustained increase in the percentage of fertile couples continuing the practice of birth control.</li> <li>3. appearance of new and effective policies, legislation, and programs designed to directly or indirectly affect fertility (e.g., liberalization of abortion; laws affecting age at first marriage or proportions of women ever married; restrictions on child labor; disincentives in tax, social security, or labor policies for the formation of large families; etc.)</li> <li>4. appearance of new and effective policies, legislation, and programs designed to directly or indirectly influence the pattern of migration or population distribution in Nepal.</li> <li>5. appearance of large numbers of concerned and informed HMG officials, private citizens, and organizations actively seeking to reduce Nepal's population growth and distribution problems.</li> <li>6. significantly increased HMG allocations and expenditures in the population sector.</li> <li>7. establishment of a high-level HMG group (or HMG-chartered group) charged with the responsibility to investigate, report on, and make recommendations for HMG policies and programs for the amelioration of population problems in Nepal.</li> </ol>	<ol style="list-style-type: none"> <li>1. In Nepal, it is possible through planned, public government-directed intervention to significantly affect long-range fertility trends in the desired (downward) direction.</li> <li>2. That population migration and distribution patterns may be similarly influenced to achieve desired effects.</li> <li>3. That significant further improvements in planning, organization, training, implementation, and resource mobilization capabilities will be made.</li> <li>4. That HMG will increase its interest in and policies directed toward lower fertility rates among Nepalese families. That HMG will, in fact, eventually perceive the population problem to be an extremely dangerous one underlying the ills of Nepalese society and accordingly will develop and rigorously pursue policies and programs necessary to combat the problem.</li> <li>5. That new contraceptives and post-coital fertility devices having most of the following properties will be made freely available in Nepal: (a) low cost; (b) self-administered; (c) no side effects; (d) culturally acceptable; (e) highly effective.</li> <li>6. That a large percentage of fertile Nepalese couples will eventually perceive it to be an advantage to limit their family size, and will take appropriate steps to do so.</li> </ol>

PROJECT TITLE: FAMILY PLANNING PROJECT 1/

PROJECT NUMBER: 096

Date Prepared: May 1, 1972

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	IMPORTANT ASSUMPTIONS
<p><u>Project Purpose:</u></p> <p>The ultimate goal of Nepal FP/MCH program is to offer basic contraceptive and MCH services to virtually all of Nepal's estimated 1.2 million highly fertile couples,<sup>2/</sup> and to induce a high percentage of these couples to adopt and continue the practice of contraception.</p> <p><u>Family Planning Project</u></p> <p>For the present, two project sub-goals are delineated:</p> <p>A. to provide — within the constraints imposed by the natural terrain, by manpower scarcities, by shortages of physical facilities, and by funding limitations — basic contraceptive and MCH services to as many couples as possible by means of an organized HMG program.</p> <p>B. to seek to develop delivery systems which can be adapted and extended throughout Nepal, and which have been provided through experimentation to be effective in serving the needs of couples already desirous of services and, at the same time, effective in motivating new couples to adopt and practice contraception.</p>	<p>Conditions expected at End of Project:</p> <p><u>Ultimate program goal:</u> An organized, efficient model service delivery system exists which could be expanded to reach virtually all of the highly fertile couples in Nepal. A high percentage of all highly fertile couples have been served by the program and are continuing the practice of contraception. Infant and early childhood mortality have been reduced as a result of program emphasis on child spacing, immunization, child feeding practices, basic MCH services, and other public health programs.</p> <p><u>Project sub-goal A:</u> Within constraints of budget, manpower, physical facilities, and terrain, a service delivery system is in place and provides basic contraceptive services to as many fertile couples as possible and with as high quality service as is possible.</p> <p><u>Project sub-goal B:</u> Model service delivery systems have been developed and proven in the field to be capable of:</p> <p>(1) recruiting and maintaining a high percentage of target couples in the practice of family limitation; and reaching a high percentage of target couples with basic MCH services; and</p> <p>(2) being replicated in other parts of Nepal.</p>	<ol style="list-style-type: none"> <li>1. Continued HMG interest in and support for FP activities.</li> <li>2. Relatively stable political situation.</li> <li>3. No serious, unforeseen cultural or religious opposition to contraceptive practice.</li> <li>4. A synergistic relationship exists between family planning practice and availability of other health services.</li> <li>5. It is structurally and economically possible to create distribution systems such that continuing services are provided for a high percentage of target couples living in remote areas of Nepal.</li> <li>6. It is prudent to invest substantial resources in experimental programs which aim at developing better systems for motivation of new adopters and for the delivery of services.</li> </ol>

1/ Note that the term "project" has a dual meaning in Nepal, since the official name of the GON family planning program is "Nepal FP/MCH Project." To avoid confusion, when referring to the GON project the term "program" is used throughout. "Project" always refers to the USAID assistance package.

2/ Taken as 10% of the estimated population of Nepal in 1972.

FRAMEWORK WORKSHEET

PROJECT TITLE: FAMILY PLANNING PROJECT

PROJECT NUMBER: 096

Date Prepared: May 9, 1973

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	IMPORTANT ASSUMPTIONS
<p><u>1. Technical and Management Personnel</u></p> <p>1. <u>USAID</u></p> <p>One DE Population Officer  One DE Population Program Officer  One PAS/ Medical Consultant (1/10 time or less)</p> <p>2. <u>Institutional Contract Group</u></p> <p>a. Six resident advisors:</p> <ul style="list-style-type: none"> <li>— Senior FP/MCH Specialist</li> <li>— Statistical Specialist</li> <li>— Field Operations and Training Specialist</li> <li>— Experimental Program Specialist</li> <li>— Experimental Program Research Specialist</li> <li>— Demographic Specialist</li> </ul> <p>b. Three U.S. institution-based specialists:</p> <ul style="list-style-type: none"> <li>— Data Analyst</li> <li>— Experimental Program Designer/Analyst</li> <li>— Campus Coordinator for Nepal Project</li> </ul> <p>c. Consultants:</p> <p>40 man-months over life of project—see narrative for duties.</p>	<p>A. 1. Population</p> <p>A. 1. Population Officer on board; Population program officer ETA 7/73 Current year funding FY 74-78. PASA consultant funded by separate related project.</p> <p>2. Contract to be signed by 9/73 Personnel to arrive beginning 9/73 FY 73 - 78 funding</p>	<p>A. 1. AID/W will approve a second population officer position and an appropriate person will be assigned promptly.</p> <p>A. 2. Suitable contractor can be located and contract negotiated by late summer 1973. Contractor will be able to provide required personnel according to schedule.</p>

