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REPORT ON TRIP TO INDIA

NOVEMBER 12-16, 1984

A Report Prepared by PRITECH Consultant:  
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Dr. John W. LeSar

I was requested to visit New Delhi for one week to discuss PRITECH involvement in USAID/India's Health and Nutrition (HN) program with mission staff and selected GOI officials. This visit, originally planned for two weeks including travel to Gujarat and Maharashtra, was limited to one week in Delhi following the assassination of Mrs. Gandhi. Attachment 1 provides a list of people met.

BACKGROUND

USAID/India's HN office was reestablished in September of 1979 following a six year hiatus in activities. At that time, AID was only providing funds for insecticides in support of the Malaria Control Program. Subsequently the office began an HPN sector strategy, three major projects have been developed and three project agreements signed: The Integrated Rural Health and Population Project (IRHP), the Private Voluntary Organizations for Health Project (PVOH) and the Integrated Child Development Scheme Project (ICDS). At this time, a biomedical initiative project is under development.

The HPN sector strategy was developed with child mortality reduction for the 0-5 age group as its goal. Twelve key factors were identified as primary causes or contributors to child mortality in India, including diarrheal disease, selected immunizable diseases (measles and neonatal tetanus), respiratory diseases, malaria, malnutrition, low birth weight, too young an age at first pregnancy, and short birth interval, among others. The HPN office programs (now two offices, HN and P) were developed to reduce the impact of these problems on child mortality.

The IRHP began in September 1980 and its purpose is to improve and expand primary health care delivery systems in selected districts of five Indian states. Outputs include buildings constructed, people trained/retrained, three assessments and a baseline survey carried out, systems improved, and innovative activities carried out. On the technical side, most of the 12 priority problems identified for improvement in the HPN strategy were targeted for improvement. No project funds were provided for technical assistance. The PACD is September 1985, but a one year extension is envisioned.

The PVOH project began in September 1981 and its purpose is to improve and expand PVO community outreach activities in support of the above priority problems and other selected conditions such as leprosy and blindness. Outputs include 30 sub-grants to registered PVO's meeting the selection criteria. No project funds were provided for external technical assistance. The PACD is September 1987.

The ICDS project began in September 1983. One purpose is to improve the nutritional status of selected beneficiaries through feeding, nutrition education, and selected health interventions in some districts of Gujarat and Maharashtra. Partial overlap with IRHP was part of the plan. Outputs include children fed, workers trained/retrained, nutrition educational materials developed, and information systems improved. A second purpose is to improve knowledge about low birth weight through biomedical and clinical research. Outputs include a number of research studies carried out. Project funds are available for two long-term advisors plus some short-term TA. The PACD is September 1988.

#### ANALYSIS OF CONSTRAINTS RELATIVE TO PRITECH

The mission has been concerned with IRHP for the most part. This project, now in its 4th year, has been plagued with slow disbursements and slow implementation, especially of technical activities. Mid-project reviews, and mission experience now is that a number of factors have hindered progress including (1) too many states with too few districts per state; (2) too many problems for states to address successfully; (3) lack of skills and budgetary flexibility at state levels; (4) a heavy monitoring burden on USAID staff with consequent inadequate time for technical assistance by USAID staff; and (5) lack of sufficient technical assistance, both long and short-term, to help the states improve their programs.

Based on these constraints and more recent AID policy and strategy priorities, the mission while maintaining its child mortality reduction goal, is in the process of redefining its health and nutrition strategy to focus even more selectively on ORT for diarrhea, measles (and perhaps neonatal tetanus) immunizations, nutrition, and child spacing. To strengthen these interventions, the mission plans to (1) expand demand creation for these interventions through public education efforts; (2) improve service delivery and distribution mechanisms; (3) strengthen epidemiology and information systems; and (4) expand local vaccine and ORS production.

#### MISSION PLANS

The extension period will be used to initiate the selected intervention programs in the current project districts. Also, in three states which have already demonstrated interest, detailed plans and preparations will be developed for statewide implementation. Successful completion of plans for statewide coverage (of a population of 100 million) with ORT, Immunization and Family Spacing Intervention Programs will be the basis of a new IRHP II proposal in 1986.

The mission envisages continued use of substantial technical assistance in developing the specific state intervention plans. To date, PRITECH has provided consultants to assist the mission in

promoting selected intervention programs as innovative activities in IRHP project states. The mission plans to draw heavily on PRITECH for further technical assistance in developing statewide plans and in guiding states in implementation. These consultant needs, both short-term and long-term, will be presented in telegrams from USAID/India.

The mission will require extensive technical assistance to plan, monitor and evaluate new activities in ORT and measles which will begin as innovative activities in selected IRHP area project districts in early 1985 and to be extended in phases statewide in Maharashtra, Gujarat and Himachal. The IRHP project and anticipated follow-on IRHP II project will increasingly focus on ORT, measles and child spacing in order to increase child survival. The redesigned IRHP project will be more concerned with the impact of the selected health interventions on child mortality in our plan rather than with the development of the health system as such.

#### MY DISCUSSIONS WITH AND RECOMMENDATIONS TO THE MISSION

PRITECH consultants (Rohde and Smith) have already provided limited TA to the mission in promoting selected intervention programs as innovative activities in IRHP project states. The mission plans to reduce the number of states and to increase the number of districts per state through an IRHP 2 project make good sense as does the reduction in the number of interventions to ORT, measles, nutrition, and child spacing. Once John Rogosch, currently a PSC in the HN office leaves, Mr. Silberstein, the new project manager, will have even more of a monitoring burden than he has now. Mr. Silberstein, as deputy chief, also oversees PVOH and ICDS project managers. In addition, he and Mr. Rogosch must negotiate an IRHP amendment, and oversee the development of IRHP 2. No increases in staffing appear likely.

