

ISN 68346

FILE

| | | |
|--|--|-----------------------------|
| AGENCY FOR INTERNATIONAL DEVELOPMENT PROJECT PAPER FACESHEET | 1. TRANSACTION CODE <input checked="" type="checkbox"/> A ADD <input type="checkbox"/> C CHANGE <input type="checkbox"/> D DELETE PD-APP-799 | PP 2. DOCUMENT CODE 3 |
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| | |
|---|---|
| 3. COUNTRY/ENTITY NEPAL | 4. DOCUMENT REVISION NUMBER <input type="text" value="1"/> |
| 5. PROJECT NUMBER (7 digits) <input type="text" value="367-0126"/> | 6. BUREAU/OFFICE A. SYMBOL: ASIA B. CODE: <input type="text" value="04"/> |
| 7. PROJECT TITLE (Maximum 40 characters) <input type="text" value="INTEGRATED HEALTH SERVICES"/> | |

| | |
|--|---|
| 8. ESTIMATED FY OF PROJECT COMPLETION FY <input type="text" value="810"/> | 9. ESTIMATED DATE OF OBLIGATION A. INITIAL FY <input type="text" value="716"/> B. QUARTER <input type="text" value="4"/> C. FINAL FY <input type="text" value="719"/> (Enter 1, 2, 3, or 4) |
|--|---|

| 10. ESTIMATED COSTS (\$000 OR EQUIVALENT \$) - Rs 11,90 NC | | | | | | |
|--|--------------------|--------------|--------------|-----------------|---------------|---------------|
| A. FUNDING SOURCE | FIRST FY <u>76</u> | | | LIFE OF PROJECT | | |
| | B. FX | C. L/C | D. TOTAL | E. FX | F. L/C | G. TOTAL |
| AID APPROPRIATED TOTAL | 426* | | 426* | 3,577 | | 3,577 |
| (GRANT) | (426) | () | (426) | (3,577) | () | (3,577) |
| (LOAN) | () | () | () | () | () | () |
| OTHER U.S. 1. PL 480 (INDIA) | | - | | | 860 | 860 |
| 2. | | | | | | |
| HOST COUNTRY | | 4,153 | 4,153 | | 13,498 | 13,498 |
| OTHER DONOR(S) | 1,259 | - | 1,259 | 4,091 | | 4,091 |
| TOTALS | 1,685 | 4,153 | 5,838 | 7,668 | 14,358 | 22,026 |

| 11. PROPOSED BUDGET APPROPRIATED FUNDS (\$000) | | | | | | | | | |
|--|-------------------------|--------------------|---------|---------------------|---------|---------------------|---------|---------------------|---------|
| A. APPROPRIATION | B. PRIMARY PURPOSE CODE | PRIMARY TECH. CODE | | E. 1ST FY <u>76</u> | | H. 2ND FY <u>77</u> | | K. 3RD FY <u>77</u> | |
| | | C. GRANT | D. LOAN | F. GRANT | G. LOAN | I. GRANT | J. LOAN | L. GRANT | M. LOAN |
| (1) HE | B 534 | 530 | | 426* | | 116 | | 225 | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| TOTALS | | | | 426 | | 116 | | 225 | |

| A. APPROPRIATION | N. 4TH FY <u>78</u> | | O. 5TH FY <u>79</u> | | LIFE OF PROJECT | | 12. IN-DEPTH EVALUATION SCHEDULED |
|------------------|---------------------|---------|---------------------|---------|-----------------|---------|--|
| | D. GRANT | P. LOAN | R. GRANT | S. LOAN | T. GRANT | U. LOAN | |
| (1) HE | 685 | | 2,125 | | 3,577 | | MM YY <input type="text" value="11"/> <input type="text" value="07"/> |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| TOTALS | 685 | | 2,125 | | 3,577 | | |

13. DATA CHANGE INDICATOR. WERE CHANGES MADE IN THE PID FACESHEET DATA, BLOCKS 12, 13, 14, OR 15 OR IN PRP FACESHEET DATA, BLOCK 12? IF YES, ATTACH CHANGED PID FACESHEET.

1 = NO
 2 = YES

| | |
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| 14. ORIGINATING OFFICE CLEARANCE SIGNATURE: <i>Julius E. Coles</i> TITLE: Julius E. Coles, Acting Director | 15. DATE DOCUMENT RECEIVED IN AID/W. OR FOR AID/W DOCUMENTS. DATE OF DISTRIBUTION DATE SIGNED: MM DD YY <input type="text" value="01"/> <input type="text" value="02"/> <input type="text" value="78"/> <input type="text" value="01"/> <input type="text" value="05"/> <input type="text" value="78"/> |
|--|--|

AID 1330-4 (13-78) *Includes \$202,000 carried over from Project 367-0227

A. Recommendation

Approval of an increase in life of project funding from \$ 2,195,563 to a new total of \$ 4,437,563. The project was approved on June 9, 1976 to extend the project through 1980 at a total life of project level of \$ 2,195,563. The funding level included \$ 1,247,246 in new obligation authority, \$ 203,056 obligated to a technical services contract and carried over from the predecessor project Integration of Health Services 367-0227, and \$ 745,261 equivalent in PL 480 local currency. The increase of \$ 2,242,000 is composed of \$ 2,127,000 in appropriated US dollars and \$ 115,000 equivalent in local currency generated from PL 480 sales to India.

B. Summary Description

1. Project Goals and Purpose: Neither the goal nor the purpose of the project is being changed. The basic inputs and outputs are also unchanged but USAID/N is proposing to fund a portion of two inputs which were originally planned for GON or other donor financing. USAID/N proposes to assist the GON in two inputs: health post construction because of escalating costs due to the addition of living quarters, and travel allowances/daily allowances because of the importance of institutionalizing these essential allowances.

The individual inputs to the project remain essentially as described in the Project Paper approved in June 1976, except that the number of health posts to be established has been revised downward. The funding requirements for some inputs have also been adjusted to more realistically reflect current costs and changes in project requirements.

2. Rationale for the Revision: The concept of travel allowances/daily allowances (TA/DA) for outreach personnel - the village based health worker and his supervisor - are essential to a system which reaches out to the people with its services. Continuous, supportive supervision (and stimulation) of the isolated Village Health Worker (VHW) by his supervisors from the health post, often days of difficult trekking away, would soon wither without payment of these essential allowances. The same goes for the professionally lonely VHW, who needs to return monthly to the health post for resupply and regeneration; reporting, restocking, retraining there.

While almost a third of the rural health services budget goes to TA/DA, it always seems to be the first item trimmed with a budget cut and, invariably, seems to be the most poorly administered budget element. A man in the field almost always gets his salary on time but almost

always gets his TA/DA much too late to keep him a happy worker. Viewing the criticality of TA/DA to successful development and management of the rural health services, USAID/N felt the most important contribution it could make to that development would be contributing to the budget for TA/DA, insuring a role in the management of these funds by our management advisors so that proper handling of these funds could be institutionalized; become a habit that would resist the budget trimmers knife.

A second item of real importance to the development of effective rural health services, almost as important as TA/DA, is the provision of adequate living quarters for personnel assigned to the remote rural areas. The mountainous, isolated landscape of Nepal offers little beyond scenery to the educated Nepali looking for a career in health services, down among the bright lights. There are few inducements, salarywise or culturewise, out in the hills, so the retention rate and motivation level soon becomes very low. Good pay, good training, good supervision and decent living quarters (among peers) are important to the development of sustained, effective rural health services. In this revision, USAID/N is attempting to insure at least three of these four essentials, through support of TA/DA, health post/living quarters construction and continuation of its technical assistance until the termination of this project and the phase over to the new.