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	IMPORTANT ASSUMPTIONS
<p>3. <u>Peace Corps Volunteers (PCVs)</u> Five Field Operations Assistants</p> <p>4. <u>World Health Organization (WHO)</u> One MCH Advisor (proposed)</p> <p>5. <u>UNESCO</u> One Information, Education, and Communications Advisor (proposed)</p> <p>6. <u>HMG</u> Technical, administrative, management and supervisory personnel required (see Appendix I)</p> <p><u>Community Assistance</u></p>	<p>3. PCVs to be assigned as available beginning March 1973. Peace Corps funding. Peace Corps funding.</p> <p>4. Advisor proposed for FY 74. UNFPA funding</p> <p>5. Advisor proposed for FY 74. UNFPA funding.</p> <p>6. On board. Current year HMG funding.</p>	<p>3. Peace Corps will continue to be able to locate qualified, motivated, sensitive personnel for assignment to program.</p> <p>4. &amp; 5. UN Agencies (UNESCO, WHO, UNICEF, UNFPA) support will continue/be forthcoming*</p> <p>6. HMG Planning Commission and Finance Ministry will agree to planned inputs. HMG will continue financial and policy support of the FP program. In order to meet urgent need for well trained, experienced, and motivated program administrators, HMG will begin to assign middle- and senior-level officers to the FP program on a semi-permanent, career basis.</p>
<p><u>Medical Supplies:</u> Contraceptives, medical supplies and equipment, transport equipment, audio-visual supplies &amp; equipment, etc.</p> <p><u>Institutional Contract Group</u> Miscellaneous equipment items to support fieldwork.</p> <p><u>MOEF:</u> Pharmaceuticals for MCH work.</p>	<p>B.2. FY 73 - 77 funding</p>	<p>B. 2 &amp; 3. Appropriate commodities can be provided</p> <p>*These are important to growth in Nepal's health sector and are complementary in nature, but are not essential to achievement of project objectives herein defined.</p>

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NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	IMPORTANT ASSUMPTIONS
<p>C. <u>Local Support</u> (local currency disbursement against dollar allotment)</p> <p>1. <u>RAID</u>: Rupee budget support amounting to:</p> <ul style="list-style-type: none"> <li>- 2400,000 equivalent in FY 74</li> <li>- 3375,000 equivalent in FY 75</li> <li>- 3350,000 equivalent in FY 76 - 78 each year</li> </ul> <p>2. <u>HMG</u>: Rupee allocations from development budget amounting to:</p> <ul style="list-style-type: none"> <li>- 3250,000 equivalent in FY 74</li> <li>- 3250,000 or greater equivalent each year FY 75-78</li> </ul> <p>3. <u>WHO</u> (proposed): Rupee support for (1) construction of health posts and for related equipment; (2) transport equipment; (3) support for paramedical training.</p> <p>D. <u>Human Development</u></p> <p>1. <u>RAID</u>: none directly, but training in US/2nd</p> <p>2. <u>Institutional Contract Group</u>: Selected participant training in U.S. or third country, and in-country, training whenever appropriate.</p> <p>3. <u>HMG</u> (proposed) Long-term financial, technical, and commodity assistance to Institute of Medicine for training of paramedicals.</p> <p>E. <u>Costs</u></p> <p><u>RAID and Institutional Contract Group</u>: Necessary air services; travel and per diem for professional staff; local-hire clerical and administrative staff; invitational, observational, and conference travel; expenses in connection with contractor selection.</p>	<p>C. 1. &amp; 2. Current year funding &amp; scheduling</p> <p>C. 3. Proposed UNFPA funding beginning FY 74*</p> <p>D. 1. FY 1973-75 (participants already scheduled or already in-training)</p> <p>D. 2. FY 73-77 funding</p> <p>D. 3. Proposed UNFPA funding beginning FY 74*</p> <p>*Complimentary input, but not essential to achievement project objectives - see narrative.</p>	<p>C. 2. Gradual HMG health and FP program expansion will occur, but at a controlled rate within resource availability so as not to jeopardize achievement of project objectives.</p> <p>D. 1. &amp; 2. Appropriately qualified participants will be made available.</p> <p>D. 3. UNFPA financing will be forthcoming.</p>

FRAMEWORK WORKSHEET

PROJECT TITLE: FAMILY PLANNING PROJECT

PROJECT NUMBER: 096

Date Prepared: May 9, 1973

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	IMPORTANT ASSUMPTIONS
<p>1. variety of service delivery systems of proven effectiveness, some combinations of which will be suitable for any field condition in Nepal.</p> <p>2. increase ability to test new family planning methods.</p> <p>3. detailed statistical information about the activities of the family planning program in some selected project areas.</p> <p>4. rapid information feedback system for supervision, management, and evaluation.</p> <p>5. trained and experienced family planning personnel.</p> <p>6. viable, reasonably well administered national family planning organization.</p> <p>7. medical facilities needed for central administration and for maintenance and repair of program vehicles and equipment (funded in 10 years).</p>	<p>Magnitude of Outputs:</p> <p>1.a. Model delivery systems in special project FP field worker areas which will be: (a) more effective than the regular program; (b) providing continuing FP services to a high enough % of eligible couples for a significant demographic impact (exact % will be determined later this year.)</p> <p>b. Economically feasible mass sterilization camps are developed such that within five years 5% of Nepal's fertile couples will have received sterilization service.</p> <p>c. Economically feasible conventional contraceptive distribution systems are developed such that within five years: (a) 75% of the market places will have contraceptives available; and (b) most eligible couples will know a nearby place to get conventional contraceptives.</p> <p>d. Reports which describe new contraceptive devices (at least the laparoscope, depo-provera, foam, C-film) and the role they can play in the total Nepal FP program.</p> <p>4.a. Rapid feedback of information about vital events, extended use effectiveness of every FP method, worker performance, the production, and acceptors of family planning for most field project areas.</p>	<p>The overall effect of services preferred will be to depress fertility, both in the short- and the long-run. (Central assumption is that births "prevented" by the program would otherwise have occurred in the absence of the program. To the extent that reductions in infant mortality rates tend to extend the birth interval, they tend also to depress marital fertility rates although, obviously, the effect on overall growth rates is quite opposite from the one desired.)</p>

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NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	IMPORTANT ASSUMPTIONS
	<ul style="list-style-type: none"><li>b. A rapid feedback information system is providing supervisory and evaluation information about individual, clinic, and national performance monthly in all Nepal.</li> <li>c. The information being generated by the rapid feedback system is being routinely used by administrators.</li> <li>6.a. A carefully cost benefit analyses of each of the experimental programs.</li> <li>b. An overall plan for how some combination of the experimental service delivery systems can result in effective family planning services spread throughout Nepal.</li> <li>6.c. The results of an acceptors survey and KAP survey are incorporated in future program design.</li> <li>7. Central office building, automobile and equipment maintenance center, have been constructed.</li></ul>	

III. Course of Action

Following AID/W approval of the Project outlined herein, USAID/Kathmandu will proceed to develop a PIO/T for contractual services and an obligating ProAg for final review and clearance by HMG.

