

BASIC SURVEY REPORT ON POPULATION  
AND FAMILY PLANNING  
IN  
THE KINGDOM OF NEPAL  
  
(SUMMARY)

MARCH, 1986

JAPAN INTERNATIONAL COOPERATION AGENCY  
MEDICAL COOPERATION DEPARTMENT

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(SUMMARY)

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## PREFACE

It is with great pleasure that I present to His Majesty's Government of Nepal this report of the Basic Study on Family Planning and Maternal and Child Health.

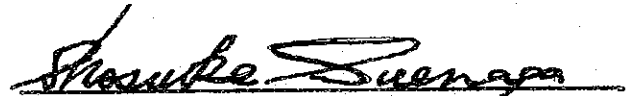
The report is based on the results of a field survey, which was carried out from 6th to 26th December, 1985, by a Japanese survey team commissioned by the Japan International Cooperation Agency (JICA), following the request of His Majesty's Government of Nepal.

The survey team, headed by Dr. Nobuo Matsumoto, had a series of discussions with the officials concerned of His Majesty's Government of Nepal and conducted a wide-ranged field survey and data analyses.

I sincerely hope that this report will be useful as a basic reference for implementation of the on-going Family Planning and Maternal and Child Health Project and thereby contribute to the promotion of the health status of the people and friendly relations between our two countries.

I wish to express my deep appreciation to the officials concerned of His Majesty's Government of Nepal for their sustained cooperation extended to the Japanese Team.

