USAID/NEPAL EVALUATION REPORT
FY 1982-9

Integrated Rural Health/Family Planning Services Project
(367-0135)

Recommendations:

1. The review of MOH organizational components and the satisfaction of Condition Precedent, Section 4.2 of the Project Grant Agreement should be given priority attention by USAID and HMG.

2. CHIP should intensify efforts to recruit additional staff.

3. Administrative, supervisory, training and other program management issues identified in the recently completed Panchayat Based Health Worker (PBHW) Evaluation should be reviewed carefully and corrective strategies implemented.

4. The Ministry of Health should plan to absorb up to 50% of the support cost of PBHWs by 1983.

5. USAID and HMG should continue to explore alternative payment arrangements for the Voluntary Surgical Contraception (VSC) program and determine if modifications in the current payment system are required.

6. AID Nepal and the Ministry of Health should consult with the Royal Drug Company to develop a plan to provide adequate drugs for the project in a timely manner.

7. AID Nepal and HMG should encourage closer coordination between CHIP and NMEO.

HFP:ASAnderson AS Anderson

PDIS:JBallantyne Janet Ballantyne

FM:REDropik REDropik

PRM:WBNance

D:DJBrennan DJBrennan

September 1982

BEST AVAILABLE

8. CHIP should concentrate on improving its financial disbursement record.

9. Based on site selection criteria, HMG should identify sites and procure required land for each of the facilities to be constructed with project funding.

Attachment: Integrated Rural Health/Family Planning Services Project Issues Paper
September 30, 1981

Report of The First Joint Annual Evaluation
For
Integrated Rural Health/Family Planning Services Project
(367-0135)
October 22, 1981

Evaluation Setting

The first joint annual evaluation of IRH/FPS project was held on October 22, 1981 in AID/Nepal Conference Room. The evaluation was chaired by the Office of Program and it was attended by the following participants:

MOH	:	Dr. F.B. Malla Dr. B.N. Vaidya
DOH	:	Dr. H.D. Pradhan
FP/MCH Project	:	Dr. K. Vaidya
NMEO	:	Dr. G.M. Sakya
A/D	:	Mr. T.L. Rose
A/AD	:	Mr. D.R. Pickett
HFP	:	Dr. G.V. van der Vlugt Ms. G. Gilbert Mr. C.J. Hunter Mr. D.R. Khadgi Mr. F.B. Thapa Mr. D.J. Thapa Mr. B.P. Rana
RAD	:	Ms. L. McPherson
PDIS	:	Mr. S. Freundlich
ARC	:	Dr. L. Mailloux
FM	:	Mr. M.R. Sharma
PRM	:	Mr. W.B. Nance Mr. R.C. Shrestha

Evaluation Purpose

The purpose of the evaluation was to assess the progress being made by the project and to address the issues noted in the IRH/FPS Issues Paper (attached).

Project Accomplishments

See Issues Paper

Project Schedule

The project was found to be behind schedule by 4-6 months as indicated in the Issues Paper. The reasons for the delay were discussed as noted below.

Major Discussion Points

It was acknowledged that some delay had occurred in the signing of the TA contract for the project. The reasons for the delay were primarily attributed to lengthy discussions required in determining the appropriateness of designating this TA contract as a minority or small business set aside. Two of the original advisors identified (Health Planner and the Family Planning Specialist) were no longer available and it was anticipated that the entire team would not be in place until July, 1982.

PIL No. 26 extended the terminal date for the program review of HMG/N's Organizational Plan to April 1, 1982 due to delays involved in TA contracting and the crucial role the TA Team must play in the development of the Plan. It was reported that the MOH had taken steps to strengthen its organizational structures. However, the changes will take place gradually and the plan will be prepared and amended, as needed, in order to strengthen the management capability of MOH to carry out the project.

The Chief of CHIP was away from Kathmandu for six months in 1981. However, it was reported that steps had been taken to make the Deputy Chief more effective during the former's absence and that hiring the staff and movement on building construction matters were underway.

