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Management Assessment and Management Development Plan
Family Planning Association of Nepal
January 18 - 29, 1993

Family Planning Management Development (FPMD)
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MANAGEMENT ASSESSMENT AND
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FAMILY PLANNING ASSOCIATION OF NEPAL

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I. EXECUTIVE SUMMARY

During the period January 18-29, 1993, Jean Baker and Marc Mitchell of the Family Planning Management Development project (FPMD) were asked by USAID/Kathmandu to carry out a management assessment of the Family Planning Association of Nepal (FPAN) and make recommendations on ways in which the management capacity of that organization could be strengthened.

Until recently, there had been considerable apprehension about the management of FPAN. In response to these concerns, FPAN has made many changes in its management structure during the past six months, including the appointment of a new Director General, and a complete change in the composition of the board of directors. These changes appear to have very much improved both the morale of the staff at FPAN and the effectiveness of the organization as a whole. While the conflict that surrounded the organization has had some negative impact on the organization, particularly its ability to recruit and keep experienced trainers and clinicians, FPMD believes that FPAN remains a very strong organization with the potential to make an important contribution to the national family planning program. Like most IPPF family planning associations, FPAN has a strong service delivery network in 21 districts, an effective logistics management system, and an extensive network of volunteers spread throughout the country.

FPAN has recently completed a strategic plan as part of the normal IPPF planning cycle. This plan is in part in response to discussions with the Government of Nepal about a significantly expanded role for FPAN in the national program. Discussions have included the potential for FPAN to manage the entire family planning program in six or more districts, to manage the contraceptive logistics for 21 districts, to coordinate the other non-governmental organizations (NGOs) who are working in family planning, and to provide training for government doctors. The strategic plan does not specifically discuss these potential new roles for FPAN, but rather takes a more global approach to defining its strategies. The strategies which have been identified are:

- Expansion of service delivery
- Demand generation
- Institutional reform
- Advocacy on national policy

The next step for FPAN in its planning process is the development of a detailed operational plan for how it will implement the strategies which it has outlined. This is an area where we believe FPAN might benefit from technical assistance provided by the FPMD project, and it is our first priority for assistance. We have also suggested that FPMD work with FPAN to strengthen specific management systems including management information systems (MIS), staff recruitment, training, and board/staff relations.

II. COUNTRY BACKGROUND AND DEMOGRAPHIC PROFILE

The kingdom of Nepal is home to the highest mountains in the world, including Mt. Everest. Mountains transect the entire length of the country from east to west. Nepal is a relatively small country, only 885 kilometers long and between 145-240 kilometers wide. It is landlocked, bordered by Tibet on the north, and by India on the east, west and south. The country is divided into three distinct regions: the mountains, the hills, and the terai (plains). Over the centuries many cultures have met in Nepal, and the country is ethnically and culturally complex. Seventy-five ethnic groups have been identified, although most of the population can be categorized as Indo-Nepalese or Tibeto-Nepalese. Hinduism is the official religion of Nepal, although Buddhism is a strong thread throughout the culture.

Following a pro-democracy movement, in 1990 Nepal adopted a new constitution based on a multi-party system, with a constitutional monarchy. There is hope that this new political era will herald corresponding changes in development, with an improving standard of living for the population.

With a GNP per capita of \$180 per year, Nepal is one of the poorest countries in the world. According to a recent World Bank report, 71 percent of the national population live in absolute poverty. Most of the population is engaged in subsistence farming, and 90 percent of the population resides in rural areas. Life expectancy at birth is 51 years for males and 50 years for females.

The health indicators reflect this dire poverty. Infant mortality is high at 107:1,000, while the under-five mortality is estimated to be 165:1,000 live births. The maternal mortality rate is 850:100,000, one of the highest in the world. Malnutrition in children is widespread, with at least 50 percent of children under five suffering from moderate to severe malnutrition. Sixty-five percent of the adult population is illiterate, with 82 percent female illiteracy. Difficult mountain terrain, lack of transportation and communication, and a limited health infrastructure make delivery of health and family planning services difficult in many areas of Nepal.

The current population is about 19 million people, with a population growth rate estimated to be around 2.5 percent per year. The birth rate is estimated to be 40 while the total fertility rate is 5.8 children. Understandably this high current rate of population growth has undermined development efforts in the economic and social sectors, while modest increases in agricultural production have not been able to keep pace with population growth. Population projections suggest that, regardless of the pace of fertility decline, Nepal will have a population of at least 26 million in the next 20 years.

Nepal has neither the capacity nor the resources to sustain the current rapid rate of population growth, without adversely affecting the environment, or the standard of living.

III. NATIONAL POPULATION PROGRAM

A. National Population Policy

The national population policy of Nepal, designed to improve the balance between population and development, is multisectoral. Some aspects of the policy are designed to affect population indirectly, such as improving female literacy or improving the status of women. The national family planning program is the most direct effort to affect fertility and population growth.

Targets of the population policy for the year 2000 include:

- Reduction in the total fertility rate from the current 5.8 to 4;
- Reduction of the infant mortality rate from 107 to 50 per 1000;
- Reduction in child mortality from 165 to 70 per 1000;
- Reduction in maternal mortality from 8.5 to 4 deaths per 1000 live births;
- Increase in the average life expectancy from 50 to 65 years.

Reducing mortality and fertility to these levels implies that the crude birth rate will have to be reduced to 27.5. To reduce the current total fertility rate of 5.8 to 4 by the year 2000, it will be necessary to increase contraceptive prevalence from the present 25 percent to 38 percent in the next few years.

B. Evolution of the Nepal Family Planning Program

The role of family planning in national development and family welfare was recognized by the government of Nepal in 1965 when the government adopted a national family planning policy. A national service delivery system was developed in 1968 with the establishment of the Family Planning and Maternal and Child Health (FP/MCH) Board within the Ministry of Health. The program was initially clinic-based, but subsequently other approaches, such as community outreach, mobile clinics, and special camps, were introduced. The FP/MCH program had five strategies:

1. Complete integration of maternal/child health and family planning at all service delivery points;
2. Provision of financial incentives to the part-time medical and para-medical staff participating in the family planning service;
3. The sale of contraceptives at a nominal rate, where possible;
4. Distribution of non-clinical contraceptives (condoms) through commercial channels; and
5. Provision of family planning services in remote places on demand by mobile teams.

In mid-1987, to eliminate former vertical programs, such as family planning, the government restructured the national health and family planning system into an integrated system. Family planning is now considered an integral part of the Ministry's overall MCH strategy.