The benefit, through this revision, to our chief target, the rural poor, is pretty evident. Good health services in the rural areas are not possible if the health personnel are unhappy, suffering personal hardship, poorly motivated and poorly supervised.

3. Elements of the Project During the Extension

(a) Technical Services: The present technical assistance contract provides for four full time advisors, a Health Management Advisor (Chief of Party), a Health Planning Advisor, a Paramedical Training Specialist, and a Field Management Expert. The contract is scheduled to terminate on December 31, 1979. This amendment provides funding to continue these same services for an additional nine months through the life of the project. Primarily due to delay in the amendment of the contract, two of the four technical personnel were delayed in arrival by the total of 21 work months. The extension will permit the affected programs in Health Planning and Paramedical Training to complete their planned inputs. It will also provide for continuity of technical assistance to the conclusion of the project in September 1980. The total cost for the additional 36 person months is estimated at \$ 413,000. An additional \$ 24,000 for 2.5 person months is requested for short term consultants to perform an independent evaluation during FY 1980.

(b) Participant Training: The project has provided training for 13 participants through FY 1978. Most of the training to date has been in health planning or management, five at the MPH degree level. Two persons have been sent for Master of Health Sciences degrees to return to training positions in the Integrated Community Health Division. During the FY 1979-1980 period a long term non-degree program in visual display and five short term programs in educational technology and health planning will be undertaken. The estimated cost including extensions of three ongoing MPH programs is \$ 90,000.

(c) Local Currency Support Costs: Beginning in the Transition Quarter (July 1976), USAID/N has provided funds to the Integrated Community Health Division to support technical assistance efforts in health planning, management training, and health research and evaluation. Funds have been set aside for holding management workshops in the field for supervisory and administrative personnel. The Planning Unit of the Ministry of Health has used project funding to gather research data on field project performance and on community attitudes and perceptions at the community and household level of health service delivery, not only of the Integrated Services delivery but of family planning, malaria, TB, and leprosy services delivered by other "vertical" programs. Funds for locally procured commodities, primarily stationery, forms, and ledgers for the entire rural delivery systems accounting, reporting and administrative subsystems have been provided. Some for production and local printing of training materials have been included in the commodity category. The funds discussed above for management workshops, research and evaluation; and for accounting, reporting, administration and training commodities have all been provided for the use of the GON's Ministry of Health. Other local currency funds are intended to be used by the US contractor. These are for the local costs for special studies to be undertaken by the contractor's field personnel or by contract consultants. Studies being considered include evaluation of village workers job performance in order to improve training programs, development of models for community participation in health services, and pilot testing of these models. A study to determine the social and cultural acceptability in Nepal of certain modern management techniques is also planned.

The programs described above have all been funded through local currency project agreements utilizing funds generated under PL 480 sales to India. Sufficient funds have been reserved to cover these costs through FY 1980, however, the approval level for local currency funding needs to be increased from \$ 745,000 equivalent to \$ 860,000 equivalent to cover this period.

(d) Travel and Daily Allowances: Travel allowances and per diem are a sizeable portion (28.5%) of the total delivery services budget but they are essential in providing outreach to the households. The village worker is travelling on a door to door basis most of the time but must return to the post once a month for reporting, supervision, resupply, retraining and other administrative requirements. The worker is allowed a travel allowance and six days per diem for this purpose. The post's supervisory personnel are expected to travel away from the post for supervision of village workers and to report to the District office. They are allowed a travel allowance and 15 days per diem each month. The actual provision of travel and daily allowances has been a recurring problem for the GON. If budget funds become tight, essential salaries and operating costs must be met but often at the expense of travel and daily allowances. This situation occurs frequently, as noted above. In June 1977, USAID/N proposed to provide \$ 300,000 equivalent in PL 480 rupees to supplement this item in GON's July 1977 - July 1978 budget and to continue this input with dollar funds for FY 1979 and FY 1980 (see Kathmandu 2482, June 20, 1977 and State 164927, July 15, 1977). Approval for the use of PL 480 rupees was received and funds were obligated, not to exceed \$ 300,000 equivalent or 65 percent of GON's actual expenditure for this item during FY 1978. USAID/N proposes to provide an additional amount of \$ 600,000 for conversion to local currency to supplement the GON's FY 1979 and 1980 budgets. The \$ 300,000 for each year will represent a declining percentage of the total required, 54% in FY 1979 and 38% in FY 1980. The request for increase in obligation authority includes \$ 600,000 for this purpose.

(e) Health Post Construction: The original PP provided for a total of 810 health posts by July 1980. This figure was revised downward to 700 in the spring of 1977 through the approval by the Palace of the 15 Year Long Term Health Plan. The Plan recognized that the training targets for post personnel could not be met for staffing more than 700 posts or an additional 349 health posts by the end of the current five year plan.

When first established, the 349 posts each require a team of six health workers. Of the six, four are assigned to adjoining villages and two to the health post, being charged with supervision of the field personnel and operation of the clinical activities of the post. Initially, the post is established in rented or donated quarters while permanent facilities are being constructed. Consequently, the average facility is completed about two years after the post is established. The targets therefore are:

| | <u>End</u> <u>FY 76</u> | <u>End</u> <u>FY 77</u> | <u>End</u> <u>FY 78</u> | <u>End</u> <u>FY 79</u> | <u>End</u> <u>FY 80</u> |
|----------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Posts Established | 351 | 433 | 483 | 583 | 700 |
| Facilities Completed | - | 48* | 49 | 71 | 98 |

* Established FY 75

When the program was initiated in July 1975, the GON planned facilities which were minimal, four to six rooms. The plan called for an office, pharmacy, supply room, examining room, and inoculation/first aid room. At the urging of USAID/N and other donors, the design of the facility was changed to expand the health post and include staff quarters for those personnel who are assigned to the post. A standard plan has been adopted which provides quarters on the second floor to accommodate two nurse/midwives, the chief of post, two assistant health workers, and families. The basic design will provide a facility adequate for the staff when it reaches the final stage of integration. The cost of a basic post has therefore increased very significantly. The revised estimated cost is about \$ 20,000 per post excluding land which will be furnished by the community.

The GON had not planned on this major increase in construction costs and budgeted funds for construction are in short supply. USAID/N proposes to assist in this regard with the provision of up to \$ 1,000,000 for the construction of not less than 50 posts with living quarters to be completed by the end of FY 1980. Total funds required for construction is \$ 1,000,000.

PART II

PROJECT STATUS

A. Background

This project is a precursor to a pilot activity which was undertaken in two districts in Nepal through the Integration of Health Services Project # 367-0227, which was begun in FY 1973 and approved through FY 1977. A decision was made in 1976 to terminate the pilot activity short of its estimated completion date and move forward with the concept of integrated health service system based on a phased, countrywide basis. This decision was based on the 1975 GON plan to move ahead into rapid expansion of health services. A new project paper was prepared and approved on June 9, 1976. The new project subsumed the technical services contract with the Management Sciences for Health (MSH) which had an estimated pipeline of \$ 202,000. Although the project shows

obligations from FY 1976, implementation did not really begin until the contractor fielded a team of four, with the last two arriving in August 1977.

The purpose of the revised project is to establish a basic integrated health service, organized and managed effectively with a longer term goal of service distributed equitably throughout Nepal. The health service is based on health posts spread throughout the rural areas, of which 351 existed in 1975. The expansion of health services during the 1975-80 Plan period is based on a 100% expansion of health posts and personnel.