Referring to the problem of integrating the Family Planning (FP) workers with CHIP at the conclusion of the FP program in a district, it was reported that CHIP did not have the vacant sanctioned positions to absorb the FP workers. The

Evaluation Team expressed the hope that perhaps in future with advance planning and coordination between CHIP and the FP/MCH Project, the displaced FP workers in a district could be absorbed by CHIP through timely sanctioning of necessary positions. It was felt that the effectiveness of the FP program at the district level could be maintained by integrating the program into CHIP. It was also noted that the pace at which the vertical health programs would be integrated with CHIP would be gradual and that until integrated the vertical programs would continue to be run as usual. Even if positions were available within CHIP for the displaced FP workers immediately, it was pointed out that inadequate office space was another problem. This problem should be resolved, however, with plans to move CHIP temporarily into a larger rented building and eventually into a new CHIP headquarters being constructed with UNFPA assistance.

On a related point, it was reported that CHIP would need more staff. While the numbers and positions were not identified during the discussion, this problem was recognized as a crucial one, which if not resolved, could have a devastating effect on the project.

The adequacy/inadequacy of training for PBHWs was discussed and it was concluded that a revised strategy with respect to their recruitment and training should be adopted in order to make them more effective in their job performance. Also, needs for initiating refresher training periodically for PBHWs and for preparing training manuals were expressed. The project's support for the existing 1500 PBHWs should continue, however, it was pointed out that HMG/N should plan ahead and be prepared to absorb at least 50% of the support cost of PBHWs by FY 1983.

It was pointed out during discussion that the mechanics of financial disbursement, including questions of how much one was authorized to spend, who was to control funds in the district and which Ministry (MOF or MOH) was to perform audits, had not been clear to MOH staff, thereby resulting in low expenditure of project funds. Moreover, the vertical health programs received the project funds directly and the CHIP regular staff, the NMEO and FP developmental staff were governed by a different set of rules. It was noted that with the recent involvement of the MOH Planning Unit in financial disbursement, the mechanics of spending should be better understood and the expenditure rate should increase.

With regard to the Voluntary Surgical Contraception (VSC) program, it was noted that the VSC camps were going on smoothly with clinical training (12 doctors had been trained) and that the people were increasingly coming to the camps. The consent forms are available in all districts and those persons undergoing

operations are required to sign the consent forms. The candidates are first screened by the screening physician to make sure that only medically qualified clients who also met established criteria are referred for sterilization procedures. About 10% of the candidates are rejected by the screening physician. The quality of camp performance was reported to be good and the VSC acceptance rate increasing. An experiment using a per session payment system is currently underway. A report of the effect of this payment system is due shortly and should offer evidence as to whether the system is workable on a broader scale. Also, other alternative VSC payment systems are under discussion. It was pointed out that resolution of this payment problem is of extreme importance to the project.

At the time the project was designed initial plans called for basic drugs for the project were to be supplied through Royal Drug Company. Due to statutory regulation requiring a waiver for non-US procurement of drugs and pharmaceuticals and the current questions concerning Royal Drug's production capabilities, this plan has not been implemented. In order to maintain adequate supplies the capacity of the Company has to be increased. Additional machinery has been ordered under UNICEF assistance. UNICEF is also providing technical services to the Company. For the present, MOH buys 90% of Royal Drug's products. If the production increases, work standards also should be upgraded to insure high quality in the increased products. A working group has been established to work out details acceptable to the parties concerned.

During discussion of construction of health posts, it was pointed out that HMG had been developing Site Selection Criteria since July 1981. It was expected that the criteria would be completed shortly. In the meantime, it was reported that HMG/N had selected ten sites for health posts (6 of them met the suggested criteria) and approved one RAD health center site. It was noted that the new Site Selection Criteria and periodic visits to the approved construction sites by the AID/N Engineer for preliminary site inspection should improve the construction aspect of the project. It was also mentioned that the phase-wide construction, starting with accessible areas and later moving into the more difficult areas, would help to achieve uniformly acceptable construction standards for the project.

There was discussion of ways to improve coordination between CHIP and NMEO. It was noted that extra care would be taken so that no integrated districts requiring malaria insecticide spraying next year would be left out. Both NMEO and CHIP expressed willingness to coordinate more in the integrated districts.