Throughout the history of family planning in Nepal, voluntary sterilization (male and female) has been a prominent component of the program. Beginning in 1975-76, the FP/MCH project adopted the policy of providing quality family planning services to more people in remote areas by organizing mobile camps. In order to fulfill unmet demand for family planning services, in 1982 a strategy to expand sterilization camps was adopted, along with a social marketing program, and distribution of temporary methods through community workers. The share of sterilization in total current contraceptive use has risen from 67 percent in 1976 to 74 percent in 1981, to 86 percent in 1986. These percentages reflect the emphasis of the program and the attention given to sterilization camps for many years.

There are compelling arguments both for and against the government's "de facto" policy of emphasizing sterilization in the program. Sterilization has been (and still is) the most widely known method of birth control. In the past, incentives to providers made it attractive, and field workers overwhelmingly promoted the method. Sterilization does not require periodic follow-up visits nor resupply, and therefore minimizes logistic requirements. It fulfills the desire of many Nepali women to terminate childbearing, rather than to space. Nonetheless, the emphasis on sterilization has conflicted with the government policy of providing a "cafeteria" of family planning services.

C. Current Family Planning Programs and Organizations

At present, family planning is offered through three types of agencies:

1. The FP/MCH Division of the Ministry of Health provides the majority of family planning services in the country through its 800 clinics and health posts. During 1988-89, a program of 15 "institutionalized" districts was begun. This program is defined as the institutionalization of a capacity to provide regular, quality, full-service family planning through effective utilization of local resources and institutions at the district level.
2. Private sector organizations, such as the Family Planning Association of Nepal (FPAN), offer services in 27 of the country's 75 districts.
3. The Nepal Contraceptive Retail Sales (CRS) project distributes oral contraceptive pills and condoms through more than 10,000 pharmacies and shops in nearly all districts of Nepal.

In addition to FPAN, other non-governmental organizations provide family planning services. In total, 37 NGOs (e.g., The Nepal Red Cross Society, Nepal Women's Organization, SDA) work in the family planning field, most of them providing services in the context of integrated health care delivery. Among the most prominent is the Nepal Fertility Care Center (NFCC). NFCC, founded in 1988 by a prominent local physician, plays a key role in training medical staff in sterilization techniques, providing technical assistance to other organizations, and monitoring family planning service delivery in the country. The NFCC also houses the national laparoscopic Repair and Maintenance (RAM) Center.

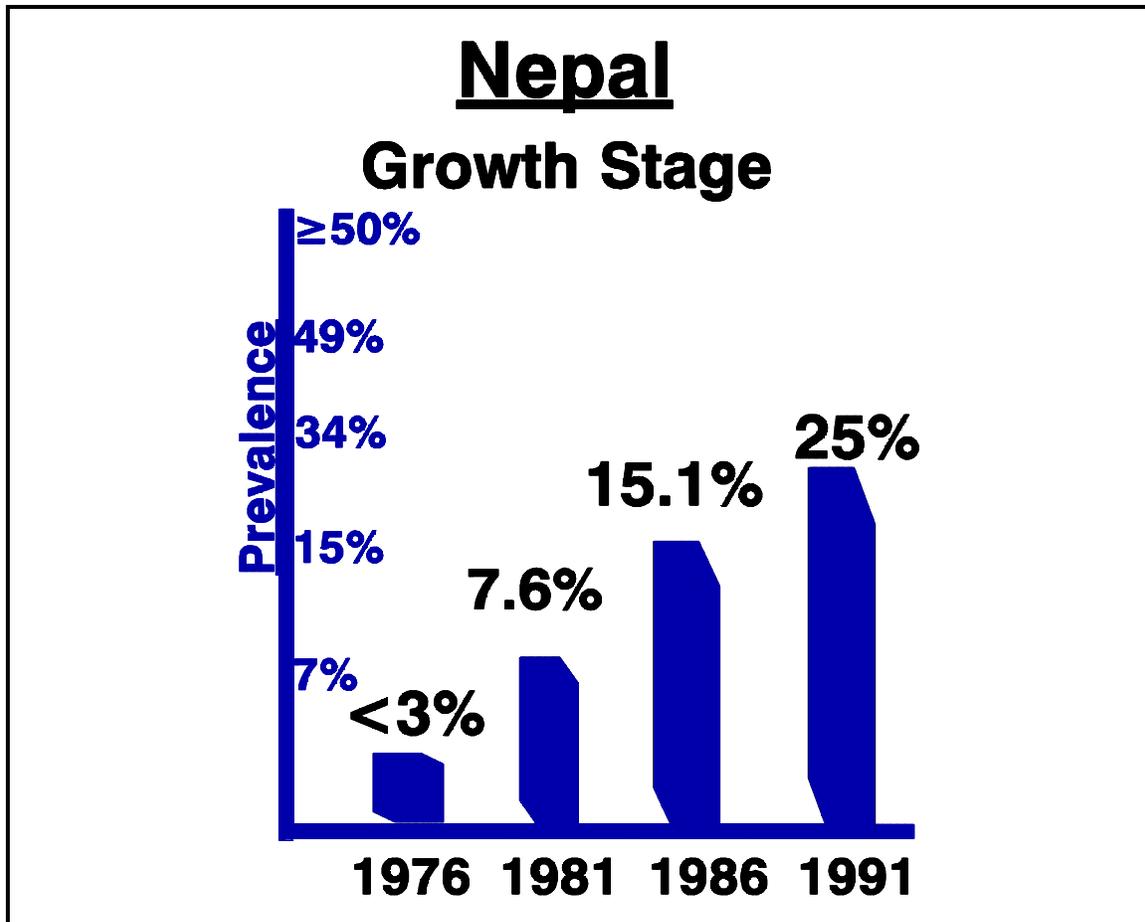
The national family planning program was initiated with assistance from USAID in 1968, and the Agency has continued to be a major donor. It was the only donor until 1975-76, when UNFPA funding entered the program. The two remain the principal donors of the population program. Other organizations have assisted by providing technical assistance and training, such as ICOMP, USC Canada, JICA, and UNICEF. Non-governmental organizations, such as FPAN, receive financial assistance from their parent organization, IPPF, and grants and technical assistance from AVSC.

In the future, it is expected that an increasingly larger share of the costs of the national program will be borne by the government and a lesser share by foreign donor agencies.