It is anticipated that all necessary clearances from USAID, AID/W, and HMG can be obtained in sufficient time to permit obligation of necessary funds for contractual services during the current fiscal year. Such obligation will amount to approximately \$550,000 of FY 73 population funds.

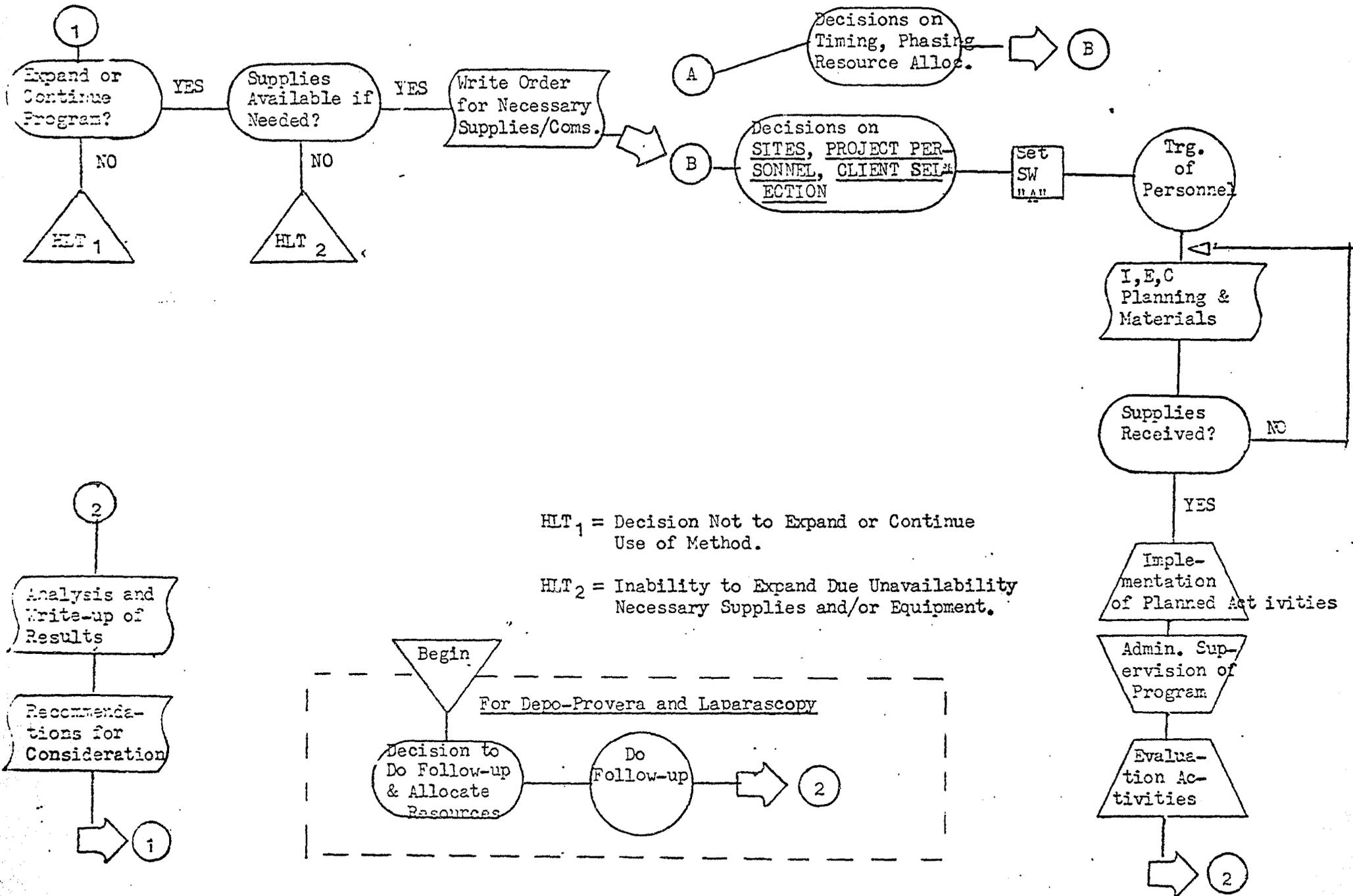
The PIO/T will be developed from the Scope-of-Work paper submitted to AID/W simultaneously with this PROP. It is hoped that the Scope-of-Work can be used with only minor modification to develop a Request for Proposals (RFP) document, and to solicit bids for contractual services from qualified institutions.

Depending on the length of bidding and the time required to actually go out with the RFPs, it is anticipated that a suitable contractor can be selected by late summer 1973 or early fall at the latest. Following the closing of bids, final selection of the contractor will be made conjointly by AID/W, USAID/Nepal, and HMG representatives. Selection criteria will include cost, contractor's past experience and performance in similar programs in LDCs, and estimation of contractor's resource capabilities and real interest and competence vis-à-vis services desired by HMG and USAID.

In the interim period between May 1973 and the actual signing of a new contract, advisory services will continue to be provided by the University of Michigan team already in Nepal. The new contractor will be expected to locate, recruit, and assign new advisory personnel to Nepal as soon as possible after receiving the contract award, and in no case later than June 1974. To the extent practicable and desirable, members of the new campus advisory group (i.e., three of the four members of the present U. Michigan advisory team in Nepal) will continue their work in Nepal until suitable new advisors can be assigned and oriented.

