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Trip Report

0-220

Travelers: Ms. Maureen T. Brown
INTRAH Consultant

Country Visited: India

Date of Trip: December 4 - 10, 1985

Purpose: Program planning visit.

Program for International Training in Health
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TABLE OF CONTENTS

	<u>PAGE</u>
EXECUTIVE SUMMARY.....	i
SCHEDULE OF ACTIVITIES.....	ii
I. PURPOSE OF TRIP.....	1
II. ACCOMPLISHMENTS.....	1
III. BACKGROUND.....	2
IV. DESCRIPTION OF ACTIVITIES.....	2
USAID/India Office of Health and Nutrition....	3
Unofficial Government of India Meetings.....	4
Others.....	5
V. FINDINGS AND CONCLUSIONS.....	8
VI. RECOMMENDATIONS.....	9

APPENDICES

- A. PERSONS CONTACTED
- B. SUMMARY OF MEETING WITH MRS. U. BHANDARI, DEPUTY DIRECTOR/NURSING, GOVERNMENT OF INDIA, MINISTRY OF HEALTH AND FAMILY WELFARE
- C. JOHN SNOW, INC., SCOPE OF WORK FOR SUPERVISORS' TRAINING OF TRAINERS CONSULTANCY
- D. LIST OF PUBLICATIONS OBTAINED AT WORLD HEALTH ORGANIZATION REGIONAL OFFICE

EXECUTIVE SUMMARY

INTRAH consultant Ms. Maureen T. Brown visited India December 4 - 10, 1985, for the purpose of following-up INTRAH Deputy Director Ms. Lynn Knauff's November 1985 initial program discussions with representatives of USAID, Ministry of Health and Family Welfare (MOHFW), Trained Nurses Association of India (TNAI) and National Institute of Health and Family Welfare (NIHFW), and assisting Government of India (GOI) and other host country organizations to prepare, if warranted, proposals and workplans for INTRAH funding.

It was found that GOI clearance had not been obtained, making it impossible for Ms. Brown to consult with GOI officials and, therefore, unable to follow-up the development of proposals and workplans. She did meet unofficially with two key MOHFW staff and members of the USAID Office of Health and Nutrition and Office of Population who provided her with good background briefing on USAID health projects in India and potential areas for INTRAH assistance.

It is strongly recommended that INTRAH continue to pursue contact with GOI/MOHFW officials and other non-government organizations (NGO) to explore possible areas for training assistance in FP/MCH.

SCHEDULE OF ACTIVITIES

Wednesday,
December 4: Arrived Delhi at 11:30 p.m.

Thursday,
December 5: Meeting with Dr. W.B. Rogers Beasley, Chief,
Office of Health and Nutrition, USAID/India.

Meeting with Dr. Saramma Mathai, Public
Health Physician, Office of Health and
Nutrition, USAID/India.

Friday,
December 6: Unofficial breakfast meeting with Mr. Dilip
Kumar, Deputy Advisor/Nursing, Ministry of
Health and Family Welfare, and Dr. Saramma
Mathai.

Meeting with Ms. Judith Stanley, Training/
NHED Advisor, John Snow, Inc.

Meeting with Dr. W.B. Rogers Beasley and
Dr. Saramma Mathai.

Meeting with Dr. Fred Reed, Personal Service
Contract/Information, Education and
Communication Advisor, Office of Population,
USAID/India.

Saturday,
December 7: Unofficial meeting at Ashoka Hotel with
Mrs. U. Bhandari, Deputy Director/Nursing,
Ministry of Health and Family Welfare.

Monday,
December 9: Meeting with: -Dr. Deish, Office of Health
and Nutrition, USAID/India;
-Dr. Haran, Private Voluntary
Organizations for Health,
Office of Health and
Nutrition, USAID/India;
-Mr. Spencer Silberstein,
Deputy Chief, Office of
Health and Nutrition, USAID/
India; and
-Mr. Michael Jordan,
Population Officer, Office of
Population, USAID/India.

Meeting with Father Hong, S.J., Director,
Voluntary Health Association of India, to
review training materials and publications.

SCHEDULE OF ACTIVITIES (Continued)

Tuesday,
December 10: Meeting with Ms. Mary Ann Anderson,
Nutritionist, Office of Health and Nutrition,
USAID/India.

Meeting with Ms. Judith Stanley,
Training/NHED Advisor, John Snow, Inc.

Visited World Health Organization Regional
Office to review/purchase training materials
and publications.

