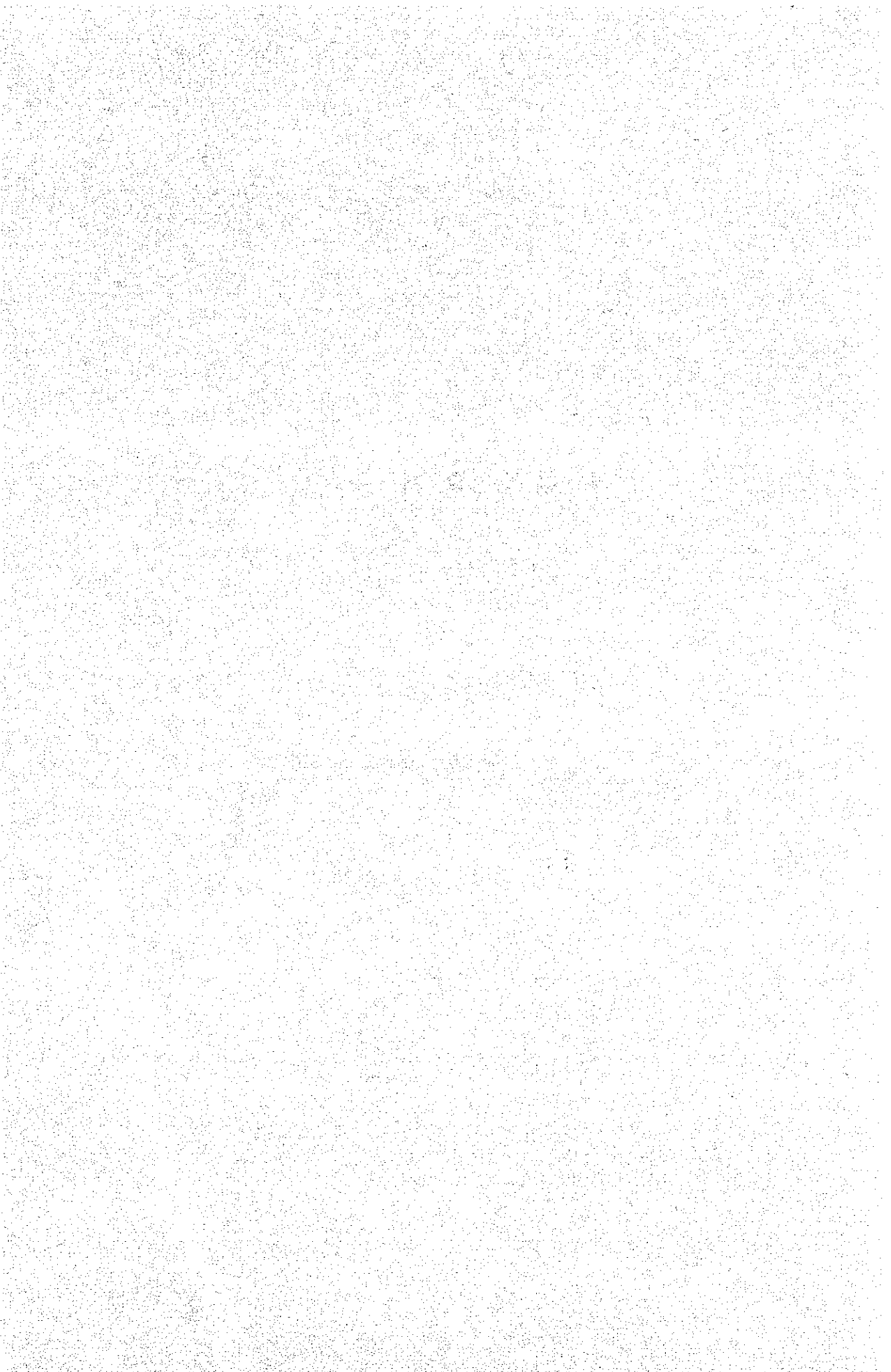


Ⅶ 添付資料



1. 要請内容

今回の調査において、ネパール国及びスリランカ国より非公式ながら我が国に対する協力の要請がなされた。ここに参考までに添付することとした。

1) ネパール国

保健省と密接な関係にある民間機関の家族計画協会より協力要望がなされた。今後の協力にあたっては、ネパール政府内部における協力対象機関の明確化が課題となるであろう。

2) スリランカ国

保健省より家族計画分野における協力要請がなされ、協議を実施したが、その際討議用資料として添付書類が提出される。スリランカ国は比較的順調に本分野における政策の実効が上がっているように見受けられたが、国際援助機関が援助予算の見直しを検討している背景もあり、我が国への協力要請も強いものがあった。

協力要請の骨子は次のとおり。

(1) 避妊具サービス・供給

- a. 不妊手術器具類
- b. IUCD
- c. コンドーム、ピル、注射

(2) 保健従事者への支援

- a. ファミリーヘルスワーカーへの支援
- b. 周辺地域への支援
- c. ヘルスワーカーの訓練

(3) IEC

- a. 広報、宣伝資料の開発
- b. 視聴覚機器の供与

(4) その他

基礎実験機材、テレビ等の機械供与

1) ネパール家族計画協会からの協力要望書

Drafts notes for proposed assistance from the Govt. of Japan

Introduction

Family Planning movement started in Nepal in 1959 by Family Planning Association of Nepal (FPAN), a social, a non-profit voluntary organisation with the assistance of Path-Finder, USA. In 1960 FPAN became the affiliated member of International Planned Parenthood Federation (IPPF) and then was awarded full member of IPPF in 1969. For more than a decade FPAN activities were mainly concentrated in the Kathmandu Valley and the urban areas of the country. With the increasing national concern in the field of family planning, there was an urgent need to expand the activities and FPAN established branches three in 1974, two in 1977, ten in 1978 and two more in 1983. At present FPAN has its 17 branches scattered and plan to increase two more in different parts of the country. With a view to integrate health and other developmental activities with family planning FPAN has been carrying out five modules of integrated projects in different areas of the country.

The role of FPAN is to continue its supportive role to the government and non-government population and family planning program, mobilize volunteers, expand family planning education, contraceptive as well as sterilization, MCH and primary health care services, pioneer its activities among the sensitive groups and on the sensitive issues. This role will contribute in increase awareness and acceptance of family planning and facilitate the national effort to control unplanned population growth of the country.

FPAN has been also receiving assistance from JOICFP since late 1978 to plan and implement integrated FP and Parasite Control Project. The rationale behind integrating FP with PC is to demonstrate quick and visual effect from deworming resulting to improved health and nutrition and thereby gain credibility by the field worker, who would then be in a position to motivate client for family planning in an effective manner. This project has already formed basis for effective coordination amongst government, NGO, Laboratory and the University during planning and implementation. The spin off effect of two project has been improvement of environmental sanitation through the provision

of sanitary toilets and protected water source by the community. It is hoped that the active participation by the community will lead into self reliance by the community eventually to achieve the goal of Health for All by the year 2000 through Primary Health Care approach, to improve the quality of life.

The pilot project for integrated FP/PC in Panchkhal in Nepal has demonstrated its beneficial effect in stimulating active interest and participation by the community in the construction of Sanitary toilets and protection of water supply, besides deworming and increasing acceptance in family planning methods by the community. The community is moving towards establishment of community based Primary Health Care Centre in their own initiative, by mobilising internal resources. Two such centers have already started functioning. This beneficial effect needs to be replicated and expanded in larger geographical area in the country, bearing in mind that appropriate adjustments have to be made in the programme depending on the local situation.

Assistance in the following areas suggested

1. Environmental sanitation, Education, Toilet construction, water resource improvement.
2. Control of soil transmitted helmenthies (worm) by expanding laboratory services for examination of stool initially and administration of antihelmenthies (deworming drugs). This will require training of a large number of doctors paramedics, auxiliaries and community workers in simple examination of stool. Research in indigenous antihelmenthic drugs will have to be carried out in search for effective, safe and cheap antihelminthic. Study on indigenous plant, Butea monosperma has shown promosing result and is under active study.
3. Emphasis on IEC components of F.P. through material production, organisation of training, seminars, orientation at grass root level.
4. Encourage community involvement and active participation through decentralisation in planning, programming and implementation of programme.

The project will respond to the need of the community quickly and effectively. A base has already been formed in Panchkhal, where local leaders have formed local steering committee.

5. Encourage self reliance through assisting in income generating activities by organised groups in the community. Seed money will be made available in initiation of the programme.
6. Integrate health and other developmental activities with family planning program implemented through the community participation. FPAN has already started the integrated activities in Baudha-Bahunepati Project, Integrated Rural Family Welfare Centres in five branches.

It is envisaged that the program will in so way duplicate the efforts of government and other nongovernment organisation, but will indeed complement and supplement the service activities in rural areas. Funding is sought in improvement of laboratory facilities, manpower development, production of simple training materials, dissemination on information, construction of an up to date training centre with all facilities, and mass distribution of antihelmenthic support in income generating activities at rural level to make the community self reliant in the programme, moving towards Primary Health Care without expecting too much support from donors.

The executing agency would be the Family Planning Association of Nepal, which is celebrating its Silver Jubilee in latter part of 1984 and which has already demonstrated how NGO can play significant role in achievement of national family planning goal with active partnership with government and other agencies. The FPA has the flexibility needed to respond to community needs and priorities.

2) スリランカ国保健省からの協力要請メモ

MISSION ON FAMILY PLANNING - GOVERNMENT OF JAPAN

Ministry of Health

10.02.84.

SOME AREAS FOR DISCUSSION

I. CONTRACEPTIVE SERVICES/SUPPLIES

- Sterilization: This has become the most popular method today and efforts are being directed to geographically expanded service provisions - through the upgrading of smaller medical institutions and training of non-specialist medical officers in the techniques of sterilization. Areas of support would include:
- (i) Provision of operating theatre equipment - for establishing new units in the smaller hospitals - vide Annexe I.
 - (ii) Provision of surgical items and equipment to strengthen and improve the quality of the existing units already providing sterilization services - Vide Annexe II.
- IUCD Services: The IUCD was a popular method of family planning in the mid 70s but has now shown a declining trend. Efforts are now being directed towards popularising this method (which is well suited to the rural sector) by making the services more widely available, training of paramedical personnel and by the introduction of the new copper 250 Multiload. Areas of support would include:
- The provision of clinic equipment for expansion of services - Annexe III.

- Condoms, Oral Pills and Injectables : From the inception of the Government family planning programme in Sri Lanka, the provision of contraceptives (and all other F.P. activities) were provided through SIDA assistance (1958-1982). This activity is now supported by UNFPA project assistance for the period (1983-1985).
- No finility has been reached regarding source of contraceptive supplies after 1985

II. SUPPORT TO HEALTH PERSONNEL TO ENHANCE FIELD ACTIVITIES AND SUPERVISION

- (i) The peripheral health worker of the Health Dept, who carries the message of F.P. at village level is the Public Health Midwife (now called Family Health Worker) She is responsible for motivation, F.P. instruction and assisting in the provision of F.P. services. She also supplies condoms and oral-pills at village level. The F.P. services are provided within the broader area of MCH for which she is also responsible. Much emphasis is being placed on this category of health worker and the Ministry of Health aims at achieving a coverage of 1 FHW for a population of 3000. In order to reach this goal an active scheme of training is now in progress. Areas in which this key health worker could be supported include:
- (a) Improving her mobility through the provision of push-bicycles. (Some support for this activity has already been made by UNICEF and UNFPA).
- (b) As a part of the MCH package - a standard 'Midwifery Kit' (UNIPAC/ UNICEF) has to be supplied to each Family Health Worker. Providing the newly trained FHW with this kit has been supported to some extent by UNICEF, WHO and with ADB assistance. However, much more support would be needed in this area if all FHW are to be adequately equipped.
- (ii) The lack of vehicles (Jeep/other utility vehicles) has seriously hampered supervision of services at peripheral level. This has also been further compounded by restrictions on fuel and constant vehicle breakdown.

Support in the form of vehicles would be of much assistance not only to improve supervision but also to enhance service provision.

- (iii) Training in the form of workshops and study tours for health workers who have performed well would assist in widening their experience through learning and also serve as an impetus to more work in the future.

III. INFORMATION, EDUCATION, AND COMMUNICATION (I.E.C.)

Recent surveys have shown that though awareness of F.P. is very high a gap still exists between awareness and acceptance. This would call for a more selective approach wherein more information, guidance and discussion could prevail between the communicators and the eligible target group. In meeting this need, support could be directed at:-

- (a) Developing a small booklet on family planning and F.P. methods which would be method-specific and provide more guidance to eligible couples. These could be selectively used by the FHW during home visits and at clinics and would serve not only as a means to strengthen general information on family planning but also to generate discussions between the health worker and the families about family planning methods and choice of F.P. methods.
- (b) Each SHS Division (Total 19) is served by Health Educators of the Ministry of Health, who are responsible for the overall implementation of Health Education activities in the divisions. At present the Health Education Bureau of the Ministry of Health has embarked on the production of 'Video-films' addressed to health problems, their prevention & control. The provision of a Television-Video recorder to each SHS division would enable the use of 'video-films' on health and family life education to support Health Education in schools and at Community centres.

IV. OTHER AREAS OF SUPPORT

The Family Health Bureau of the Ministry of Health in addition to its overall responsibilities in respect of MCH/FP also provides daily F.P. clinical services at the FHB, where all methods of F.P. are available to the public. In support of this activity which has become increasingly popular the following would be of benefit:-

- (i) Basic Laboratory Equipment (Eg. Microscope, sperm counting chamber, Centrifuge, spatulae, slides etc.) which would enhance investigative capability at the FHB.
- (ii) A television - video recorder which would greatly assist in education and training programmes undertaken at central level by the Family Health Bureau.