Summary of Significant Events

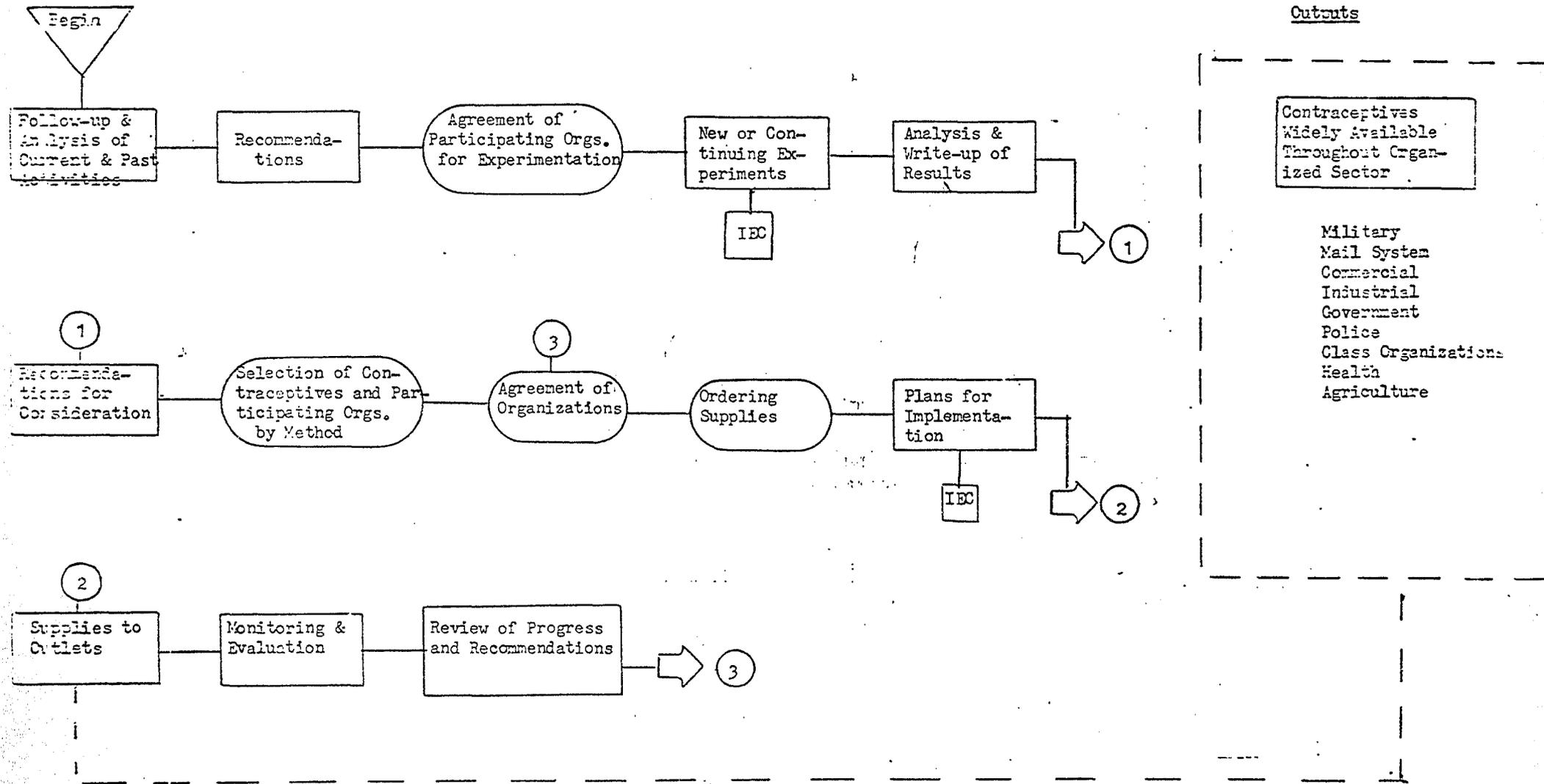
<u>DATE</u>	<u>ACTION</u>
MAY 1973	- AID/W Approval of PROP and Scope-of-Work
MAY - JUNE 1973	- USAID/N and HMG Approval of PIO/T and ProAg
JULY 1973	- RFP developed and sent out to solicit proposals
AUGUST*SEPTEMBER 1973	- REVIEW OF PROPOSALS SUBMITTED
	- SELECTION OF NEW CONTRACTOR
SEPTEMBER 1973 - JUNE 1974	- NEW ADVISORY TEAM RECRUITED AND ASSIGNED TO NEPAL
	- CAMPUS ADVISORY GROUP (EX-MICHIGAN ADVISORS) RETURN TO HOME CAMPUS.



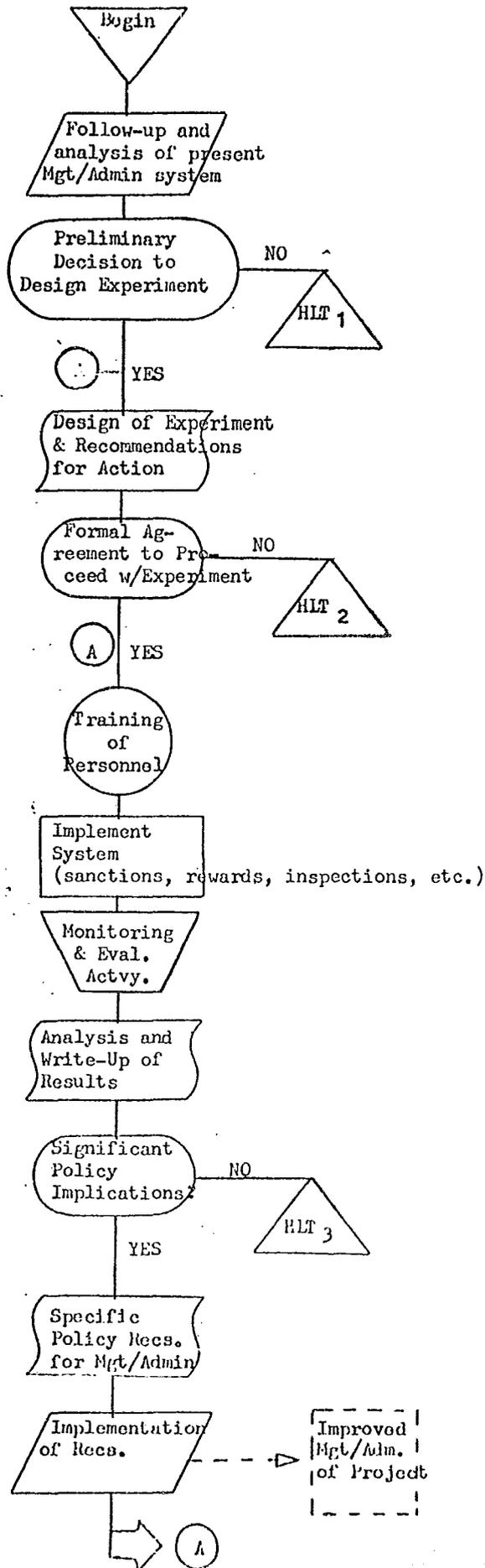
LOGICAL DECISION MAKING IN CONSIDERATION OF NEW OR EXPERIMENTAL FAMILY PLANNING METHODS