March, 1986



Shousuke SUENAGA

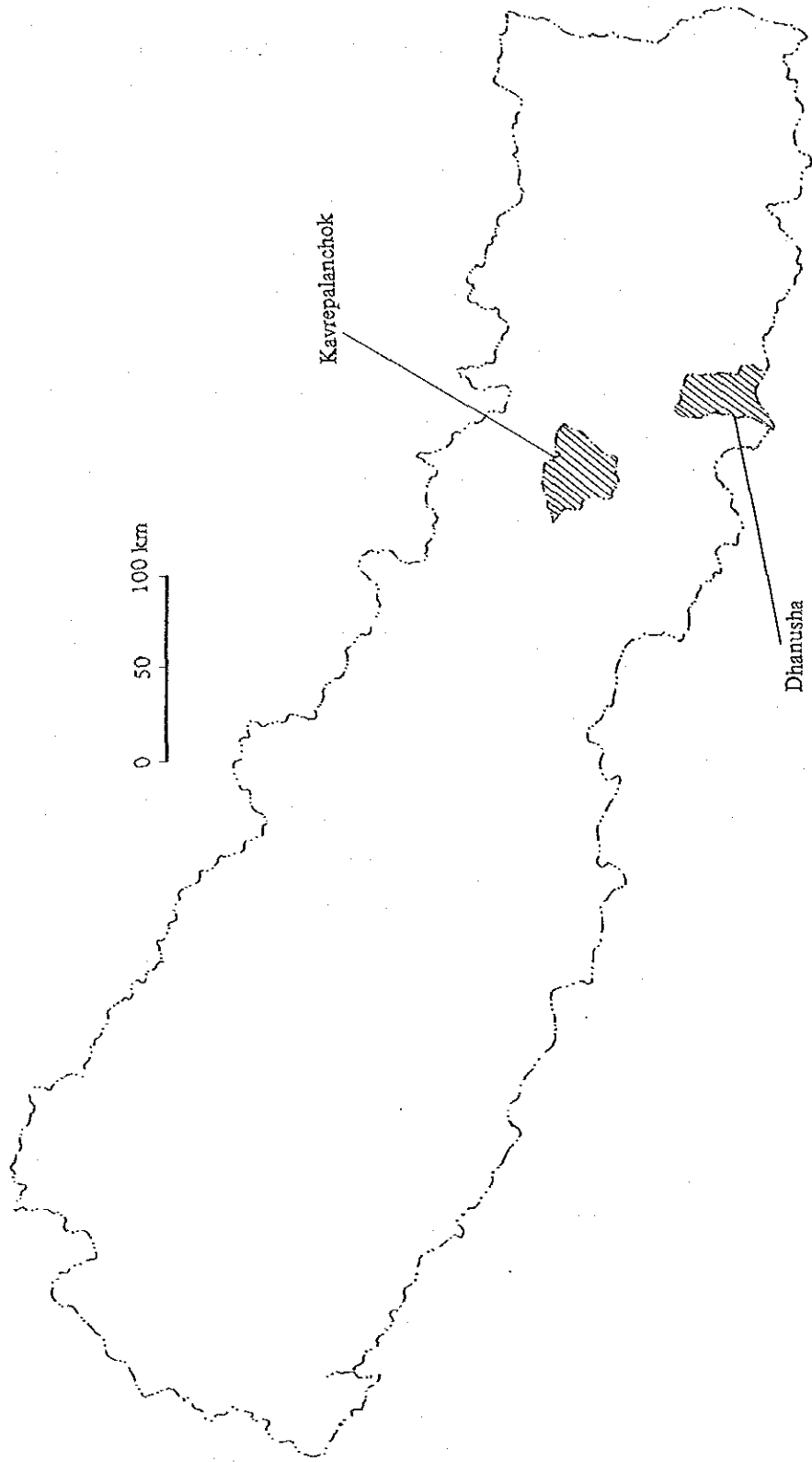
Executive Director,

Japan International

Cooperation Agency



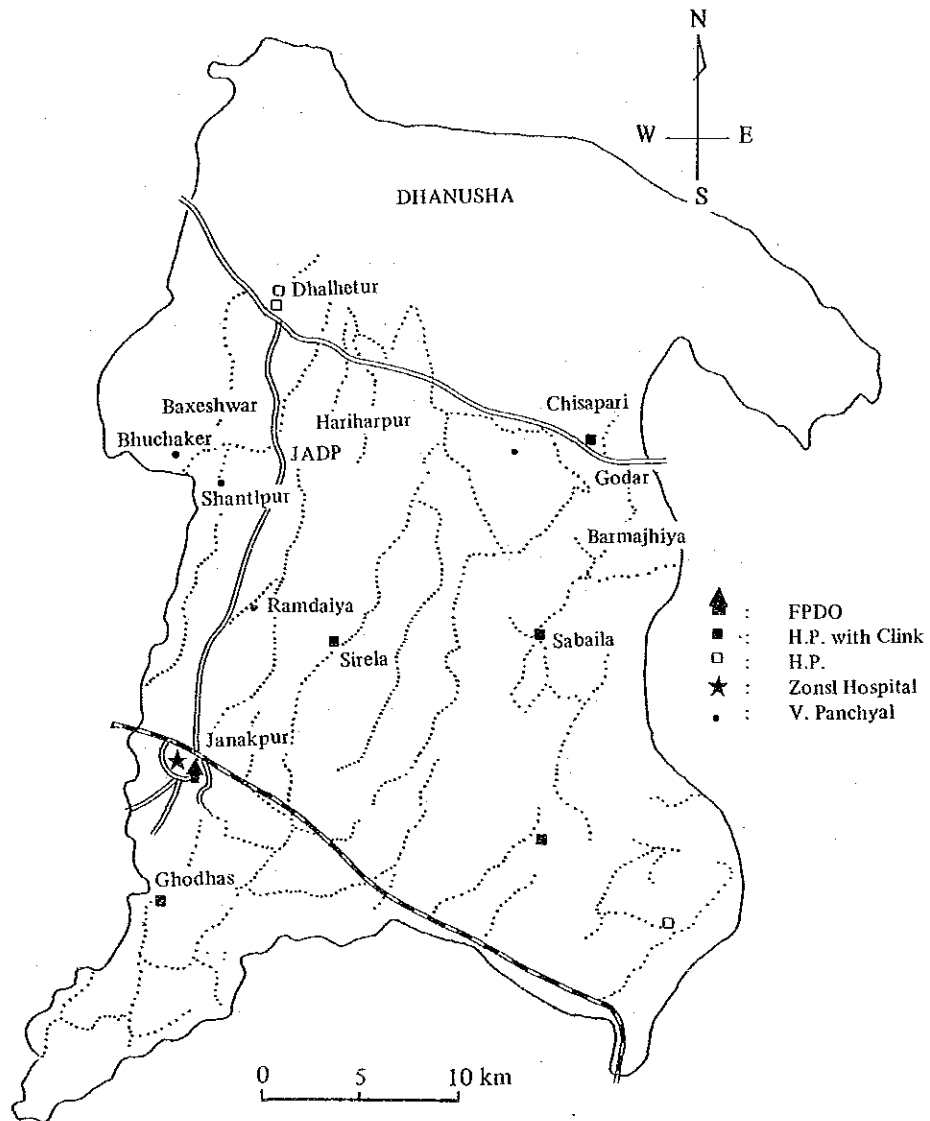
WHOLE AREA OF NEPAL





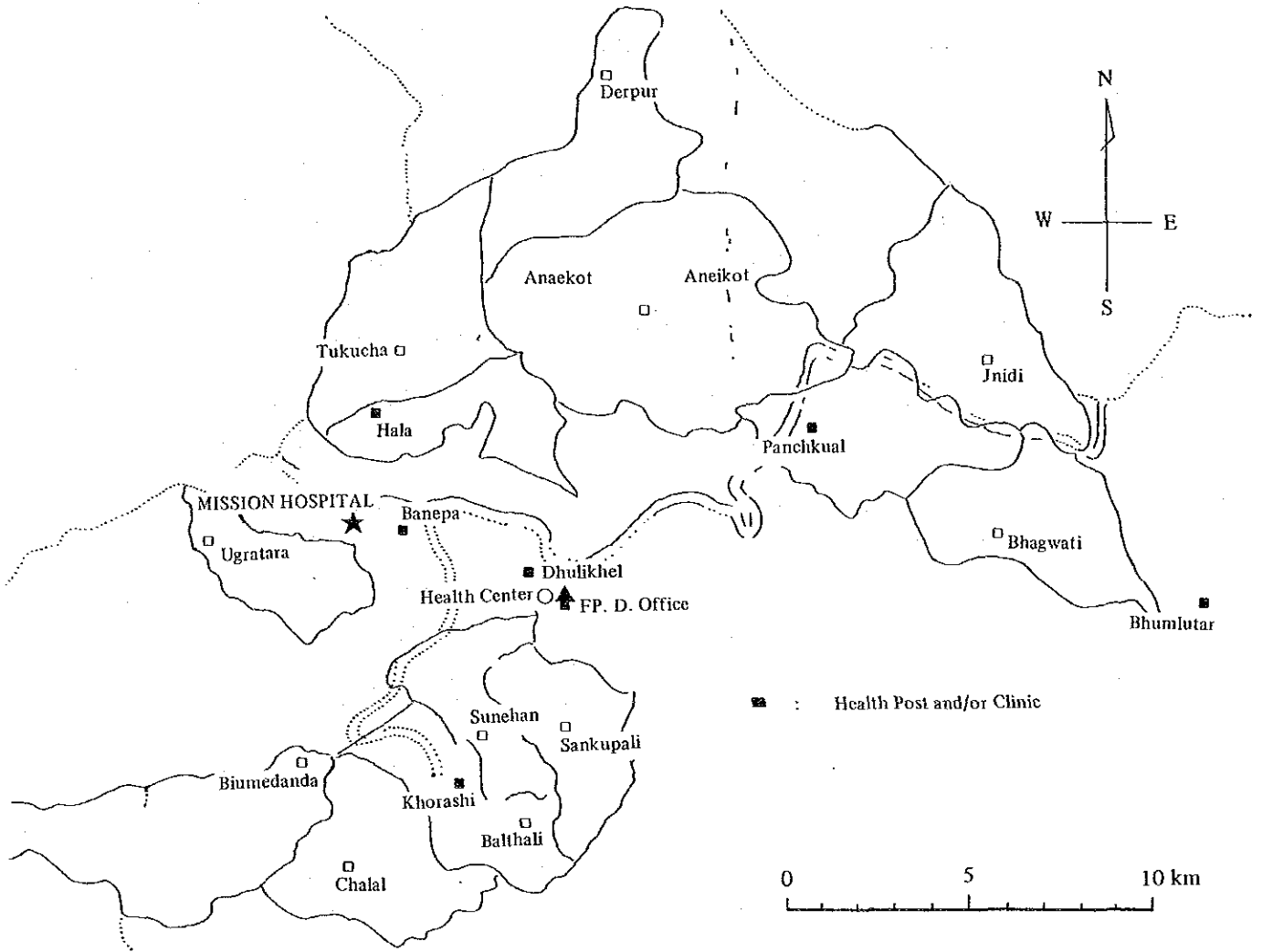


## DHANUSHA DISTRICT: SURVEY AREAS AND HEALTH POST LOCATIONS





# KAVREPALANCHOK DISTRICT: SURVEY AREAS AND HEALTH POST LOCATIONS





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## CHAPTER 1 PROBLEMS AND METHODS

In implementing the family planning/MCH project (a five-year project), it is necessary to plan the programs related to this project on the basis of the findings of the preliminary surveys. Also it is necessary that, in planning these programs, more rational decisions are made so that these programs may be socially acceptable and lead to better results. In this connection, the following three conditions of essential health care should be noted.

The first condition is "essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community."

The second condition is "essential health care realized at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination."

And the third condition is "essential health care realized through the community members' full participation."

It goes without saying that this five-year project must satisfy all these conditions.

For this purpose, it is necessary to do preliminary assessment work prior to planning the programs related to this project, namely to collect accurate data and information on family planning and MCH and analyze and evaluate them carefully before planning and implementing the programs.

This survey was conducted as a part of the preparatory stage in "Tentative Implementation Schedule of the Project" (TISP) (one of the attached documents). This survey was, therefore, designed to determine the following 9 indicators indispensable in evaluating this project.

Nine Indicators as the Ultimate Goals

- (1) Rate of medical check-ups of pregnant women
- (2) Rate of medical check-ups of children
- (3) Rate of immunization
- (4) Changes major diseases
- (5) Infant death rate
- (6) Maternal mortality rate
- (7) Acceptance rate of family planning
- (8) Birth rate
- (9) Others

In evaluating the above indicators, it is necessary to identify the sources of existing data and examine the reliability of these data, in order to have a clear grasp of the actual situation. From this perspective, the scope of this survey was determined as follows.

- (1) Analysis and evaluation of existing data and information
  - 1) Data and information on national level
  - 2) Data and information on model areas
- (2) Evaluation of statistical procedures relative to existing data and information
  - 1) Identifying government bodies and organizations with NGO status concerned with public health and medical information
  - 2) Evaluation of the reliability of data and information available at the smallest administrative units and the current data and information collecting system
  - 3) Evaluation of the data and information dissemination system
- (3) Evaluation of the validity (reliability) of interview surveys
  - 1) Evaluation of the validity (reliability) of past interview surveys on dynamics of population and health care services



2) Evaluation of the validity (reliability) of interview survey in model areas in this project and the method of the survey