IV. USAID STRATEGY AND CURRENT POPULATION ACTIVITY PORTFOLIO

USAID/Nepal is in the process of reviewing its strategy for the population sector. Nepal ranks as a "priority" country in the worldwide A.I.D. strategy for population, and a current exercise is part of the development of a **Priority Country Strategy** for Nepal. Among the Cooperating Agencies who are taking part in this activity are: AVSC, JHPIEGO, Population Council, CEDPA, PCS, and JSI.

Based on the current contraceptive prevalence in Nepal, the family planning program is considered to be at a "growth" stage, on the verge of quick expansion (see graph on next page). The success of the national population program has been encouraging, and the current contraceptive prevalence rate of 25 percent is promising.



However, data from national surveys reveal significant unmet demand for family planning, and the prevalence rate by districts is extremely variable. The general consensus in the country is that the primary constraint to rapidly increasing contraceptive prevalence and lowering fertility is on the "supply" side. High-quality, consistent and well-supplied service delivery remains a problem in Nepal. Among the issues that USAID is considering are:

- The role of sterilization camps — should they be continued and with what priority?
- The role of incentives in the program — should they be for providers, clients and/or motivators?
- The role of the private sector, particularly that of NGOs like FPAN and NFCC — how much of the service delivery should they provide?
- The problem of contraceptive logistics — how is it best handled?
- Which aspects of the program are not covered by other donors, and which are the most appropriate for USAID?
- How can family planning be emphasized in an "integrated" health care delivery system?
- What is the current status of training, and information, education, and communication (IEC)?
- How can the quality of care of services be improved and monitored?
- How well is the national service statistics system functioning?

The role of various cooperating agencies, and program priorities for USAID support and assistance will be delineated in the coming weeks. The strategy will certainly emphasize the importance of strengthening the availability of contraceptive supplies and services throughout the country.

V. FPMD STRATEGIC OBJECTIVES IN NEPAL

The Family Planning Management Development project was asked to come to Nepal to conduct a management assessment of the Family Planning Association of Nepal and to consider what types of management inputs would be required to assist the organization in realizing ambitious goals for its new role in the national program. Nepal is a priority country, and has made steady progress in its family planning program. However, the growth of the program appears to be at a plateau phase, and new initiatives will be required to resume growth. One initiative is likely to be a significantly expanded role for NGOs in general, and for FPAN in particular, within the government program. As the oldest and largest NGO in Nepal, accounting for approximately 25% of total national contraceptive prevalence, added responsibilities for FPAN are appropriate and come at an opportune time in the organization's development.

The critical management need which FPMD has identified at FPAN is for intensive operational planning for their new role at the district level. An operational plan will define the way that NGOs and the government infrastructure will be able to work synergistically rather than competing for the same clients. To achieve this, an intimate knowledge of both the districts and the personalities at the district level will need to be coordinated with an understanding of what makes family planning programs work at the ground level. To assist in this process, FPMD has suggested that a team of FPAN staff join with government workers at the district in question to map out an operational plan. We have also suggested the need for a consultant with extensive experience in this type of planning to assist in the process. We believe that the development of this type of plan, combined with very moderate assistance in other areas, will put FPAN well on the way to playing a central role in the overall national family planning program, and make an important contribution to the growth of family planning service delivery in Nepal.

VI. ORGANIZATIONAL ASSESSMENT OF FPAN

The Family Planning Association of Nepal is the IPPF affiliate, founded in 1959. It is the oldest and largest non-governmental organization in Nepal. The FPAN headquarters office is located in Kathmandu, and there are 27 branch offices. Of the 27 branches, eight are in the hill region; the rest are in the terai (plains). At present there are no branches in the mountain region.

FPAN programs are designed to assist the government of Nepal in carrying out population and health activities. FPAN has focused on service delivery, including family planning, MCH and

primary health care, as well as IEC programs. Special projects have focused on female literacy, income generation, and environmental issues.

A. Mission of FPAN

In its recently developed strategic plan (1993-2002), FPAN's stated mission is:

In view of the plans and expectations of the government and other nongovernmental agencies, FPAN provides full support to achieve the national targets. FPAN aims at maintaining its leading role as a nongovernmental organization and voluntary family planning organization in Nepal; intensifying family planning services as a basic human right on a voluntary basis, particularly in areas with high need and low performance, so as to achieve a balance between population and resource development by popularizing the two child family norm.

B. Organizational Strategy

The Family Planning Association of Nepal has recently completed a strategic plan (1993-2002), written as part of the IPPF planning cycle. The plan discusses the background of the organization, some of its recent changes, and the broad strategic objectives of the organization over the next ten years. The major thrusts of the plan are focused in four areas:

- Expansion of service delivery
- Demand generation
- Institutional reform
- Advocacy on national policy.

A summary of the plan with references to key sections is given on the next page.

Summary of FPAN Strategic Plan

i) Delivery of Services

Direct service expansion (Strategy A)

Addition of new districts

Increase accessibility in rural areas including counselling

Mobile clinics

Introduce condoms for STD

Assume responsibility for Government programs in 6 → 20 districts

Coordinate with other NGOs (Strategy C)

Provide technical assistance

Coordination of technical activities of other NGOs in FP

Liaison between government and NGO community

Developing training capability (Strategy H)

Training in technical standards for FPAN, government, other NGOs (VSC)

Training of trainers in counseling for FPAN, government, other NGOs

Training of FPAN personnel in clinical contraception

Training of FPAN personnel in management

ii) Demand Generation

IEC program (Strategy F)

Integrated programs which attract new FP acceptors (Strategy A)

Work to improve the status of women (Strategy D)

Training of teachers, social groups in issues of population

iii) Institutional Reform

Improve monitoring and evaluation system (Strategy E)

Field surveys, baseline studies of effectiveness (Strategy E)

Annual report covering national performance of FPAN (Strategy E)

Strengthen skills of volunteers and staff (Strategy G)

Enhance professional expertise of staff (Strategy G)

Increase cost recovery

iv) Advocacy on National Policy

Public education (Strategy B)

Policy and legislative changes (Strategy B)

The strategic plan was written at a time when discussions between FPAN and the Government of Nepal indicated a significantly expanded role for FPAN in the national program. Discussions have included the potential for FPAN to manage the entire family planning program in six or more districts, to manage contraceptive logistics for 21 districts, to coordinate the other NGOs who are working in family planning, and to provide training for government doctors. Perhaps because of the uncertainty of these new activities, the plan takes a very general approach to defining strategies, and does not go into detail about exactly how the strategies will be carried out. Indeed, this issue has been discussed with the new Director General of FPAN who agrees that an operational plan is needed before these activities can be carried out, and that there remain significant implementation questions to be answered. The implementation questions discussed with the Director General are included in Annex 1.