EQUIPMENT SUPPLIED TO EACH HOSPITAL UNDER THE PROJECT

SERIAL NUMBER	ITEM OF EQUIPMENT	NO : QUAN-TITY	SERIAL NUMBER	ITEM OF EQUIPMENT	NO: QUAN-TITY
01.	Operating Table	01	21.	Basin Kidney	02
02.	Light operating stand type	01	22.	Stool revolving ad-justable height, enamel finish	02
03.	Stretcher combination wheel and carrying assembled	01	23.	Table utility with drawer & rails 500 x 400 x 800 mm	01
04.	Sterilizer instrument boiling type 430 x 200 x 150 mm 220 V	01	24.	Sterilizer water non pressure 20 LTR CAP 220 V	01
05.	Artery forceps 8"	20	25.	Sterilizer Dressing Pressure vert. 350 mm 650 mm 220	01
06.	Artery forceps 6-1/2"	40	26.	Drums Sterilizer for 360 mm Diam. Vert. auto-clave	04
07.	Tissue forceps	40	27.	Syringe Hypodermic 2cc 5cc 20cc	12 each
08.	Scissors straight	10	28.	Needle Hypodermic 0.60 x 25 mm 0.70 x 32 mm	(3 boxes of each)
09.	Needle Holders	10	29.	Table Instrument on wheels for theatre use	01
10.	Towel clips	40	30.	Hamper linen folding without bags	02
11.	Dissecting forceps	20	31.	Hamper bag linen for Hamper 0114000	02
12.	Sponge holding forceps serrated jaws straight	10	32.	Laryngoscope folding type mackintosh Pattern	01
13.	Sponge holding forceps serrated jaws curved on flat	20	33.	Cuffed Endotracheal tubes Size 6,7,8.	03
14.	Songe holding forceps serrated jaws curved on flat	10	34.	Stand Irrigator Double Hook	01
15.	Table instrument adjustable Mayo type W/out Tray	01			
16.	Tray instrument shallow 480 x 330 x 19 mm as for above	01			
17.	Forceps Obstetric Axis Traction 420 mm	01			
18.	Forceps Obstetric Wrigleys	01			
19.	Pump Aspirating portable electric 220 V 50 HZ AC	01			
20.	Instrument Cabinet	01			

SURGICAL ITEMS AND EQUIPMENT FOR STRENGTHENING
UNITS ALREADY PROVIDING STERILIZATION SERVICES

EQUIPMENT

01. Syringes Glass - 2 cc
02. Syringes Glass - 5 cc
03. Syringes Glass - 10 cc
04. Artery forceps - straight
05. Artery forceps - curved
06. Mosquito Artery forceps
07. Scissors Surgical
08. Needle Holders
09. Vasectomy Sets (Soonawala)
10. Handles for surgical blades No.3
11. Handles for Surgical blades No.4
12. Babcocks Tissue Forceps
13. Mini Laparotomy Sets
14. Allis Tissue forceps
15. Safety Razor with blades
16. Electric Instrument Sterilizer (Large)
17. Surgeons Hand Brushes
18. Sterilizer Dressing pressure vertical
19. Dressing drums
20. Pails waste with lid
21. Catheter trays with lid
22. Dressing jars
23. Dressing bowls
24. Kidney trays
25. Lotion bowls
26. Oxygen regulators
27. Universal resuscitators
28. Dressing Trolley
29. Instrument Cupboards
30. Operating theatre stools
31. Table instrument with tray
32. Stretcher combination

SOFT GOODS AND CONSUMABLES

1. Savlon
2. Ether
3. Surgical spirits
4. Suture material -- Catgut, Linen, Silk, Nylon
5. French Chalk
6. Elasto Plast
7. Adhesive tape
8. Rubber gloves sizes 7-1/2", 7" and 6-1/2"
9. Needles for syringes
10. Needles suture surgical - Straight, cutting, round bodied
11. Surgical blades - No.11, 15, 22 and 23.
12. Gauze absorbent
13. Cotton wool
14. Rubber sheeting
15. Plastic Aprons
16. Linen for Surgery: - Caps, veils
masks
Glove bags
leggings
Surgeons gowns
Nurses gowns
Abdominal towels
G.S.Towels etc.

EQUIPMENT IN SUPPORT OF IUCD SERVICES

01. Cusco Vaginal speculae large and medium
02. Sponge forceps
03. Cheatles forceps
04. Uterine Sounds (Malleable)
05. Teals vulsellum forceps (1 x 2 teeth)
06. Scissors surgical
07. Plastic box (for sterilization of IUCD loops)
08. Kerosene oil stove (1 burner)
09. Large saucepans
10. Examination Beds (with lithotomy supports)
11. Examining lights (stand type)

Consumables

12. Benzalkonium chloride
13. Sterile Disposable gloves.

2. ネパール国における家族計画

FAMILY PLANNING PROGRAM IN NEPAL

Nepal is land locked country, with an area of 145,305 square kilometers. It can be divided into three broad zones, running East to West, the mountain regions which includes Sagarmatha (Mt. Everest) ranging from 16000 to 29000 feet above sea level, the hills ranging from 1000 to 16000 feet and including the Kathmandu valley, and the plain with attitude ranging from 200 to 1000 feet above sea level. The country is administratively divided in 5 regions, 75 districts and over 4000 panchayats.

Recent censuses have shown an increasingly rapid growth in population from 8.2 million in the early 1950's to 9.4 million in 1961, to 11.6 million in 1971, and to 15 million in 1981. Declining mortality rates, high fertility levels, and significant in-migration are cited as the principal sources of the increasing growth rates.

A General Description of Population Activities in Nepal and the Demographic Situation

During the past decades, Nepal has evolved a comprehensive population policy aimed at moderating the rate of growth of the country's population to levels consistent with the requirements of national development. The rate of population growth in country is very high (2.6%). At this growth rates, the population of Nepal, now estimated at about 15 million, will double in less than 27 years. The dependancy pattern which is shifting in a manner unfavarable to population not only worsens the already serious population land ratio but also leads to serve deforestation and erosion problems. There is growing and genuine realization among planners, policy makers, and administrators that Nepal's population problem is indeed serious and already affecting national development efforts. National Commission on Population has been recently organized (in 1982) and it has recommended a series of policy options to curb the rapidly growing population. It has set a long term plan of reducing current T.F.R. of 6.3 to 2.5 by the year 2000. To attain this goal population commission has recommended a series of activities to be carried out.

Nepal Family Planning and Maternal Child Health Programs in Nepal

Historical Background

In Nepal the family planning movement was initiated with the formation of the family planning association of Nepal (FPAN) in 1959.

FPAN played a pioneering role in focussing on the need for family planning and in providing limited services. In 1965, the Government adopted a policy of family planning and soon after, family planning services was provided in Kathmandu valley as a part of the Government's Maternal Child Health (MCH) program. In 1968, a semi-autonomous body, the Nepal FP/MCH Board, was constituted under the chairmanship of the Minister of Health. The board was given the responsibility of taking measures to reduce the crude birth rate and provide MCH services in an organized manner throughout the country. The Nepal FP/MCH Project has since been providing family planning, education, research, training and MCH services, under the policy guidelines of this board. Shortly steps were taken to begin development of an integrated health services including family planning. A community Health and Integrated Division was established in the Department of Health services in 1969 which later has been organized as Integrated Community Health Services Development Project. In 1971-72, pilot project were established in two districts, Bara and Kaski (out of 75 - districts of the Kingdom), for integration of family planning and malaria activities with basic health services. Since 1980, the integration program has been providing family planning and basic health service in 23 districts. The FP/MCH Project is providing family planning and MCH services in the remaining 52 districts.

The FP/MCH Project has its Central headquarter in Kathmandu, one warehouse in Kathmandu, and another in the district, 5 Regional offices, Three Regional Training Centres, 40 District offices looking after 52 Districts, 206 Clinics, about 1900 Panchayat based services centres (Panchayat is the lowest level political and administrative unit) and 5 Voluntary Surgical contraception centres in the districts (Janakpur, Biratnagar, Birjung, Butwal and Nepalgunj). Besides the centres sterilization services are being available in Kathmandu on a regular basis. The activities of the project are listed in Exhibit I and the Projects organogram is shown in Exhibit II .

The topography and tradition oriented society of Nepal have been major constraints in the effective implementation of the family planning program. The social and religious pressure to have a number of sons and most of the people living in inaccessible areas can be cited as major constraints to the F.P. Program. Even with these constraints the 1976 Nepal Fertility survey showed that the current use of contraception was about 3 percent and the knowledge of contraception among Nepalese women was found to be 22 percent. Recently carried out Nepal contraceptive prevalence survey 1981 showed that the current use of contraception is about 7 percent while the knowledge of contraception among Nepalese women has increased to 52 percent.

Although these results show a marked improvement in the family planning program within last five years, nevertheless keeping in view the high growth rate of population substantial efforts are still needed to make family planning program more effective.

The population of Nepal is thus growing more rapidly than the national economy. In bringing population growth and socio economic output in equilibrium, thus warranting a very effective family planning program. Thus it is very clear that more information, education, communication and motivation activities about family planning are needed, beside strengthening and expanding the number of family planning service centres and panchayat based field workers.

Since the beginning of the programme the FP/MCH Project has played a major role. The project is trying every fessible approach in creating small family norm in Nepalese society. For this non-formal population education workshops and seminars are held for various Governmental and non-Governmental groups, besides the door to door motivation program. These activities are carried out throughout the country with special emphasis on motivation and education program proceeding sterilization camps, which are known as pre-camp motivational program.

Goal of FP/MCH Services

The fourth five year plan stated that " The ultimate goal of FP/MCH Project is to bring about a balance of the various resources and population growth in order to improve the quality of human life ". In order to realize this balance, the pain further stated that the population of Nepal must be limited to a level of 16 to 22 million.

In order to fullfill the above goal, the project put forward its target of offering family planning services to 15% of married couples.

Realistic demographic target were setup in the fifth year plan. The tragets of this plan period were :-

To reduce the curde birth rate from 40 to 38 per thousand population and

To reduce the infant mortality rate from 200 to 150 per thousand live births during the plan period.

Demographic calculations indicated that these targets could be achieved by preventing 13,000 births each year, which required 65,000 effective contraceptive users. The contraceptive mix offered by the project was adjusted in order to fullfill the above goal.

During the sixth five year plan, the FP/MCH Project set its target to reduce the total fertility rate by 0.5, that is, from 6.3 to 5.8. The estimates of contraceptive mix that would be necessary to attain this targets were calculated as follows :-

<u>FISCAL YEAR</u>	<u>TEMPORARY METHODS</u>	<u>STERILIZATION</u>	<u>TOTAL</u>
1980 - 81	110,000	40,000	150,000
1981 - 82	120,000	40,000	160,000
1982 - 83 *	150,000	40,000*	190,000
1983 - 84 *	160,000	40,000*	200,000
1984 - 85 *	160,000	40,000*	200,000
	<u>700,000</u>	<u>200,000</u>	<u>900,000</u>

* Sterilization targets have been revised to be 65,000 for these three consecutive years. Since fiscal year 1983 - 84 the targets for temporary methods of contraception has also been revised. Current fiscal year target is to offer family planning services to 2,53,000 new couples.

The Family Planning Service Delivery System

The Nepal FP/MCH Project is the principal agency for family planning and maternal child health at the national level. Initially, family planning services were provided primarily by health aids in clinics, hospitals, health centres or health posts. The clinics are presumed to serve an average area within three miles radius but the actual area served depends on the geographical location of the clinic. Most of the clinics and district offices of the FP/MCH Project are located in the government's health centres, health posts and hospital or nearly these facilities. The pilot projects and studies in 1971 to 1972 indicated that mobile field workers were effective that clinic based workers in increasing continuation rate of oral contraceptive use and in recruiting new contraceptive users.

By 1975 - 76 the community based worker program was extended to about 190 panchayats. At that time local participation at the district level took the form of co-ordination committee which guided the FPO in carrying out the program and the local leaders assisted in motivating the local people to make greater use of available family planning services. Gradually the program was expanded to over 1100 PBHW by 1981 and to 1900 by 1982. The district co-ordinating committee was then given greater responsibility for formulating the district program, mobilizing local resources, and selection sites for panchayat based centres and also acted as committee for selection

and supervision of PBHW's.

The FP/MCH Project organizes mobile sterilisation camps by districts. Medical teams visit various areas during the dry season to perform male and female sterilization. More camps are held in the plain than the hill and mountain regions. Since persons seeking this service may live quite a distance away from the site of the camps, FPOs arrange transportation for clients from their area.

The Integrated Community Health Services Development Project (ICHSDP) also provides similiar services through family planning centres located in health posts and hospitals, in integrated area.

Working under the umbrella of the FP/MCH Project Contraceptive Retails Sales (CRS) Project, a non profit organization, started providing temporary methods of contraception, pill and condoms at subsidized prices in 60 of the 75 districts and 13 of the 14 zones since 1976. It has established 6000 condoms outlets, mainly through grocery shops and 700 pills outlets mainly through pharmacies and drug stores. Their reports clearly indicate that the sales of pills, condoms and vaginal tablets have been increasing considerably. Their sales figures form a substantial proportion of the free distribution program. Presently this project has been changed to CRS Company Ltd which not only provides temporary methods but is also working towards including some basic drugs like rehydration packet in their marketing strategy.

Currently besides the two government organization providing family planning services (FP/MCH, & ICHSDP) a number of non - governmental organization have also been acitve in the field of family planning.

The family planning association of Nepal, the pioneer in the field of family planning has it central head quarters in Kathmandu and has 16 branches in various districts of the Kingdom. This association is chaired by Her Royal Highness the Princess Prekshya Rajya Laxmi Devi Shah. Besides providing the conventional contraceptives, this organization is also involved in providing sterilization services through camps at district level and on regular basic in Kathmandu Recently this organization have been very much successful in providing sterilization services.

Besides Family Planning Association following non-government organizations have been very much active in motivation and providing family planning services to couples with conventional contraceptives. More over during the sterilization camps the field workers of these organizations motivate people for sterilization and refer them to camp sites. These non-governmental organizations are as follows:-

- a) Mothers club based family planning program
- b) Red Cross based family planning program
- c) Youth club based family planning
- d) Ex-Servicemen's organization based family planning program.

EXHIBIT I

Family Planning and MCH Activities

1. SERVICE

- a. MCH - Nutrition Education, Rehydration, immunization, treatment of minor ailments for children under 5, health education and antinatal and postnatal clinics.

- b. F.P. - Motivation and delivery of contraceptive services and follow up
 - 1. Temporary : Condoms, Pills, IUD & Depoprovera
 - 2. Permanent : Vasectomy, Tubectomy
 - a) Laparoscopic method
 - b) Mini-lap

2. TRAINING

For field workers - Doctors, Nurses, FPOs, and Health aides
For Community leaders - Social workers, Panchas, Officials

3. IEC

- Information, Education and Communication

Workshop/Seminar - FPO and multi sectoral development workers.

Media - Movies, Radio, printed material, Video, bill boards, wall painting, floats, exhibitions, interpersonnel communication, operation research, sterilization camp production, backstopping services for governmental, population and F.P. related projects.

4. RESEARCH

- 1. Surveys on fertility & Mortality
- 2. KAP & fertility services 1974 - 78
- 3. Acceptors follow-up survey 1973 - 74, 78 - 79.
- 4. Services statistics
- 5. Special surveys

CPS - Contraceptive prevalence survey.

