EVALUATION REPORT:
FPMD TECHNICAL ASSISTANCE TO
THE FAMILY PLANNING ASSOCIATION
OF NEPAL (FPAN)

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FAMILY PLANNING MANAGEMENT DEVELOPMENT

ACRONYMS

CEDPA	Centre for Development and Population Activities
CRC	Client Registration Card
ELCO	Eligible Couple
FLE	Family Life Education
FPAN	Family Planning Association of Nepal
FPMD	Family Planning Management Development
IEC	Information, Education and Communication
IPPF	International Planned Parenthood Federation
MCH	Maternal and Child Health
MIS	Management Information System
MSH	Management Sciences for Health
NGO	Non-governmental Organization
NTC	National Training Center
STO	Senior Training Officer
TA	Technical Assistance
USAID	United States Agency for International Development
VDC	Village Development Committee
WV	Woman Volunteers

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I. EXECUTIVE SUMMARY

The Family Planning Association of Nepal (FPAN), an affiliate of the International Planned Parenthood Federation (IPPF), is the leading Nepalese NGO providing family planning services. At the request of the USAID/Nepal, the Family Planning Management Development Project (FPMD) has provided technical assistance to the FPAN since January 1993. FPMD's original, extensive scope of work was narrowed considerably within the first year, and has focused on MIS development, training, and human resources management. (No activities have taken place in the third area at the request of the FPAN.)

The FPMD technical support to the FPAN was evaluated in April 1995, according to FPMD's common evaluation framework. Data were collected from secondary source materials and semistructured interviews in Boston, London and Kathmandu. The evaluation was constrained by the unavailability of senior FPAN staff until the end of the visit, and the preference of the USAID/Nepal to limit the evaluator's time in country.

Prior to FPMD's involvement, the FPAN's management information system was fragmented, with a number of manual subsystems. It required large amounts of staff time to operate, and still failed to produce accurate reports in a timely manner. FPMD's progress in developing two separate MIS modules, a finance and a service statistics module, has been impressive. The finance module will soon be fully operational. It employs very user-friendly pop-up screens, and staff have been partially trained in its use. Parallel manual and computerized runs of the system are made under the supervision of the local MIS consultant, Mr. Hare Ram Bhattarai. These runs will continue through at least one financial cycle. Both the FPAN Director General and the Director of the Finance and Administration Division are very pleased with the system.

The progress in developing a service statistics MIS has also been excellent. Quarterly branch reporting forms have been designed, pilot tested, and finalized. The pilot test revealed the importance of developing a uniform recording and reporting format for the village development committee (VDC) level. Even though this was not included in his original scope of work, FPMD's local MIS consultant, together with the FPAN MIS unit director, has developed a set of forms for this level. The first run of quarterly reports will be done soon.

An FPAN Branch Manager was introduced to ELCO mapping in a MSH funded program management course in Bangkok, and has field-tested it in his branch. FPMD is providing a consultant from Bangladesh to work with the FPAN in May to assess the prospects of expanding ELCO mapping further.

The FPAN's commitment to MIS development is demonstrated by the prompt establishment of a separate MIS unit. While setting up this unit was a major achievement, it still leaves the FPAN with very meager skilled human resources to manage and further develop its MIS, and to train headquarters and branch office staff in the use of that information for decision making.

It is premature to assess whether the data will be used for decision making, but it is evident that the system yields a wealth of information. These include client focused data, which, properly analyzed and used, can help the FPAN greatly to improve the quality of its services.

A training assessment by FPMD in the autumn of 1993 showed that while the FPAN has well appointed training facilities and dedicated staff, its training effort was fragmented between different divisions, and the staff lacked training in current family planning knowledge and practice. FPMD hired a local training consultant to work with the FPAN, and provided overseas training for several FPAN staff. The local training consultant, Ms. Harriet Stanley, has completed a first draft of a Supervisor's Training Curriculum, run several mini-training sessions for FPAN staff in participatory approach to curriculum development, needs assessment, workshop design, etc. She has provided particularly valuable assistance in the development of a Family Life Education project, a culturally sensitive area that the FPAN had not approached before. Her support is clearly appreciated by FPAN training staff.

FPMD's achievements in institutionalizing appropriate structures for an effective training effort has not been encouraging. Ms. Stanley's assistance would have been much more effective if she had had a counterpart. The FPAN still lacks common vision for what it takes to mount a well planned, coordinated and sustained training effort. There appears to be little consensus or clarity either about the desirability of a designated training unit or about its role, structure, staffing, key training initiatives, or target groups. It was reported that the internal organizational issues regarding training will be on the agenda of the FPAN senior management in its July 1995 retreat.

FPMD's experience has accented the prominence of two main lessons about factors influencing success. These are the importance of basing the technical assistance effort locally; and securing an active institutional consensus and commitment from the counterpart organization. Recommendations for future technical assistance include support for institutionalizing gains made in MIS; incorporating contraceptive supply and logistics, personnel, and demographic data into the MIS; and improving human resources management. FPMD could play a useful role in brokering an institutional agreement on training. Any other support toward training capacity strengthening should be considered only when there is a clear consensus about the training role the FPAN wishes to adopt in the future, and about the organizational structures and staffing to make it a reality.

