

PD-AAA-499

47639

RECOMMENDATIONS FOR THE  
PAKISTAN NATIONAL ORAL REHYDRATION PROGRAM:  
HEALTH TRAINING COMPONENT

A Report Prepared By PRITECH Consultants:  
MONA Y. GRIESER, Pd.D.

During The Period:  
APRIL 1 - 15, 1985

TECHNOLOGIES FOR PRIMARY HEALTH CARE (PRITECH) PROJECT  
Supported By The:  
U.S. Agency For International Development  
AID/DPE-5927-C-00-3083-00

AUTHORIZATION:  
AID/S&T/HEA: 7/17/85  
ASSGN. NO: DC 101

## TABLE OF CONTENTS

Acknowledgement .....	i
Executive Summary .....	1
Charts	
No. of People to be Trained .....	4
Implementation of CDD Program .....	5
Implementation Schedule .....	6
Curriculum .....	7
List of Persons Contacted .....	9
Location of Training Sites .....	13

## ACKNOWLEDGEMENT

The author wishes to express special thanks to the following individuals for their invaluable assistance in providing information and advice:

General M. I. Burney, Director, National Institutes of Health; and

Colonel Mohammad Akram, National CDD Director, National Institutes of Health.

Special thanks are also due to Dr. Birger Forsberg, WHO CDD Advisor to Pakistan who generously donated time and effort towards arriving at a unified plan of action.

To Miss Jinny Sewell, USAID Primary Health Care Project Officer, go particular thanks, for her hospitality, her efficiency and her guidance. Without her unstinting support this document would not have been accomplished.

Finally, thanks are also due to the USAID/HPN staff, Mr. Yawar Jan and Mr. Altaf Ahmad for their cooperation and assistance.

## EXECUTIVE SUMMARY

At the request of the Government of Pakistan, the U.S. Agency for International Development sponsored a visit by the author, a training and communication specialist, from April 1 to April 14, 1985, to review the progress of the Control of Diarrheal Diseases Program (CDD), and to assist the Government of Pakistan to elaborate a training program for health personnel.

Since the duration of the visit was quite short and the task complex, the author sought to maximize her stay by making field trips to two provinces in order to obtain first-hand information. During these trips, to the Punjab and North-West Frontier Province, the author was accompanied by the newly arrived World Health Organization, CDD Adviser to the Government of Pakistan and, in collaboration with him, outlined a training program that drew on provincial resources for personnel and facilities, supplemented by national funding for logistics and operational costs.

The recommended plan of action is to be presented to each province for adaptation and revision, although preliminary approval for the training model was obtained during the team's visit. The team also sought the advice of the national CDD Committee, convened especially for the technical assistance visit, and was pleased to note the progress that has been made to date in CDD.

The training advisor was asked to review a prepared work plan and to make recommendations for the health manpower training component. The scheme called for a classical, vertical training model whereby master-trainers from provinces consisting of medical officers (MO) would be trained in ORT and they, upon returning to their posts, would in turn train their subordinates in a continuous chain until, presumably, the lowest echelon of the front-line workers would receive their training. Estimated time for coverage of all personnel in the health system was three years.

After discussions with provincial health leaders, field personnel, medical officers and government officials, the following points became clear:

1. The trickle-down system as proposed in the training model is rarely effective. Physicians returning to their posts do not take the time and effort needed to continue the training with their subordinates.

2. The time required to train front-line health workers should be compressed drastically. Once the communications campaign is underway, the field staff should be already trained.
3. The provincial governments cannot support the costs of training of health personnel. The federal government or donor agencies would have to provide financing.
4. A system for re-training of village-level health workers (CHWs and Dais) was not included.
5. The curriculum for the initial training of personnel is too cumbersome. Excessive stress has been laid on the therapeutic value of ORT and inadequate stress on the social consequences and responsibilities of health personnel. Information, Education and Communication (IE&C) of ORT is also inadequately presented in the training modules.
6. The Government of Pakistan, after recommendations by a WHO team, evaluating the Accelerated Health Program (AHP), has decided to integrate the various components of AHP (TA training, communication and CDD). Wherever possible the training modules should make allowances for this fact.

The USAID consultant, in cooperation with the WHO advisor, made the following recommendations:

1. That a national training program not attempt to train all health personnel, but concentrate on selecting those front-line workers whose access to the public gives them the opportunity to promote CDD principles. Additionally, supervisory personnel should be trained to ensure that lower-level performance is maintained.
2. That each province provide up to 16 full-time staff for a period of six months, to be trained as CDD specialists. Composition of the staff to be primarily physicians.
3. That these staff members be assigned within the province to divisional CDD fixed training sites (either attached to hospitals or existing training institutions).
4. That continuous training courses be conducted at these sites for a period of approximately six months. Courses for front-line workers would be of one or two days duration, for physicians three days. Preliminary estimates show that in a period of six months, almost total coverage could be effected.
5. That the curriculum for each level of staff worker be reduced to only those elements essential to comprehension, preparation and use of ORS, and motivation of consumers. For the medical officers training courses, a management and logistics component would be added.