Total Couples who Accepted Different
Methods of Contraception by year

Methods Fiscal Year	IUD Acceptors	Vasectomy	Pill Acceptors (New)	No of Pill Cycles Distributed	Condom Acceptors (New)	No of Condom Distributed.	Female Sterilization	Depo-provera	Total Couples (New)
1966-67	1086	N.A.	13	13	33	496	-	-	1852
1967-68	2614	1052	200	1203	1256	113130	-	-	5122
1968-69	1183	3292	1355	8133	1944	172260	-	-	7774
1969-70	1109	3888	10263	36329	14480	227636	-	-	29740
1970-71	711	4441	10496	62865	18785	327098	-	-	34433
1971-72	1162	3900	15868	86831	22908	470326	-	-	43838
1972-73	607	4161	24056	125178	35713	725016	558	-	65095
1973-74	862	5166	27141	202590	52075	1233624	810	25	86079
1974-75	1110	3702	26943	197061	65814	1207731	662	81	98312
1975-76	1635	916	37640	254311	87876	1383425	2162	152	138634
1977-77	1149	10953	33250	266549	74782	1929975	5422	976	126532
1977-78	863	12172	44346	315200	107112	2363588	7923	1690	174106
1978-79	1231	7009	37890	274544	106881	2238955	11208	1549	165774
1979-80	1036	4277	44270	313074	134099	2509944	11130	1722	196534
1980-81	1304	4802	49079	343071	140666	2856882	18040	2119	216010
1981-82	1204	10398	48752	341153	139585	2371488	20167	3019	223215
1982-83	1557	16493	66815	462367	166261	3841261	28507	4939	284572
TOTAL :	21143	104875	478383	3290517	1044270	23972775	106589	16362	1897622

HIS MAJESTY'S GOVERNMENT
 MINISTRY OF HEALTH
 NEPAL FAMILY PLANNING & MATERNAL CHILD HEALTH PROJECT

Year	Mothers (New)	Mothers (Old)	Children (New)	Children (Old)	Small Pox	B.C.G.	D.P.T. (New)
1968-69	11568	-	55541	-	4361	10655	-
1969-70	7243	9554	28499	46524	10824	10846	-
1970-71	7702	10207	34455	68523	9891	9202	-
1971-72	10641	16304	54895	80079	13824	14778	5089
1972-73	13406	19901	86479	127091	15220	15368	27595
1973-74	16327	22862	119784	188899	29234	12929	43766
1974-75	16782	20735	116285	168923	33076	17397	40275
1975-76	21868	-	134868	-	38750	29131	63364
1976-77	18991	-	111578	-	25205	17446	78075
1977-78	21407	-	125571	-	28598	29657	113109
1978-79	30021	-	183096	-	36262	48432	135928
1979-80	41249	-	192064	-	36374	48613	60580
1980-81	57060	-	177006	-	6873	33094	65505
1981-82	74680	-	222888	-	1883	35103	45136
1982-83	97129	-	258812	-	-	30380	34399
TOTAL:	348936	99564	1643007	680039	290361	330997	678422

BUDGET BY FISCAL YEAR

Fiscal Year	Source	Annual Budget	Total Released	Total Expenditure	Balance
1968 - 69	HMG		4,89,205		
	USAID		15,49,149		
		20,20,000	20,38,354	17,09,673	
1960 - 70	HMG		8,79,780		
	USAID		31,19,220		
		39,99,000	39,99,000	31,71,880.02	
1970 - 71	HMG		14,46,198.82		
	USAID		45,79,629.60		
		68,80,000	60,25,828.42	48,99,390.59	
1971 - 72	HMG		10,94,333.44		
	USAID		32,83,000.31		
		75,000,000	43,77,333.75	40,31,637.84	
1972 - 73	HMG		18,5,902.18		
	USAID		34,54,104.06		
		53,32,000	53,14,006.24	50,11,540.56	
1973-74	HMG		27,83,235		
	USAID		51,68,865		
		79,52,100	79,52,100	78,32,255.32	

BUDGET BY FISCAL YEAR

Fiscal Year	Source	Annual Budget	Total Released	Total Expenditure	Balance
1974 - 75	HMG		65,03,373		
	USAID		43,27,000		
		1,09,00,000	1,08,30,373	1,00,93,182.30	
1975 - 76	HMG		74,60,474		
	USAID		28,99,450		
	W.F.S.		6,64,526		
1976 - 77	HMG		62,73,671.88		
	USAID		43,16,132.75		
	W.F.S.		96,012.74		
	UNFPA		6,15,119		
1977 - 78	HMG		60,53,000		
	USAID		43,50,072.89		
	U.S.C.		4,49,457		
	UNFPA		7,27,171.53		
	UNICEF		24,220		
		1,41,18,000	1,15,03,601.42	1,12,08,319.92	
1978 - 79	HMG		57,18,000		
	USAID		60,35,914.37		
	U.S.C.		-		
	UNFPA		19,46,003.29		
	UNICEF		-		
		1,88,81,000	1,36,99,917.66	1,32,44,120.28	
1979 - 80	HMG		68,43,000		
	USAID		1,02,36,319.66		
	UNFPA		29,25,888.70		
	U.S.A.		2,72,929.72		
		2,24,50,000	2,02,78,128.08		

BUDGET BY FISCAL YEAR

Fiscal Year	Source	Annual Budget	Total Released	Total Expenditure	Balance
1980 - 81	HMG		84,36,000		
	USAID		1,32,60,274.51		
	UNFPA		48,08,223.09		
	U.S.C.		1,54,820.55		
	Westing House UNICEF		9,52,513.80 5,60,000		
		3,07,24,000	2,81,71,831.95	2,43,08,028.23	
1981 - 82	HMG		1,17,97,503.87		
	USAID		1,57,71,825.47		
	UNFPA		54,78,207.40		
	U.S.C.		80,025.97		
	Westing House		4,89,180.93		
		3,54,45,000	3,36,16,743.64	2,96,48,652.95	
1982 - 83	HMG		1,35,96,149		
	USAID		1,83,99,601.54		
	UNFPA		59,73,360.68		
		4,54,32,000	3,89,69,111.12	3,61,45,926.66	
1983 - 84	HMG		1,82,90,000		
	USAID		1,27,59,000		
	UNFPA		10,38,000		
		18 million	5,13,46,000		
		WHO MCH 003 US\$130,200			

3. ネパール国家人口戦略

NATIONAL POPULATION STRATEGY

HIS MAJESTY'S GOVERNMENT

NATIONAL COMMISSION ON POPULATION

NEPAL

1983

TABLE OF CONTENTS

	<u>Page</u>
Preface	... 1
CHAPTER 1 - Population Targets and Strategy	... 1
CHAPTER 2 - Expansion of Family Planning Services and Delivery Systems	... 6
CHAPTER 3 - Integration of Population and Development	... 20
CHAPTER 4 - Population Information, Education and Communication	... 27
CHAPTER 5 - Women and Population	... 33
CHAPTER 6 - The Role of Panchayats, Class Organizations and Non-Governmental Organizations in Population Programmes	... 43
CHAPTER 7 - Programmes Relating to Spatial Distribution of Population, Immigration and Environment	... 49
CHAPTER 8 - Population and Law	... 55
CHAPTER 9 - Institutional Arrangements for Implementation of Population Programmes	... 57

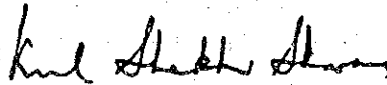
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PREFACE

The National Population Strategy and programme directions outlined in this document are based on the decisions made by the Fourth Meeting of the National Commission on Population on the 7th of January, 1983, and subsequently approved in principle by His Majesty's Government.

The policy statements and programme directions indicated in this document are aimed at achieving a Total Fertility Rate (TFR) of 2.5 by the year 2000. It is within the overall framework and guidelines of these policies that time specific periodic and annual programmes will be developed and implemented through various government agencies, non-governmental organizations, class organizations and Panchayats, for the attainment of the long term demographic target.

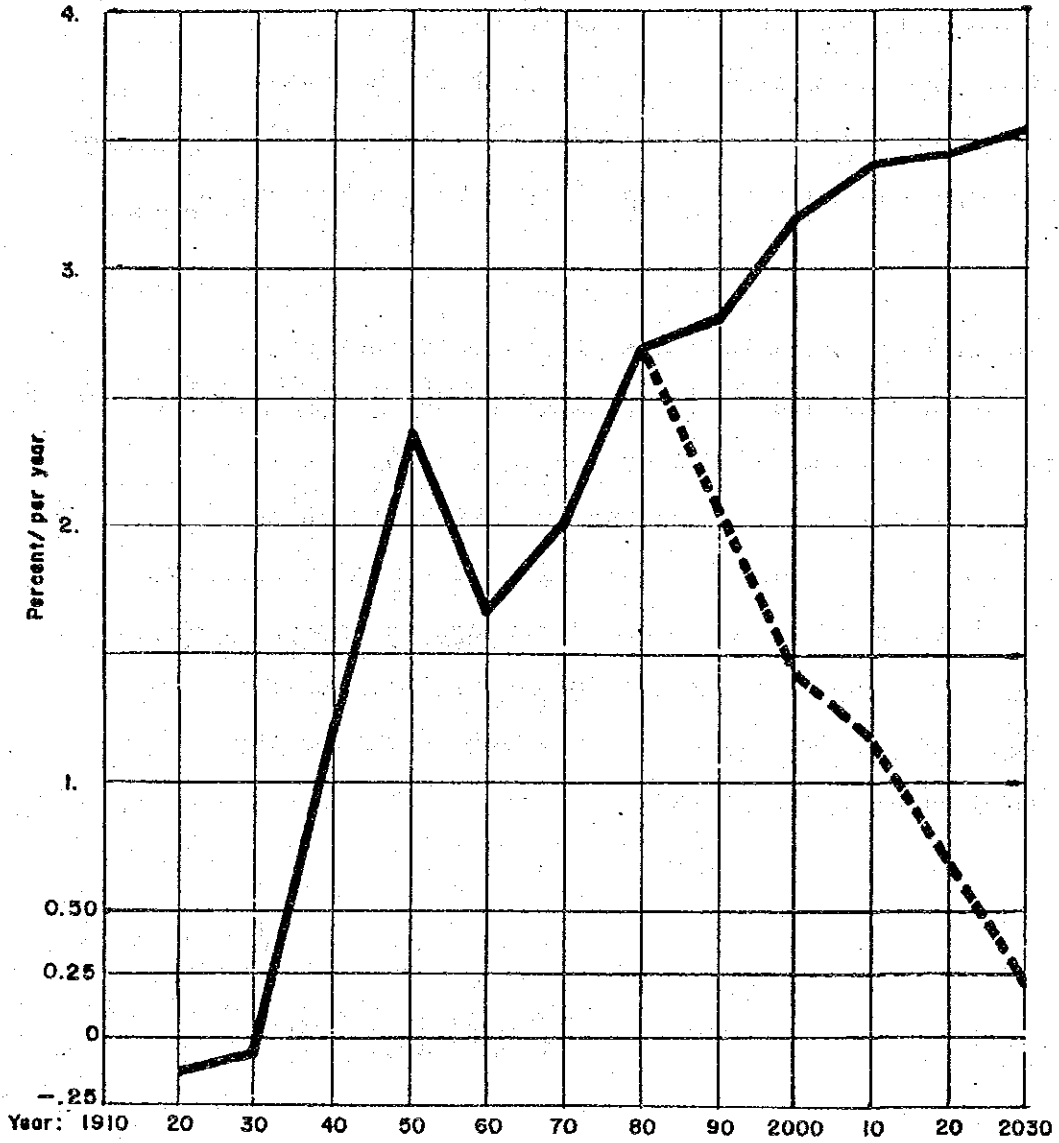
June, 1983



Kul Shekhar Sharma
Vice-Chairman

Figure 1

Rate of Population Growth 1910-2030



Growth rate without fertility reduction programs. —————
Growth rate 1.2% in 2000 and 0% in 2030 - - - - -

CHAPTER 1

POPULATION TARGETS AND STRATEGY

The Population of Nepal, estimated to be 15.8 million at present, grew at an annual rate of 2.6 percent during the period 1971-1981. At this rate, Nepal's population, which took 60 years to double from 5.6 million to 11.6 million, between 1911 and 1971, will now take only 26 years to do so. This already high rate of growth is likely to increase further because of the high proportion of young population in the country.

The reasons for the high rate of growth are not far to seek. Improvement in health conditions have resulted in a substantial decline in mortality, while birth rates have continued to remain stable. Total fertility rate (TFR) has remained constant at a high level of 6.3. High infant mortality rates, substantial economic value of children, socio-cultural traditions which favour sons, low status of women in society, low levels of literacy, widespread poverty, significant difficulties in delivering family planning programmes to the masses, appear to be some of the factors contributing to this high fertility rate.