C. Organizational Structure

The organization is structured with a Board of Directors as the policy-making body at the national level, and volunteers at the branch level. The organization is headed by a Director General. There are four Divisions, each headed by a Director. They are: Medical Division, Program Support Division, Finance/Administration Division, and Program Division.

Each of the branch offices is headed by a Branch Manager, assisted by medical staff and administrative support staff. A complete organizational chart is provided in Annex 2.

D. Decision Making Process at FPAN

The management team at FPAN consists of the Director General, Mr. Ram Neupane; the Director of Programs, Mr. Hari Khanal; the Medical Director, Dr. Pramilla Sharma; and the Director of Program Support, Mr. Prasad Rana. The fifth position of the management team, that of Finance/Administration Director, is currently vacant. FPAN is recruiting for the position. The management team meets on a regular basis to discuss organizational and administrative issues. For example, the Director General recently requested that all senior management staff write their own job descriptions. There was resistance from staff, particularly at the branch level, and so a decision was made to conduct a workshop to train staff in how to write job descriptions. Guidelines were developed by the management team and were used in the training. The first drafts of job descriptions have been developed and are currently being reviewed at headquarters.

E. Recent Problems and Response by FPAN

Over the past year and a half, FPAN has undergone a dramatic series of events. In 1991-2, in the wake of accusations of mismanagement and misappropriation of funds, the previous Director General of the organization was dismissed, the IPPF core funding grant was withdrawn, and the Board of FPAN was dissolved. An organizational assessment was commissioned by IPPF which identified a series of priority problems at FPAN. In summary, they were:

- There was widespread confusion and misunderstanding about the roles of volunteers and paid staff. This was the critical issue in the organization resulting in inappropriate

involvement of volunteers in the day-to-day administration of both branch and headquarters offices, poor and ineffective performance, and low staff morale.

- The organization did not have a small number of specific objectives and targets to achieve. As such, program efforts were not focused. It was difficult to assess which activities were cost effective. It was also difficult to monitor the performance of the Director General.
- The Director General and key senior staff, the Division Directors, were not working as a team. Because of this, the Divisions were not coordinating with each other and organizational efforts were not integrated.
- There was insufficient delegation of authority, responsibility and accountability down through the organization. Senior staff spent too much time on administrative detail; junior staff were not given clear work objectives.
- There was relatively little volunteer or staff training. FPAN had not developed its human resource potential, and staff were not as effective as they could have been.

Beginning in mid-1992, many changes took place at FPAN. Most important was the recruitment and appointment of a new Director General. Since assuming office Mr. Neupane has, in collaboration with IPPF, made significant changes in the organization. The structure of FPAN was altered to streamline management, and the previous seven Divisions were consolidated and reduced to four. The terms of reference for the Divisions were modified. For example, Finance and Administration, which had been separate, were combined. Training was placed under the Program Support Division. The position of Deputy Director General was abolished. Overall staffing was reviewed, and thirty "excess" staff were retired or dismissed. Eleven Branch Managers were reassigned. Job descriptions for all staff were developed. The Work Program Budget for 1993, which had previously been developed from the headquarters, was developed at the Branch level. This included target setting for service delivery. Elections will be held in April 1993 for a new Executive Committee. Finally, efforts were made by FPAN to define its relationship with the Ministry of Health regarding service delivery, IEC and training.

The sum of these changes signifies a "new beginning" for FPAN, in both the assessment of its own strategy and capacity, and in the way in which the organization is viewed by outsiders.

F. FPAN Funding and Budgets

FPAN has traditionally received the majority of its core funding from IPPF (currently approximately 75 percent). Other funding comes through project support from AVSC, JOICEP, and World Neighbors. A small amount of income, generated from the sale of drugs, is maintained at the branches.

Current and projected budgets for the organization are:

FPAN Budgets*

	1991	1992	1993	1994	1995
Total budget (\$)	833,778	1,064,666	1,106,444	1,274,222	1,406,666

* \$1=Rs. 45; excludes contraceptive commodities

As part of its strategic plan, FPAN has projected a dramatic expansion in service delivery in the coming years. As such, it has requested and received a 20 percent increase in the core funding allocation for 1993 from IPPF. For the coming five years, FPAN will continue to rely heavily on IPPF and other donor support.

G. FPAN Service Delivery

FPAN has a well-developed infrastructure to support service delivery. At present the Association provides services in 27 of the 75 districts of Nepal. In 1991 FPAN had 622 staff, most of whom were dedicated to project or field activities. The organization offers family planning services through four static clinic sites and 21 field (branch) offices. Branch offices are staffed by a Branch Manager, a nurse, a health assistant, a field supervisor, and an accountant. The branches are the core of the Association's service delivery, and as such their effectiveness is essential to the overall success of FPAN.

Through the field network, FPAN employs 223 community and health workers, 70 percent of whom are male. These staff provide motivation for sterilization and other family planning methods, as well as information, counseling and referral. They also provide a limited supply of basic medicines, for which a fee is charged. There is a 40% markup on all drugs provided by the community workers. Each community health worker is responsible for 2 village development committees (roughly a population of 2,000). The community workers are paid Rs. 300 per month (\$7).

Surgical contraceptive methods (vasectomy, minilap) and Norplant are offered only at the FPAN static clinic sites. Temporary methods (orals, condoms, Depo) are offered through the branch offices, and the mobile extension services of the branches. In most cases, FPAN provides "integrated" services, which include immunizations, and MCH services, as well as family planning.

At FPAN, counseling has been a priority, and field workers are trained in counseling techniques.

Overall in Nepal, close to 80 percent of contraceptive prevalence is attributable to sterilization. FPAN service statistics reflect the historical focus of the Nepal program on this method, although the numbers have been declining in recent years.

FPAN VSC Services

Year	Male Sterilization	Female Sterilization
1985-6	1878	1144
1987	1639	749
1988	2098	1022
1989	2710	1289
1990	1783	651
1991	2122	618
1992*	2091	694

* January through September 1992 figures only.

Provision of temporary methods through FPAN has historically been a lower priority than permanent methods. This was cited by recent Overall Program Evaluations (OPEs) conducted by IPPF, as was the weakness of monitoring and follow-up of acceptors in the field. The primary focus of spacing methods has been on orals and condoms, although evidence suggests that these methods are not effectively used, and discontinuation rates are very high. The popularity and demand for Depo and Norplant have not been reflected in service delivery.