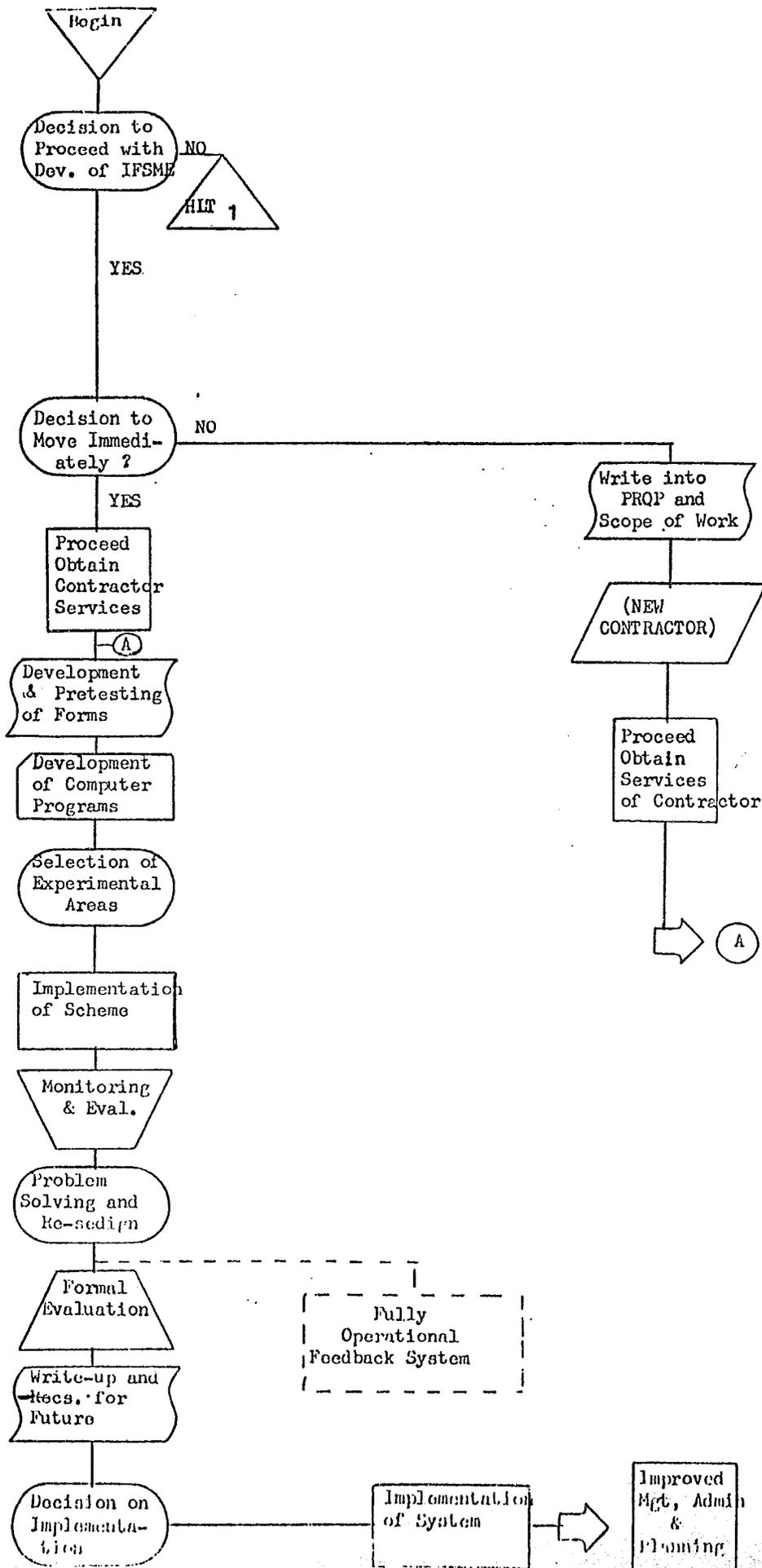
Extended Contraceptive Distribution

Outputs

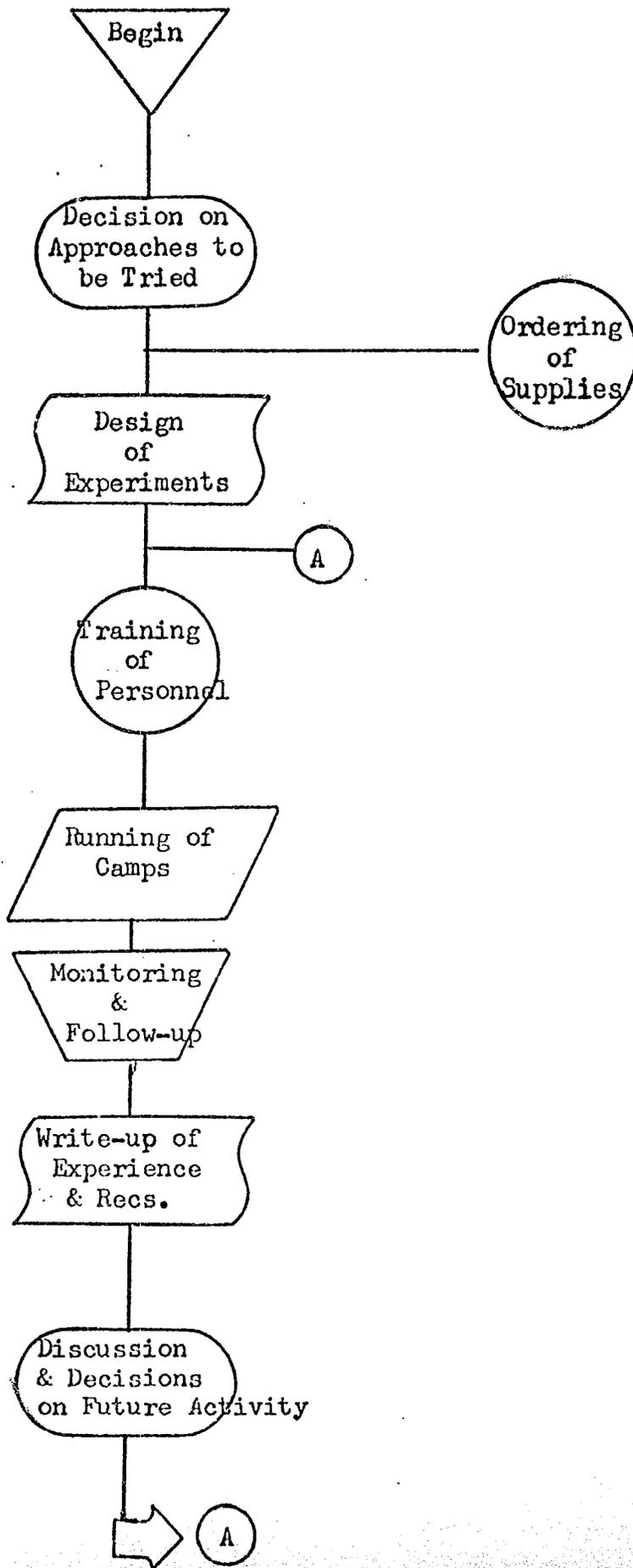


Experimental Administrative Management Project





# Experimental Mass Sterilization Camps



Appendix I

Nepal Family Planning Program Staff

Central Office Staff

Project Chief	1
Deputy Project Chief	2
P. A. to the Chief	1
Administration	25
Fiscal Section	12
Proc. & Supply Section	17
Vehicle Maint. & Driver	13
Information & Education	11
Training Section	19
Central Clinic (Doctor only)	5
Evaluation Section	26
<hr/>	
Central Office Total	132