In the Nepal model, a health post is not a static delivery service. The post is a small health delivery system with a staff of 6 to 12 persons, depending on the stage of development of the post, and the population size and geographic area served. These health workers operate out of the post as a base which supports the largely preventive services performed by the home visiting Village Health Workers and their supervisors. The health post facility is used as a primary referral center for the field personnel and provides, under the current plan, the supervisory and clinical personnel austere living quarters. When a post is first established, it has a staff of six, four of whom (the Village Health Workers) are away from the post all but six days a month on house to house, village to village visiting. The head of the post, the Health Assistant, travels 15 days a month for checking, supervision and follow-up. As the post matures, the staff is increased to nine and then to 12 persons. At the second stage, five workers are travelling all but six days a month and the two supervisors travel 25 days a month between them. At the third and final stage, seven are out full time and two half time. The non-technical support staffs of one to three persons, depending on the stage of post development, also travel half time.

The model therefore does not require a particularly elaborate physical facility to deliver the basic clinical services offered there. It is, however, a very important base from which supervisors move out and to which village workers return briefly each month to report, resupply and receive supervision. It is the site where adequate, if austere, living quarters are provided the health workers and their families. These are particularly important for the female nurse-midwife auxiliaries. In the rough areas of mountainous Nepal, the addition of living quarters is essential for the retention of trained personnel in these areas. The Village Health Worker, with a much lower educational requirement, is recruited from the village he serves and lives there.

When the Project Paper was developed in May 1976 a target of 810 health posts by July 1980 had been established. During the development of Nepal's Fifteen Year Long Term Health Plan it was recognized that the target was unrealistic. The constraint was the training of health post directors, the Health Assistants. The number of posts was scaled down to 700; the number that can reasonably be expected to be staffed. Targets are on schedule. By July 14, 1978 there will be a total of 483 health posts, 298 integrated type and 185 non-integrated. By July 14, 1980 the number of integrated posts is expected to reach 700, a doubling of the number of basic rural health delivery systems in the five year period.

PART III

SUMMARY ANALYSIS

- A. The Technical, Environmental, Social and Economic Analysis remain unchanged from those contained in the Project Paper approved on June 9, 1976.
- B. Administrative Feasibility

Two of the three elements proposed for funding under this revision, support of TA/DA and the contract extension, are simply continuations of ongoing activities and require no change in administrative procedure. The third, health-posts-with-living-quarters construction adds an administrative burden to USAID/N but little additional burden to the GON. They planned for the construction and have been performing reasonably well, as far as we can tell. The addition of living quarters hasn't added much of an administrative burden, only a financial one. Their administrative performance is not altogether reassuring but is improving, and is the focus of much of our technical assistance. This will be the case for some time to come.

USAID's burden can either be great or reasonably light, depending on the course taken. The FAR procedure has appeal in the management sense but would place an unacceptable administrative load on USAID/Nepal under present staffing levels, even with the additions programmed. On the other hand, contribution to the budget on a line item basis, with tightly written project agreements and continuous spot checking to assess performance is a tested method that has served well for this type of construction activity, is easily handled by present GON administrative procedures and by USAID/N's. The FAR method is fine for a fairly centralized project, but to contemplate checking each and every health post constructed, on site, at the cost of trekking months through the hills, would be an administrative nightmare.

NEPAL - INTEGRATED HEALTH SERVICES PROJECT 367-0126

| <u>FUNDING ELEMENT</u> | <u>APPROVAL 6/9/76 (FY 76-79)</u> | <u>ADDITIONAL REQUESTED</u> | <u>NEW TOTAL APPROVAL (FY 76-79)</u> |
|--|---|---------------------------------|--|
| USAID/N Obligation Authority | \$1,450,302 | \$2,127,000 | \$3,577,302 |
| PL 480 Local Currency (in U.S. Dollars Equivalent) | \$ 745,261 | \$ 115,000 | \$ 860,261 |
| Total Authority | \$2,195,563 | \$2,242,000 | \$4,437,563 |

NEPAL - INTEGRATED HEALTH SERVICES PROJECT 367 0126

| <u>PROJECT ELEMENT</u> | <u>APPROVED 6/9/76 (FY 76-79)</u> | <u>ADDITIONAL, APPROVAL REQUESTED (FY 76-79)</u> |
|--|---|--|
| Technical Services |) | \$ 437,000 |
| Participants |) \$1,450,302 | \$ 90,000 |
| Commodities |) | - |
| TA/DA | | \$ 600,000 |
| Health Post Construction | | \$1,000,000 |
| PL 480 Local Currency (in U.S. Dollars Equivalent) | \$ 745,261 | \$ 115,000 |
| Total | <hr/> \$2,195,563 | <hr/> \$2,242,000 |

1

Implementation Plan

Integrated Health Services Project

1. 6/30/76 CH/I Training Cell has two full time training posts filled.
2. 6/30/76 MOH Planning Cell has at least one additional post filled.
3. 10/1/76 Modified health post drug list developed and approved for trial.
4. 10/31/76 Supervisory system for all levels developed and approved for trial.
5. 11/15/76 Two technical assistance staff for training in place.
6. 11/15/76 3 technical assistance staff for planning in place (1 USAID + 2 WHO).
7. 12/31/76 Participant training program developed and positions approved by HMG.
8. 1/31/77 Comprehensive evaluation of IBHS program completed according to criteria developed and approved by HMG. Program content and management changes recommended and approved by HMG.
9. 4/30/77 Modified information system with links to planning, supervision, supply and evaluation developed and approved for trial.
10. 4/30/77 Management tracking system including plans for management surveys developed by Planning Cell and approved for trial.
11. 5/31/77 Modified logistics, inventory and supply system developed and approved by HMG and Sajha Swastha Sewa for trial.
12. 7/1/77 Training of trainers curricula developed for curriculum design and for teaching methods and implemented for first group of CH/I teaching staff.

13. 7/1/77 Modified health post drug list evaluated and revised. Revised list approved for general implementation.
14. 11/30/77 Modified information system evaluated and revised. Revised system approved for general implementation.
15. 11/30/77 Supervisory system evaluated and revised. Revised system approved for general implementation.
16. 12/31/77 Annual Plan preparation and revision of targets incorporates information from management tracking system.
17. 3/31/78 Modified logistics system evaluated and revised. Revised system approved for general implementation.
18. 6/5/78 JAHW curriculum reviewed and modified in accordance with modifications in program. Revised manuals prepared, approved and available for use in next training program.
19. 6/15/78 PP Revision approved.
20. 9/15/78 Linked management information, supervision and supply systems approved and timetable for implementation in all integrated units developed.
21. 8/1/78 Project Agreement amendment authorizing TA/DA and health post construction signed.
22. 10/1/78 Majority international participants training completed and trainees on the job.
23. 12/31/78 Annual plan preparation and revision of targets incorporates information from improved management tracking system and from linked IBHS information system.
24. 4/15/79 Linked management information, supervision and supply systems operating in majority of integrated units.
25. 5/31/79 Annual plan achievements within 20% of targets set.

26. 8/1/79 FY 80 Project Agreement signed.
27. 12/28/79 Capability for periodic curriculum revision established in CH/I with responsiveness to changing program requirements.
28. 6/30/80 Vertical program activities taken over by IBHS in majority of integrated units where established criteria for integration are met.
29. 7/15/80 50 health post with living quarters completed and sites spot-checked.
30. 9/1/80 Post Project Evaluation completed and report submitted.