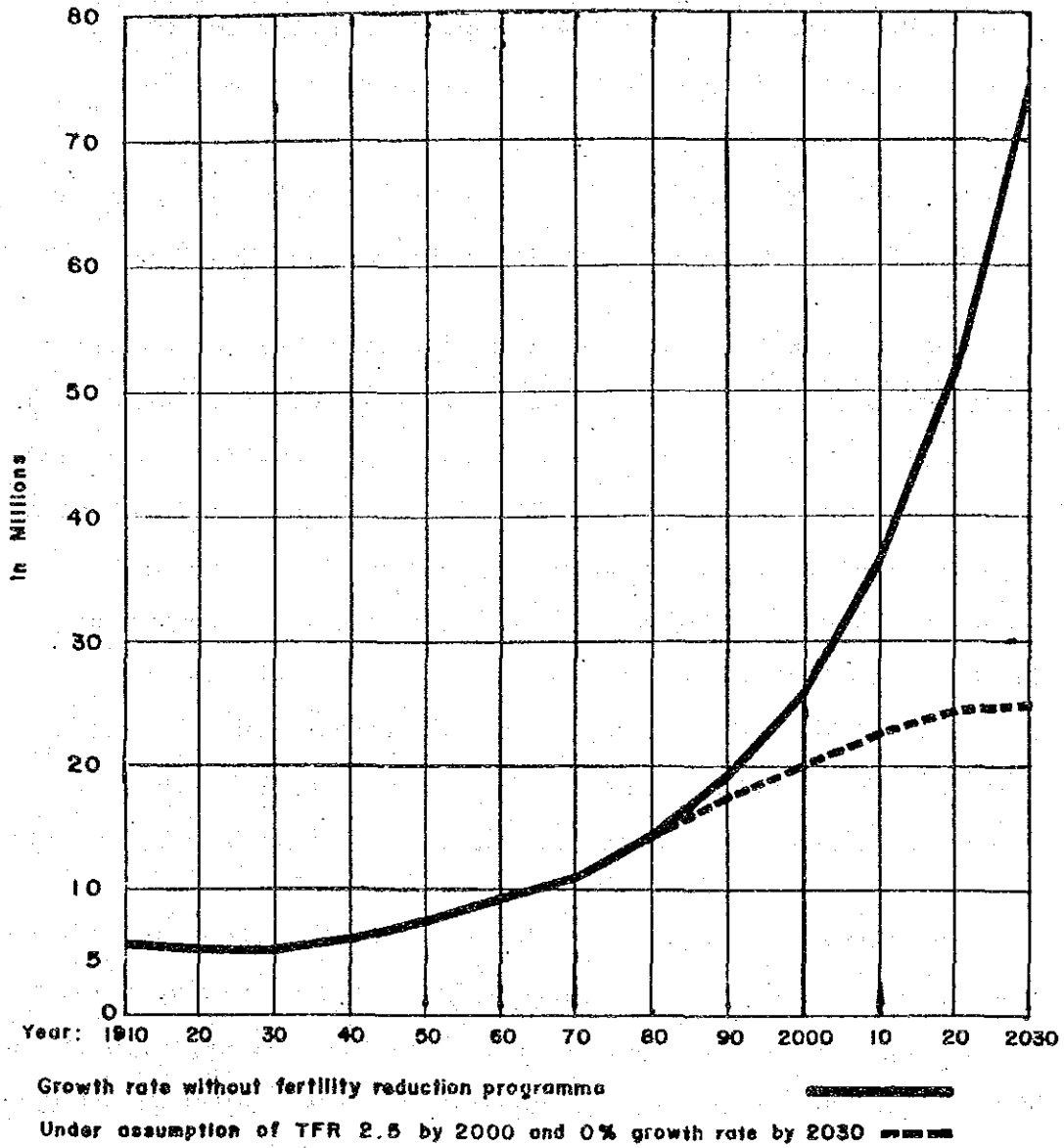
The low resource base of the country, the slow rate of economic growth, high rate of under-employment and growing environmental degradation, impose a severe strain on the capacity of the country to support additional population. The Population carrying capacity of the hills has already been exceeded in many places

Figure 2

NEPAL

Population Target & Projection

1910-2030



largely as a result of high population pressure. This is clearly evidenced by the process of rapid deterioration in the life support systems, which may soon assume unmanageable proportions, if massive and concerted action is not taken to halt it. It is clear that quick and substantial reduction in fertility rates must be effected to avert a decline in the standard of living of the population.

A. Fertility Reduction Target:

The magnitude of the population problem makes it imperative that fertility targets be set with a view to achieving minimum possible growth in future. As such, a target reduction of TFR to 2.5 by the year 2000, was recommended by the National Commission on Population, and accepted by His Majesty's Government. The target, as reported in Table 1, has been phased to reflect gradual periodic declines. Attainment of the TFR target, though precipitating a slowing down of the rate of growth of population, will still result in an estimated projected population of about 21 million by the year 2000.

Table 1
Fertility Targets During 1985-2000

Year	TFR	Projected Population (in millions) ^{1/}	Annual Growth Rate (Percent)
1985	5.8	16.3	2.2
1990	4.0	17.9	1.9
1995		19.4	1.6
2000	2.5	20.6	1.2

^{1/}Life expectancy during the period is estimated to continue increasing at a rate of 0.5 year per annum.

The task of achieving these targets is an extremely arduous one, due to lack of trained manpower and management capability, low level of literacy, and other difficulties associated with the implementation of family planning programmes. The need for a well conceived and comprehensive strategy of population control is, therefore, clear.

B. Major Strategic Thrusts:

A national population strategy with the following major thrusts has been adopted to achieve the targets.

- 1 Accord high priority for fulfillment of the current substantial unmet demand for family planning services;
- 2 Integrate population programmes in all projects relating to environment, forestry, agriculture, and rural development;
- 3 Emphasize programmes that help increase the status of women, female education and employment;
- 4 Effect mobilization of local panchayats, class organizations and NGOs, in view of the enormously important role of local communities, in all population and fertility reduction programmes.
- 5 Control the steadily increasing immigration into the country.

The following chapters provide a brief outline of policies to be adopted, in relation to each of the major thrusts and will serve as a basis for the formulation of a detailed plan of action. Working groups, comprising senior staff of NCP and representatives of concerned line ministries, have been formed mainly to formulate consistent population programmes in their respective areas^{1/}. The line ministries will also develop internal mechanisms to monitor the implementation of approved programmes by the departments and agencies under them.

1/ Six Working Groups have already been constituted. They are:

1. Working Group on Agriculture and Population
(Chairman: Secretary, Ministry of Agriculture)
2. Working Group on Forest, Environment and Population
(Chairman: Secretary, Ministry of Forest)
3. Working Group on Panchayat, Class Organizations, Women and Population
(Chairman: Secretary, Ministry of Panchayat and Local Development)
4. Working Group on Family Planning
(Chairman: Secretary, Ministry of Health)
5. Working Group on Information, Communication and Education
(Chairman: Secretary, National Commission on Population)
6. Working Group on Population Education
(Chairman: Secretary, Ministry of Education and Culture)

CHAPTER 2

EXPANSION OF FAMILY PLANNING SERVICES AND DELIVERY SYSTEMS

Family planning services, for various reasons, have not expanded fast enough to meet the demand for such services. The knowledge of one or more family planning methods exists among fecund ever married women of reproductive age. Also, according to the Nepal Fertility Survey (1976), 29.6% of currently married women are desirous of limiting family size. Yet, the contraceptive prevalence rate is a mere 7% (see Table 2 below). This reveals that a sizeable "unmet demand" for family planning services exists, thus requiring special emphasis on the fulfillment of this demand, through appropriate and consistent policies and programmes.

Table 2

The Proportion of Married Women of Reproductive Age
Using Contraceptive Methods 1976 and 1981

Method	Percent of MWRA	
	1976	1981
Pill	0.4	1.1
Condom	0.2	0.4
IUD	0.1	0.1
Female Sterilization	0.1	2.4
Male Sterilization	1.5	2.9
Depo-provera	0	0.1
	2.3	7.0

Source: *First Report of Nepal Fertility Survey, FP/MCH, Ministry of Health, (1976) and Preliminary Report, FP/MCH/Westinghouse Contraceptive Prevalence Survey, (1981).*

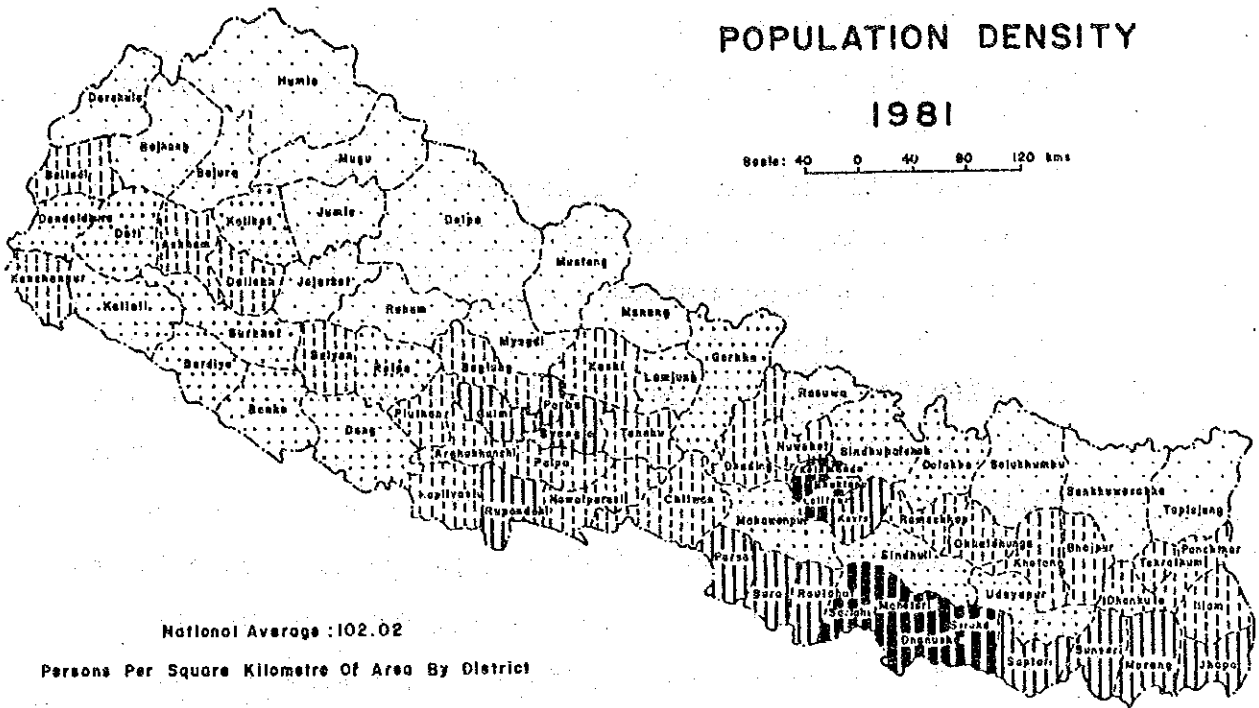
Figure 3

NEPAL

POPULATION DENSITY

1981

Scale: 40 0 40 80 120 kms



National Average : 102.02

Persons Per Square Kilometre Of Area By District

0 50 100 200 300 500 Over

MINIMUM 2.78



MAXIMUM 1380.50

Revised Commission On Population

Drawn By: N.M. Ghoshal

While a full-fledged family planning strategy, incorporating basic health provisions and maternal child health care, has still to be worked out, the National Commission on Population has formulated a series of policy and programme guidelines in this area. These include:

- A. Planning and Programme Implementation: The Ministry of Health will assume overall responsibility for planning, implementing and coordinating family planning programmes.
- B. Intensive Coverage of Family Planning Programme: Priority, in the delivery of family planning services, will be given to areas of high population density.
- C. Organizational Framework: The National Commission on Population, together with the Ministry of Health, will conduct, in the next fiscal year (2040/41), an in-depth study of managerial capabilities, service areas and responsibilities of existing governmental implementing agencies, namely Nepal Family Planning and Maternal Child Health Project (FP/MCH) and Integrated Community Health Services Development Project (ICHSDP). On the basis of such a study, the Commission will recommend, to His Majesty's Government, a long-term organizational framework for Health and Family Planning Services.
- D. Manpower Training and Service Delivery: Existing capacity for providing family planning services will have to be

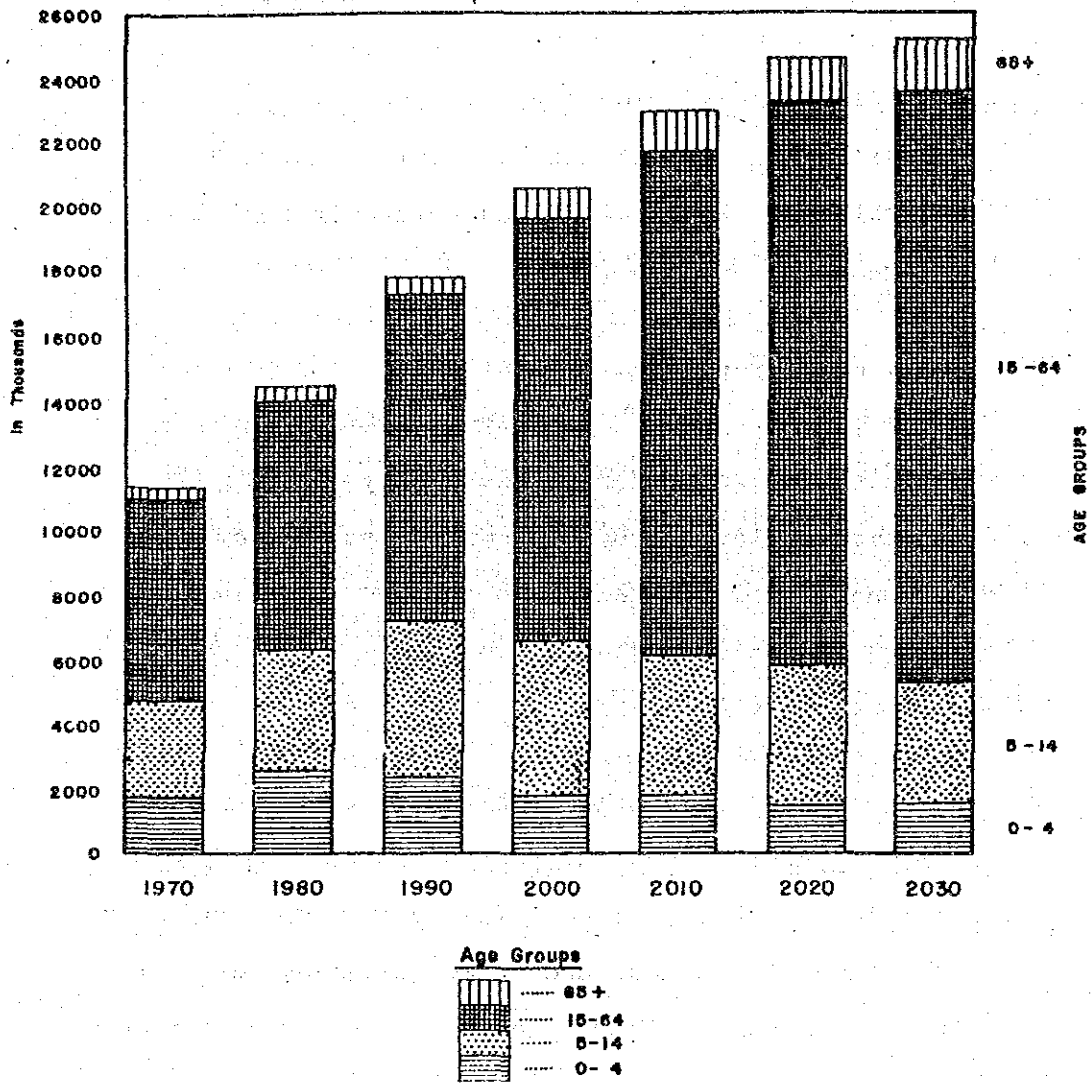
rapidly upgraded and expanded. To this end, a long-term manpower plan, including training and deployment, will be formulated and implemented. Meanwhile, the following steps will be taken immediately:

- (1) twenty additional medical officers will be recruited by the Department of Health. These doctors, to be deputed to FP/MCH and ICHSDP, will perform sterilization in mobile camps during the 6 months of camp season, and will work in district hospitals, under the Department of Health, for the remaining period of the year;
- (2) every newly recruited medical doctor, within the first year of service, will compulsorily undergo training in sterilization and family planning techniques. Also, medical doctors and paramedical personnel will be trained in Intra-uterine device (loop) insertion techniques and the use of Depo-provera injectables;
- (3) special incentives will be given to encourage the participation of medical professionals in family planning. These include: (i) additional monetary incentives to medical and other personnel working in family planning camps, in remote mountain districts

Figure 4.