Based on the above and the lack of skills of state officials in ORT and measles, both new programs, it is clearly necessary to have technical assistance for IRHP now, for the amended IRHP that will focus on ORT and measles, and to help the mission with analyses and planning for IRHP 2.

To date, the mission has been using central contracts, especially RTSA and MEDEX, to provide TA for IRHP. These contracts however do not focus on ORT and measles but rather focus on training of PAC workers for family planning (RTSA) and on training of mid-level workers in primary health care (MEDEX). Neither offers the direct focus on ORT and immunizations as PRITECH does nor has the range of non-training services (planning, management, logistics, information systems, public education, commercial sales, etc) that PRITECH can bring to bear on these problems. As such, PRITECH is the ideal central contract to provide TA over the upcoming years until IRHP 2 is approved and staffed from its own TA budget (probably a condition for an IRHP 2).

However, it is clear that short-term TA alone has not been adequate in the past even through heavy use of central contracts and PD and S funds. Even though the number of states and interventions are decreasing in IRHP 2, five states still have activities in IRHP 1, even though the ORT and measles focus is likely to be concentrated in 3 states. In addition, both the PVOH and the ICDS projects have extensive TA requirements that would benefit from long-term and short-term technical assistance. There is definitely a clear need for long-term advisors.

The question is: how can the mission fund long-term advisors when TA is precluded in both IRHP 1 and PVOH, especially given the reluctance of the GOI, especially the MOHFW, regarding funding of U.S. TA? Given the focus on ORT and measles, the PRITECH project is the most obvious answer. USAID Director Cylke, having discussed the inability of USAID/India to fund TA easily in all mission programs and realizing that up to \$90 million in additional health monies are available in FY 85, proposed to the working group that the Asia Bureau be approached to secure \$1.5 million of FY 85 health account funds for India but that the money be added to the PRITECH project for funding two long-term advisors in India. This money would be additional to the current PRITECH project ceiling of \$300,000 per country available through the MSH contract and could either be added to the MSH contract through an amendment or by developing a new RFP/contract through the PRITECH project but separate from the existing MSH contract. I support this approach as the best way to improve IRHP 1 to focus on ORT and measles.

Whether or not the long-term advisors are approved, short-term assistance to the mission for ORT and measles is absolutely necessary. Since India is a priority PRITECH country; since the focus on ORT and measles is a PRITECH priority; and since helping amend IRHP 1 and develop IRHP 2 is a PRITECH mandate, the mission and I have planned to seek S&T approval for a PRITECH strategy/planning team to visit India to (1) analyze the current ORT and measles situation; (2) help the states of Gujarat, Maharashtra, and Himachal Pradesh as well as USAID develop plans to improve their programs by amending IRHP 1 to focus on ORT and measles; and (3) develop a PRITECH country intervention plan for short-term technical assistance over the next 1-3 years until IRHP 2 is approved and technical assistance is available through bilateral funds. Assistance to the PVOH and ICDS projects may also be provided during this time.

Based on these discussions, USAID/India will request that PRITECH provide a five person team that includes an ORT specialist, a measles specialist, a logistics specialist, a marketing specialist, and a project design specialist. The marketing specialist will be an Indian expert resident in Delhi who will begin preliminary work in December of this year for up to two weeks to promote the concepts of marketing for ORT, measles and family planning with state Governments and to identify private organizations that might be useful in support

of the marketing efforts. The measles, ORT, and logistics specialists would preferably arrive in India o/a 14 January for five weeks. They, the marketing specialist and USAID staff, including family planning experts, will visit each of the three states for 5-6 days and will carry out analyses and assessments in support of an amended IRHP and a PRITECH country intervention plan, and to help these states with their planning efforts. It is expected that the team will hold a one day seminar on ORT and measles in each state as part of their visit. A separate report will be prepared for each state. The design specialist should arrive in India o/a 4 February for four weeks. The design specialist will participate in visits to one state and then will guide the writing of reports for all states. Most importantly, the design specialist will assist the mission in the documentation for the amendment of the IRHP and for the PRITECH country assistance plan. This plan will include TA to other USAID projects as discussed with and agreed to by the mission.

The scopes of work for the team members are to follow the strategic planning guidelines developed by the PRITECH project for each of their respective areas of specialty. The marketing, logistics, and design specialists will cover ORT, measles, and family planning. The ORT and immunization specialists will cover their subject area including training requirements. All team members should be thoroughly briefed by ASIA/TR and PRITECH staff before travel to India. The Indian marketing expert will be in the USA on other matters and will be briefed at PRITECH on 17-18 December. He should also meet ASIA/TR and S&T/H staff during this time if possible.

ATTACHMENT 1

List of People Met Regarding PRITECH

USAID/India

Owen Cylke, D  
Rogers Beasley, Chief, HN  
Spence Silberstein, Deputy Chief, HN  
John Regards, IRHP Health Advisor  
Mary Ann Anderson, Nutrition Advisor  
Dr. Haran, PUOH Monitor

GOI

Mr. Kapoor, Additional Secretary, FP  
Mr. Shankar, Additional Secretary, Health  
Mr. Sudhahan, Joint Secretary, FP (and area projects)  
Mr. Kang, Director, Policy  
Dr. Bist, Director-General, Health  
Dr. M.D. Saigal, Deputy Director General, Rural Health