NEPAL FAMILY PLANNING & MATERNAL CHILD HEALTH PROJECT

Regional & District Staff

S.No.	Regional Office	District	Clinic	R.M.O.	F.P.O.	Nayab Subba	Kharidar	Projectionist	Mukhiya	Nurse	A.H.W.	A.N.M.	H.A.	Driver	Peon	Remarks
1.	Dharan			1	+	1	1	1	1	-	-	-	-	1	4	
2.		Jhapa	a) <u>Bhadrapur</u>	-	-	-	1	-	-	-	-	1	4	1	2	
			b) Gaurigunj	-	-	-	-	-	-	-	-	-	2	-	-	
			c) Sanischare	-	-	-	-	-	-	-	1	-	2	-	-	
			d) Damak HP	-	-	-	-	-	-	-	1	-	2	-	-	
3.		Illam	a) <u>Illam</u>	-	1	-	1	-	-	-	1	1	6	-	3	
			b) Pashupatinagar HC	-	-	-	-	-	-	-	-	-	2	-	-	
4.		Panchthar	a) Rabi	-	-	-	-	-	-	-	-	-	1	-	-	
5.		Morang	a) <u>Biratnagar</u>	-	1	-	1	-	-	-	1	1	8	1	3	
			b) Rangeli Hosp.	-	-	-	-	-	-	-	-	-	3	-	-	
			c) Biratnagar JHA	-	-	-	-	-	-	-	-	-	4	-	-	
			d) Haraicha	-	-	-	-	-	-	-	-	-	2	-	-	
			e) Madhumalla	-	-	-	-	-	-	-	-	-	2	-	-	
6.		Sunsari	a) <u>Dharan</u>	-	1	-	1	-	-	-	1	1	6	-	2	
			b) Inarwa Hosp.	-	-	-	-	-	-	-	-	-	2	-	-	
			c) Bhutaha	-	-	-	-	-	-	-	-	-	2	-	-	
			d) Ittahari H.P.	-	-	-	-	-	-	-	-	-	2	-	-	

S.No.	Regional Office	District	Clinic	R.M.O.	F.P.O.	Nayab Subba	Kharidar	Projectionist	Mukhiya	Nurse	A.H.W.	A.N.M.	H.A.	Driver	Peon	Remarks		
7.		Dhankuta	a) <u>Dhankuta</u>	-	1	-	1	-	-	-	1	1	3	-	3			
			b) Dandabazar HP	-	-	-	-	-	-	-	-	-	-	4	-	-		
			c) Jitpur HP	-	-	-	-	-	-	-	-	-	-	-	3	-	-	
			d) Hang Pang	-	-	-	-	-	-	-	-	-	-	-	2	-	-	
			e) Chuhan Danda	-	-	-	-	-	-	-	-	-	-	-	2	-	-	
8.		Terhathum	a) Terhathum H.C.	-	-	-	-	-	-	-	1	-	2	-	-			
			b) Phyakchamar HP	-	-	-	-	-	-	-	-	-	-	2	-	-		
9.		Sankhuwasabha	a) Chainpur H.C.	-	-	-	-	-	-	-	-	-	3	-	-			
10.		Saptari	a) <u>Raibiraj</u>	-	1	-	1	-	-	-	1	-	6	1	2			
			b) Hanumannagar HP	-	-	-	-	-	-	-	-	-	-	3	-	-		
			c) Bodebarsine HP	-	-	-	-	-	-	-	-	-	-	1	-	-		
			d) Kanchanpur HP	-	-	-	-	-	-	-	-	-	-	3	-	-		
			e) Lahanbazar	-	-	-	-	-	-	-	-	-	-	2	-	-		
11.		Siraha	a) Siraha	-	-	-	-	-	-	1	-	5	-	-				
12.		Udaipur	a) Kalyanpur	-	-	-	-	-	-	-	-	-	1	-	-			
			b) Udaipur Gadi	-	-	-	-	-	-	-	-	-	-	2	-	-		
13.		Bhojpur	a) <u>Bhojpur</u>	-	-	-	1	-	-	-	1	-	3	-	2			
			b) Yaku Birta	-	-	-	-	-	-	-	-	-	-	1	-	-		
14.		Khotang	a) Khotang	-	-	-	-	-	-	-	-	-	2	-	-			

S.No.	Regional Office	District	Clinic	R.M.O.	F.P.O.	Nayab Subba	Xharidar	Projectionist	Mukhiya	Nurse	A.H.W.	A.N.M.	H.A.	Driver	Poon	Remarks
15.		Okhaldhunga	a) <u>Okhaldhunga</u>	-	1	-	1	-	-	-	1	1	3	-	3	
16.	<del>Katmandu</del>	Solukhumbu	a) Aisulukharka	-	-	-	-	-	-	-	-	-	2	-	-	
17.	Hetauda			1	-	-	1	1	1	-	-	-	-	1	4	
18.		Dhanukha	a) <u>Janakpur</u> b) Sabela HP c) Dhabelikhesra HP d) Chisapanibazar HP e) Lahan Patti f) Tara Patti	-	1	-	1	-	-	-	1	1	7	1	2	
				-	-	-	-	-	-	-	1	-	2	-	-	
				-	-	-	-	-	-	-	1	-	1	-	-	
				-	-	-	-	-	-	-	-	-	2	-	-	
				-	-	-	-	-	-	-	-	-	2	-	-	
19.		Mahotari	a) Jaleswar Hosp. b) Gausalabazar HP	-	-	-	-	-	-	-	-	-	2	-	-	
				-	-	-	-	-	-	-	-	-	2	-	-	
20.		Sindhuli	a) Sindhulimadi HP	-	-	-	-	-	-	-	-	-	2	-	-	
21.		Ramechhap	a) Ramechhap HP	-	-	-	-	-	-	-	-	-	2	-	-	
22.		Sarlahi	a) Malangwa Hosp.	-	-	-	-	-	-	-	1	-	3	-	-	
23.		Rautahat	a) <u>Gaur</u> b) Matiwani HP c) Samanpur d) Chautana HP e) Piparia HP	-	1	-	1	-	-	-	1	1	3	-	2	
				-	-	-	-	-	-	-	-	-	1	-	-	
				-	-	-	-	-	-	-	-	-	1	-	-	
				-	-	-	-	-	-	-	-	-	1	-	-	
				-	-	-	-	-	-	-	-	-	2	-	-	
				-	-	-	-	-	-	-	-	-	1	-	-	