6. Trainees from the health system (medical technicians) would be trained in CDD and would in turn train Dais and CHWs during their practical training in the field.
7. The completion of preliminary training would coincide with the onset of the mass communication strategy.
8. A review of the CDD curriculum as taught in all the health training institutions would be conducted under the auspices of the WHO CDD advisor and the National CDD manager to ensure that the institutionalized CDD training is uniform and conforms to the necessary objectives.
9. That the WHO courses on supervisory skills in CDD programs be adopted and modified to serve as a basis for a training curriculum.
10. That provincial governments be asked to undertake the costs of the payment of salaries of training personnel, and international agencies and the federal government provide financial assistance for operational costs.
11. That international agencies provide technical support in the areas of planning/logistics; research and evaluation; social marketing and communications.

NO. OF PEOPLE TO BE TRAINED

Paramedics: 1 day training schedule

	<u>No. of people to be trained</u>	<u>Cost @ 225/person/day</u>	
		<u>Rs.</u>	<u>\$ (1=15.5)</u>
Punjab	7,200	1,620,000	104,516.12
Sind	6,000	1,350,000	87,096.07
NWPP	2,020	454,500	29,322.05
Baluchistan	1,000	225,000	14,516.01
	<u>16,220</u>	<u>TOTAL = 3,649,500</u>	<u>235,000.00</u>

Physicians: 2 days training schedule

	<u>No. of people to be trained</u>	<u>Cost @ 275/person/day</u>	
		<u>Rs.</u>	<u>\$ (1=15.5)</u>
Punjab	1,454	799,700	51,593
Sind	254	139,700	9,012
NWPP	337	185,350	11,958
Baluchistan	96	52,800	3,406
	<u>2,141</u>	<u>TOTAL = 1,177,550</u>	<u>75,970</u>

Trainers: 6 days

	<u>No. of people to be trained</u>	<u>Cost @ 275/person/day</u>	
		<u>Rs.</u>	<u>\$ (1=15.5)</u>
Punjab	16	26,400	
Sind	10	16,500	
NWPP	10	16,500	
Baluchistan	2	3,300	
	<u>38</u>	<u>TOTAL = 62,700</u>	<u>4,045</u>
		<u>48,82,734.9</u>	
	<u>17,399</u>	<u>GRAND TOTAL =</u>	<u>\$315,015.16</u>

IMPLEMENTATION SCHEDULE

	April	May	June	July	August	Sept.	Oct.	Nov.	Dec.	Jan.
Provisional Plan approved by committee and NIH	—									
Plans reviewed and approved by DHS		—								
DHOs prepare training schedule			—	—						
DHS appoints trainers and establishes sites			—	—						
Master trainers program given					—					
DHOs get supervisory skills training						—				
Provincial training programs begin						—	—	—	—	— until March
MT Curriculum adjusted to include training of MT trainees*										
MT trainees do practical training*										

\* These two items are still under consideration.

IMPLEMENTATION OF CDD PROGRAM

	April	May	June	July	August	Sept.	Oct.	Nov.	Dec.	Jan.
Assistant ORT Manager appointed/ Supply Officer		—								
T.A. Logistics					—					
RFP Advertised	—									
Ad. Agency selected Terry Louis T.A.			—							
Communications strategy for mass marketing - Materials development Logo				—						
Marketing/Testing expansion of private sector market					—	—	—	—	—	—
Evaluation guide- lines established to evaluate impact						—				

**CURRICULUM FOR TRAINING COURSES  
TO BE TAUGHT AT  
PROVINCIAL TRAINING CENTERS**

One Day Course for Paramedics

- A. **Objectives:** To provide paramedics with the necessary skills that he can teach mothers in simple terminology.
1. The causes of diarrhea
  2. The prevention of diarrhea
  3. Treatment for diarrhea
- B. **Message:**
1. Cause
    - a. Diarrhea can kill
    - b. Diarrhea is contagious
    - c. Diarrhea can come from dirt
  2. Prevention
    - a. Wash hands with soap
    - b. Keep the compound clean
    - c. Cover up feces with dirt
  3. Treatment
    - a. Continue feeding (or continue breast-feeding) during diarrheal episodes
    - b. Teach mothers how to prepare, mix and administer ORS/1 liter package:
      - (1) Proper mixing
      - (2) Do not reduce powder or add anything
      - (3) Give often/as much as child can take
      - (4) Throw away residue after 24 hours

- c. When to seek further treatment
  - (1) If diarrhea does not stop in two days
  - (2) If child seems weaker
- d. Do not give unnecessary medications
- e. Do give her two packages of ORS
- f. Let her know ORS will not stop diarrhea

Participants will be considered to have successfully passed the course if they can communicate or demonstrate the above messages during a 15-minute interview with a mother.