Wednesday,
December 11: Departed Delhi at 3:00 a.m. for Cyprus/U.S.A.

I. PURPOSE OF TRIP

The purpose of the assignment was to follow-up initial program discussions conducted with USAID and Government of India (GOI) representatives by INTRAH Deputy Director, Ms. Lynn Knauff, in November 1985 (Trip Report #0-88) and to assist GOI and other host country organizations to prepare, if warranted, project proposals and workplans for INTRAH funding. This visit was also designed to enable Ms. Brown to meet and establish working relations with key host country nationals and members of USAID Offices of Health and Nutrition, and Population in Delhi.

II. ACCOMPLISHMENTS

- A. The major objective of the trip was not achieved as GOI clearance had not been received for Ms. Brown by December 10, at which time key host country and USAID staff were unavailable.
- B. Ms. Brown met with USAID officials of the Office of Health and Nutrition (OHN) and Office of Population (OP) and obtained a good understanding of the scope and focus of USAID health projects in India and some understanding of the potential for INTRAH training assistance inputs.
- C. Ms. Brown was able to meet unofficially with two GOI Ministry of Health and Family Welfare (MOHFW) staff from the Rural Health Division (RHD) for preliminary discussions regarding possible INTRAH training assistance.
- D. Ms. Brown met with individuals from John Snow, Inc. (JSI), and the Voluntary Health Association of India (VHAI) to learn about their program activities and possible areas for INTRAH linkages.

III. BACKGROUND

During two previous visits to India by INTRAH Deputy Director, Ms. Lynn Knauff, in May and November 1985, discussions were held with USAID/India and host country nationals from Trained Nurses Association of India (TNAI), MOHFW/RHD, and National Institute of Health and Family Welfare (NIHFW), and potential areas for INTRAH assistance were identified. These included:

1. assistance with the planning/organization of a national conference or workshop to discuss the Harner Report on nursing education in India;
2. assistance to prepare a team of four trainers through short-term trainer programs in the U.S., with the capability of developing and training pre- and in-service auxiliary nurse-midwife (ANM) tutors in India; and
3. assistance to the GOI/MOHFW in the planning, designing, monitoring and evaluating of a series of training workshops for ANM tutors.

It was the purpose of Ms. Brown's visit in December, 1985, to follow-up these discussions and, if warranted, assist the host country organizations to draft proposals, workplans and budgets for submission to INTRAH and to establish the necessary linkages between those proposed projects and development activities being carried out by USAID/India.

IV. DESCRIPTION OF ACTIVITIES

On arrival at the USAID/OHN, Delhi, it was learned GOI clearance for Ms. Brown still had not been received, making it impossible for her to set any appointments with GOI officials. Clearance had not been received up to 5:00 p.m. on December 10, by which date the key people she had hoped to consult had all left Delhi. Dr. Saramma Mathai, USAID/OHN, and Mr. Dilip Kumar, Deputy Director/Nursing, MOHFW, had left Delhi for Washington, D.C., on December 6;

Mr. Nagpal, TNAI, was out of Delhi until December 12 and not expected in her office until December 15; and Dr. Rogers Beasley, Chief, USAID/OHN, was on leave December 9 - 10. Therefore, much less than hoped was accomplished and the consultant made the decision to cut short the visit by three days.

A. USAID/India Office of Health and Nutrition:

Ms. Brown met with Dr. Rogers Beasley, USAID/India, on several occasions over the first two days of the visit, during which time he described USAID health project activities in India, the problems encountered and potential areas in which INTRAH might provide training assistance. Dr. Beasley indicated the training of ANM tutors was a priority and suggested INTRAH focus initially on those ANM training centers in the five states where USAID is presently concentrating - Haryana, Gujarat, Punjab, Himchal Pradesh and Maharashtra - but eventually offer tutor training of trainers (TOT) assistance to all ANM tutors on a national basis. Dr. Beasley suggested INTRAH inputs should only be directed toward those ANM schools using the new curricula developed at the GOI/USAID-sponsored workshop in Simla, July 9 - 13, 1985, which stresses an 18-month community-based approach, and not toward the 12-month "Sandwich Clause" program (hospital-based and clinic-oriented). He also suggested that the Mrs. A.M. Chalkley textbook entitled A Textbook for the Health Worker (ANM), Volume I, could provide the basis for the training of ANM tutors.

Time constraints precluded any significant discussion with Dr. Beasley regarding the Harner

Report or plans USAID and TNAI might have concerning a national workshop to discuss the recommendations of the report.