H. The Management Information System at FPAN

FPAN uses an IPPF format for collecting and reporting information on service statistics. Under this system, targets for performance and actual performance are tied to individual "projects." Each branch office represents a "project," as do the separately funded projects. Information on contraceptives provided by field workers is tabulated by the field worker, and then given to the Supervisor at the branch office, who forwards it to the Program Division at FPAN headquarters. Information on clinical methods is supplied by the branch offices, or static clinics, and forwarded to the Program Division. The Program Division compiles the data on an annual basis and sends it to IPPF. Analysis by Couple Year of Protection (CYP) or cost/CYP is not yet done. A summary format, which provides overall information on FPAN performance (relating achievement to target, cost, etc.) is not used.

FPAN utilizes a separate reporting system, provided by AVSC, for male and female sterilization.

I. FPAN Financial Information System

FPAN uses the IPPF accounting system for reporting financial information. For individual projects not funded by IPPF, separate accounting is done to meet the needs of the specific donor. FPAN is currently recruiting for a Director of Finance and Administration; in the interim, both the Director General and the Director of Programs, who have financial training, are overseeing the

financial systems. The financial systems seem to be generally functional, if somewhat geared toward IPPF accounting.

J. Training at FPAN

Training is a high priority at FPAN and the Association has for many years been actively involved in training for both its own staff as well as for government. There is a strong commitment to training within the organization. FPAN's training activities have three specific objectives:

1. To ensure that all community workers and field workers have full knowledge of the various types of contraceptives and their use;
2. To ensure that all medical staff are fully trained to administer clinical contraception;
3. To ensure that senior staff have the necessary managerial skills to undertake their job responsibilities.

Coordination for training at FPAN is the responsibility of the Program Support Division, although the training courses are actually conducted by technical staff in the Medical Division. A master syllabus of FPAN training courses was not available. FPAN provides training for medical staff, program managers, accountants, community workers, and others. The types of training courses offered by FPAN during 1993 will include:

- Family Planning Counseling Training for community workers
- Training of Trainers in Counseling
- IUD Refresher training
- Physician training, sterilization
- Non-physician training, sterilization
- AIDS Seminar for media people
- Reproductive Health Education for teachers

FPAN does not charge for these courses. Curricula for the training courses are somewhat "ad hoc," and a written curriculum exists for only the Family Planning Counseling Training course.

K. Information, Education, Communication at FPAN

The current IEC strategy at FPAN seeks "to increase knowledge, motivation, and use of FP/MCH services particularly focusing on birth spacing and survival of the mother and child, with particular attention to face-to-face contacts among target groups." The Association believes it is necessary to equip its field workers with appropriate educational materials and audiovisual aids. Additionally, in 1993, FPAN proposes to use mass media to promote family planning methods, as well as the Association's services. FPAN plans to produce 15 minute radio programs to be aired once a week, and radio spot announcements to promote methods and counteract rumors. Newspaper ads will also be developed. FPAN will also produce pocket calendars with family planning messages, and stickers to promote condoms for safe sex.

At present, the IEC activities at FPAN are focused on the development and production of materials for the Association's use. Development of generic IEC materials, perhaps in collaboration with the MOH and/or other NGOs, has been discussed but has not yet been accomplished.

L. The Future Role for FPAN in the Nepal National Program

Family planning in Nepal is at a point of transition as a result of various factors in recent years. The move to democratization and the resulting dramatic change to a modern parliamentary form of government has meant a new sense of openness and opportunity in many fields. There is high level commitment to slowing population growth within the government. This has helped to create an environment which is open to advances in family planning, including involvement of the private sector. Unlike the situation in neighboring countries, there is no religious or political opposition to family planning in Nepal. Moreover, there is documented demand for family planning. The main deterrent to increased use of family planning appears to be that of inaccessible or inadequate service delivery.

Donor support is available for all aspects of family planning. USAID, which has for many years been actively involved in support of the national program, is in the process of reviewing its population sector strategy. It is anticipated that a significant aspect of this strategy will be increased involvement of the NGO sector in service delivery. As the leading and largest NGO providing family planning, FPAN is well positioned to play an active role in this strategy.

FPAN is committed to expanded service delivery. There are other areas in which FPAN hopes to assume a leading role in the coming years. These include:

- Management of family planning services at the district level: FPAN has been asked by the Ministry of Health to take on responsibility for family planning service delivery in six districts of Nepal. It is as yet unclear what form this responsibility will take. It is possible that FPAN could provide all family planning service delivery, just VSC, or just outreach and motivation. A number of issues need to be clarified before transfer of responsibility is made. However, it is clear that FPAN is ready to support the MOH, and is committed to a "higher profile" role in service delivery than in the past.
- Logistics: Coordination of logistics for contraceptive commodities is another area of potential expansion for FPAN. The internal FPAN logistics system appears to function well at the present scale. FPAN is interested in pursuing the possibility of a logistics coordination role, for all other family planning NGOs, and possibly for government service delivery points. This might encompass the 21 districts where FPAN works, or extend beyond to a much larger number of districts.
- IEC: FPAN has always developed and produced its own IEC materials, such as flip charts, brochures, films, and radio spots. An additional role for FPAN may be that of coordinator for IEC materials, for both NGOs and government. FPAN could serve as the "library" for

storage and distribution of IEC materials. Additionally, it could take the lead in the development of a range of generic materials to support family planning efforts in the country.

- **Training:** For many years training has been an active area for FPAN. The organization hopes to expand its capacity for training in the near future. FPAN will continue to play a leading role in the training of medical staff in sterilization techniques, particularly minilap. The Association will also expand its training courses in family planning counseling and basic family planning for community health workers. Once again, FPAN believes the audience for these courses will come from both government and the NGO sectors.
- **Coordination of NGOs:** At present there are 37 NGOs in Nepal which provide family planning services. Each does so from its own strategy and perspective, and service statistics are not provided to the government. The Ministry of Health has asked FPAN, as the oldest and largest of the NGO providers, to assume a leading role in coordination of NGOs. At a minimum this coordination would include an effort to establish uniform reporting on family planning services among the NGOs (e.g., common definitions, CYP). FPAN could be the collection point for NGO data in Nepal, which would then be forwarded to the government. Other areas for coordination could include that of IEC described above, agreement on uniform standards and procedures, and training.