Existing data and information in the above (1) and (2) were collected direct from the Family Planning/MCH Project and the authorities concerned. Analysis of the data and information is shown in Chapter 2 of this report. In the two model areas -- Kavrepalanchok and Dhanusha Districts, data were collected direct from district offices, health posts and hospitals. In the Kingdom of Nepal, however, there are few reliable data related to the above (1) and (2). This deficiency must be rectified by some means or other. Interview survey in the above (3) can be used for this purpose. In this survey, a family interview survey (preliminary test) was conducted using a questionnaire on family planning, MCH and social environment which was prepared beforehand. Also a map indicating geographical distribution of health posts and geographical areas covered by them was prepared. Thus this survey was aimed at quantitatively analyzing the problems of family planning and MCH and the functions of health posts, and thereby providing a statistical base for use in implementing the FP /MCH Project.

CHAPTER 2 REVIEW AND ANALYSIS OF EXISTING DATA AND INFORMATION  
AND STUDY OF STATISTICAL PROCEDURES

Accuracy (reliability) of the existing data was evaluated on the basis of comparison of them and those data which were collected through interview survey and, as a result, the following problems were revealed.

1. Figures on state of population are inaccurate. The numbers of infants of under 1 year of age, members of poor families and migrants are ignored statistically.
2. The registration system which is closely related to vital statistics is open to question. Figures for live births and deaths form the basis of vital statistics. There is a wide variance in these figures which should be coincident. This implies that there are many unreported live births and deaths.
3. Statistical data on health are not centralized. More intimate communications between the government bodies concerned and rationalization of office work are necessary.
4. An individual resident registration system -- individual resident register, for example -- is necessary. There are so few accurate dates of birth registered at district offices that it is impossible to compile data on live births and deaths by sex and age.
5. It is desirable to increase the registration rate by enhancing the residents' awareness of their obligation to register and streamlining the registration procedure -- particularly selecting optimal location of the place for registration.
6. Literacy and school attendance rates should be increased.

7. It is necessary to enhance the enumerator's knowledge and skills and train statistical survey supervisors.
8. There are many diseases which it is possible to prevent on the basis of mortality and disease statistics. In this connection, it is necessary to improve environmental sanitation and public idea of sanitation.
9. Maintenance and expansion of medical facilities, as well as training and optimal placement of medical professionals, are desirable.
10. It is desirable to establish a hospital statistics system and thereby have a clear grasp of diseases and causes of death.
11. It is necessary to increase the degree of utilization of medical facilities. Particularly it is necessary to reduce maternal deaths by promoting early maternal medical examination, delivery at medical facility and health management and delivery under the supervision of the midwife.
12. There are many infant deaths which can be prevented by improving not only mothers' eating habits but also nourishment for infants.