B. Unofficial Government of India Meetings:

In a 45-minute unofficial breakfast meeting at the Ashoka Hotel with Mr. Dilip Kumar and Dr. Saramma Mathai, discussion focused on the availability of INTRAH and world-wide training funds for master trainers workshops in the U.S. discussed by Ms. Knauff in her May and November visits to India. Ms. Brown was asked to follow-up with INTRAH and confirm with Dr. Mathai the availability of the funds. Mr. Kumar indicated that four potential candidates could be ready for such training.

These are:

- Mr. Dilip Kumar, Deputy Advisor/Nursing, MOHFW;
- Mrs. U. Bhandari, Public Health Nurse and Deputy Director/Nursing, MOHFW/RHD;
- one candidate from pre-service training, MOHFW, (possibly Mrs. Latif from the Maharashtra ANM School); and
- one other candidate from in-service training, MOHFW.

Again, because of time constraints, we had little time to discuss any details concerning possible INTRAH involvement in ANM tutor training or the Harner Report on nursing education in India, but agreed that if the GOI clearance were obtained, Ms. Brown would meet with Mr. Kumar to discuss the first draft of a proposal framework. Both Dr. Mathai and Mr. Kumar agreed tutor training should be restricted to certain districts within the five states in which USAID was working and involve tutors from both national and state level.

However, that afternoon, Mr. Kumar met Ms. Brown at the USAID/OHN where he informed her he was

leaving that evening for Washington, D.C., to attend a conference sponsored by AID/Washington, so no further discussion was possible.

Meetings with Dr. Mathai were of short duration, as she, too, was preparing for the Washington meeting, had another consultant to deal with and generally was trying to get her workload completed before departure. She provided Ms. Brown with as much assistance as was possible under the circumstances, including USAID-related documents concerning the Simla workshop and other useful papers.

C. Others:

It was possible to meet with Mrs. U. Bhandari, Deputy Director/Nursing and Principal Tutor at the Rural Health Training Center, Najagarh, Delhi, unofficially at the Ashoka Hotel for several hours. Mrs. Bhandari very kindly traveled approximately 40 kilometers on her day off to meet with this consultant. While Mrs. Bhandari was not able to offer any concrete suggestions concerning ANM tutor training or how the Harner Report might be presented for discussion, she did provide considerable information concerning the training program for ANMs in India. (This information is summarized in Appendix B).

Ms. Brown met with Ms. Mary Ann Anderson, USAID/India, to discuss the status of the Child Survival Support Project (CSSP) and to learn if there might be any potential linkages for INTRAH in it.

Ms. Anderson stated the strategy for the project was to meet and match its activities with other

USAID health activities, but the project had yet to be designed and had not yet taken shape. The Project Implementation Document (PID) had not yet been written, but may be completed by March/April, 1986, with the project paper possibly signed approximately one year later. This project will be the successor to the current Integrated Rural Health and Population Project (IRHP), but will cover the whole state in which it is working and be narrower in scope, focusing on the three major areas of immunization, oral rehydration therapy and family planning.

Ms. Anderson briefly described the Integrated Child Development Services Project (ICDS) and some of the problems experienced in implementation. Apparently, all activities are pushed through the same GOI ministry, people and administration which has resulted in work overload problems for those government staff responsible for coordination.

USAID is also now working with CARE seeking ways to expand USAID-CARE linkages in the food program. CARE presently is working in 13 states and is considering expanding to 19.

In general, Ms. Anderson thought it was too soon to talk about INTRAH linkages with the CSSP, but this could be followed up at a later date.

Ms. Brown met with Ms. Judith Stanley, JSI, to learn something of the ICDS project. It seems JSI program activities are going well but slowly, the tasks to be done complex and time-consuming. Ms. Stanley indicated she is establishing strong working relationships with her counterparts and the project ends in February, 1987. Ms. Stanley

inquired whether Ms. Brown, through INTRAH, might be available to conduct a Supervisors' Training of Trainers workshop for trainers of the National Institute of Public Cooperation and Child Development (NIPCCD), which would train 10 - 15 central and state level NIPCCD staff in basic training in curriculum development/training techniques, probably in August/September 1986. This consultancy is to be centrally funded. Ms. Brown indicated this would be discussed with INTRAH, but JSI should pursue it directly with INTRAH as well as other organizations and consultants. The scope of work for this consultancy is attached as Appendix C.