S.No.	Regional Office	District	Clinic	R.M.O.	F.P.O	Nayab Subba	Kharidar	Projectionist	Mulhiya	Nurse	A.H.M.	A.N.M.	H.A.	Driver	Poon	Remarks
24.		Bara	a) <u>Kalaiya</u> b) Rampur HP c) Mijgadh HP d) Hardiya HP e) Bariyarpur HP f) Chiutaha HP g) Feta HP h) Gadahal HP i) Hariya HP j) Rampurwa HP k) Simroangadhi HP l) Simara HP				1				1		4 1 2 1 1 1 1 1 1 1 1 1		2	
25.		Parsa	a) <u>Birgunj</u> b) Satwariya HP c) Bistrampur HP d) Langadi HP e) Nichuta HP f) Bageswari		1		1				1	1	5 3 3 3 1 1	1	3	
26.		Chitwan	a) <u>Bharatpur</u> b) Ratnanagar HP c) Sardanagar HP d) Hetauda Clinic e) Palung f) Manahari g) Shivanagar		1		1				1	1	5 1 2 8 1 1 1		2	

S.No.	Regional Office	District	Clinic	R.M.O.	F.P.O.	Mayab Subba	Kharidar	Projectionist	Mukhiya	Nurse	A.H.W.	A.N.M.	H.A.	Driver	Peon	Remarks
27.		Dolakha	a) <u>Dolakha</u> b) Charikot H.C. c) Jiri Hosp.				1						5 3 3		3	
28.		Kabre	a) Dhulikhel b) Banepa HP c) Chautara H.C. d) Bhaktapur Hosp. e) Katunjya Hosp f) Thimi H.C. g) Barhabise h) Bhumlitar		1		1				1	1	3 3 2 2 5 2 1 1		2 1 1	
29.		Lalitpur	a) <u>Lalitpur</u> b) Dhapakhel c) Bhetta Danda		1		1				1	2	5 2 2		2	
30		Kathmandu Central Office	a) Central clinic b) Training Section c) Supply Section d) Information Sec. e) Bir Hospital f) Prasutigriha g) Gokarna P. Sewa h) Kanti Hospital i) Thankot Hospital j) Kirtipur Clinic k) Budhanilkantha l) Sankhu							6 1 1 1	3 1	4	7 2 2 2 1 1 1 2 1	1	5	

S.No.	Regional Office	District	Clinic	R.N.O.	F.P.O.	Nayab Subba	Kharidar	Projectionist	Mukhiya	Nurse	A.H.V.	A.N.M.	H.A.	Driver	Peon	Remarks
31.		Muwakot	a) <u>Trisuli</u> b) Muwakot HC c) Khairanitar d) Chardhara e) Chaugadhe f) Tupache g) Chaugadha h) Battar i) Chaturali j) Amthang k) Buntary l) Samari m) Bhairabi Panchayat		1		1		1	1	1		2 2 2 1 1 1 1 1 1 1 1 1		2	
32.		Dhading	a) Dhading										2			
33.	Pokhara			1		1	1	1	1					1	4	
34.		Gorkha	a) <u>Gorkha</u> b) Jaubari HC		1		1				1	1	3 2		3	
35.		Tanahu	a) <u>Damoli</u> b) Bandipur Hosp.		1		1				1		4 2		2	

S.No.	Regional Office	District	Clinic	R.M.O.	F.P.O.	Nayab Subba	Kharidar	Projectionist	Makhiya	Nurse	A.H.W.	A.N.M.	H.A.	Driver	Peon	Remarks
36.		Kaski	a) Pokhara b) Deurali Unit c) Batulichaur d) Shiva Ghat e) Pokhara Nagar P.		1		1				1	1	4 2 2 1 1		2	
37.		Parbat	a) Dansingh Mohriya b) Kusma HP										2 2			
38.		Lamjung	a) Besisahar										4			
39.		Syangja	a) Syangja b) Waling HP c) Biruwa Bazaar d) Garang Ghayling HP e) Chilauney Bas		1		1				1		4 1 1 2 2		2	
40.		Baglung	a) <u>Baglung</u> b) Galkot c) Darwang		1		1				1		3 2 1		3	
41.		Myagdi	a) Benibazar										2			
42.		Mustang	a) Danabazar										3			
43.		Piuthan	a) Piuthan HP										2			

S.No.	Regional Office	District	Clinic	R.M.O.	F.P.O.	Nayab Subba	Kharidar	Projectionist	Mukhiya	Nurse	A.H.W.	A.N.M.	H.A.	Driver	Peon	Remarks
44.		Rupandehi	a) <u>Bhairahawa</u> b) Butawal Hosp c) Ghakai HP		1		1				1	1	6 3 1	1	2	
45.		Kapilbastu	a) Taulihawa Hosp. b) Lumbini HP c) Shivaraj HP										2 1 1			
46.		Nawalparasi	a) Parasi Hosp.										2			
47.		Palpa	a) <u>Palpa</u>		1		1						4		2	
48.		Gulmi	a) Tamgha HC								1		2			
49.		Arghakhanchi	a) Kanchi Thada b) Deuri Archeleya										2 2			
50.	Dhangadhi			1		1	1	1	1					1	4	
51.		Dang	a) <u>Dang</u> b) Bijauri HP c) Gadhawa HP		1		1				1		3 2 2	1	3	

1 3 1 4 1 1 1 1 2 2

S.No.	Regional Office	District	Clinic	R.M.O.	F.P.O.	Nayab Subba	Kharidar	Projectionist	Mukhiya	Nurse	A.H.W.	A.N.M.	H.A.	Driver	Peon	Remarks
52.		Banke	a) <u>Neralguni</u> b) Bageshwari c) Barkati d) Belbhar e) Shabaniyapur f) Gaunpharka g) Jayaspur h) Kamadi i) Khajura j) Paraspur k) Udaipur		1		1		1		1	1	6	1	2	
53.		Surkhet	a) <u>Surkhet</u> b) Dailekh HC c) Jumla d) Bardiya		1		1				1		5		2	
54.		Kailali	a) <u>Kailali</u> b) Ehazani HC		1		1				1		5	1	2	
55.		Kanchanpur	a) <u>Mahendranagar</u> b) Mahendranagar Punarbas		1		1				1	1	5		2	

S.No.	Regional Office	District	Clinic	R.M.O.	F.P.O.	Nayab Subba	Kharidar	Projectionist	Mukhiya	Nurse	A.H.W.	A.N.M.	HA	Driver	Peon	Remarks
56.		Doti	a) <u>Doti</u>		1		1					2	5		2	
57.		Dadeldhura	a) Dadeldhura Hosp.										2			
58.		Baitadi	a) Baitadi HC										2			
59.		Achham	a) Achham HC										2			
60.		Bajhang	a) Bajhang HC										2			
61.		Jajarkot	a) Jajarkot HC										2			
Total				4	26	3	34	4	6	10	42	31	407	14	92	