We could obtain so few statistical data that it is impossible to draw a true picture of the Kingdom of Nepal on the basis of the population statistics and vital statistics available in this country. It can be said that this situation implies the true picture of the Kingdom of Nepal.

The gap between the existing data in literature form and those which were collected direct through interview survey is so enormous that it is very difficult to try to have a clear grasp of the actual situation in the Kingdom of Nepal with these data alone.

As to population of this country, it is impossible to calculate accurate age distribution due to insufficient family registers and individual residents' poor memory of their own dates of birth. What is worse, there are no accurate reports on live births and deaths.

Shown below are our observations based on the information obtained through our interview survey and our own impressions.

It seems impossible at this point of time to have a clear grasp of the population statistics and vital statistics in the Kingdom of Nepal on the basis of the current statistical system of this country.

Let's take infant deaths as an example. It is possible to know the number of members of each family and the age of each family member through a house-to-house interview survey. Moreover, it is possible to know the number of conceptions, child-births, child deaths and existing children from each mother, which will provide accurate data on live births, still-births, early neonatal deaths, neonatal deaths, infant deaths, child deaths, school child deaths, adult deaths, miscarriages, premature births and multiple births.

For this purpose, it is necessary to reexamine the questions to be asked in surveys and enhance investigators' knowledge and skills. To keep continuous records from the standpoint of MCH, it is necessary to make good use of the mother-and-child handbook and the like.

Increase in the live birth rate, extension of life expectancy due to improved health care services, decrease in the infant death rate, increase in the old age population and decrease in the total death rate all contribute to population growth. Accurate statistics on deaths by age group are indispensable in implementing the FP/MCH Project. To collect statistical data on females of reproductive age (15-49) alone is not enough. Many of females under 14 years of age will reach the reproductive age in several years. Thus it is essential to collect statistical data of all age groups.

Viewed in this light, it is necessary to conduct a census in a certain area. In this context, long-term data and information collecting seems to be the best possible method to be used in the Kingdom of Nepal.

Listed below are the problems we consider most important.

## CHAPTER 3 FIELD SURVEY REPORT

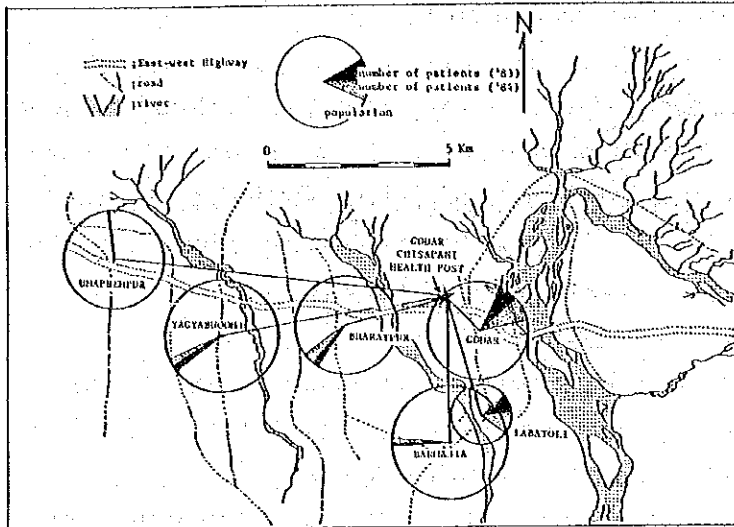
### 1. How Health Posts and Health Clinics Are Utilized

In view of the actual situation of health care services in Nepal which is suffering from shortages of medical doctors and hospitals, it is both important and necessary, from the standpoint of health statistics, to quantitatively evaluate the functions of health posts and health clinics for the purpose of evaluating the current state of medical services in communities.

In this survey, we tried to make clear the geographic and demographic areas covered by each clinic based on patients' clinical records kept at a health post in Dhanusha District and 3 health clinics in Kavrepalanchok District. We prepared maps indicating how many patients (cumulative total) from each panchayat visit these clinics during a specific period. As a result, we obtained data suggestive of various regional differences. But we have yet to analyze the findings of similar surveys to be conducted in all the medical facilities in the model areas, as well as data on the economy and sanitary conditions of each panchayat before reaching a final conclusion.

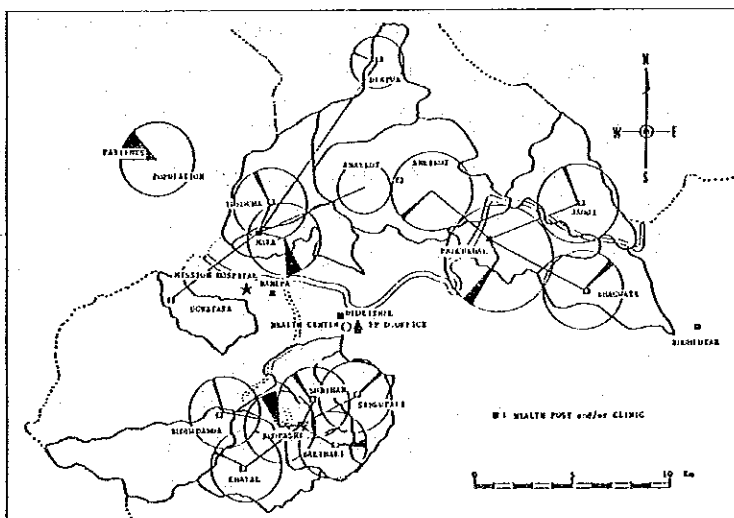
Furthermore, there still remains an important problem of how the situation of those people who cannot receive even the free medical services available at these clinics can be reflected in the medical statistics.