PROJECT DESIGN SUMMARY
LOGICAL FRAMEWORK

Life of Project;
From FY 6/30/76 to FY 9/30/80
Total U.S. Funding
Date Prepared: 6/2/78

Project Title and Number: Integrated Health Services His Majesty's Government of Nepal (HMG)

Page 1

| NARRATIVE SUMMARY | OBJECTIVELY VERIFIABLE INDICATORS | MEANS OF VERIFICATION | IMPORTANT ASSUMPTIONS |
|---|--|--|---|
| <p>Program or Sector Goal: The broader objective to which this project contributes:</p> | <p>Measures of Goal Achievement: <u>In Five Years</u> (From HMG 5th Five-Year Plan):</p> | | <p>Assumptions for achieving goal targets:</p> |
| <p>1. <u>Sector Goal:</u> Improved health, with gains realized equitably throughout Nepal.</p> | <p>1. <u>Decreased Fertility</u> (4 point drop in crude birth rate), <u>Decreased Mortality</u> (infant and overall mortality decreased by 25% and 10% respectively), <u>Decreased Morbidity</u> (50% reduction in prevalence of severe malnutrition, 70% of identified active TB and leprosy held under treatment).</p> | <p>1. World fertility survey baseline data (due in 1976); FP/MCH Project data collection system; village health registers; Reports of Community Health and Integration Section (CH/I), Directorate of Health Services (DHS), Ministry of Health (MOH).</p> | <p>1. - Government motivation, political stability and resources available (current per capita investment in Public Health Sector is Rs. 5). - Data base and HMG targets verified for appropriateness. - Migration patterns not disruptive. - Household real income levels permit reaching nutrition standards.</p> |
| <p>2. <u>Sector Sub-Goal:</u> An effective, low-cost, integrated Basic Health Service (IBHS) equitably distributed in predominantly rural Nepal.</p> | <p>2a. Manned Health Posts (HPs) with outreach capacity rationally distributed throughout development regions (HMG target: increase HPs from 351 to 810; 23% Eastern Region, 29% Central Region, 23% Western Region, 25% Far Western Region).</p> | <p>2a. DHS reports.</p> | <p>2. - Health Delivery System is but one facet of a multi-sector program affecting Health and other parts of this program will not be reduced. - Integrated Health System meets significant number of communities' felt health needs. - HMG formalizes approval of Basic Health System formulation; and provides budget support; targets revised as appropriate. - Good programmatic and support coordination between vertical programs and CH/I exists.</p> |

LOGICAL FRAMEWORK

Project Title and Number: Integrated Health Services (His Majesty's Government of Nepal (HMG)

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| NARRATIVE SUMMARY | OBJECTIVELY VERIFIABLE INDICATORS | MEANS OF VERIFICATION | IMPORTANT ASSUMPTIONS | | | | | | | | | | | | | | | |
|--|--|-----------------------|-----------------------|---------------|-------------------------|--------------|-----------------|-----|----|-----|-----|-----|-------------------------|---------------------------------|---|------|--|--|
| <p>2b. At the end of five years, majority of stated HMG targets are met:</p> | <p>- New health posts established according to priorities:</p> <p>In malaria districts likely to reach API 0.5 by 1980; hill-mountain areas favored; annual regional balance:</p> <table border="1" data-bbox="652 573 1160 620"> <tr> <td><u>75-76</u></td> <td><u>76-77</u></td> <td><u>77-78</u></td> <td><u>78-79</u></td> <td><u>79-80</u></td> <td><u>Total</u></td> </tr> <tr> <td>50</td> <td>25</td> <td>100</td> <td>100</td> <td>117</td> <td>392</td> </tr> </table> | <u>75-76</u> | <u>76-77</u> | <u>77-78</u> | <u>78-79</u> | <u>79-80</u> | <u>Total</u> | 50 | 25 | 100 | 100 | 117 | 392 | <p>2b. DHS and IOM reports.</p> | <p>- Technical assistance by donors (WHO, CIDA, UMN, IDRC) meets institutional Needs of IOM. Graduation targets of IOM met. - Training of health workers by IOM. - Coordinated with MOH and relate to IBHS NEEDS.</p> | | | |
| <u>75-76</u> | <u>76-77</u> | <u>77-78</u> | <u>78-79</u> | <u>79-80</u> | <u>Total</u> | | | | | | | | | | | | | |
| 50 | 25 | 100 | 100 | 117 | 392 | | | | | | | | | | | | | |
| <p>- Existing non-integrated health posts integrated:</p> | <p><u>Total:</u> <u>236</u></p> | | | | | | | | | | | | | | | | | |
| <p>- Plus 115 existing integrated HPs.</p> | <p><u>Grand Total:</u> <u>810</u></p> | | | | | | | | | | | | | | | | | |
| <p>- After five years percentage of HP at various stages:</p> | <table border="1" data-bbox="629 843 1170 895"> <tr> <td>"E"</td> <td>"D"</td> <td>"C-B"</td> <td>"A"</td> <td>"I"</td> <td>(See Output A.1</td> </tr> <tr> <td>26</td> <td>24</td> <td>37</td> <td>3</td> <td>10</td> <td>= 100% for definitions)</td> </tr> </table> | "E" | "D" | "C-B" | "A" | "I" | (See Output A.1 | 26 | 24 | 37 | 3 | 10 | = 100% for definitions) | | | | | |
| "E" | "D" | "C-B" | "A" | "I" | (See Output A.1 | | | | | | | | | | | | | |
| 26 | 24 | 37 | 3 | 10 | = 100% for definitions) | | | | | | | | | | | | | |
| <p>- Health Worker requirement targets:</p> | <table border="1" data-bbox="685 958 1073 1077"> <thead> <tr> <th></th> <th><u>Existing</u></th> <th><u>Target</u></th> </tr> </thead> <tbody> <tr> <td>HA/SAHW</td> <td>31</td> <td>821</td> </tr> <tr> <td>ANM</td> <td>81</td> <td>12</td> </tr> <tr> <td>AHW</td> <td>82</td> <td>703</td> </tr> <tr> <td>JAHW</td> <td>307</td> <td>3152</td> </tr> </tbody> </table> | | <u>Existing</u> | <u>Target</u> | HA/SAHW | 31 | 821 | ANM | 81 | 12 | AHW | 82 | 703 | JAHW | 307 | 3152 | | |
| | <u>Existing</u> | <u>Target</u> | | | | | | | | | | | | | | | | |
| HA/SAHW | 31 | 821 | | | | | | | | | | | | | | | | |
| ANM | 81 | 12 | | | | | | | | | | | | | | | | |
| AHW | 82 | 703 | | | | | | | | | | | | | | | | |
| JAHW | 307 | 3152 | | | | | | | | | | | | | | | | |

LOGICAL FRAMEWORK

Project Title and Number : Integration of Health Services (His Majesty's Government of Nepal (HMG))

Page 3

| NARRATIVE SUMMARY | OBJECTIVELY VERIFIABLE INDICATORS | MEANS OF VERIFICATION | IMPORTANT ASSUMPTIONS |
|-------------------|--|--|-----------------------|
| | <p>2c. An effectively operating system, where fully integrated and staffed, meets following program targets:</p> <ul style="list-style-type: none"> - Outreach services provided to over 75% of catchment area. (Monthly in Terai, bimonthly in Hills, semi-annually in mountains.) - 10% of target couples practice effective contraception. - Oral rehydration solution in 30% cases pediatric diarrhea. - Nutrition measurements performed routinely in children (weight or arm circumference). - 70% of active TB and confirmed leprosy held on treatment; BCG to 75% 0-15 year olds. - 80% of newborns immunized against smallpox (or surveillance maintained to "zeropox"). - API maintained in integrated areas at 0.5 or less. - Total HMG expenditures for health exceed five rupees per capita (at constant prices) in integrated districts. | <p>2c. DHS and Vertical Program reports.</p> | |