Ms. Brown also met with Father Hong, S.J., Director, VHAI, to learn more about that organization and to review VHAI materials and publications for possible use in the Nepal program. Father Hong indicated VHAI has links with many non-government offices in India (of which there are thousands) including the Church World Services, Catholic Relief Services, Natural Family Planning Association of India, Bread for the World and many more. Father Hong thought INTRAH might be interested in learning more about the Natural Family Planning Association of India whose Director is Dr. Katheryn Dorai Raj, 15 Pratap Chawk, New Delhi 110010. This organization provides services and training to community women in NFP and claims to have a successful program in operation.

The consultant was unable to identify many publications at VHAI that she thought would be

useful for Nepal, particularly in supervision or information, education and communication (IEC) materials.

Ms. Brown met with other USAID/OHN/OP staff during her four working days in Delhi - Mr. Michael Jordan, Dr. Fred Reed, Dr. Deish and Dr. Haran - and discussed in a general way her purpose in visiting Delhi. Each was helpful in providing background information regarding the health sector, their projects and some of the problems and priorities.

Ms. Brown visited the regional World Health Organization (WHO) office to review their training publications and purchased those which may be useful for Nepal. A list of publications purchased is included in this report as Appendix D.

V. FINDINGS AND CONCLUSIONS

- A. GOI clearance for Ms. Brown still had not been obtained by December 10, making it impossible for her to see key GOI officials to discuss and develop a framework for possible INTRAH training/technical assistance. However, in the two unofficial meetings that were conducted with Mr. Dilip Kumar and Mrs. U. Bhandari, it appeared that ANM tutor/trainer training was perceived as a priority in addition to U.S.-based master trainer training for selected MOHFW ANM senior tutors.
- B. As observed by Ms. Knauff in previous India trip reports, USAID's health projects are complex and vast. If INTRAH eventually succeeds in developing project activities in India, considerable efforts to focus and coordinate its work with USAID and other organizations will be required to avoid

overlapping and overwhelming an already thinly-spread key RHD staff.

VI. RECOMMENDATIONS

- A. INTRAH should continue to pursue contact with GOI officials in the MOHFW/RHD to explore the possibility of assisting in the training of ANM tutors. A follow-up visit could be made by Ms. Knauff or Ms. Brown in about four months.
- B. INTRAH should respond as soon as possible to Dr. Saramma Mathai at USAID/India in regard to the availability of INTRAH and worldwide training funds for two to four MOHFW senior ANM tutors/program organizers for short-term master trainer training in the U.S. Mr. Dilip Kumar and Mrs. U. Bhandari are recommended as potential and suitable candidates.
- C. INTRAH should respond to JSI/Delhi as soon as feasible regarding its request for Ms. Brown's consultation in the supervision workshop.

APPENDIX A
PERSONS CONTACTED

USAID/INDIA:

- Dr. W.B. Rogers Beasley, Chief, Office of Health and Nutrition
- Dr. Sarrama Mathai, Public Health Physician, Office of Health and Nutrition
- Ms. Mary Ann Anderson, Nutritionist, Office of Health and Nutrition
- Dr. Haran, Private Voluntary Organizations for Health, Office of Health and Nutrition
- Mr. Spencer Silberstein, Deputy Chief, Office of Health and Nutrition
- Mr. Michael Jordan, Population Officer, Office of Population
- Dr. Fred Reed, Personal Service Contract/Information, Education and Communication Advisor, Office of Population (Johns Hopkins University)
- Dr. Deish, Program Manager, Office of Health and Nutrition

MINISTRY OF HEALTH AND FAMILY WELFARE, RURAL HEALTH DIVISION:

- Mr. Dilip Kumar, Deputy Advisor/Nursing
- Mrs. U. Bhandari, Deputy Director/Nursing, Principal Tutor, Health Workers/Female Training School, Najagarh, New Delhi, 110043, Telephone: 806231

JOHN SNOW, INC.:

- Ms. Judith Stanley, Training/NHED Advisor

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PERSONS CONTACTED (Continued)

Page 2.