Dhanusha District:



Chisapani Health Post  
(Annual cumulative number of patients visiting the health post)

Kavrepalanchok District:



Khopasi Health Clinic  
Nala Health Clinic  
Panchkhal Health Clinic  
(Monthly cumulative number of patients visiting the three health clinics)

## 2. Findings of Interview Survey

The interview survey was conducted in Ramdaiya Village, Sabalia Village and Barmajhiya Village in Dhanusha District, and Nala Village, Khopasi Village and Tamagha Village in Kavrepalanchok District. Since this interview survey was conducted as a sort of preliminary survey, the points specially noted in conducting this survey are shown below.

### (1) Dhanusha District

In conducting an interview survey, it is advisable to interview first a key person in the survey area to know outline of the survey area and its information collecting system. In Barmajhiya Village we interviewed first a panchayat secretary, who gave us outline of the village.

As to the questionnaire, it is necessary to divide questions into those to be asked of husbands and wives. For example, questions about living conditions, assets, communication system and development scheme should be asked of husbands, those about health, mother and child health and so on of wives. In this way we can collect more accurate answers. When asking the respondent's age, questions in the checklist should be asked one after another to confirm the respondent's approximate age. At the same time a chronological table of significant events can be prepared as a means to know the respondents' approximate ages. In Nepal where the registration system is not working so well, it is very difficult to know even a person's approximate age. According to the ESCAP report, only 13% of all married women in Nepal knew their own dates of birth.

There was a difference in behavior to accept medical services due to the difference in economic base (landlord vs. tenant farmer in the case of this survey). This fact may help in doing stratified sampling in future surveys.

(2) Kavrepalanchok District

In Nala Village, a pilot area, many households consist of extended families. So the average number of household members is about 20 in this village. It is possible to identify the families living within the same household by knowing the number of families using a common cooking stove. In the household covered by this survey it seemed the second son had succeeded him in the business. In this connection, it is desirable to ask questions about the role of each family member, as well as ask questions about the family structure after asking questions about the structure of the family. Also it is necessary to ask who is (are) responsible for taking care of children and their education, and if the family is engaged in farming, each family member's allotted work and the family's collaboration system.

In Dhanusha District, there were many conservative, cliquish opinions about education of women. In comparison with Dhanusha, it seems that educational level of Kavrepalanchok is somewhat higher. But educational level in Kavrepalanchok itself (particularly of women) is very low. There are so few sources of information on family planning, etc. just as in Dhanusha. Under the circumstances, personal communications, mobile clinics and visits of fieldworkers are playing an important role in disseminating health-related information. In measuring the effectiveness of medical services relative to, for example, the numbers of maternal examination, infant medical examination and vaccination, of the 9 indicators as the ultimate goals, it is necessary to prepare questions to investigate the above-mentioned situation.



## CHAPTER 4 VALIDITY OF INTERVIEW SURVEY

### 1. Stratified Sampling

In conducting an interview survey in a model area in Nepal, it is necessary to have the area's local characteristics reflected in the survey. If, for example, such factors as caste, ethnicity, educational background and landownership which greatly affect the residents' daily lives are identified, it is desirable to stratify (divide into groups) the residents and then sample each group. If the parent population is classified into several groups so that the standard deviation for each group may be small enough and then each group is sampled, the sampling error is made small. If the sampling error is small enough, the sample itself can be small.

### 2. Census (Complete Population in Model Area)

There is an alternative to the above-mentioned survey method. It is possible to select a specific area which shows several local characteristics, and then conduct a census using, for example, the mother-and-child handbook as a survey guide. In this case, it is desirable to analyze such factors as utilization of health posts and hospitals, reasons for not utilizing health services despite actual bad bodily condition, results of the subject's utilization of health posts and hospitals, and whether his or her immediate needs were met.

## CHAPTER 5 SUMMARY

This basic survey on family planning and MCH is characterized by an interdisciplinary approach embracing demography, health statistics, hygienics, public health and development administration. In other words, this survey is aimed at providing an overview of the current situation of the problems related to the FP/MCH Project by collecting data and information on national and district levels and investigating the actual situation in the Kingdom of Nepal, and evaluating these problems from all angles on an interdisciplinary basis.

As to the demographic statistics, Nepal has data collected through censuses and sample surveys which were conducted in cooperation with, and under the guidance of, the United Nations. In 1986 the Ministry of Health of Nepal is scheduled to conduct a fertility and family planning survey project. And in conjunction with this project, CBS is planning a national sample survey on mortality and migration. It should be noted, however, that the values for the vital statistics shown in this survey report were calculated with a stochastic method which is applied in cases where "sufficient and accurate data and information" are not available. For example, these values were calculated on the basis of age distribution of population in a model life table. If there is a structural change in the population of Nepal due to recent sharp increases in its population and migrations both at home and abroad, it may be desirable to employ a statistical method which can have such changes in population reflected more accurately than a stochastic method which uses a model life table. For this purpose, as is pointed out in Chapter 2 of this report, it is necessary to have an accurate grasp of increases in live births, decreases in death rates for all ages, including infant death rate, and the numbers of marriages, divorces, migrations and so on. In the FP/MCH Project, sample surveys of the reproductive age population (15-49 age group) only are being conducted. But it is essential to work out a system capable of collecting accurate data on all age groups. In this connection, we have pointed out the problems related to statistical procedures, classifying them into the administrative problems, those on the part of residents and the others. As a

matter of course, the effort to resolve these problems will be confronted with many difficulties. But we may safely say that it is imperative to make every effort to overcome these problems in order to establish a registration system or a designated statistical system equivalent to, for example, the census registration system in Japan.

In Chapter 3 of this report, we have made an investigative analysis of a socio-economic environment which will make possible more effective implementation of family planning and MCH. And as a result of our analysis of the current situation on national and model area levels, we have reached the conclusion that it is quite necessary to review the country's development policies from the point of view of international and domestic conditions or that of the program provider and its recipient (user).