POPULATION PROJECTION BY AGE GROUPS

(TFR of 2.5 in 2000 and 0% population growth rate from 2030 onwards)



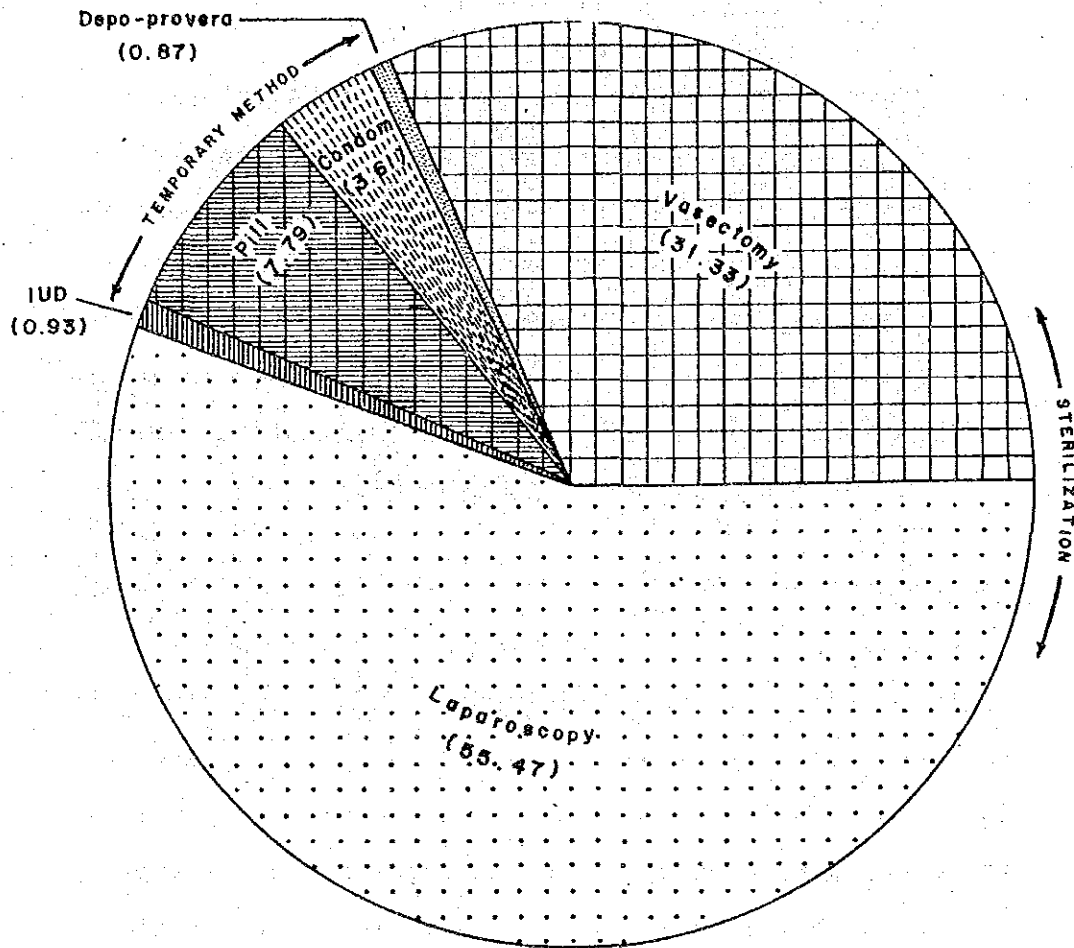
and (ii) higher education priority to those doctors who have done specified work in family planning;

- (4) FP services will be provided in all hospitals, by the end of the Sixth Plan by equipping 43 hospitals and all sterilization units with facilities for rendering such services; and
- (5) a more self-reliant approach will be developed in the provision of temporary family planning devices, most of which are currently being received through foreign donor agencies as grant-in-aid, by discouraging free distribution of such devices in select town panchayats. The supply of contraceptives through the Contraceptive Retail Sales Project will be further encouraged and expanded.

E. Contraceptive Method-Mix: While permanent sterilization programmes need to be strengthened and expanded, more serious effort has to be directed towards popularizing the acceptance of temporary methods of family planning (See Tables 3,4). Sterilization acceptors are generally those who have already passed through the most fertile period and have, on an average, 4 children at the time

Figure 5

PERCENTAGE OF BIRTHS AVERTED BY F.P. METHODS
FROM 1977/78 THROUGH 1981/82.



of sterilization. Couples in their early or late twenties therefore, need to be attracted towards family planning, in order to make a significant impact on the fertility level. Temporary means appear to be the most effective way of motivating younger, more fertile couples for acceptance of family planning and ensuring a meaningful impact on the fertility scene in general. More specifically, the following will be pursued:

- (1) information, education and communication activities, in the popularization of temporary methods of family planning will be stepped up through development of an appropriate communication strategy;
- (2) such strategies should help improve both prevalence and continuation rates; the follow-up system, which is almost non-existent at present, has also to be strengthened through adoption of appropriate programmes in areas of maternal and child health;
- (3) special emphasis, in addition to condom and pill distribution, will be given to the expansion of Depo-provera injection and IUD services; and

Table 3

Total Couples Accepting Different Methods of Contraception by Year, Nepal 1966/67 Through 1981/82

Methods	IUD Acceptors	Vasectomy	Pill Acceptors (New)	No. of Pill Cycles Distribution	Condom Acceptors (New)	No. of Condoms Distributed	Female Sterilization	Depo-provera	Total Couples (New)
Fiscal Year									
1966/67	1806	N.A.	13	13	33	496	-	-	1852
1967/68	2614	1052	200	1203	1256	113130	-	-	5122
1968/69	1183	3292	1355	8133	1944	172260	-	-	7774
1969/70	1109	3888	10263	36329	14480	227636	-	-	29740
1970/71	711	4441	10496	62865	18785	327098	-	-	34433
1971/72	1162	3900	15868	86831	22908	470326	-	-	43838
1972/73	607	4161	24056	125178	35713	725016	558	-	65095
1973/74	862	5166	27141	202590	52075	1233624	810	25	86079
1974/75	1110	3702	26943	197061	65814	1207731	662	81	98312
1975/76	1635	9169	37640	254311	87876	1383425	2162	152	138634
1976/77	1149	10953	33250	266594	74782	1929975	5422	976	126532
1977/78	863	12172	44346	315200	107112	2363588	7923	1690	174106
1978/79	1231	7009	37896	274544	106881	2238955	11208	1549	165774
1979/80	1036	4277	44270	313074	134099	2509944	11130	1722	196534
1980/81	1304	4802	49079	343071	140666	2856822	18040	2119	216010
1981/82	1204	10398	48752	341153	139585	2371488	20167	3109	223215
TOTAL	19586	88382	411568	2828150	1004009	20131514	78082	11423	1613050

Source: HMG, FP/MCH Project, Evaluation Division.

Table 4

Births Averted By A Cohort of Sterilized Women,
Moving Through Their Reproductive Years, Nepal 1977

Age group (1)	ASFR per woman per year (2)*	Percentage of fecund women (3)**	Potential fertility rate of acceptors (2)/(3) x 100 (4)	Fertile years per woman in the interval (no sterilization) (5)	Fertile years lived before sterilization by a woman (6)	Fertile years saved by sterilization (5)-(6) (7)	Births averted by sterilization (4) x (7) (8)
15-19	.138	95	.145	5	5	0	0
20-24	.306	96.2	.318	5	5	0	0
25-29	.314	92.4	.340	5	4.959	.041	.014
30-34	.261	87.7	.298	5	4.816	.184	.055
35-39	.226	79	.286	5	4.633	.367	.105
40-44	.093	52.8	.176	5	4.454	.546	.096
TOTAL							.270

* Age specific fertility rates (ASFR) for each group are obtained from FP/MCH, World Fertility Survey, (1976), p.47.

** Percentage of fecund women for each age group is obtained from Bogue, et.al. (1973) p. 17.

Source: Joshi, P.L., "A Measure and Analysis of Nepalese Crude Birth Rates", Unpublished paper, California, University of California, Berkely (1976).

(4) the National Commission on Population will serve as a Clearing House for all data related to family planning. All organizations concerned with such activities will submit to the Commission, every quarter, statistics on occupation, education and economic status of family planning acceptors. Information which can be derived from the records of family planning acceptors, will then be analysed for use in policy and programme development.

F. Work Compensation and Incentive Schemes: A series of measures will be gradually adopted by the government, to encourage those in the organized sector and the population at large, to accept family planning as a way of life. As an initial step, provision will be made for:

- (1) incorporation of additional points (marks) into the promotion system of His Majesty's Government, for employees with two living children or less;
- (2) extension of maternity leave for new female employees of His Majesty's Government, from the present 30 days to 90 days, grantable only twice during the entire service period;

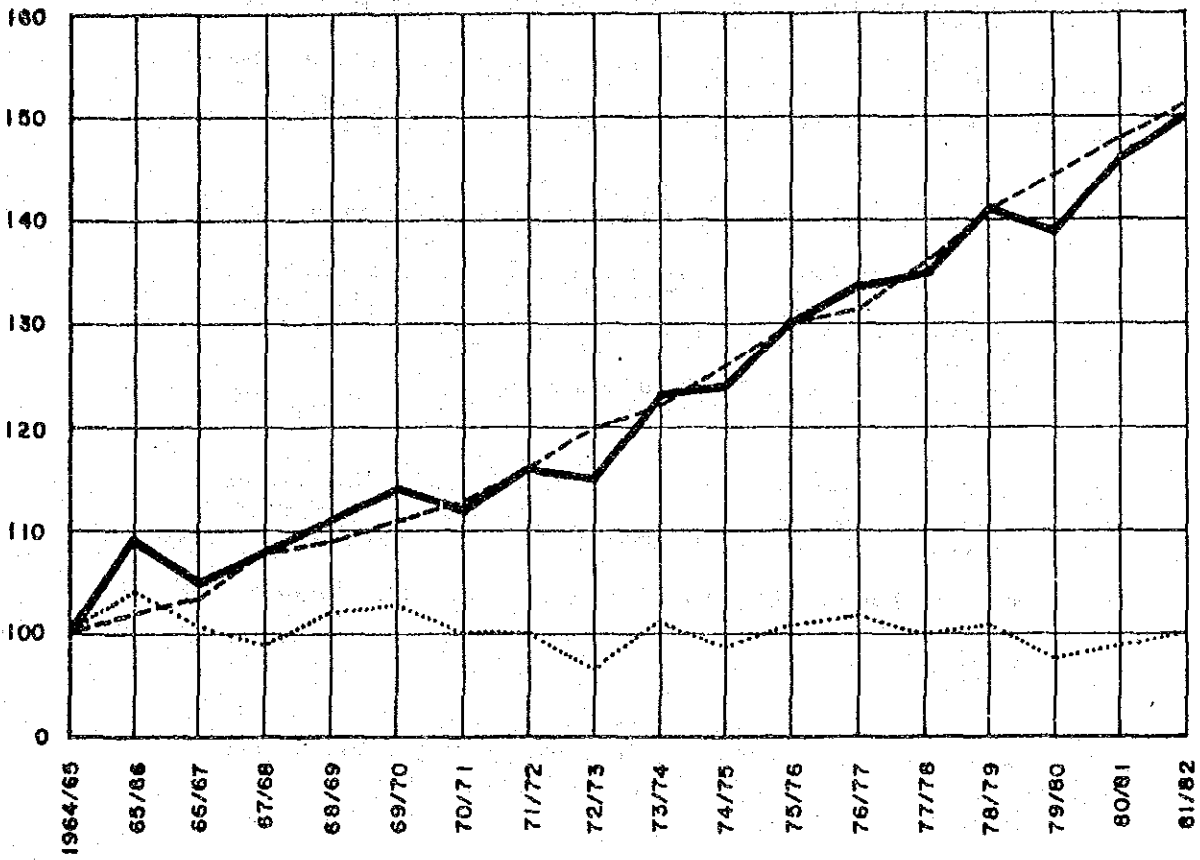
- (3) a 20% increment on earned pension for employees of His Majesty's Government (including the Royal Nepal Army and Police) with two living children or less, at the time of retirement;
- (4) supply of family planning services, on a regular basis, with appropriate incentive schemes, to the members of Royal Nepal Army and Police;
- (5) encouragement to employees of all government owned corporations, to accept family planning through provision of such services, coupled with appropriate incentive schemes;
- (6) incorporation of population education and establishment of family planning service delivery units, in all industrial institutions, for the benefit of employees;
- (7) general incentives applicable to any individual will include;
 - i) a wage and expense compensation of Rs.100 to be provided to an acceptor of permanent method of family planning;

Figure 6

Population, GDP and Per Capita Income

(1964 - 65 = 100)

Population
 GDP (at constant prices).....
 Per Capita Income (at constant prices).....



ii) a non-negotiable development bond of Rs.300 (with a ten year maturity period) to be provided to couples with two living children or less at the time of sterilization;

iii) free education, upto 8th grade, for children of parents, who undergo sterilization after two living children in all teaching institutions under the Ministry of Education and Culture ;

Measures mentioned in ii) and iii) above will be tried first on an experimental basis, in one or two districts.

(8) recognition of individuals or non-governmental institutions, by His Majesty's Government, for outstanding contribution in population programmes, through special awards, medals and certificates.