LOGICAL FRAMEWORK

Project Title and Number: Integration of Health Services (His Majesty's Government of Nepal) (HMG)

| NARRATIVE SUMMARY | OBJECTIVELY VERIFIABLE INDICATORS | MEANS OF VERIFICATION | IMPORTANT ASSUMPTIONS |
|--|---|--|---|
| <p>Project Purpose:</p> <p>HMG capacity to organize and manage an effective nationwide Integrated Basic Health Service (IBHS) established.</p> | <p>Conditions that will indicate purpose has been achieved: End of project status.</p> <p>Within Five Years:</p> <ol style="list-style-type: none"> 1. In representative geographic areas (mountains, hills, Terai) according to phase of integration. <ol style="list-style-type: none"> 1a. <u>Health Post Level</u> Operational problems identified and reported (in staffing, training, supervision, attrition rates, performance, supply, records, communications); rate of problem identification exceeds rate of program development. 1b. <u>District and Central level</u> Operational problems identified and reported (in supply, planning, budgeting, curriculum and teaching methodology, coordination with other Ministries, and vertical programs); rate of identification exceeds rate of program development. 1c. Yearly rate of identified problems that are resolved increases by 5-10%. 1d. Annual planning of targets and annual achievement of targets do not differ by over 25% with fall in difference over the years. | <ol style="list-style-type: none"> 1. Management, supervisory sample surveys. | <p>Assumptions for achieving purpose:</p> <ol style="list-style-type: none"> 1. - Sufficient number (majority of HMG target) of equitably distributed health posts are in evolutionary stage to integration so as to provide adequate sample to demonstrate Project Purpose. - Management objectives congruent with communities' perceived needs. |

LOGICAL FRAMEWORK

Project Title and Number: Integration of Health Services (His Majesty's Government of Nepal (HMG))

Page 5

| NARRATIVE SUMMARY | OBJECTIVELY VERIFIABLE INDICATORS | MEANS OF VERIFICATION | IMPORTANT ASSUMPTIONS |
|-------------------|---|--|---|
| | <p>2. Vertical programs integrate staff and activities with Integrated Basic Health System:</p> <p>2a. FP/MCH, at integrated Health Posts offering static and outreach FP/MCH services.</p> <p>2b. TB/Leprosy integration follows district sweeps in surveillance, immunization.</p> <p>2c. MEO integrated in malaria districts when API less than 0.5.</p> <p>2d. Smallpox integration complete when "zeropox" declared.</p> <p>3. Villager demand for Health Services increases 5% annually.</p> <p>4. Management expertise of IBHS acknowledged by other HMG programs.</p> | <p>2. DHS, vertical program reports.</p> <p>3. Sample community surveys.</p> <p>4. Requests for documents and personnel.</p> | <p>2. - Malaria, TB-leprosy programs targets met.</p> |

LOGICAL FRAMEWORK

Project Title and Number: Integrated Health Services (His Majesty's Government of Nepal (HMG))

Page 6

| NARRATIVE SUMMARY | OBJECTIVELY VERIFIABLE INDICATORS | MEANS OF VERIFICATION | IMPORTANT ASSUMPTIONS |
|--|--|-----------------------|--|
| <u>Outputs:</u> | <u>Magnitude of Outputs:</u> | | Assumptions for achieving outputs: |
| A. <u>Basic Health Services Management and Control Systems Developed</u> | <p>1. With integration each HP passes through five phases:</p> <p>"E" - 3-5 Health Workers (HWs), use temporary quarters, provide minor first-aid and 2-6 x/annum home visits for FP/MCH rehydration, nutrition education, communicable disease surveillance, treatment.</p> <p>"D" - 4-6 HWs, additional clinic services.</p> <p>"C-B" 6-8 HWs with ANM providing clinic and outreach pre- and postnatal services, school program, AHW providing environmental services.</p> <p>"A" - 10-14 HWs increasing outreach and level of activity.</p> <p>"I" - Same, with entire district now "integrated".</p> <ul style="list-style-type: none"> - 90% of posted personnel actually in place. - 90% of field personnel receiving TA/DA on time. - Construction complete on 200 HPs established after July 1975. | 1. CH/I Reports | <p>1. Cultural acceptance philosophy and adaptation of management by objectives.</p> <ul style="list-style-type: none"> - Selection process for management personnel insures adequate leadership characteristics. |

LOGICAL FRAMEWORK

Project Title and Number: Integrated Health Services (His Majesty's Government of Nepal (HMG))

Page 6a

| NARRATIVE SUMMARY | OBJECTIVELY VERIFIABLE INDICATORS | MEANS OF VERIFICATION | IMPORTANT ASSUMPTIONS |
|---|---|-----------------------|---|
| Outputs: | Magnitude of Outputs: | | Assumptions for achieving outputs: |
| 2. Supervisory functions developed. | 2. <u>Majority HMG five-year targets met:</u> | | 2. HMG sanctions district, regional, central level personnel. |
| 2a. District Health Office (DHO) supervisory staff recruited in phase with Health Post development. | 2a. Stages detailed in "Project Formulation for Basic Health Services, Pg. 130. <u>Stage 1</u> - When one E-Stage HP established DHO has one Health Inspector.... <u>Stage 7</u> - When entire district covered by A-Stage (NMEQ area) or C-B Stage (non-NMEQ area) total technical/supervisory staff = 15. | 2a. CH/I Reports | |

LOGICAL FRAMEWORK

Project Title and Number: Integration of Health Services (His Majesty's Government of Nepal (HMG))

| NARRATIVE SUMMARY | OBJECTIVELY VERIFIABLE INDICATORS | MEANS OF VERIFICATION | IMPORTANT ASSUMPTIONS |
|---|---|--|-----------------------|
| <p>2b. IBHS component of Regional Health Office (RHO) staff recruited in phase with district office development.</p> <p>2c. Central level (CH/I) staff recruited in phase with IBHS development.</p> <p>2d. Supervisory guidelines and manuals written for inter-survey supervision; supervisory staff trained in their execution.</p> <p>2e. Supervisory survey system developed; survey design taught to and executed by District, Regional, and Central staff.</p> | <p>2b. 10 supervisory staff: 1 Medical Officer; 3 Health Inspectors; 1 Senior PHN; 3 HAs; 1 Sanitarian; 1 Statistician.</p> <p>2c. 3 Medical Officers; 4 Health Inspectors; 1 Sanitarian; 1 Statistician; 2 Training Officers.</p> <p>2d. One manual for each level; each supervisor to continue survey techniques at scheduled supervisory visits.</p> <p>2e. Surveys include:</p> <ul style="list-style-type: none"> - Service utilization statistics (eg. ante-postnatal; FP acceptors). - Service coverage (eg. nutrition; surveillance; vital statistics registry) (twice yearly in sample of HPs). - Personnel inventory (90% of posted staff to be in place). - District supervisory staff functions (eg. time spent in field; observation of HP worker; field record review and verification; field education of worker; office record review; trouble shooting; supply management). - HP supervisory functions (eg. time spent and function by HA, ANM, AHW guiding JAHM. (Twice yearly at all districts - sample HPs). - By 3 years majority of integrated districts have functioning supervisory system. | <p>2b-2c. CH/I Reports</p> <p>2d. CH/I Reports</p> <p>2e. CH/I Reports</p> | |