As to the problems of health, while it is important to improve the external conditions by, for example, promoting preventive measures and cleaning residents' living environment, it is a matter of more urgent necessity to have residents change their life-style or receive medical examination of their own accord. Gone are the days when it was imperative to provide them with knowledge of health and sanitation and improve their living environment. The Nepalese people now live in an age when more importance is attached to their motivation for self-reliance and self-determination -- a drastic change in behavior. It is desirable that, from this very perspective, the country's development policies, which closely concern the people's health and even their society and economy, are analyzed, and the result of this analysis is reflected in the country's overall development programs. In other words, it is of vital importance to tackle the problems of family planning and MCH and improve the socio-economic environment related to these problems by using a compound method in which questions are raised and answered for the purpose of collecting and modifying policy-related information which can be used in solving the problems of policies in a specific environment. It goes without saying that this endeavor should include evaluation of the development policies in addition to planning and advocacy of them.

In the light of details of the past development projects in Nepal, the most important point of an economic aid project for the country is that it is promoted in a manner that will have it continued or further promoted by the Nepalese people themselves even after termination of its formal implementation period. In this connection, it is essential that a development policy is planned and implemented on the basis of careful consideration and anticipation of the Nepalese people's basic needs.

In planning a bottom-up approach to the problems of health and medical care in Nepal, the following fact should not by any means overlooked.

Nepal is a racially complicated nation. This can be explained, on one hand, by the diversity of its people's racial origins, and, on the other, by their behavioral differences due to their environmental differences. It is necessary, therefore, to examine the results of Nepal's population and health policies, from an ecological point of view based on a clear grasp of the environmental structure which forms the basis of the Nepalese people's residential areas, and from the point of view of cultural history. For example, there used to be a racial difference between plain like Terai where malaria was rampant and a mountainous area. In Terai, however, malaria has become less rampant and development projects have been promoted. Also immigration and mingled habitation have brought about many changes in the district.

Top-down modernization policy lines which ignore the above-mentioned local characteristics of Nepal's communities can never take root into the communities. In this context, it is most important to have a thorough understanding of the needs of the communities and their residents. Also in trying to solve various problems, it is more effective to employ a community involvement method in which residents are encouraged to solve problems for themselves rather than a conventional intervention method.

Furthermore, there are extreme shortages of human and physical resources in the area of health. So whether or not it is possible to secure

sufficient supply and training of human resources holds the key to the solution of this problem.

Residents' "health" is essentially a matter of their own, which should not be separated from them in the name of "medical care." For the Nepalese people, "health and medical care" are not "what should be imported from foreign countries," but are "what should be produced in their own country." "Health and medical care at their hands", not "health and medical care into their hands" should be the basic concept of medical care in a developing country.

In Chapter 4 of this report we have shown an attempt to quantitatively evaluate how health posts and health clinics are utilized, in which a map of a few villages in the model area was prepared to illustrate the current utilization of these medical facilities. It should be noted here that there still are people who have not utilized these facilities. It is necessary to investigate why these people refuse to use these facilities and whether or not the number of such people is small enough in comparison with the number of people who positively utilize these facilities, for in Nepal's local communities the problems of health and medical care are often concentrated in very poor residents.

What we must stress in summarizing this basic survey is that it is of utmost importance to establish satisfactory infrastructure, make investments aimed at enhancing the quality of human resources, and plan and implement a comprehensive development project aimed at enhancing the quality of life which is based on the achievements in the former two projects.

In other words, we must stress the importance of our basic attitude toward the problems of family planning and MCH in Nepal. For example, we should consider the financial burden involved in taking various measures, necessary expenses or an investment in the future rather than immediate balance of payments.

Maintenance and promotion of health, spread of school education and sound growth of children should lead to slowdown in population growth, on one hand, and growth of population carrying capacity, on the other.

It is to be desired that future family planning and MCH projects will be planned and implemented from the above-mentioned perspective.

SURVEY SCHEDULE AND LIST OF SURVEY TEAM MEMBERS,  
MAJOR INSTITUTIONS AND INDIVIDUALS VISITED

SURVEY SCHEDULE

Dec 6 (Fri) 13:00 Departure from Narita, JAL 717

7 (Sat) 12:30 Arrival at Kathmandu  
Preliminary meeting with JICA

8 (Sun) Discussion on Inception Report at FP/MCH Project,  
the Ministry of Health

Attended by:

Dr. T.B. Khatri, Project Chief, FP/MCH  
Project,  
Dr. S.P. Bhattarai, Deputy Chief  
Dr. Madhav Joshi, Deputy Chief  
Dr. B.B. Gubhaju, Demographer  
Dr. J.M. Tuladhar, Acting Chief

9 (Mon) Courtesy call on Japanese Embassy in Nepal  
Organization visited:  
Ministry of Labour & Social Welfare  
Persons interviewed:  
Mr. Nilakantha R. Padye, Joint Secretary,  
Social Service Division  
Mr. Joshi, Joint Secretary, Labour Division  
Organization visited:  
Ministry of Panchayat & Local Development  
Persons interviewed:  
Mr. M.P. Kafle, Secretary  
Mr. S.P. Adhikari, Joint Secretary  
Organization visited:  
Central Bureau of Statistics

Persons interviewed:  
Mr. Keshar Raj Sharma, Deputy Director

10 (Tue) Content of survey discussed at FP/MCH District Office, Dhulikhel

Nepalese counterparts:  
Mr. Shyam Kaji Shrestha, Family Planning Officer

Organization visited:  
Dhulikhel Health Center

Person interviewed:  
Dr. Nakul Pd. Parajuli, Medical Officer

Organization visited:  
Nala Health Post

Person interviewed:  
Mr. Krishna Man Maivandhar, Health Assistant

Organization visited:  
Agricultural Project Service Center

Person interviewed:  
Dr. Jagdish Baral, Director  
Mr. Khalil Miyan, Deputy Executive Director

Organization visited:  
Ministry of Home Affairs, Foreign Registration Office

Person interviewed:  
Mr. B.P.O. Kharel, Section Office

11 (Wed) Transfer: Kathmandu to Janakpur

Organization visited:  
Regional FP/MCH Training Center, Pathalaiya

Person interviewed:  
Mr. Ramesh Candra Neupane, Regional Chief Training Officer

Discussion on content of survey at FP/MCH District Office, Dhanusha



Nepalese counterpart:

Mr. Shbbhiyat Bahadur Adhikari, FPO

12 (Thu)

Inspection of Mothers' Club Programme and Health Post

1. Chisapani Health Post

Mr. Ram Autar Yadav, Senior A.H.W.