One problem was reported in that the number of sprayers in working condition was inadequate and that a lot of spareparts would be required to make repairs. It was pointed out that to provide the sprayers and spareparts, funds reserved for insecticide procurement should be reduced and provided for the procurement of the sprayers and the spareparts. This action was subsequently taken.

Integrated Rural Health/Family
Planning Services Project
Issues Paper

Project Description

The purpose of the Integrated Rural Health/Family Planning Services (IRH/FPS) Project is to assist HMG/N in developing an integrated public health system for: a) the delivery of effective rural health services, b) the delivery of effective family planning services, and c) the control of malaria. AID/Nepal inputs for the Project will include technical assistance, participant training, commodities, construction assistance and local cost support to the HMG/N Ministry of Health (MOH) which will have primary responsibility for implementation of the Project.

Project Background and Accomplishments

The IRH/FPS Project is a follow-on Project to the three AID/Nepal assisted Projects: Integrated Health Services, Population/Family Planning, and Malaria Control. AID/Nepal assistance for Integrated Health Services and Population/Family Planning Projects are overlapping with assistance for the IRH/FPS Project in order to accomplish the orderly phase out of the two Projects and the integration of their activities into the IRH/FPS Project. The two Projects are to be terminated by the end of September 30, 1981 with assistance for IRH/FPS Project to continue until September 30, 1984.

The Project Grant Agreement for IRH/FPS Project was signed between HMG/N and AID/Nepal on August 31, 1980 and contained two assistance components, technical assistance and construction assistance. The Grant Agreement called for a total investment of approximately $104.3 million ($34.2 million in U.S. grant funds and U.S. $70.1 million equivalent in HMG/N contribution). A five-year contract between AID/N and John Snow Inc. (JSI) of Boston was signed on August 31, 1981 to provide the necessary technical assitance to HMG/N for the implementation of this Project.

The purpose of the present evaluation is to assess the progress being made by the IRH/FPS Project, including its implementation problems, if any. Since the signing of the IRH/FPS Project Grant Agreement, the following progress has been made:

1. Construction Component:

   The Project is to a) construct ten complete Health Posts with staff quarters, b) rehabilitate twenty existing Health Posts, c) construct three Regional Warehouses, d) construct two District Health Centers with 15-bed hospitals in each, e) construct two VSC centers (carried over from the Population/Family Planning Project), and f) renovate one warehouse at Teku, the last two items being additions made to the Project after the signing of the Grant Agreement.

   i. The Construction Coordinator for the Project Mr. D.J. Thapa, was hired on July 9, 1981. The Construction Development Committee (CDC) chaired by Dr. F.B. Maila, Planning Chief, MOH, with memberships of

Dr. Gerold V. van der Viugt, AID/Nepal; Mr. P.J. Thapa, AID/Nepal; and Mr. B.K. Pradhan (Member-Secretary), AID/Nepal; was formed in July 1981. The first meeting of the Committee was held on September 9, 1981.

2. Draft Site Selection Criteria for selecting construction sites for the Health Posts for the Project has been prepared by the CDC. The criteria are being discussed with higher HMG/N officials to receive MOH clearance and will be updated for further review by the CDC and final AID/Nepal and HMG/N clearances.

3. An advertisement was made in the local newspaper on September 10, 1981 to receive letters of interest from A&E firms for the design and supervision of the constructions involved in the Project. The last day to receive the letters of interest has been fixed as September 28, 1981. So far 10 A&E firms have shown interest in the subject construction.

4. HMG/N Land Acquisition Committees have been formed for obtaining land required for Rasechhap and Sallyan. Land acquisition for the Piuthan site is under discussion between CDC members.

5. A A&E firm is in process of doing the design and supervision of the renovation of the Teku warehouse and the design of two VSC centers for Birganj and Nepalgunj. The land for the construction of VSC center in Birgunj has been procured. The land procurement for Nepalgunj is in process. Changes in the original VSC unit designs have to be initiated and will be approved by HMG/N and AID/N prior to the beginning of construction on these sites.

6. A list of twenty six prospective health post sites has been informally provided to AID/Nepal for construction/renovation of the health posts without making any formal decision as to which ones HMG/N wants to select after the application of the Selection Criteria which remains to be approved by HMG/N.