CHAPTER 3

INTEGRATION OF POPULATION AND DEVELOPMENT

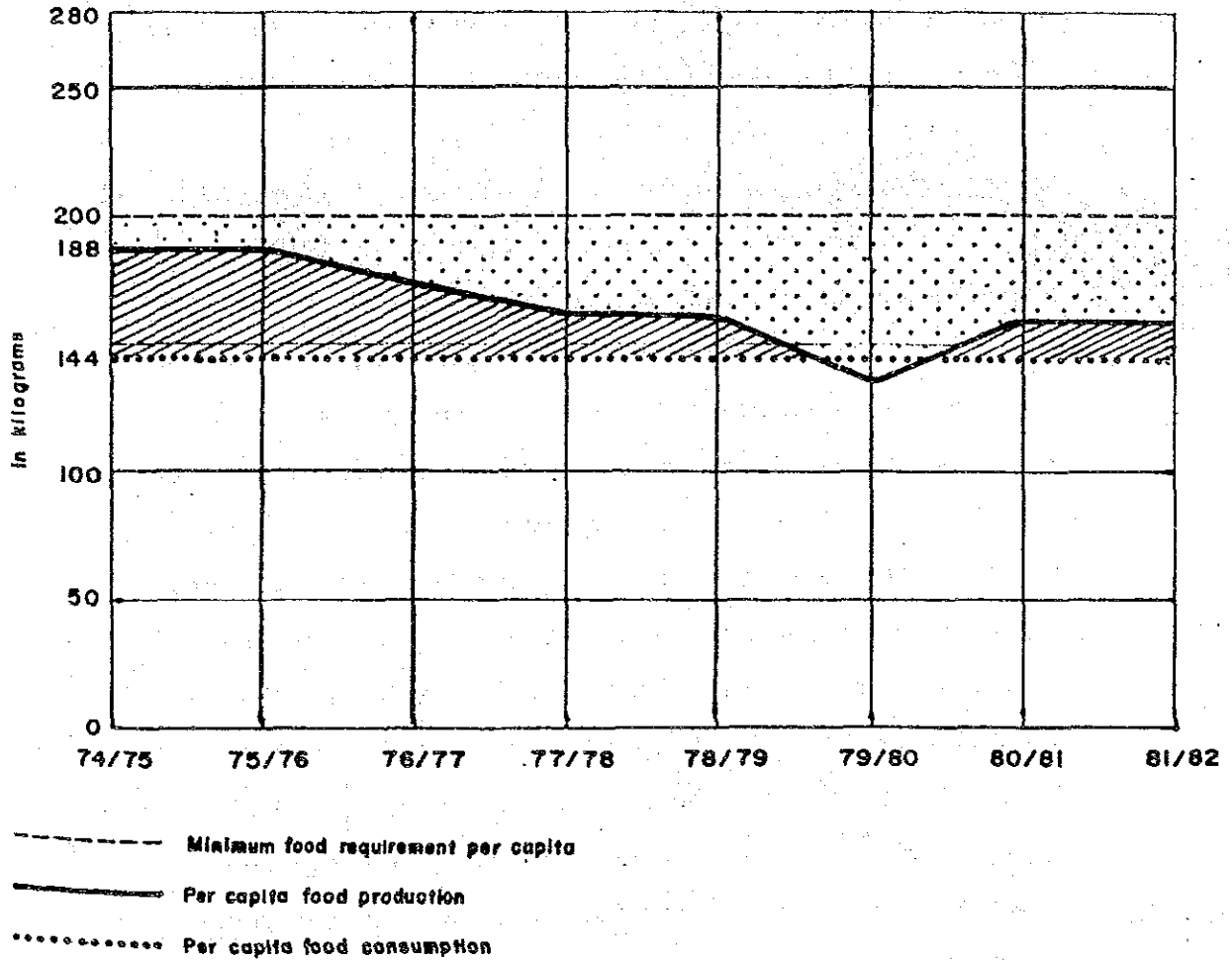
The last three decades of planned development in Nepal have yielded some positive gains, but the overall growth rate of the economy has been far from satisfactory. The rate of population growth has continuously outstripped the rate of economic growth. Consequently, objectives to improve the quality of life of the population at large, and fulfillment of basic minimum needs of an ever increasing population, has remained an arduous uphill task. It is in this context that the integration of population and development has become imperative.

Provisions will, therefore, be made to include population components into programmes that are formulated and implemented by various government bodies, as well as by non-government agencies. Such provisions may begin by re-orienting national plan targets to emphasize growth rate in terms of per capita income, rather than total gross domestic product (GDP). The same could well apply to individual projects, irrespective of their funding sources.

A. The Process: The general approach that must be adopted encompasses the planning and implementation phases of

Figure 7

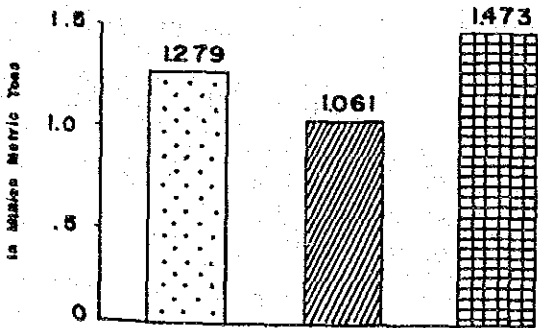
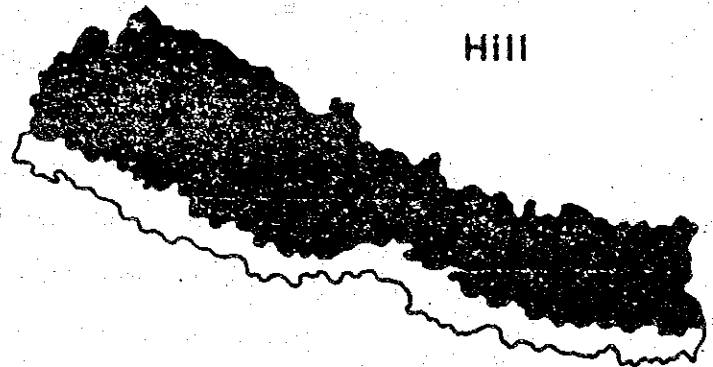
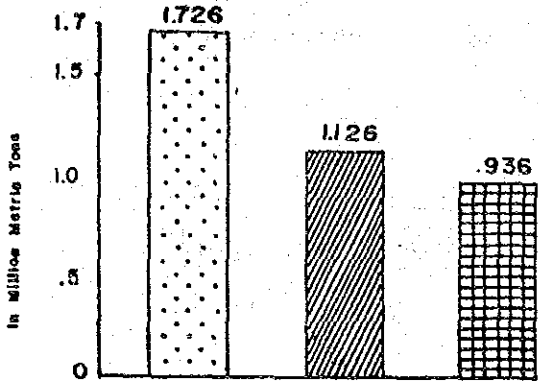
Per capita Food Production



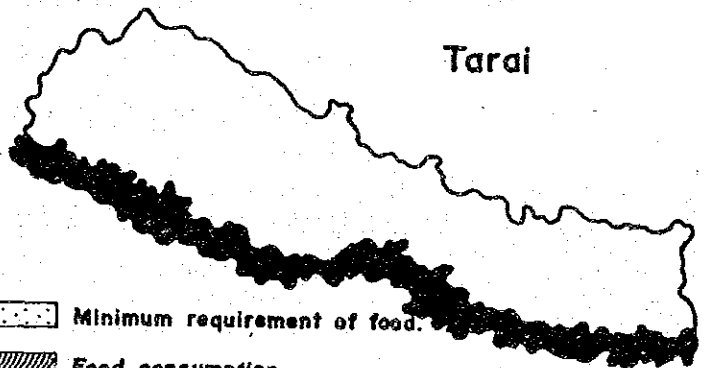
each programme area . At the planning phase, three concerns will have to be safeguarded: one, that all targets are translated into per capita terms; two, that effective community involvement is maximized from planning through implementation stages; and three, that effective population related communication/education components are included in all such programmes. The steps that will be pursued include both structural/organizational, and substantive issues. At the structure/organization level, NCP will be responsible for assuring, through the annual planning review process, that adequate treatment of population is given by individual projects and programmes. Furthermore, population planning units will be established within the Ministries of Agriculture, Forest , Panchayat and Local Development, to help assure integration of population into their respective programmes. Substantively, on the other hand, population education programmes will be designed with project locale-specific considerations, including the population dynamics of the areas affected by the project. Such considerations will be incorporated into income generating activities that are presently organised by Small Farmer Development Projects. Furthermore, curricula of extension agent's training programmes will include

Figure 8

Total Food Requirement, Consumption & Production



- Minimum requirement of food.
- Food consumption
- Total food production



population related concerns, as well as, family planning information.

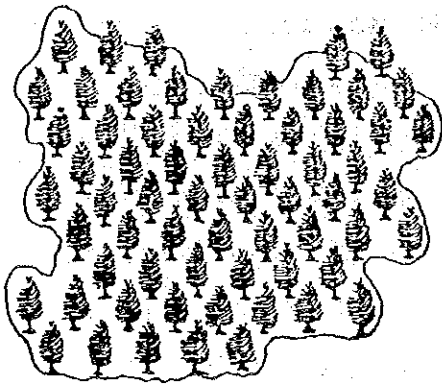
B. The Programmes: Deliberate efforts to integrate population into development concerns will be channelled through the following programmes:

- (1) Integrated Rural Development Programmes: Provisions will be made for the incorporation of appropriate population components into all integrated rural development programmes.
- (2) Cooperatives and Sajha: In order to extend population programmes to as many sectors and locations as feasible, provisions will be made to ensure that the activities of Sajhas include population education, as well as the distribution of temporary means of family planning.
- (3) Resettlement Programmes: Population education and family planning services will be gradually introduced and incorporated into resettlement projects of His Majesty's Government.
- (4) Central Coordination Committee on Skill Development: In order to co-ordinate various skill development

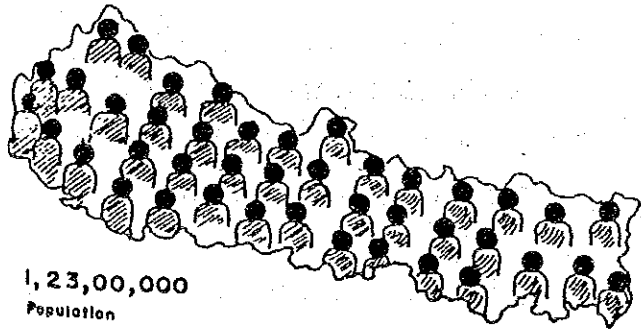
Figure 3

Population and Forest Area

1974

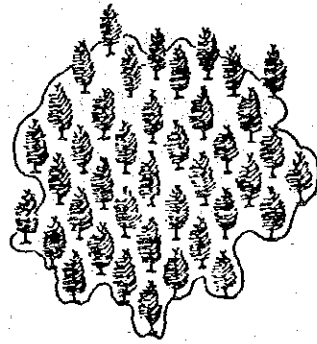


65,00,000 hectares

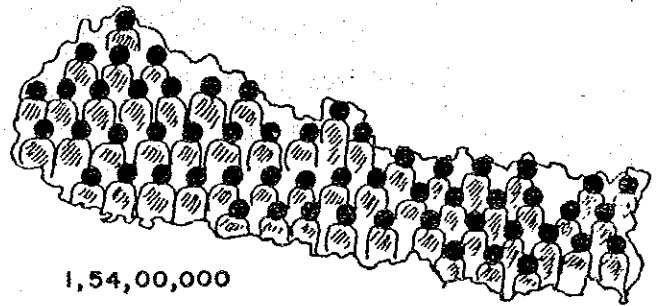


1,23,00,000
Population


1982




40,00,000 hectares



1,54,00,000
Population

 = 300,000 persons

 = 100,000 hectares

training programmes presently offered by various agencies like Department of Labour, Department of Cottage and Rural Industries, Ministry of Panchayat and Local Development, a Central Coordinating Committee on Skill Development will be established.

- (5) Programmes in the Corporate Sector: Population education will also be introduced into the industrial estates and other industrial units, together with distribution of temporary means of family planning. Undertakings in the corporate sector will be allowed tax deduction, for expenses incurred in population programmes that are geared towards increasing the acceptability of smaller families amongst labourers and other employees, as well as, for expenses incurred in training Nepali citizens to replace presently employed foreign workers.

CHAPTER 4

POPULATION INFORMATION, EDUCATION AND COMMUNICATION

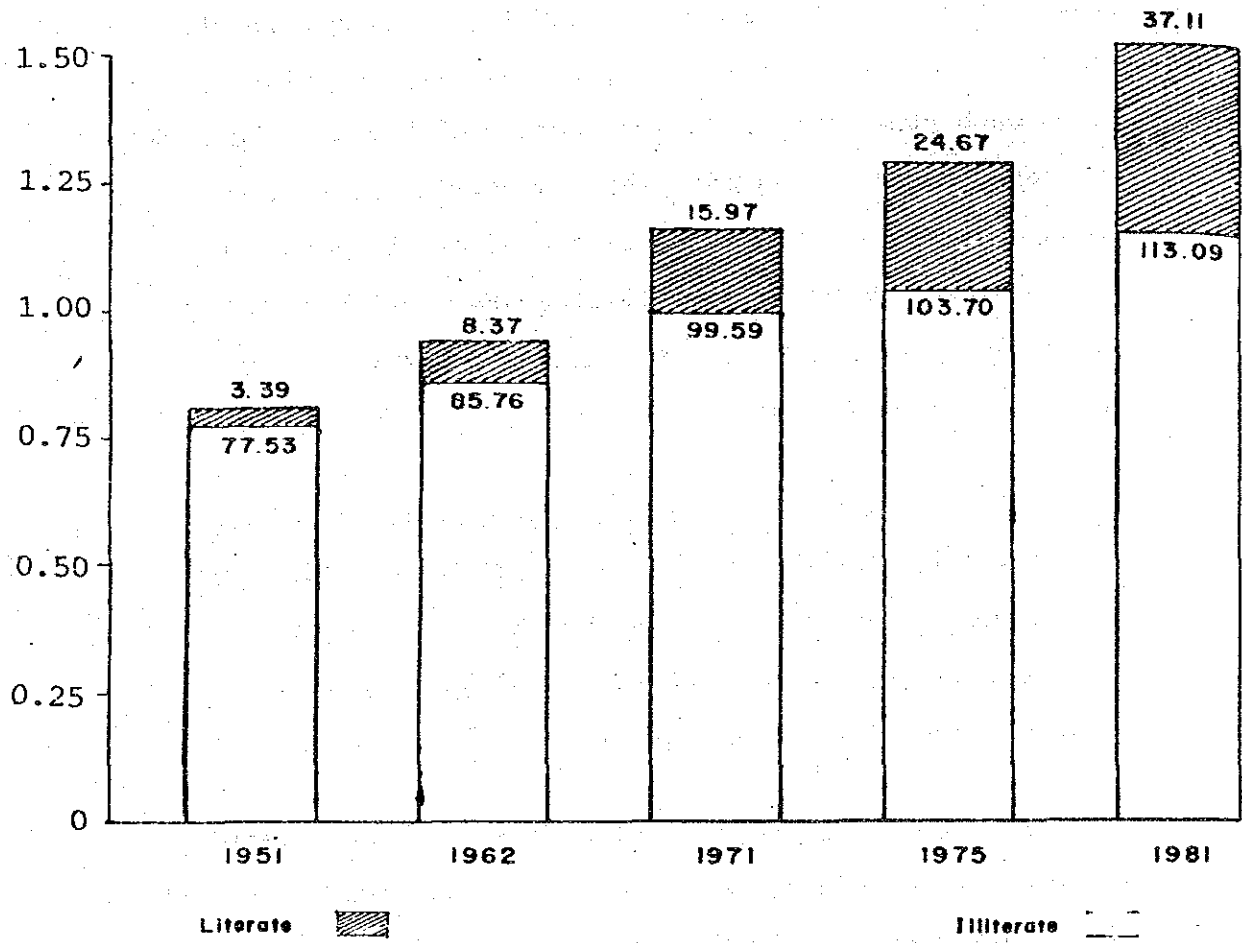
The task of communication and information dissemination in Nepal's context is stupendous. Due to the topographical structure of the country, villages in the mountain regions, for example, are virtually isolated from each other. Even in more accessible areas, the lack of appropriate region and ethnic-specific material presents real problems. Barriers of this kind are accompanied by cultural and psychological limitations that threaten to undermine attempts at generating or increasing acceptance of the small family norm.