2. Pusbalpur (Mother's Club Programme)

3. Bhuchaker (Mother's Club Programme)

4. Hariharpur (Mother's Club Programme)

5. Laxminibas (Mother's Club Programme)

6. Bateshwar (Health Post)

13 (Fri)

Organization visited:

Janakpur Zonal Hospital

Person interviewed:

Mr. Hukom Dev Shah, Civil Surgent

Organization visited:

Ghordghas Health Post

Person interviewed:

Mr. Raj Kumar Pokharel, Health Assistant

14 (Sat)

Field survey of Dhalkebar H.P., Ramdaiya Village

Organization visited:

Chief District Office, Dhanusha

Person interviewed:

Mr. Khagendra Prasad Poudyal, C.D.O.

15 (Sun)

Field survey of Sabaila Health Post, Sabaila Village

Person interviewed:

Mr. Amarnath Jha, Health Post in-charge

Visit to Madhubhasa Cooperative Community

Field survey of Chisapani Health Post

Interview with Supervisors, Eastern part of

Dhanusha

- 16 (Mon) Field survey of Labotole Village and Barmajhiya Village  
 Interviews with:  
 Dr. Sakdo Prasad Singh, Ayurvedic Doctor  
 Mr. Ramendradeep Dhakal, Panchayat Pradhan  
 Mr. Jainandan Dubey, Panchayat Secretary  
 Transfer: Janakpur to Kathmandu
- 17 (Tue) Organization visited:  
 Land Registration Office, Janakpur  
 Person interviewed:  
 Mr. Devlal Thechmi, Head Assistant  
 Organization visited:  
 Malaria Eradication Office  
 Person interviewed:  
 Mr. Kaladar Jha, MEO  
 Transfer: Janakpur to Kathmandu  
 Interim survey report: JICA Office  
 Organization visited:  
 Maternity Hospital  
 Person interviewed:  
 Dr. (Mrs.) D.S. Malla  
 Organization visited:  
 Administrative Staff College  
 Center for Nepal & Asian Studies, Tribhuvan University  
 Ministry of Social Welfare
- 18 (Wed) Meeting for the field survey:  
 Dhulikhel District Office  
 Organizations visited:  
 Dhulikhel Health Center  
 Shree Memorial Hospital, Banepa  
 Person interviewed:  
 Dr. Leonardo J. Vigna

Slides of patients

19 (Thu)

Organization visited:

Vital Statistic Office

Organization visited:

Family Planning Association of Nepal

Persons interviewed:

Mr. Shanker Shah, Executive Director

Dr. D.P. Upadhaya, Project Director

Meeting for the field survey:

Dhulikhel District Office

Field survey of Khopasi Health Post

Person interviewed:

Mr. Chandra Bahadur Shrestha, Health Post  
in-charge

Organization visited:

Khopasi Supervision Center

Person interviewed:

Mr. Gopal Thapa, Supervisor

Organization visited:

Chief District Office, Kavrepalanchok

Person interviewed:

Mr. Karna Bahadur Chand, CDO

20 (Fri)

Organization visited:

Nala Health Post

Field survey of Nala Village

Organization visited:

Panckharat Health Post

21 (Sat)

Field survey of Khopasi Village and Nala Village

Interview with:

Mr. Madan Man Shrestha, Vice Chairman of  
Health Post Committee

22 (Sun)

Organization visited:

National Commission on Population

Person interviewed:

Dr. B.P. Upreti, Secretary

Organization visited:

Vital Registration Office

Person interviewed:

Mr. Laxman Bahadur Basnet

Organization visited:

Ministry of Agriculture

Organization visited:

Small Farmer Development Programme

Organization visited:

National Industrial Development Corporation

23 (Mon)

Meeting for the field survey:

Dhulikhel District Office

Field survey of Panchkhal Health Post and the village near H.P.

Organization visited:

ICIMOD (International Center for Integrated Mountain Development)

Organization visited:

National Planning Commission

Organization visited:

Administrative Staff College

Organization visited:

Planning Division, Ministry of Health

Organization visited:

UNFPA

Organization visited:

UNICEF

Person interviewed:

Mr. George McBean, Programme

Communications & Information Officer

24 (Tue)                    Survey report:  
                                     FP/MCH Project  
                                     Organization visited:  
   UNDP  
                                     Person interviewed:  
   Toshiko Niwa, Residential President  
                                     Organization visited:  
   ICHSDP  
                                     Person interviewed:  
   Mr. Hirulal Pajbansh, Senior Health  
   Inspector, Family Health Section  
                                     Organization visited:  
   Agricultural Programme Services Center

25 (Wed)                    Courtesy calls on JICA Office, Japanese Embassy,  
                                     and FP/MCH Project  
                                     Organization visited:  
   Ministry of Panchayat & Local Development  
                                     13:30                    Departure from Kathmandu, TG 312

26 (Thu) 18:05            Arrival at Narita, JAL 482

#### LIST OF SURVEY TEAM MEMBERS

- (1) Supervision:  
     Nobuo Matusmoto, Professor, the Jikei University
- (2) Demography/Socio-economics:  
     Minoru O'uchi, Director, Economic Growth Research Department,  
     Institute of Developing Economies
- (3) Hygienic statistics:  
     Hidesuke Shimizu, Associate Professor, the Jikei University

(4) Hygienic statistics:

Akihiko Itoh, Department of Medicine, Tokyo University

(5) Population/Family planning:

Yuiko Nishikawa, the Asian Population and Development Association

The Asian Population and Development Association organized in accordance with a contract with the Japan International Cooperation Agency (JICA) the Japanese survey team as listed above to carry out the field survey, and prepared this report. This survey was administered by the following staff members.