LOGICAL FRAMEWORK

Project Title and Number: Integration of Health Services (His Majesty's Government of Nepal (HMG))

| NARRATIVE SUMMARY | OBJECTIVELY VERIFIABLE INDICATORS | MEANS OF VERIFICATION | IMPORTANT ASSUMPTIONS |
|---|---|--|-----------------------|
| <p>3. Management and health statistics information systems developed.</p> <p>3a. Existing system analyzed.</p> <p>3b. Management information system to provide minimal data needed for planning and evaluation of inputs and outputs, aggregated at lowest level.</p> <p>3c. System linked to logistic/supply system (see Output A.5) at district level for local management and control ("Stage One").</p> <p>3d. System linked to Center (DHS Statistics Section and MOH Planning Cell) for central supervision, budgetary process and program tracking ("Stage Two") (see Outputs A.3-c, A.7).</p> <p>3e. Management information survey designed and executed by Central and Regional staff.</p> | <p>3a. Within 90 days, as part of Project Work Plan.</p> <p>3b. In three years majority of integrated districts have functioning management information system.</p> <p>3c. "Stage One" up in 6-12 months in representative district offices.</p> <p>3d. "Stage Two" up 12-18 months after Stage One complete.</p> <p>3e. Sampling of HPE and DHOs annually; determine availability of forms; error rate; time from field to District-Region-Center; aggregation error magnitude; use of data at all levels in supervision, administration, planning, supply (i.e. feedback loop present and time lag?).</p> | <p>3a. Work Plan</p> <p>3b-3e. Management Surveys, DHS Reports</p> | |
| <p>4. Logistics and supply system developed.</p> <p>4a. Existing system analyzed.</p> <p>4b. Information and supervisory systems tied to logistics and supply (see Outputs A.3, A.4).</p> | <p>4a. Within 90 days, as part of Work Plan.</p> <p>4b. See Output A.4.e.</p> | <p>4a. Work Plan</p> <p>4b. See Output 4b</p> | |

LOGICAL FRAMEWORK

Project Title and Number: Integration of Health Services (His Majesty's Government of Nepal (HMG))

| NARRATIVE SUMMARY | OBJECTIVELY VERIFIABLE INDICATORS | MEANS OF VERIFICATION | IMPORTANT ASSUMPTIONS |
|--|---|---|---|
| <p>4c. Number of terminal sources of medical supply and indentures for HPs reduced with use of Sajha Swastha Sewa Sub-Central Stores, District Health Office Supply Stores.</p> <p>4d. HP inventory system established and staff trained.</p> <p>4e. Supply trail audit designed, executed by DHS Section of supplies, procurement, inspection.</p> <p>4f. Methods of increasing drug supply and reducing costs researched.</p> <ul style="list-style-type: none"> - Minimal HP formulary established. - Use of low-cost Ayurvedic herbs to replace western drugs for self-limited illness investigated. - Minimal charges to consumers investigated. <p>4g. Logistic and supply system in operation.</p> <p>5. HMG budget system comprehended.</p> <p>5a. Budget processes analyzed from Center to periphery.</p> <p>5b. Record and report forms linked to Management Information System in CH/I Division and MOH Planning Cell.</p> | <p>4c. HP uses District Office store as terminal source. (Current: 4-6 separate sources for each HP).</p> <p>4d. See Output A.4.e.</p> <p>4e. Annual survey to determine lag points</p> <p>4f. Available supply of drugs last 6-9 months in each HP (up from 3 months).</p> <ul style="list-style-type: none"> - Cut from 60-90 to minimal number needed for tasks assigned. - Up to 19 herbs eligible. - Test concept in running integrated HP with 5000 or more visits/year. <p>4g. In three years majority of integrated districts have functioning logistic/supply system.</p> <p>5a. Within 90 days, as part of Project Work Plan.</p> <p>5b. See Output A.4. Program funds, travel and daily allowances planned for to support supervisory training and survey activities (Outputs A and B).</p> | <p>4c-4e. CH/I, DHS Reports</p> <p>4f. CH/I Reports</p> <p>5a. Work Plan</p> <p>5b. DHS Reports</p> | <p>4c. Sajha Swastha Sewa and vertical projects' cooperation in rationalizing supply line obtained.</p> <p>4f. Drug prices remain stable.</p> <ul style="list-style-type: none"> - UNICEF continues capital assistance to Royal Drug Co. - Increased drugs forthcoming from HMG in event of increased consumer demand. <p>5. Improved budgetary process can make TA/DA routinely available.</p> |

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| NARRATIVE SUMMARY | OBJECTIVELY VERIFIABLE INDICATORS | MEANS OF VERIFICATION | IMPORTANT ASSUMPTIONS |
|--|---|---|---|
| <p>4c. Number of terminal sources of medical supply and indentures for HPs reduced with use of Sajha Swastha Sewa Sub-Central Stores, District Health Office Supply Stores.</p> <p>4d. HP inventory system established and staff trained.</p> <p>4e. Supply trail audit designed, executed by DHB Section of supplies, procurement, inspection.</p> <p>4f. Methods of increasing drug supply and reducing costs researched.</p> <ul style="list-style-type: none"> - Minimal HP formulary established. - Use of low-cost Ayurvedic herbs to replace western drugs for self-limited illness investigated. - Minimal charges to consumers investigated. <p>4g. Logistic and supply system in operation.</p> <p>5. HMG budget system comprehended.</p> <p>5a. Budget processes analyzed from Center to periphery.</p> <p>5b. Record and report forms linked to Management Information System in CH/1 Division and MOH Planning Cell.</p> | <p>4c. HP uses District Office store as terminal source. (Current: 4-6 separate sources for each HP).</p> <p>4d. See Output A.4.e.</p> <p>4e. Annual survey to determine lag points</p> <p>4f. Available supply of drugs last 6-9 months in each HP (up from 3 months).</p> <ul style="list-style-type: none"> - Cut from 60-90 to minimal number needed for tasks assigned. - Up to 19 herbs eligible. - Test concept in running integrated HP with 5000 or more visits/year. <p>4g. In three years majority of integrated districts have functioning logistic/supply system.</p> <p>5a. Within 90 days, as part of Project Work Plan.</p> <p>5b. See Output A.4. Program funds, travel and daily allowances planned for to support supervisory training and survey activities (Outputs A and B).</p> | <p>4c-4e. CH/I, DHS Reports</p> <p>4f. CH/I Reports</p> <p>5a. Work Plan</p> <p>5b. DHS Reports</p> | <p>4c. Sajha Swastha Sewa and vertical projects' cooperation in rationalizing supply line obtained.</p> <p>4f. Drug prices remain stable.</p> <ul style="list-style-type: none"> - UNICEF continues capital assistance to Royal Drug Co. - Increased drugs forthcoming from HMG in event of increased consumer demand. <p>5. Improved budgetary process can make TA/DA routinely available.</p> |