The FPAN should devote attention to two sets of activities, essential for institutionalizing the MIS gains. These are 1) a concerted effort to train its headquarters and branch level staff in using the information for management decisions, and 2) a human resources development plan to ensure adequate numbers of skilled staff for MIS support. As a matter of some urgency, the FPAN should develop an organizational consensus about its training effort. It should work with the senior representatives of the Ministry of Health to clarify the role that the government foresees for the FPAN in service delivery, training, and MIS. It should also solicit from the

NGO Coordinating Committee their views about the role the NGOs would wish the FPAN to play, particularly in the areas of training and MIS. Finally, it should explore options, such as icons, for recording by non-literate and semi-literate field staff.

II.   INTRODUCTION

At the request of the USAID/Nepal, the Family Planning Management Development Project (FPMD) conducted a management assessment of the Family Planning Association of Nepal (FPAN) in January 1993. This assessment resulted in a Management Development Plan, identifying critical management needs for which the FPAN subsequently requested FPMD technical assistance. This assistance has been funded under the FPMD core contract.

The original, ambitious list of management areas for FPMD support was adjusted within the first year in accordance with the changing priorities of the FPAN, its absorptive capacity, and the resource limitations of FPMD funding. FPMD has focused on two areas: the development of a management information system (MIS), and the strengthening of FPAN's training program. The technical assistance has been provided through locally hired consultants with technical support and supervision from FPMD's home office. The MIS work has concentrated on developing two computerized management information systems: a financial module and a service statistics module. The training support has included curriculum development, skills building, and overseas training for selected FPAN staff.

III.   EVALUATION SCOPE OF WORK AND METHODOLOGY

The evaluation of the FPMD technical assistance to the FPAN was conducted according to FPMD's common framework for the evaluation. (See Annex 1 for the detailed scope of work and evaluation framework.) This is comprised of four components:

- *Context component*: the overall picture of the population and family planning situation in the country in which FPMD assistance is given

- *Clients' component*: the contribution of FPMD assistance to acceptance and quality of services

- *Management component*: the contribution of FPMD assistance to the efficiency and quality of the organization it is assisting

- *Synthetic component*: Major lessons learned by FPMD and their relevance to other programs.

Within this overall framework, the Nepal evaluation gave special emphasis to the management component. Since a full assessment of the client component is premature, the client component sought to examine whether the current FPMD approaches are consistent with quality services.

Data were collected through a review of secondary source materials and semistructured interviews. Interviews were held in Boston with the staff of the Management Sciences for Health (the FPMD implementing agency) responsible for technical assistance to Nepal, and in London with the International Planned Parenthood Federation (IPPF) staff. FPMD local consultants, key staff of the FPAN, the USAID/Nepal, and other relevant agencies were interviewed in Kathmandu. A field visit was made to the Kavre branch and to an outreach clinic in Patan.

The evaluation faced two significant constraints. The first was the unavailability of senior FPAN staff until the end of the visit. The dates for the evaluation visit had been agreed with the FPAN senior management some months earlier. Immediately prior to the visit, however, the evaluator was informed that all of the senior staff would be out of Kathmandu during the first week of the visit to attend the FPAN Central Executive Committee meeting. A death in the family of the MIS unit director, the counterpart of FPMD's local MIS consultant, while the evaluator was already en route to Nepal, meant that he was also unavailable for interviews until the last few days of the evaluation. Most of the key interviews thus had to be conducted on the evaluator's second to the last day in country. While all the senior managers were interviewed, the time limitation did not provide any opportunity to return with clarifying questions.

The second constraint was the preference of the USAID/Nepal to limit the evaluator's time in country to seven full working days. This allowed time for only one brief field visit to the branch office nearest to Kathmandu. As this office is the one most visited, it cannot be considered representative. There was thus little possibility to verify information provided by the central office about field level activities.

IV. PROJECT SETTING

Nepal's population of about 19 million is increasing at approximately 2.5 per cent per year, with a total fertility rate of 5.8. A national family planning policy has been in existence since 1965, and explicitly articulated demographic policies and targets since 1975. Sterilization continues to be the most commonly used contraceptive method. While the contraceptive prevalence rate has risen to 25 per cent, the national family planning program now appears to have reached a plateau.

The present government, elected under the new 1990 constitution (a multi-party system under a constitutional monarchy), is committed to a strong family planning effort. Family planning services are provided by both the government and the private sector. The FPAN is the leading

Nepalese NGO providing family planning services. It was founded in 1959, and is the oldest and largest non-governmental organization working in the field of family planning in Nepal. Its funding comes from the IPPF, with which it is affiliated, and from a number of other donors. Its head office is in Kathmandu, and it has 27 branch offices, the majority in the Terai.

The FPAN focuses on service delivery (family planning, maternal and child health, and primary health care), and on IEC programs. It also runs some special projects on female literacy, income generation, etc. It is actively involved in training, both for its own staff and for outside organizations, such as the Nepalese Ministry of Health.