Another important aspect of communication and information is related to effective community participation, which determines the impact of specific programmes on people in the village, and the extent to which these programmes can help reduce fertility levels.

The consolidation of different population-related activities, therefore, requires a comprehensive communication framework consistent with the general public's own concerns. Implementation of such a framework will help meet one of the basic objectives of the Sixth Plan - that is to expand

Figure 10

No. of Literate and Illiterate Persons



population education activities to reach village/community levels, with the ultimate objective of achieving lowered levels of fertility.

A. The Framework: In developing the appropriate framework, HMG shall:

- (1) identify specific target groups, such as, members of panchayats and class organizations, school and college students, adults, women, farmers, industrial workers and the general public;
- (2) develop appropriate population education and training materials for use by these various target groups; and
- (3) solidify the complementarity of population education and training programmes within, and among the following programmes and institutions: Nepal Family Planning and Maternal Child Health Project; Integrated Community Health Service Development Project; Nepal Family Planning Association; the National Commission on Population; Ministry of Panchayat and Local Development; Department of Agriculture; Department of

Co-operatives; Ministry of Education and Tribhuvan University. Effective institutional support, however, in the form of further coordination between population information programmes and family planning services is of utmost importance. Trainers in the field of population, and development of appropriate teaching materials etc. are equally important, as well.

- B. The Process: Population education will be compulsorily introduced into all formal, non-formal and adult education programmes while programmes, presently under implementation, will be further strengthened. Population education will also be made a compulsory component of teacher training programmes at all levels. Efforts will be made to recruit additional trainers and upgrade their training skills. Specific attention will be paid to production and steady distribution of appropriate teaching materials, to all parts of the country.
- C. The Organizational Components: Three basic organizational components will be put in place, to help assure implementation of the framework and strategies in population education:

- (1) National Co-ordination Committee: A National Co-ordination Committee on Population Information Education and Communication will be set up, under the aegis of the National Commission on Population, to bring about meaningful co-ordination at both policy formulation and operational levels. All concerned agencies will be represented in the Committee, whose main function will be to develop an appropriate National Communication Strategy which will focus on the population issue, through analytical studies of communication media and messages.
- (2) Population Information Clearing House: The documentation section of the National Commission on Population will be strengthened and expanded to serve as a Clearing House for population information; and
- (3) Non-formal Population and Adult Education Unit: Separate units will be established under the Ministry of Education and Culture to strengthen, supervise and execute an integrated non-formal population and adult education programme.

D. Publications: Publication activities will be further strengthened to increase awareness of the relationship between population and economic development. The publication of a bi-monthly magazine, designed to elicit general interest in population problems, programmes and their relationships will be immediately undertaken for distribution to all panchayats, and local level offices of governmental and non-governmental organizations and to interested individuals, within the country.

CHAPTER 5

WOMEN AND POPULATION

Women in Nepal, who constitute 50 percent of the total population, have lagged far behind in their assimilation into the mainstream of economic development. Traditional norms that assign to women primarily conventional occupational roles, continue to handicap them.

Various research studies conducted in the recent past have laid ample stress on women's education and income-generating employment opportunities, as basic requisites in motivating couples towards family planning and population control. However, in Nepal, where the literacy rate of women is very low, and the total number of women employed negligible, plans and programmes that aim at population control should necessarily take into consideration the integration of women into such programmes. In consonance with the objective of the Sixth Plan, a series of measures will be undertaken to enhance the role of women, to broaden their participation in the national task of development, and thereby assist in the process of bringing about a meaningful reduction of the nation's total fertility level.

A. Education for Women:

- (1) Formal: In recognition of the urgency and importance of formal education for women, the government has devised a long term plan that offers increased educational opportunities for women and girls. Time-specific targets have been set to achieve, by 1993, the following enrollment, in terms of percentage in various school levels - 38% in primary schools as against the present level of 27.22%; 30% in lower middle schools as against the present level of 22.0%; and 25% in middle schools as against the present level of 18.89%.

In order to ensure that these targets are met, the need to provide free education and boarding facilities for underprivileged girls, in remote areas, in particular, has been greatly felt. Accordingly, the Ministry of Education and Culture has been assigned the task of formulating comprehensive programmes to this effect. Free education for girl students upto middle school level in all remote areas of Nepal, is also being considered by the Ministry.

- (2) Non-Formal: The importance of non-formal education amongst adult women and children who are unable to attend school, due to the rigidities of fixed schedules in formal schooling, has also been increasingly understood. Accordingly, functional literacy programmes for disadvantaged girls, as well as for adults, is being strongly emphasized. Concerted efforts will be made to achieve a target enrollment, to be fixed by concerned government agencies.

Participation of women in development programmes necessarily involves education and appropriate training for employment. Where women do not meet basic requirements for enrollment into specialized training programmes, special coaching classes will be organized for overall improvement in their occupational and economic status.

The government, therefore, considers it highly essential to provide for compulsory enrollment of a specified number of women into trade schools organized by the Ministry of Education and Culture. Moreover, special vocational training

and education will be organized to benefit girls and women, who are unable to attend regular schools for various reasons.

- B. Training and Employment: Women's employment is one of the essential determinants of family size. That is, gainfully employed women tend to have smaller families than those that are not. Employment opportunities for women must, therefore, be addressed at both policy and programme levels. Appropriate education and training will have considerable impact on women's fertility levels, equip them with necessary skills and render them more effective in the task of nation building. Women's employment, therefore, raises the need to provide basic pre-requisites to make them eligible for employment in professions, other than those assigned to them by tradition. These pre-requisites are education and specialized training.

Women in Nepal lack basic necessary skills to adequately equip them for income-generating employment opportunities. The absence of a well-knit communication network to apprise them of opportunities that exist for on-the-job training in various fields, such as agriculture, health, co-operatives, education, forestry,

etc., calls for assertive measures to ensure that information reaches this particular target group. As an immediate measure, the two non-governmental bodies related to women's affairs, namely, Women's Services Co-ordination Committee and Nepal Women's Organization will devise a communication strategy to inform women of the opportunities that exist, and encourage their active participation in on-the-job training programmes, organized at all levels and within the following sectors, such as:

- (1) Co-operatives: In order to extend the role of women to all sectors of the economy, their participation in co-operatives in particular, cannot be ignored.

The Department of Co-operatives has been organizing special programmes to familiarize women with the concept of co-operatives through education and training workshops. These programmes need to be strengthened, through extension of training facilities for women, in all the servicing districts. Accordingly, provision will be made for extension of such training workshops to an additional 10 districts, to be selected by the Department of

Co-operatives, which will also formulate appropriate programmes for implementation. Meanwhile, co-operative activities that already exist in the remaining districts, will be rapidly expanded.

(2) Agriculture: In spite of the crucial role of women in Nepal's agricultural development, the domination of male participation at both decision-making and implementing levels, in programmes organized by the government, continues to persist. With this realization, certain measures have been devised to bring a much larger number of women into all agricultural development programmes. Accordingly, all Agricultural Training Programmes (including JT, JTA and AA) will encourage the participation of a much larger proportion of female trainees, within the current fiscal year. This target will be fixed by appropriate government departments. Where women do not meet the basic requirements for participation, special pre-training coaching classes will be organized, and provisions will be made for post-training employment.

(3) Forestry: Women's participation in agricultural activities needs to be supplemented by their

increased involvement in afforestation programmes as well, since the day to day lives of rural women in Nepal, revolves around and is highly dependent on available forest resources. Measures that have been proposed to ensure increased participation of women, focus primarily on tree-planting and nursery programme activities such as pitting, weeding, planting etc. organized by the Ministry of Forest and Soil Conservation. Where women do not possess necessary skills to perform such jobs, additional training will be provided. Women's participation in these programmes will be increased on an annual basis.

The number of seats allotted to women will also be increased in various training programmes organized by the Institute of Forestry.

- (4) Industry: Though women presently account for a very small fraction of Nepal's total industrial labour force, there is enough reason to expect gradual entry of an increasing number of women into the workforce, in the years to come. Basic modifications of existing laws pertaining to

women factory workers is of immediate relevance, in the context of a well balanced, sound and rational policy towards integration of women into various aspects of Nepal's development process. The present law that stipulates establishment of a day care centre in any factory employing 50 women or more, needs to be amended to "50 or more married women with children", in order to avert discouraging trends in female employment. Day-care centres will also have to be made compulsory in all factories employing the stipulated number of married women, irrespective of their permanent or temporary employment status.

Further, the number of children in each day-care centre will have to be limited to 25-30, in order to ensure adequate care and attention. In addition, all day-care centres will also need to introduce nursery programmes.

- C. Institutional Support: In order to assure a supportive institutional base for programmes that are tailored to the needs of women, the following provisions will be made:

- (1) to involve Nepal Women's Organization (NWO) and Women Services Coordination Committee (WSCC) in designing government level income generating programmes for women. Their involvement will also extend to dissemination of training opportunities, offered by both governmental and non-governmental organizations, like the Agricultural Development Bank of Nepal, Department of Cottage Industry etc., to qualified women in schools and colleges all over the country;
- (2) to give intensive training to staff members of NWO and WSCC, through programmes organized within the centres, on the role of women and their relation to agriculture, employment, health etc. and to develop a cadre of women trainers, within these organizations to subsequently develop appropriate skills among women;
- (3) to ensure that Nepal Women's Organization is represented in all district level committees related to education, agriculture, health, forestry soil conservation etc., to allow wider representation of women at programme formulation levels;

(4) the National Planning Commission will make a comprehensive study on the facilities and assistance needed to promote female entrepreneurship in small industries.

D. Integrated Rural Development: Women's development will be included in all Integrated Rural Development Projects. There are presently seven such projects being implemented in Nepal. While some of them like Koshi Hill Area Rural Development Project, and Rapti Integrated Rural Development Project, have accommodated women's programmes, others like Rasuwa-Nuwakot, Mahakali, Sagarmatha Integrated Rural Development Projects need to incorporate programmes that are geared towards women. Also, in formulating women's development programmes, emphasis will be given on their greater involvement and participation, in roles other than the traditional ones like sewing, knitting etc.

E. Appropriate Technology: The Ministry of Panchayat and Local Development, in consultation with the Research Centre for Applied Science and Technology, Tribhuvan University will develop programmes for the adaption, production and dissemination of appropriate technology, oriented towards household and agricultural activities. To this end, an Appropriate Technology Unit will be established in the Ministry of Panchayat and Local Development.

CHAPTER 6

THE ROLE OF PANCHAYATS, CLASS ORGANIZATIONS AND NON-GOVERNMENTAL ORGANIZATIONS IN POPULATION PROGRAMMES

Programmes designed to reduce fertility levels cannot succeed without the active involvement of local communities and organizations. It has been demonstrated by experience, that governmental organizations cannot be as effective as the local communities, in making the people in their areas more aware of the dangers to the community, from growing environmental deterioration, caused by rapid population increase; in persuading the people to subordinate their own interests to the larger interests of the community, by keeping the size of their family small; in increasing the acceptability of family planning methods in the society; and in mobilizing local workers in the implementation of family planning programmes. In Nepal, non-governmental organizations also have been playing an effective and important pioneering role in population education and family planning service delivery. The Nepal Family Planning Association has remained at the forefront of family planning activities, thus complementing the efforts of governmental programmes. While the government has to concentrate on overall planning, policy formulation, target setting and mobilization for resources, in the areas of supply of contraceptives, research, training, monitoring and evaluation of programmes, local panchayats, class organizations, and non-governmental organizations

will have to play increasingly larger roles in reaching out to both household and community levels, through effective programmes in population education, service delivery and appropriate recruitment of workers for programme implementation.

The following measures will be taken for mobilizing local panchayats, class and non-governmental organizations in population programmes:

- A. Panchayats: The responsibility for formulation and implementation of district level population programmes will be entrusted to the Panchayats, under the overall guidance and policy directions of His Majesty's Government. A Population Programme Cooperation Committee, representing panchayat, class and non-government organizations, will be created in each district, to assist and advise the District Panchayats in this respect. All employees at the sub-district level (including the panchayat based workers) will be placed under the District Panchayats, and their salaries will be paid from government grants, given to the District Panchayats.
- B. Panchayat Level Population Programmes: Population programmes, at panchayat level, will include population

education, family planning service delivery, maternal and child health care and programmes aimed at raising the economic and social status of women. District Panchayats (with the exception of Rasuwa, Manang, Mustang and Humla) will be required to spend at least 20% of the development grant provided to them by His Majesty's Government, on such programmes. The amount of grant provided to the District Panchayats by His Majesty's Government, and to the Village Panchayats by the District Panchayats, will be determined on the basis of performance and achievements of District and Village panchayats in the field of population. The criteria for evaluating their performance will be developed by the National Commission on Population. While the cost involved in the supply of contraceptives, salaries of district level staff, their office expenses and the costs involved in population education and information material etc. will be met by the government, costs involved in implementing programmes at the local level will have to be met by local panchayats, through grants made available to them by government.