The training courses for physicians will include the above information on Day Two. Day One will consist of an introduction to the CDD program in Pakistan, a definition of the physician's role in promoting CDD, and a large emphasis on supervision and monitoring of their health center staff. The WHO booklet on supervisory skills can be adapted for use as a text. Each physician will also receive a copy of the booklet by WHO and CDD intended for the training of health workers.

## LIST OF PERSONS CONTACTED

### USAID/PAKISTAN

Dr. Donor M. Lion  
Mission Director

Mrs. Linda Lion  
Chief  
Project Development and Monitoring (PDM)

Dr. William H. Jansen  
Acting Chief, HPN

Ms. Jenny Sewell  
Project Officer  
Primary Health Care Project (HPN)

Mrs. Heather Goldman  
Personal Services Contractor

Ms. Ashraf Mirza  
Primary Health Care Project

Mrs. Shahnaz Iman  
Training Specialist  
Primary Health Care Project  
Karachi

Mr. Zamin Gul  
Management Analyst, PHC Project  
NWFP, Peshawar

Mrs. Nasim Akhtar Wahab  
Training Specialist, PHC Project  
NWFP, Peshawar

### GOVERNMENT OF PAKISTAN

General M. I. Burney  
Executive Director, NIH  
National Coordinator EPI/CDD  
National Institute of Health  
Islamabad

Colonel M. Akram Khan  
National Project Manager EPI/CDD  
National Institute of Health  
Islamabad

Dr. Mushtaq Khan  
Planning and Development Division  
Ministry of Health (MOH)  
Islamabad

Dr. Mushtaq Ahmed Chaudhary  
Dy. Director General  
Basic Health Services Cell  
Islamabad

Mr. Abdul Sattar Chaudhary  
Health Education Advisor  
Basic Health Services Cell  
Islamabad

Mr. Qamar-ul-Islam Siddiqi  
Health Education Officer EPI  
National Institute of Health  
Islamabad

#### **GOVERNMENT OF NWFP**

Dr. Ali Sher  
Secretary of Health  
Health Department, NWFP  
Peshawar

Dr. Mohammad Ayaz  
Director of Health Services  
Health Department, NWFP  
Peshawar

Dr. Mahmood  
EPI Program Officer  
NWFP  
Peshawar

Mr. Hanifi  
WHO/EPI Provincial Manager  
NWFP  
Peshawar

Dr. Zafar Afridi  
District Health Officer  
Peshawar

Professor Ashfaq Hamed  
Khyber Medical College  
Peshawar

Dr. Mehr Taj  
Associate Professor  
Khyber Medical College  
Peshawar

Dr. S. Kamel  
Inspectress Health Services  
NWFP  
Peshawar

#### **GOVERNMENT OF THE PUNJAB**

Dr. Elahi Bakhsh Soomro  
Director of Health Services  
Health Department  
Lahore

Professor Shaukat Reza Khan  
Chief of Department of Pediatrics  
Mayo Hospital  
Lahore

Dr. Sajjad Maqbool  
Associate Professor  
Mayo Hospital  
Lahore

Dr. Abdul Tawab Khan  
Assistant Professor  
Mayo Hospital  
Lahore

Dr. Asifa Mumtazer  
Assistant Professor  
Mayo Hospital  
Lahore (WHO, CDD Clinic)

#### **GOVERNMENT OF SIND**

Dr. Nisar Siddiqi  
Deputy Secretary of Health  
Sind Province

Professor Mushtaq Khan  
Chief of Department of Pediatrics  
JPMC, Karachi

#### **INTERNATIONAL AGENCIES**

Dr. Birger Carl Forsberg  
WHO, CDD Advisor  
National Institute of Health  
Islamabad

Dr. David Mason  
Communications Advisor  
UNICEF, Islamabad

Mr. Julian N. Lambert  
Nutrition Advisor  
UNICEF, Islamabad

Dr. Nazir Memon  
UNICEF, Sind Province

Dr. Parveen  
UNICEF, Sind Province

Dr. Witjaksono Hardjatonejo  
WHO Senior Advisor  
National Institute of Health  
Islamabad

## LOCATION OF TRAINING SITES

<b>Punjab:</b>	Sahiwal Dera Ghazi Khan Sargodha Gujranwala	District hospitals
	Rawalpindi Faisalabad Multan Bahawalpur	Teaching hospitals
<b>Sind:</b>	Karachi Hyderabad Sukkur Larkana Nawabshah	
<b>NWFP:</b>	Swat Kohat D. I. Khan Peshawar Abbottabad	
<b>Baluchistan:</b>	Quetta	