In the early 1990s, following accusations of mismanagement, the IPPF core funding to the FPAN was withdrawn, and its Board dismissed. The IPPF commissioned an organizational assessment of the FPAN, which revealed a series of management issues needing priority attention. Fundamental structural changes in the organization took place: a new Director General was appointed; management structures streamlined by consolidating the previous seven divisions into four; overall staffing at head office and branch level reviewed; and a new Central Executive Committee elected.

The newly revitalized leadership of the FPAN developed a 10-year strategic plan (1993 - 2002), as part of the IPPF planning cycle. Its major thrusts focus on five areas:

- Service delivery
- Training
- IEC and advocacy
- Planning and evaluation
- Resource development

The FPAN held discussions with the Government of Nepal shortly after this planning effort regarding a significantly expanded role for it in the national family planning (FP) program. These discussions included a potential role for the FPAN in taking over the management of the FP program and/or contraceptive logistics in several districts, coordinating the other FP NGOs, and providing training to government doctors. At the time of this evaluation visit, these discussions appeared still to be evolving.

The FPAN strategic planning effort immediately preceded an extensive USAID/Nepal planning exercise, which focused on programming money made available from the USAID Global Bureau. The USAID/Nepal saw the FPAN as important to the Nepalese family planning effort, but felt that its internal management systems needed improvement. The USAID asked the FPMD project to carry out a management assessment of the FPAN, and to make recommendations for strengthening its management capacity. The FPAN subsequently asked for FPMD technical assistance to improve its management.

V. FINDINGS

The evaluation of FPMD's support to the FPAN provided no real surprises. Rather, it reinforced points made by FPMD local consultants in their regular quarterly reports, and corroborated observations of FPMD's Boston based managers. (See, for example, 1995 trip reports by Fishstein and Ellis.) It is evident that the local consultants and FPMD's home office staff have stayed closely in touch with the evolving organizational environment of the FPAN, and assessed regularly both the progress of FPMD's work and constraints to it.

The evaluation findings are discussed below under three headings. The first section considers the management interventions that were included in the FPMD scope of work, how these have changed over the course of the project, and the mode FPMD has used to implement the interventions. The second section assesses the progress in MIS development. It reviews the finance and service statistics modules; the coordination of MIS with other relevant agencies; the sustainability of the MIS effort; and the introduction of eligible couple (ELCO) mapping to Nepal. The third section discusses FPMD's efforts in strengthening the FPAN's training capacity.

A. FPMD Management Interventions

The FPMD management development plan identified a series of management interventions for which the FPAN requested technical assistance from the FPMD. These included:

- operational planning
- strengthening of the FPAN's training program (development of an organization-wide training strategy and plan; adaptation/documentation of child survival/family planning curricula; training of trainers; and identification of overseas training needs)
- service quality assessment (in collaboration with the Population Council)
- development of a MIS Executive Information System
- upgrading the MIS
- development of MIS standards for NGOs
- recruitment review
- supervision review
- staff/board relations

In January 1994, this extensive and ambitious scope of work was narrowed considerably. FPMD technical support was focused on MIS development, training, and human resources management. (The FPAN Director General requested that the last of these be deferred by at least one year, and no activities have taken place in this area so far.)

The new work plan was an appropriate response to FPMD's resource constraints, the limitations of the FPAN's absorptive capacity, the evolving role of the FPAN vis a vis the Government of Nepal, and the activities supported by other donors. Several changes had taken

place during 1993, and the FPAN no longer felt a need for further FPMD technical assistance in operational planning, staff/board relations, and service quality assessment. By the beginning of 1994, it had become clear that the government would not put into operation the initial intention to expand FPAN activities into six new districts. In May 1993, the IPPF organized an orientation workshop for the new Board members who had been elected in the meantime. Finally, the reorganization of the Ministry of Health reduced the scope of work of the situation analysis exercise in which the FPMD was to collaborate with the Population Council, and postponed it.

FPMD support to the FPAN has been provided mainly through locally hired consultants, supported by periodic technical assistance and supervision from the home office of FPMD. This mode of support has greatly contributed to the success of FPMD's work in Nepal. It has combined an in-depth assessment of critical issues, such as the FPAN's institutional training capacity, with ongoing in-country assistance that has been able to respond more rapidly to the organization's emerging needs, and to stay better in touch with the day-to-day situation.

FPMD has retained highly qualified individuals for the three local consultant roles: in-country coordination, MIS, and training. Even when the recruitment of new individuals became necessary due to the previous consultants' new assignments, the work program does not seem to have suffered. It was obvious from the interviews that all of the local consultants developed excellent relations with the staff of the FPAN, and command their respect.

B. MIS Development

FPMD assessed the FPAN's management information system at the central and field levels in the first half of 1994. This review showed that the MIS was fragmented; had a number of manual subsystems; required large amounts of staff time to operate; and still failed to produce accurate reports in a timely manner. Data were of poor quality, and mainly used for reporting to donors, not for the internal management of the FPAN. There was no separate MIS unit, and the staff had little training or experience in how to operate the system.

FPMD prepared an MIS development plan which included:

- development of an integrated MIS, covering service statistics, finance, contraceptive supply and logistics, personnel, and demographic information
- creation of a separate MIS unit, staffed by qualified persons
- training FPAN staff in all appropriate aspects of MIS
- standardization of data collection and reporting forms, and
- documentation of all definitions, policies, and procedures.