Appendix II

Nepal Family Planning Participants

FY68 - FY73

<u>Subject</u>	<u>Total # Participants</u>	<u># Returned</u>	<u># In Training</u>	<u># Scheduled for Training in 1973-74</u>
FP Project	13	13		
Observation of FP Method	10	10		
Public Health Administration	2	2		
Health Education & Communication	5	2 <sup>2</sup>		3
Bio-Statistics & Evaluation	3	3		
Nursing in FP	8	6		2
Population Planning	2	1		1
Administrators Seminar	22	12		10
FP Leadership Seminar	10	10		
Nursing Certificate	24	7	17	
Assistant Nurse Midwife	37	20	17	
Demography	2	1	1	
Planning & Management of Population/FP	2	2		
FP Administration	3	1		2
FP Staff Training	4	2	1	1
B. Sc. Nursing	6		6	
Supply Management	1			1
Observation of Medical Aspect	3			3
Surgical Procedures	1			1
Fiscal Administration	1			1
Training of ANM	1			1
Gynecological Procedures	1			1
Total	<u>161</u>			

Appendix III

Nepal Family Planning Program

Budget Information 1968-1974

<u>Year</u>	<u>Total Budget</u>	<u>HMG Contribution</u>	<u>USAID Contribution</u>	<u>Expenditure</u>
1968	5,01,000/-	1,01,000/-	4,00,000/-	4,29,730/-
1969	20,20,000/-	4,80,962/-	15,39,038/-	16,95,067/-
1970	39,99,000/-	8,74,750/-	31,24,250/-	31,71,880/-
1971	68,88,000/-	16,47,000/-	52,41,000/-	48,99,549/-
1972	75,00,000/-	18,75,000/-	56,25,000/-	40,31,637/94
1973	53,00,000/-	18,66,200/-	34,65,800/-	43,93,056/-*/
1974	65,00,000/- (Proposed)	25,00,000/-	40,00,000/-	(upto end of 3rd quarter)

UNICEF

1972	\$29,500
1973	\$25,000 (mid June)
1973 (mid June) to 1975 (mid June)	\$30,000

\*/ Expenditure to end of 3rd quarter

## APPENDIX IV

### EXPERIMENTAL FAMILY PLANNING ACTIVITIES

INTRODUCTION: It will be noted that much of what appears here under the heading of "experimental" could actually be considered to be integral parts of any good family planning program. We have separated these out for two reasons:

- (a) to emphasize the point that decisions involved may be critical to the future success of the program, i.e., that they should not be taken lightly; and
- (b) to ensure that where uncertainties exist in the use of a particular method or technique, decisions will be made on a logical basis after trial and experimentation in the Nepalese cultural setting.
- (c) It should also be noted that two types of experiments are already in process in four districts.

In Banke and Trisuli districts, family planning house visitors are being used. These workers have no clinic responsibilities and spend full-time in the field. Initial data gathered from these districts seem encouraging. Pill continuation rates, for example, seem to be much higher (approximately 55% after 12 months use) than elsewhere in Nepal (where rates seem to vary between 5 and 35% after 12 months use). The experiments and data analysis are continuing.

In Bara and Kaski districts, family planning experiments in the context of an integrated health delivery system are now in process. The experimental pattern was described earlier in the section entitled "Related USAID Projects." Properly, however, the integrated health experiment should be considered a part of this project, since all family planning components in the experimental districts are financed under project 096.

Following is a summary of additional experimental activities proposed.

Experimental Activities Synopsis

A. Administrative Management Activity

This experiment aims at improving national -- and district -- level administrative and management capability. Techniques to be tested could include variables related to supervisory functions, administrative rewards and sanctions, staffing patterns, use of program feedback data, and complementary manpower development actions.

Innovations are to be tested in several districts with the present delivery system. A two-phase approach might be used. The improved information feedback system would be linked to a more rational use of present management techniques (such as worker supervision, <sup>promotions,</sup> transfers, and dismissals). If this is found to be insufficient, the second phase might include further modifications in the rewards and sanctions used. These might include special bonuses for workers, special grades, special training activities, etc. - - - all linked to objective measures of worker's actual performance on the job.

B. Extended FP Field Services Activity

This activity will attempt to develop improved FP services for fertile married couples in their own homes. The experiment will use workers who assigned exclusively in the field; they

will have no clinic responsibilities. The main goal of the activity is to develop a field worker who is capable of delivering effective and continuous FP service which includes a population survey, motivation of married fertile couples, follow-up, and resupply of acceptors. Again, the information feedback system will be employed to assist in evaluating the performance of these workers, as well as in improving management decision-making.

C. Mass Sterilization Experiments

This activity will attempt to explore the potential of mass sterilization camps to increase the number of sterilization acceptors. The experiment will draw upon knowledge gained from recent experience with a laparoscope camp in Nepal and the experience of mass vasectomy camps in India to develop an approach which would be capable of attracting and providing high quality sterilization service for large numbers of persons in one place and at one time. It is anticipated that this activity would be particularly appropriate for remote areas where field workers cannot be economically stationed on a full-time basis. In addition to increasing the number of sterilizations a goal of the experiment will be to provide additional training to doctors

who perform sterilization operations and to upgrade the standard and quality of the sterilization program in Nepal.

D. Extended Conventional Contraceptive Distribution Activity

This experiment will attempt to develop a contraceptive distribution pattern outside of the Family Planning program that is capable of making conventional contraceptives readily, conveniently, and cheaply available to all persons who wish to obtain them. Most of the distribution would probably be through commercial channels but the use of other organizations would also be explored. An attempt will be made to educate all members of the fertile population to the types of contraceptives available and to the locations (including shops, offices and factories) where they can be obtained. The basic goal of this activity will be to make modern contraceptives readily and continuously available to all persons who desire them regardless of how far they live from a FP clinic or a FP worker.

E. Model FP Services Delivery System Activity

The purpose of this experiment is to combine as many of the features from other experimental activities and experience as seem appropriate into a single project. The goal will be to develop an appropriate "mix" that can be

further developed into a model delivery system capable of being widely introduced elsewhere in Nepal. This activity should best wait for other experiments to mature and be evaluated before the "mix" is tried and a model developed. Ideas and innovative thinking however will emerge continuously as the other experiments are underway, and will contribute significantly to the development of the model delivery system. This phased approach should ensure that a viable, reasonable, and workable model is developed which is suited to Nepal's human and financial resources.

F. Management and Evaluation Feedback System Activity

This activity will attempt to develop a rapid information feedback system which is capable of providing detailed information quickly enough to be used: (a) for ongoing up-to-date evaluation of the specific experimental projects as well as of the family planning program; and (b) for supervision, management, and decision-making. It is expected that the rapid feedback system will provide information that is worker-, client-, and contraceptive-specific. Ultimately the system will require the use of a centralized computer capability. It is expected that this activity will begin during the first contract year because it will be a valuable tool in the monitoring and analysis of other experimental activities.

G. Evaluation of New FP Methods

This activity will determine the role that newly introduced contraceptives should have in the family planning program. These contraceptives include new types of lubricated and colored condoms, C-Film, Depo-Provera, new types of IUDs, the laparoscope, and female conventionals such as foaming contraceptives.