VOLUNTARY HEALTH ASSOCIATION OF INDIA:

Father Hong, S.J., Director

OTHERS:

Dr. Jay Palmore, IEC Consultant, Office of Health and
Nutrition/East-West Center

Dr. Jeanne Newman, Senior Scientist, PRICOR

APPENDIX B

SUMMARY OF MEETING WITH MRS. U. BHANDARI,
DEPUTY DIRECTOR/NURSING,
GOVERNMENT OF INDIA, MINISTRY OF HEALTH AND FAMILY WELFARE

APPENDIX B

SUMMARY OF MEETING WITH MRS. U. BHANDARI

ON SATURDAY, DECEMBER 7, 1985

Mrs. Bhandari is Deputy Director/Nursing and a Public Health Nurse with a BSN. She is presently working as the principal tutor in charge at the Rural Health Training Center, a central health organization of the Ministry of Health and Family Welfare.

Mrs. Bhandari's work involves organizing rural health experience for students from a variety of training institutions such as The Lady Reading Hospital and Delhi's various schools of nursing. She also has major responsibility for training health workers/female (auxiliary nurse-midwives) in the 18-month program at the Najagarh Rural Health Training Center.

That program is using the curriculum developed at the Simla Workshop and stresses practical, community-based training. It is divided into the following modules:

- First three months: spent in the classroom studying the fundamentals of community health, conducting home visiting programs in small villages and being introduced to domiciliary delivery and clinic primary health care (PHC) practice.
- Second three months: focused on delivery of PHC at the sub-center and village levels.
- Third three months: devoted to another classroom block, review and examinations, and vacation time.
- Fourth three months: spent obtaining community experiences mixed with classroom time.
- Last six months: training is directed toward clinical work in outpatient departments, clinics, hospital wards, etc., review and examinations.

The curriculum used in this program is based on the Ministry of Health and Family Welfare Manuals for Health Workers/Female, Volume I and II, and Chalkley's text A Textbook for Health Workers (Auxiliary Nurse-Midwives), Volume I.

Problems encountered in the training program include:

- too few tutors with too little training;
- lack of equipment, models, charts, audiovisual aids, and books;
- lack of transport; and
- lack of student accommodations.

APPENDIX C

JOHN SNOW, INC., SCOPE OF WORK
FOR SUPERVISORS' TRAINING OF TRAINERS CONSULTANCY

JOHN SNOW, INC. - NEW DELHI

SCOPE OF WORK

Training of Trainers in Supervision
4 week consultancy

I. BACKGROUND

The Integrated Child Development Services (ICDS) Scheme is based on the effective functioning and integration (with health personnel) of three main workers; the Child Development Project Officer (CDPO) at the Block level; the Mukhya Sevika (MS) at the Sub-block level; and the Anganwadi Worker (AWW) at the grassroots/village level.

Although the CDPO and MS need to be versatile in all aspects of ICDS, their main tasks are supervisory.

"Lack of effective supervision" has been a common criticism of the ICDS scheme. Improved training in supervision, is indicated.

II. OBJECTIVES

1. To improve the teaching of supervisory skills to ICDS functionaries.
2. To help strengthen the supervisory modules of curricula used in training courses for CDPOs and MSs.
3. To develop recommendations for strengthening the supervisory process in the field.

III. TASKS

1. Meet with HIFGCD training staff; observe sessions of CDPO training course.

2. Orientation trip to project areas to observe status of worker performance in regard to supervision. Meet with CDFOs, ACDFOs, HSE, Anganwadi Workers, and health staff such as IIN, LHV, and ANM.
3. Review supervision module of NIPCCB curricula for CDFO and his training courses.
4. Hold a workshop for NIPCCB regional trainers and all HNICs in Gujarat and Maharashtra (4 training centers) focussing on:
 - a) how to teach effective supervisory skills;
 - b) practical applications/classroom & field work;
 - c) improving supervision content of courses.
5. Assist training/NIEE/ Advisor in developing curriculum for HNIC supervision workshop.
6. Develop recommendations for improving the CDFO and his curricula regarding supervision.
7. Develop specific recommendations for strengthening functional supervisory processes in the field, and suggest mechanisms for refresher training.

LIST OF PUBLICATIONS PURCHASED FROM W.H.O
FOR USE IN NEPAL TRAINING WORKSHOPS

1. On Being in Charge - A Guide for Middle-level Management in Primary Health Care: W.H.O, 1984.
2. Assessing Health Workers Performance - A Manual for Trainers and Supervisors: Katz and Snow; W.H.O, 1980.
3. Self-Assessment for Teachers of Health Workers; How to Be a Better Teacher: Roten and Abbott; W.H.O. 1982
4. Educational Handbook for Health Personnel: Revised Edition: Guilbert; WHO 1981.
5. Teaching for Better Learning: Abbott; WHO, 1980.