1) Administration:

Nobuyoshi Watahiki,  
Chief Technical Advisor,  
Medical Cooperation Department,  
JICA

2) Administration:

Akira Naruse,  
Chief Technical Advisor,  
Medical Cooperation Department  
JICA

#### MAJOR INSTITUTIONS AND INDIVIDUALS VISITED

##### 1. Governmental Institutions

(1) Ministry of Health FP/MCH Project

Dr. T.B. Khatri, Project Chief, FP/MCH Project

Dr. Bhattarai, Deputy Chief

Dr. Madhav Joshi, Deputy Chief

Dr. B.B. Gubhaju, Demographer  
Dr. J.M. Tuladhar, Acting Chief

- (2) Ministry of Labour & Social Welfare  
Mr. Nilakantha R. Padye, Joint Secretary, Social Service  
Division  
Mr. Joshi, Joint Secretary, Labour Division
- (3) Ministry of Panchayat & Local Development  
Mr. M.P. Kafle, Secretary  
Mr. S.P. Adhikari, Joint Secretary
- (4) Central Bureau of Statistics  
Mr. Keshar Raj Sharma, Deputy Director
- (5) Agricultural Project Service Center  
Dr. Jagdish Bara, Director  
Mr. Khalil Miyan, Deputy Executive Director
- (6) Ministry of Home Affairs, Foreign Registration Office  
Mr. B.P.O. Kharel, Section Officer
- (7) Regional FP/MCH Training Center, Pathalaiya  
Mr. Ramesh Candra Neupane
- (8) National Commission on Population  
Dr. B.P. Upreti, Secretary
- (9) Vital Registration Office  
Mr. Laxman Bahadur Basnet
- (10) Small Farmer Development Programme, Ministry of Agriculture
- (11) National Industrial Development Corporation
- (12) ICIMOD (International Center for Integrated Mountain Development)

(13) National Planning Commission

(14) Administrative Staff College

(15) Planning Division, Ministry of Health

(16) ICHSDP

Hirulal Pajbansh, Senior Health Inspector, Family Health Section

(17-1) Dhanusha District

1) Dhanusha FP/MCH District Office

Mr. Shbbhiyat Bahadur Adhikari, Family Planning Officer

2) Chisapahi Health Post

Mr. Ram Autar Yadav, Senior A.H.W.

3) Ghordghas Health Post

Mr. Raj Kumar Pokharelz, Health Assistant

4) Sabaila Health Post

Mr. Amarnath Jha, Health Post in-charge

5) Land Registration Office

Mr. Devlal Thechmi, Head Assistant

6) Malaria Eradication Office

Mr. Kaladar Jha, Malaria Eradication Officer

7) Chief District Office

Mr. Khagendra Prasad Poudyal, Chief District Officer

8) Barmajhiya Village

Dr. Sakldo Prasad Singh, Ayrvedic Doctor

Mr. Ramendradeep Dhakal, Panchayat Pradhan

Mr. Jainandan Dubey, Panchayat Secretary

(17-2) Kavrepalanchok District

1) Kavrepalanchok FP/MCH District Office

Mr. Shyam Kaji Shrestha, Family Planning Officer

2) Dhulikhel Health Center

Mr. Nakul Pd. Parajuli, Medical Officer



- 3) Nala Health Post  
Mr. Krishna Man Maivandhar, Health Assistant
- 4) Khopasi Health Post  
Mr. Chandra Bahadur Shrestha, Health Post in-charge
- 5) Khopasi Supervision Center  
Mr. Gopal Thapa, Supervisor
- 6) Chief District Office  
Mr. Karna Bahadur Chand, Chief District Officer
- 7) Health Post Committee, Nala Village  
Mr. Madan Man Shretha, Vice Chairman

## 2. United Nations Institutions

- (1) UNFPA
- (2) UNICEF  
Mr. George McBean, Programme Communication & Information Officer
- (3) UNDP  
Toshihiko Niwa, Residential President

## 3. Hospital

- (1) Janakpur Zonal Hospital  
Mr. Hukum Dev Shah, Civil Surgent
- (2) Maternity Hospital  
Dr. (Mrs.) D.S. Malla
- (3) Shree Memorial Hospital, Banepa  
Dr. Leonardo J. Vigna

## 4. NGO, Others

- (1) Center for Nepal & Asian Studies, Tribhuvan University

(2) Family Planning Association of Nepal

Mr. Shanker Shah, Executive Director

Dr. D.P. Upadhaya, Project Director

5. Japanese Embassy

Mr. Renzo Izawa, Councillor

6. JICA Kathmandu Office

Mr. Tatsuo Hoshi, Resident Representative

Mr. Hiroaki Nakagawa, Staff member

7. Cooperative Survey Officer

1) J.N. Singh, Family Planning Officer, NFP/MCH Project

2) Sirjana Sharma, Information Officer, NFP/MCH Project

3) Upendra Aryal, Information Officer, NFP/MCH Project

4) Navin K. Pyakuryal, Information Officer, NFP/MCH Project

5) Govind B. Bhatta, Information Officer, NFP/MCH Project

6) Kunda Raj Baidya, Audio Visual Officer, NFP/MCH Project

7) Mira Upadhyay, Broad Casting Officer, NFP/MCH Project

8) Hari Koirala, Nutritionist, NFP/MCH Project







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