FPMD recommended proceeding in a phased manner, beginning with the priority areas of service statistics and finance. The FPAN approved the MIS plan, and established a separate MIS unit in mid 1994. FPMD's new local MIS consultant, Mr. Hare Ram Bhattarai,

commenced work at about the same time. In the subsequent nine months, the progress in developing the finance and service statistics modules has been impressive.

1. Finance Module

The finance module was partly operational by the time of this evaluation visit. The program employs very user-friendly pop-up screens, designed to assist a novice user. Head office expenses have been entered into the system since the beginning of 1995. The entry of monthly financial data from the branches is to begin soon. Both types of vouchers are coded by strategy, sub-strategy, activity, and expenditure head. Standardized budget print-outs in the new format have already been sent to the branches. Some training of head office and branch accountants has taken place, and the preparation of the system documentation has been started. A trial balance has been produced. Parallel manual and computerized runs of the accounting system are being run under the supervision of the local MIS consultant. These will continue through at least one financial cycle, including the year-end closeout.

Both the FPAN Director General and the Director of the Finance and Administration Division are very pleased with the new computerized financial MIS. It will allow for much closer monitoring and tracking of FPAN expenditures at both branch and head office levels. A trial balance can be produced in the 30 seconds that it takes to print, rather than the one week that it used to take to go through volumes of separate ledgers, maintained for the FPAN's donors. The books for a financial year can be closed in less than an hour, whereas it used to take about three months under the manual system.

The remaining time in the local MIS consultancy will be used to develop donor-specific financial reports, and balance sheet and income statement programs.

2. Service Statistics Module

The progress in developing a service statistics MIS has also been excellent. Quarterly branch reporting forms have been designed, pilot tested, and finalized. Data entry and compilation programs have been developed in a very user-friendly format. In January 1995, branch managers and supervisors were trained in the new forms. It was reported that they, in turn, have trained the staff below them. It was only possible to verify this in the one branch visited. The FPAN managers interviewed had only positive comments to make about the new forms.

The pilot test of the quarterly report revealed the importance of developing a uniform recording and reporting format for the village development committee (VDC) level. Even though this was not included in his original scope of work, Mr. Bhattarai, together with FPAN staff, developed a set of forms for this level. They include a Home Visit Diary, Client Registration Card (CRC), Day Total Register, Contraceptive

Inventory Record, Outreach Clinics Service Record, Monthly Reporting Form, and an optional Branch Master Register.

To ensure uniformity, all forms are to be printed centrally. This year was an exception. Because the printing costs were not in the FPAN central budget, the branches were asked to arrange for the printing of the branch level recording and reporting forms themselves. The first quarterly service statistics reports were to be run at the time of the evaluation visit. The FPAN, however, did not mail the reporting formats to the branches until the week before the visit, and the run had to be delayed. The FPAN's internal management constraints also delayed the printing of the Client Registration Card. The bid for printing was reportedly approved immediately prior to this evaluation visit. Without the CRC, the second quarterly reports can not be produced.

The financial reporting requirements of the FPAN's multiple donors, and the service statistics needs of the IPPF have made the FPAN finance and service statistics modules quite complex. A good attempt has been made to streamline the systems where possible, while assuring that the information needs of the FPAN and its donors are met. The service statistics module covers:

- home and supervisory visits
- group discussions
- meetings
- IEC materials distributed and activities
- community development
- training
- VDC outreach clinic
- MCH clinic at branch office
- pathology
- clients type and method distribution
- clients type and method distribution (outreach clinic and community worker/woman volunteer)
- drop-outs by reason and method
- regional store
- contraceptive supply
- IEC material supply
- method switch by method

Because the first quarterly runs had not yet been made, it was premature to make any judgements about whether this information is used for management purposes. It is evident, however, that the system contains a wealth of information which should prove very valuable for improving the management of the FPAN in the future. In particular, the system will yield such client specific data as client type and method, drop outs,

method switch, etc. which is in concert with a FPMD technical approach consistent with quality service.

3. MIS Coordination

Coordination with the IPPF: The IPPF is currently implementing its new strategy of "subsidiarity." The IPPF regions have been given the responsibility for deciding funding allocations of member countries, based on certain criteria of size and performance. A well-functioning MIS is essential for documenting an organization's performance. The FPAN, as the only member association to take "subsidiarity" to the branch level, requires a tool that can also document the performance of each branch.

The IPPF is actively revising its own reporting requirements. As part of this effort, it arranged a regional seminar on MIS in Colombo, Sri Lanka, in December 1994. The FPAN's MIS was presented by the FPMD local MIS consultant and FPAN staff. The presentation was well received, and the FPAN forms required only minor modifications to accommodate IPPF requirements for service statistics.

The IPPF was to finalize the indicators it would use for other components, such as IEC, advocacy, etc. after the Colombo workshop. During the evaluation visit, the FPAN Director General reported that the new IPPF performance criteria had been "informally finalized." These criteria did not, however, appear yet to have been released by him. It was thus not possible to assess whether the FPAN MIS will yield the necessary data to satisfy these additional IPPF requirements.