II. Technical Assistance Components

1. A five-year contract with JSI of Boston was signed on August 21, 1981 to provide the technical assistance for the Project and the Chief of the Party arrived Kathmandu on September 9, 1981 and will depart Nepal on September 25 for 1 month U.S. TDY. Two additional team members are expected to arrive Kathmandu by October 27, 1981.

2. Protective clothing worth $40,000 for the malathion sprayers was made in Nepal and has been distributed to the malaria field workers in NMEO and CHIP districts.

3. Some Project commodities for FY 1982 have been ordered.

9

4. Participant Training ($ funded):

   4 L/T (long term) training in U.S. awaiting Departure o/a Jan. 82.
   2 L/T training in U.S., funded from Project 0096, switched to this Project funding.
   4 L/T training in U.S., funded from Project 0096, being switched to this Project funding.

5. Applicable Grant Agreement CPs were met by HMG/N and the Project received 22% of receivable funds during FY 80/81. PIL #26 extends Section 4.2 CP deadline to April 11, 1982 for MOH organizational review and PIL #27 extends Section 5.8 deadline to August 31, 1982 for producing an alternative VSC payments system.

6. 10 accountants, including 1 Senior Accountant, have been hired for CHIP from an approved accountants position of 23. Previously there was one Statistician handling all accounts.

7. Financial Management and Logistic Management Training programs for all FP management personnel were held.

8. Training programs for IUD insertion for nurses and training of trainers in FP were conducted and supervision manual was prepared.

9. Insecticide Safety Monitor (ISM) Mr. P.B. Thapa was hired from April 5, 1981 and training as well as refresher training were provided by him to the malaria personnel from NMEO and CHIP on safe use of malathion.

10. Insecticide trials of three new insecticide 1) attellic, 2) ficam (bendiocarb) and 3) sumithion (fenitrothion) is in progress in Lumbini Unit of Rupandehi District and expected to be completed in three months time.

11. Antimalaria drug trial, (1 day radical treatment of malaria vs 5 day treatment) has been completed on Eastern Nepal and the report is being written.

12. The daily wage rate for the malaria sprayers has been raised from Rs 6.40/6.60 to Rs 10.00 following the recommendation of ISM.

13. NMEO Board meetings have been held as scheduled and the Regional Malaria Advisor has visited Nepal four times as scheduled.

14. The Malaria Plan of Action for 81/82 has been prepared and approved.

15. CHIP is in the process of moving from a small house to a larger rental building and part of MOH has moved into the FP building displacing some of the FP staff. PNFPA will construct a new building at Teku for CHIP.

10

16. The Integrated Health Services Development Board was formed in December 1980. With the formation of the Board CHIP can now receive development funds like other vertical programs (malaria and family planning). The Board has already met several times.

17. Construction of two VSC centers previously to be funded from Project 0096 has been shifted to this Project for funding and the renovation of Teku warehouse has also been included under this Project for financing.

18. VSC (Laparascopy and Vasectomy) training (approx. 12 vasectomy physicians) trained in rural areas.

19. One year extension of the CRS Project contract with Westinghouse Health Systems was accomplished with 50% financing under this Project of the cost for a one year extension.

20. Peace Corps - CHLD Program (CHIP) training in progress (PIL #18).

21. 1,172 PBHW in place (FP/MCH).

22. Completed Evaluation of PBHW Program by New Era.

23. Held 1st Seminar on increasing physicians awareness re FP in Nepal.

Project Schedule

Although the Project has carried out many actions it is behind schedule by 4-6 months in several areas due to the late signing of the TA contract and the consequent late arrival of the TA Team personnel.

Implementation Problems

1. The late signing of the TA contract has delayed the initiation of TA related activities in Logistics and Health Planning Unit. TA team members are not yet in the country and even after their arrival it will take some time before they can begin their TA work. This means that the Organizational Plan and Actions which the team will prepare be further delayed.

2. The Chief of Staff of CHIP has been absent since May to the present time and his absence is creating a lack of program leadership for the project.