LOGICAL FRAMEWORK

Project Title and Number: Integration of Health Services (His Majesty's Government of Nepal (HMG))

| NARRATIVE SUMMARY | OBJECTIVELY VERIFIABLE INDICATORS | MEANS OF VERIFICATION | IMPORTANT ASSUMPTIONS |
|---|--|---|---|
| <p>6. HMG personnel system comprehended.</p> <p>6a. Personnel policies analyzed in detail and normal administrative channels used to advantage.</p> <p>6b. Personnel inventory designed by DHS Section on general and personnel administration and executed by Central, Regional supervisors.</p> <p>7. MOH Planning Cell augmented and trained.</p> <p>7a. Staff increased and spending 75% of time on Integrated Basic Health Services.</p> <p>7b. Capability demonstrated in health planning, program tracking, statistical analysis, policy planning.</p> <p>7c. Capability demonstrated to plan and execute health status surveys and feed back results to delivery system managers.</p> | <p>6a. Within 90 days as part of Project Work Plan.</p> <p>6b. Annual inventory sample HPs and DHOs; feedback of information to CH/I.</p> <p>7a. Senior permanent staff increased from one to four to include: Health Planner, Budget Analyst, Management Specialist, Statistician.</p> <p>7b. Within three years Planning Cell should be able to: analyze health and management statistics in preparation of annual plan; track DHS programs; assist with and coordinate MOH Sections' budgeting and programming; provide guidance to Regional and District planning efforts; assist MOH coordinate overall program and budget at National Planning Commission; adjust feedback DHS program to time and target revisions.</p> <p>7c. Temporary field staff hired as necessary. Surveys may include: community KAP, TB/leprosy defaulter follow-up; traditional practitioners study; demographic sample surveys; alternative technologies: 1-2/year.</p> | <p>6a. Work Plan</p> <p>6b. CH/I Reports</p> <p>7. MOH Reports.</p> | <p>6a. Transfers and placements minimally interfered with by non-administrative channels.</p> <p>7. HMG sanctions additional personnel slots.</p> |

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Project Title and Number : Integration of Health Services (His Majesty's Government of Nepal (HMG))

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| NARRATIVE SUMMARY | OBJECTIVELY VERIFIABLE INDICATORS | MEANS OF VERIFICATION | IMPORTANT ASSUMPTIONS |
|--|--|-------------------------------|--|
| 7d. Data bank on Health Sector established. | 7d. Formulations, analyses, survey results, trip reports, Project papers, relevant reports from other countries annotated and maintained. | 7d. MOH Reports. | |
| 7e. Seminar on Health Management Surveys. | 7e. Annually for all donors, HMG agencies gathering data. | | |
| B. <u>Training of Health Workers Meets Integrated Basic Health System Needs</u> | | | |
| 1. CH/I In-service Training capacity qualitatively and quantitatively expanded to meet IBHS needs. | | | |
| 1a. CH/I Central Training Cell developed. | 1a. 4 Training Cell officers recruited. | | 1a. HMG sanctions personnel slots. |
| 1b. CH/I In-service training curricula designed, trainers trained. | | | |
| b(1) Verification studies of JAHW roles, team health post management, and on-the-job training/supervision completed. | 1b(1) Time-motion studies of JAHW's by Health Inspectors and trainers at sample HPs performed every 18-24 months to determine task load of multipurpose works. | 1b(1) CH/I Management Surveys | 1b. - Nepali socio-cultural aspects of learning understood and well utilized. - USAID and other donor contributions appropriate and timely. |
| b(2) Curriculum design by CH/I Training Cell members based on verification studies. | b(2) Curriculum review every two years. | b(2)-(5) CH/I Reports. | |
| b(3) District Health Inspectors, CH/I Training Cell members, and deputed vertical program trainers trained in several teaching methodologies (role playing, interactive learning, decision tree logic, field work, etc.) | b(3) Annual workshops for approximately 60 members (4/yr., 15/class) | | |
| 1c. Training facilities expanded, decentralized and staffed. | 1c. Three Regional training centers established and additional trained staff provided. | | 1c. HMG sanctions and provides funds for two additional training centers and staff. |

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| NARRATIVE SUMMARY | OBJECTIVELY VERIFIABLE INDICATORS | MEANS OF VERIFICATION | IMPORTANT ASSUMPTIONS | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|-----------------------|-----------------------|-------|-------|-------|-------|-------|----|----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|------|-----|-----|-----|-----|-----|-----|------|--|---|
| <p>1d. DHS panchayat recruitment and training of JAHWs and training of other IBHS personnel phased with E.P. developed.</p> <p>2. IOM Training capacity qualitatively and quantitatively expanded to meet IBHS needs.</p> <p>a. Physical training facilities expanded.</p> <p>b. Faculty expanded and trained, and curriculum developed.</p> <p>c. IOM Graduate output targets</p> <p>3. Quality control of training by sample surveys of Health Workers (norms established).</p> <p>4. Health Worker Manuals updated, pre-tested and put into field.</p> | <p>1d. Based on projected IBHS needs, recruitment and training does not differ by more than <u>± 10%</u> per year.</p> <p>a(1) USAID capital grant assisted AFW Schools constructed at Pokhara and Bharatpur.</p> <p>(2) CIDA grant assisted AFW School constructed at Surkhet.</p> <p>b. IBHS relevant curriculum developed, faculty trained with donor assistance (WHO, CIDA, UMN) and expanded to approximately 150.</p> <p>c. Planned graduate outputs:</p> <table border="1" data-bbox="725 940 1243 1042"> <thead> <tr> <th></th> <th>75-76</th> <th>76-77</th> <th>77-78</th> <th>78-79</th> <th>79-80</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>HA</td> <td>88</td> <td>100</td> <td>100</td> <td>100</td> <td>166</td> <td>604</td> </tr> <tr> <td>ANM</td> <td>200</td> <td>250</td> <td>330</td> <td>340</td> <td>340</td> <td>1460</td> </tr> <tr> <td>AHW</td> <td>166</td> <td>250</td> <td>250</td> <td>260</td> <td>314</td> <td>1240</td> </tr> </tbody> </table> <p>3. 75% of workers perform tasks satisfactorily.</p> <p>4. Over a 3 year period modular functional manuals for technology and management activities written appropriately for each type Health Worker.</p> | | 75-76 | 76-77 | 77-78 | 78-79 | 79-80 | Total | HA | 88 | 100 | 100 | 100 | 166 | 604 | ANM | 200 | 250 | 330 | 340 | 340 | 1460 | AHW | 166 | 250 | 250 | 260 | 314 | 1240 | <p>IOM and USAID records. (Grant Conditions precedent, construction records, etc.)</p> <p>IOM, CIDA records.</p> <p>b(1) IOM/USAID Grant Conditions Precedent satisfied.</p> <p>(2) IOM records.</p> <p>(3) Other donor records.</p> <p>c. IOM/CH/I records.</p> <p>3. See Output A.3.d.</p> <p>4. CH/I reports.</p> | <p>2. - HMG sanctions and funds expanded IOM personnel costs.</p> <p>- Other donors, particularly WHO, CIDA, UMN and Dooley Foundation contribute planned assistance on timely and appropriate basis.</p> <p>- Close coordination between donors and HMG continues; insuring complementary, well designed inputs.</p> <p>- Shortfall H.A.'s corrected by adjusted output and elevation AHWs to Sr. AHW.</p> <p>- Hospital and Vertical programs absorb excess ANMs and AHWs.</p> <p>- IOM/DHS policy and technical coordinating committees continue regular and effective meetings.</p> |
| | 75-76 | 76-77 | 77-78 | 78-79 | 79-80 | Total | | | | | | | | | | | | | | | | | | | | | | | | | |
| HA | 88 | 100 | 100 | 100 | 166 | 604 | | | | | | | | | | | | | | | | | | | | | | | | | |
| ANM | 200 | 250 | 330 | 340 | 340 | 1460 | | | | | | | | | | | | | | | | | | | | | | | | | |
| AHW | 166 | 250 | 250 | 260 | 314 | 1240 | | | | | | | | | | | | | | | | | | | | | | | | | |