Coordination with the Ministry of Health: Simultaneous to the FPAN's MIS development is the Nepalese Ministry of Health's effort to redesign its own MIS. In order to ensure that the FPAN's new MIS provides the data the government requires, the FPMD local MIS consultant with his FPAN counterpart made at least two unsuccessful attempts to meet with the relevant staff of the Ministry of Health. While the meetings never eventuated, drafts of the government forms were obtained, and taken into consideration in the FPAN's MIS development. This evaluator was unable to assess the compatibility of the two systems, since a meeting with the relevant staff at the Ministry of Health proved impossible due to staff travel out of Kathmandu.

Coordination with the other NGOs: The FPAN has recently agreed to take a lead role in NGO coordination. This activity receives limited funding from the USAID through The Asia Foundation. The interviews revealed that there is as yet no consensus on what this coordination role will mean for MIS. The NGOs generally agree that the current government MIS fails to show the NGO impact on the government FP effort. There is much less agreement, however, either about the need for a separate MIS for the NGOs or the role of the FPAN in reporting for the NGOs. Some of the FPAN's senior staff clearly feel that the FPAN should have the responsibility for collecting relevant data

from all the other NGOs for transmission to ِe government. This view seems to be strongly opposed by those interviewed outside the FPAN.

The CEDPA funds an FPAN project in eastern Nepal that has increased the number of woman volunteers (WV) in the project area ten times. When FPMD began developing the MIS at the FPAN, the CEDPA was starting its own management information system. It has decided to continue with it, even though it requires only a couple of additional items beyond what the FPAN MIS yields. The discussions at the CEDPA failed to clarify the reasons for maintaining a separate MIS. The CEDPA staff stated that the branch managers did not raise any objections to the duplication in reporting, but there was unfortunately no opportunity to verify this in the field.

4. Sustainability of the MIS

The MIS work plan, drafted in August 1994, has needed remarkably little revision. The orderly process in executing the work plan gives credit to the local MIS consultant, Mr. Bhattarai. It is also a sign of the importance that the FPAN gives to the development of the MIS.

The FPAN's commitment is demonstrated by the prompt establishment of a separate MIS unit whose director, Mr. Dinesh Sharma, is also the Chief of Planning and Evaluation. A new position of MIS Manager, reporting to the MIS unit director, will be filled soon. While setting up this MIS unit was a major achievement, it still leaves the FPAN with very meager skilled human resources to manage and further develop its MIS, and to train headquarters and branch office staff in the use of that information for decision making.

The FPAN has expended its own resources to purchase additional computers, but long-term sustainability will also require it to commit sufficient human resources to manage the MIS, and to equip the staff with necessary skills. For the MIS work to progress this far, the FPMD consultants have had to assume tasks that would more properly have belonged to the FPAN. The FPAN has said that it is willing to consider ways to retain Mr. Bhattarai, if funds from the USAID are no longer available for this purpose. Such TA can be very valuable to support the work of the FPAN's own staff, but should not substitute for it.

To support MIS capacity building, FPMD is making resources available to train the MIS unit director in the MIS course, run by the Management Sciences for Health in Boston in July 1995. It has also recommended training the Director of Finance and Administration in computerized financial systems.

5. ELCO Mapping

An FPAN branch manager, who attended the MSH-run "Managing for Quality" course in Bangkok in May 1994, introduced the Eligible Couple (ELCO) mapping to the FPAN, pilot testing it at the Kavre branch. The results were promising, and FPMD is arranging a consultancy in May 1995 by Mr. Shabbir Uddin Ahmed from FPMD's Local Initiatives Program in Bangladesh. He will conduct a Training of Trainers course in ELCO mapping for select FPAN staff, and make recommendations about next steps for the implementation of ELCO mapping in Kavre district, and possible expansion to other districts. This is a good example of South-to-South exchange, and has the potential of yielding great benefits for the FPAN's field efforts, including improving the quality of data collected by VDCs.

Literacy as a requirement for Women Volunteers (WVs) is an ongoing issue for the FPAN. There is much value in recruiting non- or semi-literate women to serve at the community level. They frequently live in less well served areas, have a higher level of commitment to their community, and are less likely to leave for other opportunities than their literate sisters. Icons in VDC-level forms could be used to assist these women to record their activities. This was to be pursued further during the ELCO mapping TA.

C.   Training Capacity Strengthening

The FPAN's Strategic Plan for 1994-2003 includes training as one of the major program thrusts of the plan period. Strategy C of the FPAN is:

> To develop and implement a continuing program of orientation and training for various
> categories of volunteers and staff of the FPAN; conduct special training courses to meet
> the requirement of the government and other non-governmental organizations; recruit,
> train and mobilize village based volunteers to enable them to provide leadership as well as
> support to FP promotion and service provision in an attempt to achieve sustainability in FP
> programs.

The FPAN has for many years trained both its own internal staff and government staff. It arranges four different types of training courses: 1) administration of clinical contraception for medical staff; 2) knowledge of contraceptives and their use for field staff and community volunteers; 3) counseling; and 4) management skills for senior staff. An assessment by an FPMD consultant, Mr. Steve Reimann, in the autumn of 1993 showed that while the FPAN had well appointed training facilities and dedicated staff, its training effort was fragmented between different divisions, with no central training unit in charge. Furthermore, the FPAN staff lacked exposure to and training in many important areas of current family planning knowledge and practice.