VII. RECOMMENDATIONS/FPMD PROPOSED ACTIVITIES

FPAN has been negotiating with the Ministry of Health about a significantly expanded role for FPAN in the national program. These discussions have included the potential for FPAN to manage the entire family planning program in six or more districts, to manage contraceptive logistics for 21 districts, to coordinate the other NGOs who are working in family planning, and to provide training for government doctors. FPMD supports the expansion of FPAN's role, but strongly recommends that before any decisions are made about what its role will be, a detailed plan be prepared by FPAN which addresses the implementation issues implicit in these expanded roles. Some of these issues are highlighted in Annex 2, which have been discussed in detail with FPAN. The following are the specific recommendations for potential assistance from FPMD to FPAN. **It should be noted that all such assistance is subject to the availability of incremental funding to FPMD for these activities.**

A. Operational Planning

The Family Planning Association of Nepal has recently completed its strategic plan, which identifies the basic underlying philosophy of FPAN as well as the broad areas in which FPAN will focus its resources. The primary focus is on the expansion of family planning service delivery which the organization will achieve through the addition of new districts into its program, increasing accessibility in rural areas to both permanent and temporary methods, refocusing on mobile clinics for the provision of temporary methods, and training service providers and counsellors from both FPAN and the government program. A key element of its strategy is that FPAN has been asked by the Government to assume responsibility for the management of

government family planning programs in six densely populated districts, with possible future expansion to 20 districts. A second key element of the FPAN strategy is a new role as the coordinator of other NGOs that are providing family planning services in the country. Both of these elements are critical to FPAN's new strategy and the role that it will play in the national family planning program. However, the specifics of how these strategies will be implemented have not yet been worked out either by the Government or by FPAN, and negotiations are still underway. For this reason, the strategy which has been developed by FPAN remains somewhat vague as to the actual mechanisms by which these ambitious goals for program expansion will be achieved.

The next step in the planning process for FPAN is the development of a detailed operational plan for how it will carry out its strategic objectives. In particular, FPAN will need to develop a model of service delivery, supervision, logistics and reporting for those districts where it will oversee the government program. The FPAN model, which relies heavily on village level volunteers and mobile clinics, will need to be integrated with a government program which is based on fixed facilities to provide service delivery. How, or even if, these two approaches will be managed by FPAN in a district has yet to be determined.

FPMD believes the development of operational plans for district level management is the most immediate priority for FPAN. The government has discussed the transfer of management responsibility for four districts to FPAN on April 15, 1993, although this date is likely to be delayed. Nevertheless, because of the short time before this occurs, FPMD suggests that technical assistance in operational planning be the first assistance provided to FPAN. Further, we suggest that operational planning is an area where FPAN will benefit from periodic assistance over the next two years.

FPMD support will be provided through the technical assistance of a consultant resident in Nepal. This will allow both continuity for FPAN and a physical presence in the country at critical decision points for senior management of the organization.

The objective of this component is a detailed operational plan for service delivery at the district level. The first output will be completion of the IPPF three-year strategic plan due on June 15, 1993. A second output will be a plan which is suitable to the Government for implementation in at least one district.

B. Service Delivery Quality Assessment

The focus of the work with FPAN is the expansion and improvement of the delivery of permanent and temporary family planning services. To accomplish this, an assessment of the extent and quality of services currently being provided is required. Moreover, this type of assessment is required as a baseline for future evaluation of FPMD activities. Considerable work has been done in the development of instruments which assess service delivery. Two instruments which have been used successfully in other countries are the *Situation Analysis* done by the Population Council in Africa, and the *COPE* assessment done by AVSC. FPMD proposes that representatives of these two CAs work together with FPMD to develop an appropriate instrument

for Nepal, and that an assessment of service delivery by both the government and FPAN clinics be undertaken. This will provide valuable information about what is really being done in service delivery, and identify areas where further attention is needed.

FPMD proposes that this baseline survey be conducted as soon as possible, and that a follow-up survey be scheduled in two years to assess progress and provide indicators of the impact that FPMD interventions have had on the quality and quantity of service delivery at FPAN.

C. Management Information Systems

Like many organizations, the MIS system at FPAN is focused primarily on collecting data needed for outside reporting to donor agencies. The result is that data is processed on a project-by-project basis without providing a consolidated analysis of the total organization for senior managers. For example, the total operating budget for FPAN is only available by going through several different reports, which provide funding by source and type, and totaling the figures. What is required is an **Executive Information System** which provides the Director General, Division Directors, and the Board with an integrated view of program outputs, finances, and internal management.

FPMD proposes that this system be developed in three phases. The first is the identification, with the Director General, of the types of analysis and reports which are required by him on a regular basis. The second phase is the development of a simple set of reporting formats to use available data, but to present them in a more useable form. The third phase is the development of a more comprehensive MIS system for internal use at FPAN. We would anticipate that the first two phases could be relatively quickly developed, while the third phase would require significantly more inputs.

A second area where FPMD proposes MIS assistance to FPAN is in the development of a standard nomenclature and set of reporting formats for use not only by FPAN but by all NGOs in Nepal. This system would need to be closely tied to the national reporting system being developed for the government program, and would have as its objective the development of a comprehensive reporting system for all family planning activities in Nepal. Assistance to FPAN in this area will also help to consolidate FPAN's coordinating role of NGOs in Nepal.

The objectives of these interventions are the development of a better coordinated family planning program and the improved efficiency and effectiveness of FPAN. Specific outputs are the development of an Executive Information System with regular reports produced and a comprehensive and consistent national family planning reporting system.

D. Human Resource Management

An area where FPAN has had considerable difficulty is the recruitment and retention of doctors who are qualified to provide surgical contraception, Norplant, and clinical training. In general, FPAN has been able to attract only newly graduated doctors who remain only a short period of time before moving on to more profitable government positions. The result has been a very high

turnover of clinical staff, and a critical shortage of trainers. There are many reasons for this, but FPMD believes that a review of the recruitment and remuneration of physicians and other staff would contribute to a more stable and competent staffing pattern, and the expansion of both direct service delivery and training capability.

The objective and output of this activity is a reduction in the staff turnover at FPAN.

A second area in which FPMD proposes assistance in human resources management is a review of the system used to supervise field staff and volunteers. This activity would be based on a review of the role of field staff and village based volunteers and would have as an output the development of basic supervisory protocols for these levels of workers.