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Project Title and Number : Integration of Health Services (His Majesty's Government of Nepal (HMG)

| NARRATIVE SUMMARY | OBJECTIVELY VERIFIABLE INDICATORS | | IMPORTANT ASSUMPTIONS |
|--|---|--|---|
| <u>Inputs:</u> | <u>Inputs:</u> | <u>Inputs:</u> | <u>Inputs:</u> |
| For Output A: | Implementation Target (Type and Quantity) | Other Donor Inputs | HMG Public Sector Inputs |
| | <u>Projection</u> | | <u>Targets Fully Met: Majority Target</u> |
| <u>1. Technical Assistance</u> | <u>Long Term:</u> | | \$ |
| a. Public Health Officer, T/A to CH/I | One (H.D. - 45 pm) \$ 102,500 | 1. WHO (271 pm) \$ 445,647 UNICEF (3 pm) 3,750 Dowley Foundation (140 pm) 25,830 | 1. Salaries 4,114,183 3,291,347 TA/DA 871,719 610,192 \$ 4,985,902 \$ 3,901,548 |
| b. Information, planning, program tracking specialist, T/A to Planning Cell, CH/I, DHS Statistical Section | One (36 pm) \$ 107,000 | \$ 475,227 | |
| c. Management Training Specialist, TA/A to CH/I, Management Sections of DHS | One (45 pm) \$ 114,500 | | |
| d. TDY Logistics/Supply 12 pm Management Information 12 pm Survey Design 12 pm Drug Supply 4 pm | (40 pm) \$ 137,000 | | |
| | \$ 461,000 | | |
| <u>2. Participant Training</u> | \$ 108,000 | 2. WHO (321 pm) \$ 145,945 | |
| | | UNICEF (30 pm) 29,500 | |
| | | UNFPA (183 pm) 156,000 | |
| | \$ 108,000 | \$ 331,345 | |

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| NARRATIVE SUMMARY | OBJECTIVELY VERIFIABLE INDICATORS | | IMPORTANT ASSUMPTIONS | |
|---|-----------------------------------|---|---|--|
| Inputs: | Inputs: | Inputs: | Inputs: | |
| <u>3.Commodities</u> | | | <u>3.Targets Fully Met: Majority Targets Met:</u> | |
| | | <u>3a.FP Supplies: Drugs</u> USAID (Av.500 IBHS HTs) \$(943,533)* UNICEF 119,664 Dooley Foundation 151,407 | \$ \$ | |
| Office equipment | \$ 10,000 | <u>b.Equipment</u> UNICEF 342,281 UNFPA 8,608 Dooley Foundation 42,500 CIDA 10,000 WHO 17,040 | a.Drugs 1,239,738 743,821 b.Equip- 85,789 51,603 ment | |
| Vehicles and Fuel | Two \$ 20,000 \$ 30,000 | <u>c.Vehicles & Fuel etc.</u> UNICEF 39,938 WHO (Planning Cell) 70,300 UNFPA 84,960 Dooley Foundation 5,000 \$ 891,698 | c.Vehi- 1,092,889 649,789 cle & Fuel d.Other 1,726,681 1,035,962 \$ 4,135,097 \$ 2,431,055 | |
| <u>4.Capital Expenditures</u> Health Post Construction | \$1,000,000 \$1,000,000 | 4. CIDA \$ 100,000 UNICEF 81,563 UNFPA 187,440 Dooley Foundation 3,000 \$ 378,003 | 4. \$ 1,742,972 \$ 958,580 | |
| <u>5.Other Direct Expenditures</u> Travel and Daily Allowances | \$ 600,000 \$ 600,000 | 5. WHO \$ 8,350 UMN 50,000 \$ 58,350 | | |
| | | * Non additive under POP/FI Project. | | |

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| NARRATIVE SUMMARY | OBJECTIVELY VERIFIABLE INDICATORS | | IMPORTANT ASSUMPTIONS |
|--|--|--|--|
| <p>Inputs:</p> <p><u>For Output B:</u></p> <p><u>1. Technical Assistance</u></p> <p> a. Paramedical Manpower Training Specialist CH/I</p> <p> b. TDY in Curriculum Design, Trainer Training, and Teaching Methodologies, CH/I</p> <p><u>2. Participant Training</u></p> <p><u>3. Commodities</u></p> <p> a. Office equipment</p> <p> b. Vehicles</p> | <p>Inputs:</p> <p align="center"><u>Three-Year Projection</u></p> <p><u>Long Term</u></p> <p>One (40 pm) \$ 140,000</p> <p>(13 pm) \$ 56,000</p> <p align="right"><u>\$ 196,000</u></p> <p>(192 pm) \$ 215,000</p> <p>One 11,000</p> <p align="right"><u>\$ 13,000</u></p> | <p>Inputs:</p> <p><u>1. For CH/I:</u></p> <p>WHO (24 pm) \$ 32,775</p> <p>For IOM</p> <p>WHO (39) 73,293</p> <p>CIDA & IDRC 190,750</p> <p>(112 pm)</p> <p>Dooley Foundation 10,150</p> <p>(35 pm)</p> <p>United Mission to 7,350</p> <p>Nepal (150 pm) \$ 281,543</p> <p><u>3. For CH/I:</u></p> <p>UNICEF \$ 58,358</p> <p>UNFPA 21,600</p> <p align="right">\$ 79,953</p> <p><u>For IOM:</u></p> <p>WHO \$ 4,000</p> <p>CIDA 90,500</p> <p>UMN 14,651</p> <p>Dooley Foundation 9,000</p> <p>UNICEF 175,030</p> <p align="right"><u>\$ 293,231</u></p> | <p>Inputs:</p> <p align="center"><u>Targets Fully Met: Majority Targets Met:</u></p> <p>1. <u>Institute of Medicine</u></p> <p align="center">Salaries</p> <p>\$ 146,961 \$ 104,773</p> <p align="center">TA/DA</p> <p>79,363 46,040</p> <p align="center"><u>Ministry of Health</u></p> <p align="center">Est. Salaries + TA/DA</p> <p>37,831 27,482</p> <p align="right"><u>\$ 264,155 \$ 178,295</u></p> |

LOGICAL FRAMEWORK

Project Title and Number : Integration of Health Services (His Majesty's Government of Nepal (HMG))

| NARRATIVE SUMMARY | OBJECTIVELY VERIFIABLE INDICATORS | | IMPORTANT ASSUMPTIONS | |
|---|--|--|--|---------------------|
| Inputs: <u>4.Overhead</u> a.Overhead rate 65% b.Air travel and post differential c.Short-term T.A. overhead and other direct costs d.Backstop <u>TOTAL FOR OUTPUT B:</u> | Inputs: \$ 114,000 73,000 54,000 30,000 <u>\$ 271,000</u> <u>\$ 675,000</u> | Inputs: <u>4.For CH/I:</u> WHO \$ <u>53,570</u> <u>For IOM:</u> WHO 72,307 UNFPA 5,000 CIDA & ILRC 135,300 Dooley Foundation 7,797 UMN <u>9,150</u> \$ <u>229,554</u> <u>\$ 938,300</u> | Inputs: <u>Targets Fully Met: Majority Targets Met:</u> 5.Over-\$ <u>79,247</u> \$ <u>43,070</u> head <u>\$ 343,400</u> <u>\$ 221,400</u> | |
| <u>GRAND TOTAL A AND B:</u> | <u>\$ 3,577,000</u> | <u>\$ 3,564,000</u> | <u>\$13,544,000</u> | <u>\$ 9,796,000</u> |