- C. Class Organizations: The existence of various class organization units at different levels of the Panchayat,

and their close interaction with the local population, prompts the need to explore possibilities for expansion of population programmes, through active involvement of these organizations. This will initially involve the development and implementation of appropriate programmes, through active communication with various class organizations, regarding their roles and activities. A Central Population Programme Cooperation Committee, consisting of representatives of various non-governmental and class organizations engaged in population activities, will be formed under the aegis of the National Commission on Population, to facilitate this process.

- D. Expansion of the Role of NGO's and Research: Non-governmental organizations involved in population activities are expected to play a substantial role in future. The Nepal Family Planning Association, for example, will be strengthened and expanded, in view of its pioneering role in the family planning field. Other non-governmental organizations will be encouraged to generate greater awareness and demand for family planning, through population education and information programmes. All non-governmental organizations will be encouraged to adopt population control as an important objective, and their

participation in training, seminars, workshops and conferences relating to population, will be encouraged. Their active participation in district level population programme formulation and implementation will be facilitated, through representation in the District Population Programme Cooperation Committee. Observation tours, both within and outside the country, will be organized for NGO members, in recognition of contributions made in population programmes.

- E. Pilot Programmes: Consistent with the general policy of His Majesty's Government, some incentives will be provided to local panchayats, initially on a pilot basis, through delegation of responsibility in the management of certain local level social services, as well as appropriate authority to raise required revenue for implementation of such programmes, with a view to providing them incentives for taking up population programmes. The responsibility of implementing the Vital Events Registration System, initially on a pilot basis, will also be given to selected local panchayats. Appropriate pilot programmes will be designed to involve local panchayat personnel and to ensure the availability of reliable population statistics, on a regular basis.

In line with the policy of involving class organizations and non-governmental organizations in population programmes, personnel involved in such programmes at the local level, will be recruited from among such organizations, to the extent possible. In the recruitment of such workers, preference will be given to married couples.

- F. Research in the Non-Governmental Sector: Efforts will be made to strengthen the research capability of non-profit, non-governmental research organizations, by encouraging them to conduct action research and by enlisting the participation of their personnel in seminars, workshops and training on population related areas, both within and outside the country.

CHAPTER 7
PROGRAMMES RELATING TO SPATIAL DISTRIBUTION OF
POPULATION, IMMIGRATION AND ENVIRONMENT

Problems of spatial distribution of population, urbanization, immigration and environment are closely related. In the last decade, the Terai region has experienced a steady growth in population and presently accounts for a higher proportion of national population, than ever before. Certain Terai districts have experienced an alarmingly high rate of population growth (exceeding 6% annually). While the Terai population has swelled, the rate of urbanization has remained sluggish. A little over 6% of the national population in 1981 can be classified as urban, in the broadest use of the term. Heavy influx of population to the Terai region, owing to growing environmental deterioration in the Hills, has become a characteristic feature of the changing spatial distribution of the country's population. (Table -5). All indications are that the Terai has also become a major destination for immigrants into the country, and this process appears to be speedily increasing.

References have been made to the increasing population pressure and its consequent negative impact on the environment, elsewhere in this document. Encroachment on forests and marginal land for cultivation and consequent deforestation

Table 5
Population by Regions 1961, 1971 and 1981

Region	Population		Growth Rate (in Percentage)			
	1961	1971	1981	1961	1971	1981
Mountain and Hill Region (Percentage)	63,43,493 (67.39)	72,10,017 (62.39)	84,60,926 (56.33)	2.29	1.19	1.6
Terai Region (Percentage)	30,69,503 (32.61)	43,45,966 (37.61)	65,59,525 (43.67)	0.69	3.54	4.2
Nepal (Percentage)	94,12,996 (100.0)	1,15,55,993 (100.0)	1,50,20,451 (100.0)	1.68	2.07	2.6

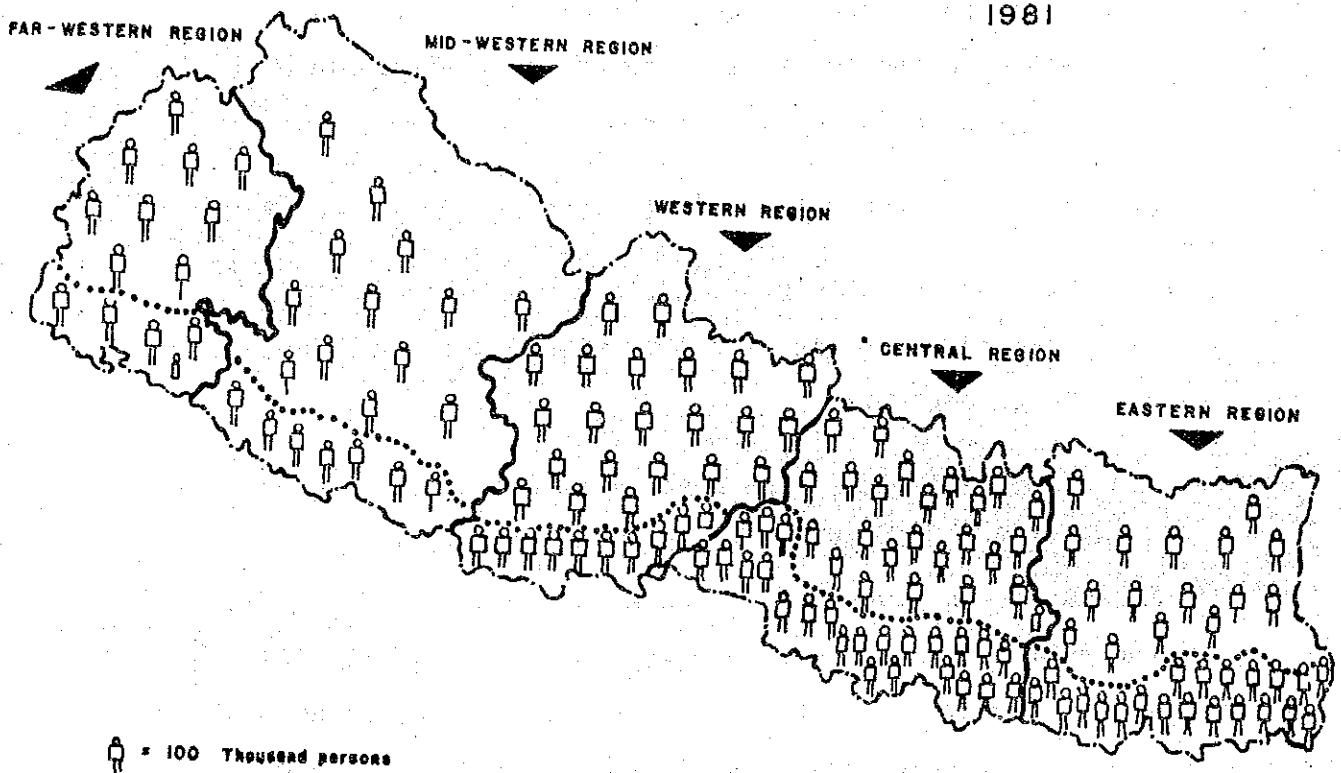
Source: Central Bureau of Statistics.

Figure 11

NEPAL

Population by Development and Geographic Region

1981



for example, have caused adverse effects on the environment and reduced agricultural productivity.

A. Policy Measures: With these considerations, certain policy measures have been accorded priority. These include:

- (1) Programmes to initiate a comprehensive and planned migration process within the hills, and from the Hills to the Terai, in view of the environmental conditions in the Hill region;
- (2) Effective control of immigration in the Terai; and
- (3) Programmes to initiate a planned urbanization process in select locations within the Hill and Terai regions.

B. Immigration: Immigration control is one of the major strategic thrusts of the Population Strategy of His Majesty's Government. There is need, therefore, for the formulation of comprehensive policies towards this end. In view of the fact that the nature, magnitude, and causes of migration have still to be sufficiently known, before any realistic programmes can be formulated, a task force has been constituted within the Commission, to study and recommend policy and programme measures on national and international migration. Suitable measures

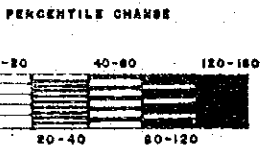
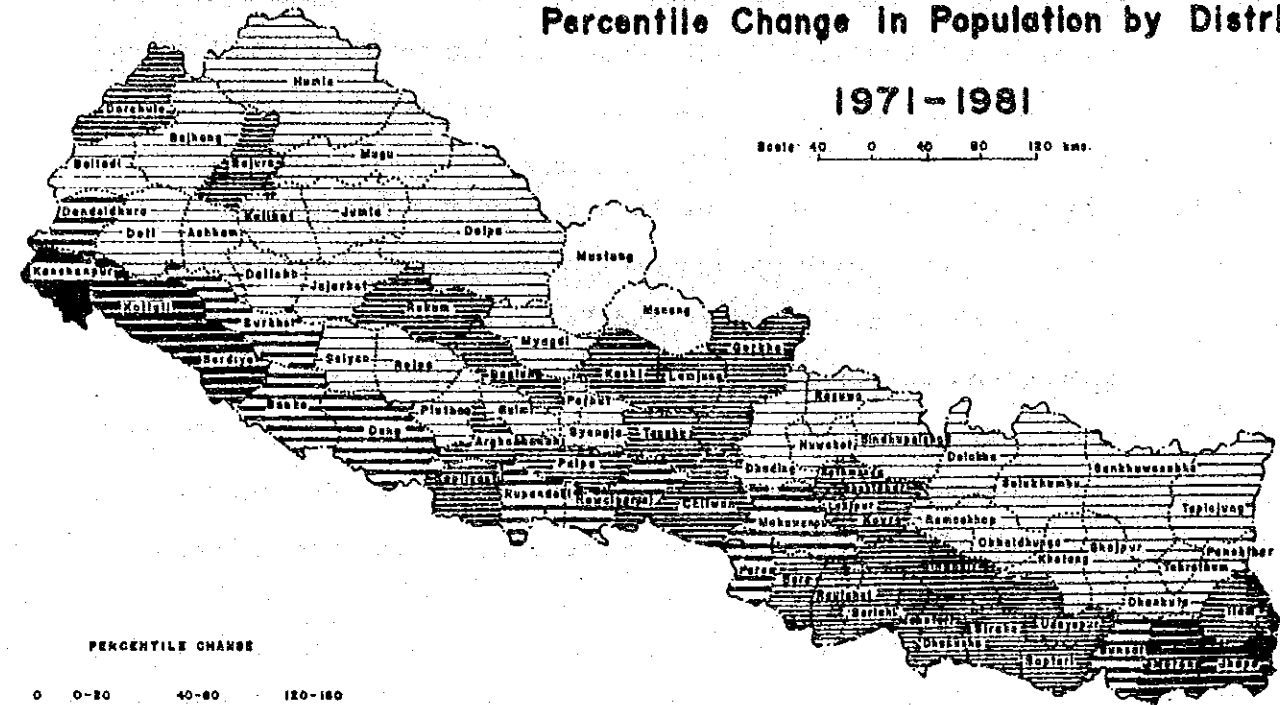
Figure 12

NEPAL

Percentile Change in Population by Districts

1971-1981

Scale 40 0 40 80 120 kms.



National Commission on Population

Drawn by: K.M. Chrestka

will be taken in this regard, after a consideration of the report of the task force by the Commission.

- C. Skill Development: In the meantime, programmes designed to replace presently employed foreign labour by skilled indigenous labour, through the expansion of vocational and skill-oriented training, will be pursued.
- D. Growth Centres: In order to speed up the process of urbanization, policies and programmes aimed at promoting the growth of small market and "growth" centres, to effect subsequent favourable spatial distribution of population, will also be pursued. Likewise, effective land use policies and programmes in the Hill and Terai regions, designed to optimise the country's land resources, will be formulated and implemented.

CHAPTER 8 POPULATION AND LAW

It is indeed difficult to generate a positive attitude towards family planning amongst the population at large, unless appropriate legal provisions are made to encourage the small family norm. The fact that the population problem and its solution is a matter of national priority, has to be reflected in contemporary legal provisions. Accordingly, the following amendments and modifications in prevailing laws have been recommended:

- A. Amendment and modification in existing laws need to be made, in order to provide a legal basis for sterilization.
- B. Prevailing laws stipulate the minimum marriageable age for women at 16 years (with the consent of the guardian) and 18 years (without such consent). Provisions need to be made to raise the minimum marriageable age for women to 20 years.
- C. Abortion in Nepal is not only illegal but punishable by law. Legalization of abortion, under specified conditions has, therefore, to be given due consideration.

D. In order to raise the social and economic status of women, appropriate amendments in existing inheritance laws are desirable.

The process of mobilising public opinion in favour of these recommendations needs to be undertaken by non-governmental organizations

CHAPTER 9
INSTITUTIONAL ARRANGEMENTS FOR IMPLEMENTATION OF
POPULATION PROGRAMMES

While plans and policies may embody the ideals of the population-development nexus, their effective implementation is dependent on a strong institutional framework, to provide a basis for smooth co-ordination in the formulation and implementation of programmes. Devoid of such a support, there is an evident danger that the gap between policy statements and implementation may widen, thus rendering population control policies ineffective. In as much as the policies and programmes mentioned in this document are directly related to the objectives and functions of the Commission, and must also be reflected in the aims, objectives and functions of various implementing agencies and Departments of His Majesty's Government, the institutional basis of the National Commission on Population needs to be further strengthened, in view of the contributory role it is expected to play in the process of integrating population and development, in the coming years.

As a policy formulating and co-ordinating body, the National Commission on Population is responsible for the formulation and co-ordination of sectoral and multi-sectoral population programmes; issuance of policy directives and

guidelines influencing population growth rate, migration and population distribution policies, and regular review and evaluation of population programmes at both government and non-government levels, in order to ensure their effective implementation.

In consideration of the far-reaching and significant responsibilities of the Commission, there is need to provide a strong institutional base which will be achieved through the following:

- A. Accord definite legal status to the National Commission on Population.
- B. Channelize the annual programme of individual agencies engaged in population programmes, through a process of approval by the Commission.
- C. Coordinate all external assistance in population programmes, through collaboration between the Commission and Ministry of Finance.
- D. Establish an autonomous Population Research and Training Center to (1) conduct population related research on the basis of priorities determined by the National Commission

on Population; (2) conduct training, seminars and work-shops on population policies and programmes; (3) collect and produce materials on different aspects of population programmes; and (4) develop a standard library and documentation center on population.

E. Develop an effective institutional framework and mechanism for the monitoring and evaluation of all the population programmes.

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