E. Training

An important contribution that FPAN has provided to the national family planning program has been the provision of clinical and management training to the public sector. Over the past several years, FPAN has conducted many different courses for a wide array of audiences, in surgical techniques, infection prevention, Norplant, counseling, logistics, and record-keeping. One division of FPAN is the training and IEC division, while medical and program division staff also see training as a key element of their work. Despite its extensive experience in training, FPAN does not have a comprehensive strategy for how and to whom it should be providing training to have the maximum impact on the national program. Training seems to be organized on an ad hoc basis, with FPAN providing a training course on demand rather than following a comprehensive training plan. This has posed problems for the staff who serve as trainers, who are often in short supply, and for the training division, whose role has become to provide logistic support rather than to improve the quality of the overall training effort. Clearly, FPAN has the capability to be an excellent training resource to the country, but it must first develop a comprehensive strategy for whom will be trained, who will be the trainers, and what will be the overall program of training course. Further, FPAN needs to develop curricula for each training course, similar to that which has been developed for the counseling course. The curricula should be written and have resource materials available to give to trainees and potential trainers for background documentation and reference.

FPMD proposes a three-phased approach to address this need. The first is to provide a consultant to work with FPAN to develop a comprehensive training plan. This would include the target audiences, schedule of trainers and courses, and a plan for curriculum development. The second phase is to work with FPAN to adapt the *Child Survival/Family Planning Management Training* curriculum which was developed under FPMT for use in Kenya. The third phase would be the training of trainers at FPAN to teach this course, and a more general training of trainers workshop. For this third phase it may be appropriate for one or two FPAN staff to attend short "training of trainers" courses overseas.

The objectives of this component of assistance are to develop FPAN's capacity as a training institution for the country, and to transfer specific training and planning skills to the training

division. Specific outputs are a training plan similar in scope and detail to the operational plan for the organization, the development of a tailored *Child Survival/Family Planning Management Training* curriculum for Nepal, and the upgrading of training skills at FPAN.

F. Board/Staff Relations

One of the key determinants of the success of an NGO is the relationship between the board and the staff, particularly the executive director. Indeed, in a review of the management of FPAN conducted by IPPF, this area was highlighted as one which needed further attention in the future. The IPPF review has led to a complete change of board membership, and a redefinition of board/staff interactions in the future. FPMD suggests that now is a particularly opportune time to assist FPAN in developing a supportive and effective board, as the new board is being formed. This is an area where outside facilitation could lead to a shared understanding of how a board can be most supportive and helpful, and what its appropriate role could be within the IPPF environment. FPMD proposes two visits by a consultant experienced in this type of work. Another possible intervention would be travel for the Director General to meet with other directors of IPPF affiliates where there is a particularly effective board/staff relationship.

The objective is a more effective and supportive board of FPAN. The output will be a specific definition of the respective roles of the board of directors and of the Director General.

G. Overseas Training

The strength of an organization like FPAN is its staff. For FPAN, opportunities for intensive overseas training have been somewhat limited. Several of the staff could benefit from intensive short courses in program management, training of trainers, or running of training institutions. FPMD proposes that opportunities be made available for suitable staff who would benefit from such training.

H. Logistics

It has been discussed that FPAN manage the contraceptive logistics for the national family planning program. While the basic logistics system now being used by FPAN is appropriate for the size of the current program, the system is not sophisticated enough to manage the entire needs of the national program. FPAN would require assistance in this area from one of the CAs working specifically in logistics management.

SUMMARY OF PROPOSED FPMD INTERVENTIONS IN NEPAL

TABLE OF FPMD INTERVENTIONS IN NEPAL				
ACTIVITY	Consultant Days			
		J. Baker	other consultant	total LOE
Operational Planning FPAN	JB,MM	75	15	90
Service Quality Assessment	JB, AE	30	30	60
MIS exec. info. system	JB	15	0	15
MIS standards for NGO's	JB, MIS	15	15	30
MIS upgrading FPAN	MIS	0	45	45
Recruitment review	Shipp	0	18	18
Supervision review	CM	0	18	18
Training Plan FPAN	JB,Reimann	10	12	22
Adaptation CS/FP curriculum	JB,Solter	20	20	40
Training of Trainers	JB,Reimann	10	12	22
Board/Staff Relations	MH		25	25
Overseas Training				
Technical Review	MM,AE	0	50	50

VIII. EVALUATION PLAN

The primary objective of FPMD assistance to FPAN is to help the organization improve the provision and quality of family planning services through strengthening the Association's management capabilities. In other organizations, the assessment of FPMD interventions has focused on basic management components: the **mission** of the organization, or its stated policy and goals; the organization's **strategies**, which refer to approaches to achieving objectives; the organizational **structure** which refers to position, roles and responsibilities; and to the **systems**, such as MIS or finance. These management components are believed to increase service delivery capability either directly or indirectly. Observation of these management components within an organization over time, and "measurement" of changes, based on selected indicators, can provide a useful assessment. The proposed FPMD assistance to FPAN will focus on several of these management components. For example, technical assistance to FPAN in operational planning clearly relates to the Association's strategies, while addressing the roles and responsibilities of board and staff refers to structural components. Improvement of service statistics and personnel issues are systems development work. Specific outputs have been identified for each of the areas in which FPMD proposes assistance. In brief they are:

1. Operational planning — Development of a detailed plan for provision of services in at least one district.
2. Quality of care — Introduction of a quality of care assessment tool, based on elements of the COPE methodology and the "Situation Analysis" protocol, and use of this assessment tool to collect baseline data on current service delivery.
3. Management Information Systems — Development and use of an "Executive Information System" for senior management and improved routine service statistics reporting.
4. Human Resource Management — Development and implementation of a supervision system and creation of a "personnel benefits package" to recruit and retain staff.
5. Training — Development of an overall FPAN training plan, and adaptation of the Child Survival/Family Planning Management Training curriculum for FPAN.
6. Board — Written definitions of the roles and responsibilities of board and staff.

FPMD proposes to develop an assessment plan in collaboration with FPAN for each of the areas of activity specified. For example, FPAN and FPMD will develop a set of **expected outcomes** and **indicators** to assess the efficacy of the operational plan for district service delivery. Similarly, expected outcomes, timelines, and indicators will be developed to gauge whether the "Executive Information System" developed provides accurate, timely and useful management information for the FPAN Director General. Baseline information on service delivery activities will be provided by the COPE/Situation Analysis exercise, which can be repeated at intervals. All

FPMD activities include an element of process evaluation, in that technical assistance inputs, reports, systems design work, and training materials, are reviewed and documented.