Mr. Reimann prepared a draft training plan for internal and external training, and recommended that the FPAN create a new post of Senior Training Officer (STO) in the Project Support Services Division to coordinate all FPAN internal staff training. He also recommended that FPMD recruit a local training consultant to assist the STO in the development and implementation of the FPAN training strategy. The key training priorities were seen to be in program management for all program officers and branch managers; overall management and counseling skills of staff; and advocacy and lobbying skills of Central Executive Committee and branch committee members.

Following the training assessment, FPMD supported six FPAN staff to MSH's "Managing for Quality" course in Bangkok. It has subsequently arranged for the adaptation of this course to Nepal, and will support the FPAN in running the course for selected FPAN head office and branch level staff in May 1995 in Kathmandu.

FPMD's in country training consultant, Ms. Harriet Stanley, commenced work in March 1994. The main components of her scope of work are to:

- train FPMD teaching staff in adult learning, course and session design, presentation, and facilitation skills
- assist in the development of the Family Life Education (FLE) project
- assist in the design and serve as co-trainer of a program management course for branch level staff
- develop a detailed job description and recruitment plan for the post of Senior Training Officer, and
- together with the STO, develop a detailed plan for the FPAN to provide courses for external clients, design curricula, course sessions, and support materials, and systems to market, manage, and evaluate the courses.

Early in her consultancy, the in country training consultant prepared the STO job description, and has continued to hold discussions with the FPAN management about the post. The post has still not been created, and there seems to be no institutional consensus about the organizational structures required to institutionalize a strong training capacity. Furthermore, there is no detailed FPAN training plan that would consolidate the various training efforts of the organization, and define the target audiences and course topics. The lack of progress in this area cannot be considered a failing of Ms. Stanley, but rather a result of institutional constraints within the FPAN. These are discussed further below under constraints.

The local training consultant has completed a first draft of a Supervisor's Training Curriculum, and run several mini-training sessions for FPAN staff in participatory approach to curriculum development, needs assessment, workshop design, etc. A considerable amount of her time has been spent in assisting the FPAN staff in the development of a Family Life Education project. A draft survey questionnaire for FPAN Central office staff and volunteers has been prepared, and assistance given to the training staff in the initial drafting of a workshop curriculum. The

area of sexual and reproductive health is new to the FPAN, and culturally quite sensitive. The support of Ms. Stanley in this area has been particularly valuable, as the FPAN has not found it easy to approach it for cultural reasons. It is unclear, however, when the FLE project can be implemented. While a proposal for funding it has been prepared for the IPPF, no financial resources have been secured as yet.

While FPMD's achievements in institutionalizing appropriate and sustainable structures for an effective training effort have been disappointing, the interviews showed that the staff appreciate and feel they have benefited from the local training consultant's work in the FLE project, skill development, and team approach to training. The time allocated to this evaluation did not allow a further assessment of actual skill transfer.

VI.   CONSTRAINTS TO FPMD'S WORK

The FPAN has gone through a major organizational tumult in the last few years. While it has been able to undertake the organizational changes to support MIS development, the main constraint for FPMD's work has been the lack of due organizational changes in the training area. In training, but also to some extent in MIS development, FPMD consultants have thus ended up performing tasks that should more properly be the responsibility of the FPAN.

FPMD, as an external actor, cannot address some of the most fundamental training issues of the FPAN. As an organization, the FPAN still lacks common vision for what it takes to mount a well planned, coordinated and sustained training effort. Training remains fragmented between the different divisions. The STO post has not been created, and Ms. Stanley has effectively been working without a counterpart. There appears little consensus or clarity either about the desirability of a designated training unit or about its role, structure, staffing, key training initiatives, or target groups. There is not even a comprehensive training calendar, listing all FPAN training courses.

Discussions with the Director General revealed that the FPAN was in the process of developing sectoral plans, including one on training. The training plan development is expected to include a review of the role of the training unit. The FPAN is still reported to see training as a priority, and is committed to a decentralized training strategy. It recently created three regional training centers, and is now hiring the staff. Two of the centers were said to have been equipped by Population Concern. The short time allocated for this evaluation did not allow a visit to these centers. They reportedly come administratively under the local branch manager, and their place in the FPAN's overall training structure is not clear.

The internal organizational issues regarding training are to be on the agenda of the FPAN senior management in its July 1995 retreat. It is to be hoped that this will result in concrete decisions. Otherwise, the FPAN is in danger of losing the lead it has as a provider of quality training for the FP community. The government of Nepal is taking an increasing role in

training its own staff through its recently established National Training Center (NTC). Without a clearly articulated, well organized, and competently run FPAN training program, the government, international donors, and NGOs may lose confidence in the FPAN as a potential trainer. The discussions with representatives of the donor community already brought out the first hints of this. Losing the edge as a source for training would deprive the FPAN not only of a potential source of revenue, but equally importantly, of a key avenue for improving the quality of FP service provision in Nepal.