3. FP, Malaria, and the CHIP programs are being run vertically while the purpose of the Project is to integrate all vertical Projects under the Secretary of Health for 23 districts to be integrated by September 30, 1985. The present practice has been such that in a district where FP program has been integrated with CHIP, all the FP workers are either fired or withdrawn from that district and placed in another district to carry on the FP program instead of integrating the FP workers with CHIP. Thus, with integration, FP program in that particular district may become

less effective due to lesser attention being given to the Program than before. Also, more participants are being trained by the FP Project and none are being trained under auspices of CHIP.

4. The financial disbursement system in CHIP has problems but is improving.

5. A non percase payment system for VSC satisfactory to all parties as called for by Section 5 covenant of the Grant Agreement is being discussed. FPAN is trying a new system on trial basis.

6. The Site Selection Criteria for selecting construction sites for the Project has not been approved by HMG/N. The sites have not been selected and without identification of construction sites, the construction related activities and constructions cannot begin. If a long delay is made in identifying the construction sites, all the constructions planned under the Project cannot be completed within the life time of the Project. The current problem in identifying the construction sites partially based on the Site Selection Criteria yet to be approved, appears to have stemmed from the fear on the part of HMG/N officials that they would loose flexibility in approving construction sites based on criteria other than those approved by AID/Nepal.

7. If the construction sites are scattered, the construction by a recognized or HMG registered construction contractors may have to be altered making construction by small unregistered contractor the norm. This would raise question about uniformly acceptable standards and would be contrary to AID/N contracting standards.

8. The land for VSC Center construction in Nepalgunj hospital compound is yet to be finalized.

9. The second cycle of malathion spraying in integrated districts did not go well as scheduled. The spraying did not take place due to lack of a) budget for spraying, b) workable spraying equipment, and c) difficulties in transporting malathion to the required areas during rainy season. This seems to indicate lack of advance planning and coordination between CHIP and HMEO personnel at the central as well as field level. The absence of spraying during the second cycle may cause the rise of malaria cases during the next year.

10. ISM field reports indicate that there is a great need for sprayers and their spare parts in the field to insure safe, economical and effective spraying of malathion. The reports also point out the need for good inventorying of workable sprayers and the difficulty of storing malathion in the field.

11. 30% of reported malaria cases are imported from India which is an area that requires continuing attention by the joint India/Nepal working group.

12. Thirteen additional accountants for CHIP should be required.

Project Issues

1. What led to the delay in the signing of the TA contract for this Project?

2. How soon can the full contract team arrive Kathmandu and begin to assist in Project implementation?

3. When will an acceptable Organizational Plan for MOH be prepared?

4. When will the Chief of staff of CHIP come back? What can be done to obtain the missing CHIP leadership during the absence of the Chief.

5. Is HMG/N planning and practice supportive of integration of health services? What needs to be done to make progress in integrating the public health services? How does AID/N through this Project support HMG/N objective?

6. How can the financial disbursement system be improved?

7. How to insure proper monitoring/surveillance of VCs.

8. When will the supply of drugs from Royal Drugs or other source begin?

9. HMG/N has not approved the Site Selection Criteria or selected construction sites for the Project. What impact will this delay have on the size and scope of Project construction program? What action should be taken?

10. Is Project construction sites visit to be made prior to HMG/N confirmation of construction sites or after HMG/N confirmation?

11. How can the coordination of CHIP and NMEO at the central and district level be worked out to ensure proper implementation of the Malaria Program as planned?

12. What will be done to provide the sprayers and their spareparts for the proper spraying of malathion? How can storage of malathion in the field be facilitated?

13. Projects 0096 and 0125 are being terminated at the end of 9/30/81. Is the overlap of the two Projects with this Project sufficient to make an orderly integration of their activities into the IRH/FPS Project?

14. Is the space at Teku adequate for the displaced FP staff? If it is not, what provision is going to be made to provide adequate space for them?

15. Is the staff for IRH/FPS adequate?

16. The project has earmarked all but $2,000 of currently obligated $7.8 million. $1.2 million for local cost support against projected 1982 Project obligations is already tied up in PIL's. Will there be adequate obligation to cover present project plans or should the project be formally scaled back.

16. Is training for PBHWs proving adequate for their job performance in support of this Project? Is local support of the PBHW program an effective use of project funds?

17. Is project support of Voluntary Surgical Conception programs effective?

PRM:RCShrestha:prs
September 30, 1981