**ANNEX 1:
IMPLEMENTATION ISSUES: FPAN STRATEGIC PLAN**

i) Expansion of Service Delivery

Required Output:

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

Training Requirements:

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

Personnel Requirements:

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

Issues for consideration:

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

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

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

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

ii) Training

Required Output

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

Issues for consideration:

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

iii) Coordination with other NGOs

Required Output

Clarification of role as technical resource to other NGOs

Issues for consideration:

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

iv) Demand Generation

Required Output

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

Issues for consideration:

- IEC program strategy needs to be worked out in context of national strategy and available resources (PCS/CRS)
- Are the roles and functions of the current community/field workers appropriate and effective in generating demand for overall family planning services? Could the ranges of services they are providing be expanded to include counseling, injectables, and other services not currently offered?
- Does the current portfolio of specialized programs run by FPAN contribute substantially to an increase in demand for family planning?

v) Institutional Reform

Required Output

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

Issues for consideration:

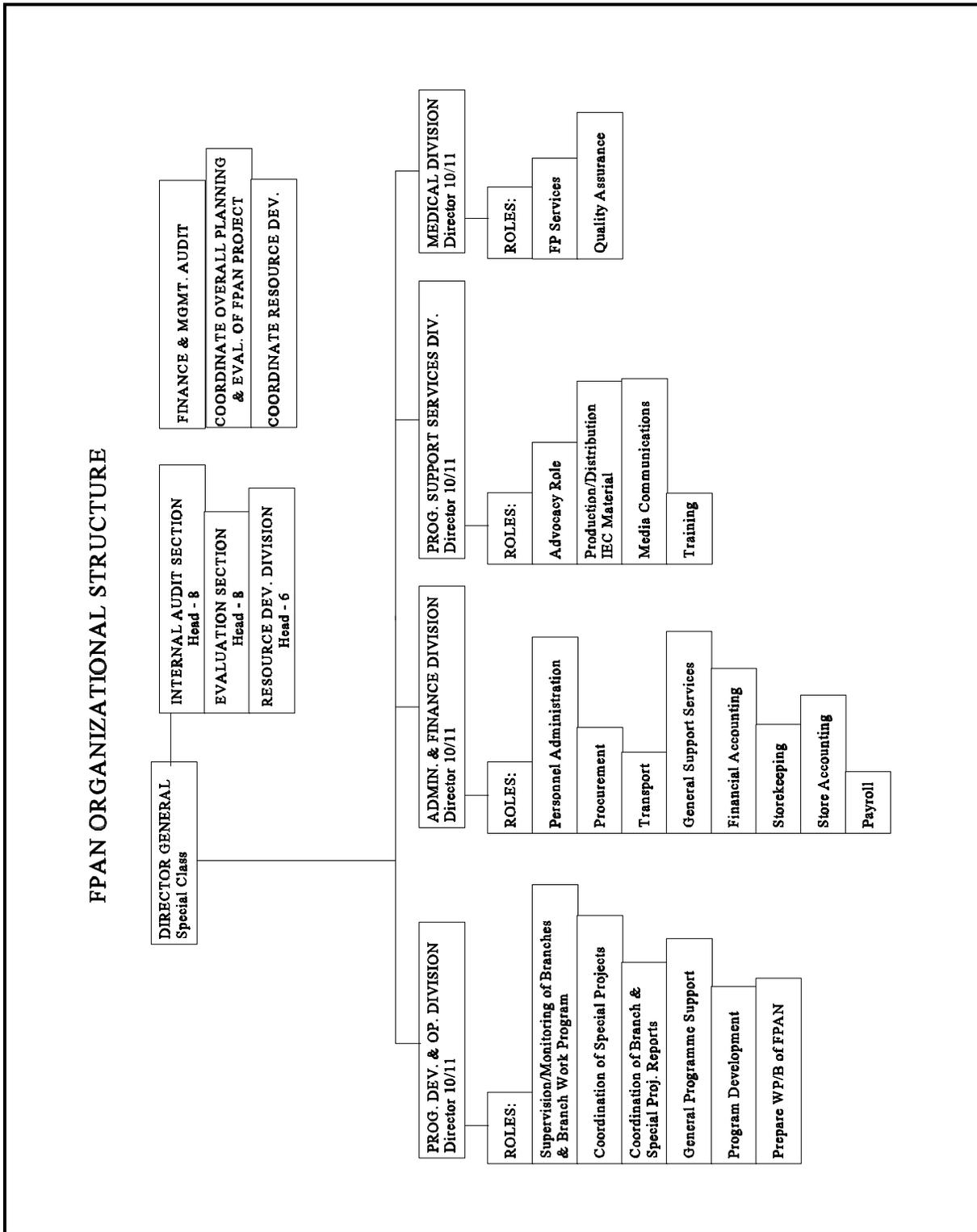
- What information is required for key decision makers, and how can it be made available?
- How will FPAN measure and evaluate the success of programs?
- How to recruit and attract skilled staff, especially MDs, nurses.
- Are financial, logistics systems adequate for substantial growth?
- How to substantially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

vi) Advocacy on National Policy

Issues for consideration:

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

**ANNEX 2:
ORGANIZATIONAL CHART OF FPAN**



**ANNEX 3:
LIST OF PERSONS CONTACTED**

USAID

Mr. David Oot, Chief of Health and Population Division
Ms. Molly Gingerich, Deputy of Health and Population Division
Mr. Matt Friedman, Michigan Fellow, Health and Population Division

FPAN

Mr. Ram Neupane, Director General
Mr. Hari Khanal, Director of Programs
Dr. Pramilla Sharma, Medical Director
Mr. Prasad Rana, Director of Program Support
Dr. Ganesh, Medical Officer
Dr. Karuna Ohta, Counseling Training and Monitoring Officer
Mr. Rupak Kanta Rajopadryaye, Kathmandu branch manager
Secretary General, Kathmandu branch manager

MOH Division of MCH/FP

Dr. Pandey, Director

UNFPA

Mr. Omer Ertur, Country Director
Mr. Adrian Hayes, Population Advisor

JSI

Dr. Paul MacKenzie, FP resource person, CS/FP services project

NFCC

Dr. Tika Man Vaidya, Executive President

**ANNEX 4:
LIST OF DOCUMENTS REVIEWED**

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2. Ministry of Health, Family Planning and Maternal and Child Health Division, Planning Research and Evaluation Section, Kathmandu Nepal. *Nepal Fertility, Family Planning and Health Status Survey, NFHS, 1991: A Preliminary Report*.
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11. UNICEF. *Children and Women of Nepal: A Situation Analysis, 1992. National Planning Commission, Government of Nepal*.