VII.   LESSONS LEARNED

FPMD's experience in technical assistance to the FPAN has accented the prominence of two main lessons about factors influencing success. These are 1) the importance of basing the technical assistance effort locally; and 2) of securing an institutional consensus and active commitment from the counterpart organization.

A.   Locally Based Technical Assistance

FPMD's mode of technical assistance to Nepal has been to employ a part-time, Kathmandu based consultant as a project coordinator. The technical work has been done by two locally based consultants, supervised and supported by FPMD's home office staff. This mode has clear advantages over the way FPMD has worked in some other countries, where the MIS technical work has been implemented through intermittent visits by Boston-based staff from the home office of Management Sciences for Health.

The Kathmandu based In Country Coordination Consultant has monitored the adherence to the technical standards and contractual requirements of the FPMD home office . By being "on site", she and the two local consultants have been able to pace the technical assistance so that it fits better with the organizational realities and priorities. Their almost daily presence in the FPAN has fostered a close working relationship with the FPAN staff. It has allowed a familiarity with the strengths and weaknesses of the organization's management that intermittent out-of-country consultants would be unlikely to obtain.

B.   Institutional Consensus and Commitment

The FPAN's institutional commitment to the development of the MIS has been evident. The value of a well-designed and well-run MIS to improved management is universally recognized. Organizational consensus was forged early about the structural changes that were required to develop a separate MIS unit. This active commitment has nurtured the rapid advances in MIS development in the last nine months.

While the FPAN has stated that it is committed to an active training role, it lacks a clear consensus about the organizational structures and priorities of its training effort. This has

deprived the organization of some of the benefits that a sustained, competent technical assistance in this area made available.

VIII. RECOMMENDATIONS

Technical assistance from FPMD to the FPAN under the current contract will soon finish. The local training consultant will end her work at the end of May 1995, and the local MIS consultant at the end of August 1995. Their main task in the remaining days and months is to consolidate the achievements made so far. The activities are well laid out in the consultants' respective scopes of work, and require no further changes.

The recommendations below fall into two categories. The first group of recommendations concerns future technical work to support the FPAN, if funding to continue can be secured. The second set is, strictly speaking, outside the immediate scope of work for FPMD. It includes, however, essential activities for the FPAN' s consideration that are required to sustain the achievements made so far.

A. Recommendations for Future Technical Assistance

1. Support further MIS development

In the MIS field, the development of the service statistics and finance sub-systems is now underway, but much more remains to be done . Contraceptive supply and logistics, personnel, and demographic data are all necessary for proper management, and do not currently form an integral part of the MIS. Clinic based service delivery is also not included in the present MIS. The FPAN's ability to continue the MIS development using its own resources is extremely limited. Technical assistance to incorporate the data bases identified above as components of the overall management information system would be very beneficial.

The FPAN requires considerable support to train its headquarters and branch office managers to analyze and interpret the service statistics and financial data from its new MIS, and to make management decisions on the basis of the information it provides.

2. Broker an organizational agreement on training or suspend further training support

FPMD can play a useful role in brokering an organizationaɭ agreement on training within the FPAN, should the FPAN welcome such support. As an example of such support, FPMD could share with the FPAN organizational models for training that have worked well in other countries.

Other than this potential brokering role, further FPMD support toward training capacity strengthening is not advisable under the present contract. It should be reconsidered, when there is a clear consensus about the training role the FPAN wishes to adopt in the future, and about the organizational structures and staffing to make it a reality.

3. Support human resources management

Personnel management remaⁱns an area where the FPAN could greatly benefit from appropriate technical assistance. Such support should be made available, when the FPAN's absorptive capacity allows a concerted effort in this area of management.

B. Recommendations to the FPAN

1. Institutionalize MIS gains

The FPAN should devote attention to two sets of activities that are essential for institutionalizing the MIS gains. First, the FPAN should embark on a concerted effort to train its headquarters and branch level staff in using the information from its MIS for management decisions. Second, it should prepare a human resources development plan to ensure that adequate numbers of staff with appropriate skills are devoted to MIS support, and receive the appropriate training.

2. Forge organizational consensus about training

The FPAN should, as a matter of some urgency, develop an organizational consensus about its training effort. This should include the organizational structure and staffing of the unit or units responsible for training; the priority target groups for training; and the types of courses that should be given priority.

3. Clarify Ministry of Health expectations

The FPAN should work with the senior representatives of the Ministry of Health to define the role that the government foresees for the FPAN in service delivery, training, and MIS. This should serve to guide its future training and MIS development.

4.   Clarify NGO expectations

The FPAN should solicit from the NGO Coordinating Committee their views and expectations about the role the NGOs would wish the FPAN to play, particularly in the areas of training and MIS, and take these into consideration in the further development of these two areas.

5.   Explore options for recording by non-literate field staff

The FPAN should explore options for assisting the non-literate and semi-literate field staff to record their activities, such as the use of icons on reporting forms, and ELCO mapping.

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ANNEX 1

EVALUATION FRAMEWORK

FRAMEWORK FOR THE EVALUATION OF FPMD SUPPORT TO

THE FAMILY PLANNING ASSOCIATION OF NEPAL (FPAN)

According to its Strategic Plan for 1994 - 2003, the broad strategic objectives of the Family Planning Association of Nepal (FPAN), are 1) expansion of service delivery; 2) demand generation; c) institutional reform; and d) advocacy on national policy. Starting in 1993, FPMD has provided technical assistance to the FPAN to prepare it for this new strategic focus. A Management Development Plan, prepared by the FPMD, identified several areas that could benefit from FPMD management support. Following some modifications to its original scope of work, FPMD assistance has focused on strengthening the FPAN's training capacity and developing its management information systems. The problems identified include the lack of an overall training strategy, poor training skills, cumbersome manual management information systems, low level of MIS skills, and poor use of information for decision making.

The Nepal subproject will be assessed according to the FPMD's common evaluation framework. This is comprised of four components:

- **Context component:** the overall picture of the population and family planning situation in the country in which FPMD assistance is given,
- **Clients' component:** the contribution of FPMD assistance to acceptance and quality of services,
- **Management component:** the contribution of FPMD assistance to the efficiency and quality of the organization it is assisting,
- **Synthetic component:** Major lessons learned by FPMD and their relevance to other programs.

Within this overall framework, the Nepal evaluation gives special emphasis to the management component. The context component will be kept brief. Since a full assessment of the client component is considered premature, the client component examines whether the current FPMD approaches are consistent with quality services.

METHODOLOGY

The evaluation will be conducted through consultation of documents and semistructured interviews with knowledgeable individuals.

a)   **Consultation of documents**

Information will be collected from trip reports, in-country consultant reports, other relevant documents, and MIS outputs, on:

- priorities and goals of the FPAN, and the expected outcomes from FPMD support

- the history of the subproject, the planning and introduction of the technical inputs, and the relationship of FPMD inputs to the work of other CAs in Nepal

- a description of the training support given;

- a description of the MIS systems planned and introduced, and their expected functions

- environment within which the training support and MIS system development operate

- major obstacles to implementation and how they have been addressed

- major obstacles to the smooth day-to-day operation of the MIS and how they have been addressed

b)   **Semistructured interviews**

Key managers, officials of USAID/Nepal, selected field personnel, and relevant FPMD and CA staff and consultants will be interviewed, using a semistructured approach. Information to be gathered includes the following suggestive, but not complete list of questions:

1.   **FPMD-support**

What management interventions and systems were planned under the FPMD support? What were actually implemented? What caused the changes in the FPMD scope of work?

How appropriate were the selected interventions to the mission and strategies of the FPAN, its expanded role in the national family planning program, and its absorptive capacity?

How effective have FPMD local and Boston-based consultants been in implementing the selected interventions? What lessons have been learned about the staffing and project management models used?

What constraints has FPMD faced in implementation, and how has it addressed these?

2.   **Training capacity strengthening**

- Is the type of support FPMD has given to strengthen the FPAN's training capacity appropriate in view of the priorities, objectives, and stage of development of the FPAN, and the environment in which it is situated?

- What components of a training system have been instituted, and what are still needed?

- What skills/capacities have been developed? What are still needed?

- Does the FPAN have the capacity to maintain the systems and develop them further, if needed?

- What constraints have been faced, and how have these been addressed?

3. <u>Management information system development</u>

- Are the MIS systems, developed by the FPMD, the appropriate ones for the FPAN in view of its priorities, objectives, and stage of development, and the environment in which it is situated?

- Do/will the systems yield data which improve the management of the FPAN?

- Can the data be processed in a timely way and in a manner that they are readily available to and understandable by all management levels which need them?

- What provisions are made to train the FPAN managers to analyze the system output data and apply them for decision making?

- What provisions are made to develop capacity in the FPAN to maintain the systems and develop them further, if needed?

ANNEX 2

PERSONS INTERVIEWED

USAID/Kathmandu

Ms. Molly M. Gingerich, Chief, Office of Health and Family Planning
Ms. Barbara Winkler, Technical Advisor, Office of Health and Family Planning
Mr. Matt Friedman, Technical Advisor, Office of Health and Family Planning

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Mr. Ram Neupane, Director General
Mr. Hari Khanal, Director, Program Development and Operations Division
Mr. Prakash Kumar Regmi, Director, Finance and Administration Division
Mr. Prabat Rana, Director/Program Support
Dr. Pramilla Sharma, Director, Medical Division
Mr. Dinesh Raj Sharma, Chief, Planning and Evaluation Section, and Director of the MIS Unit
Ms.Sharada Sharma, Senior Trainer
Mr. Narendra Bahadur Lama, Assistant Training Officer

Ka᠆re branch:
Mr. Bhupati Khadka, Senior Branch Manager
Mr. Prakash Kayastha, Supervisor
Ms. Narayan Devi Shrestha, Senior Staff Nurse
Mr. Ramesh Pd. Shrestha, Accountant

FPMD in country consultants

Ms. Harriet Stanley, In-country Coordination and Training Consultant
Mr. Hare Ram Bhattarai, MIS Consultant

The Asia Foundation

Mr. Taufiqur Rahman, Assistant Representative

CEDPA

Ms. Nancy Russell, Country Director

IPPF

Mr. David Mills, Senior Program Adviser, South Asia Region