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Trip Report

#0-249

Travelers: Ms. Maureen Brown, INTRAH Program Office

Country Visited: NEPAL

Date of Trip: September 14 - 23, 1967

Purpose:

1. To accompany the AID PAC-II Mid-Project Evaluation Team.
2. To conduct a Project Review of the Division of Nursing Ministry of Health Traditional Birth Attendant Training Project.

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LIST OF ABBREVIATIONS

AHW	Auxiliary Health Worker
ANM	Auxiliary Nurse Midwife
CRS	Contraceptive Retail Sales, Inc.
DG	Director General
DON	Division of Nursing
DCRC	Development Oriented Research Center
FP/MCH	Family Planning/Maternal & Child Health
HE	Health Education
HP	Health Post
ICHSDP	Integrated Community Health Services Development Project
IS	Intermediate Supervisor
JSI	John Snow, Inc.
MO	Medical Officer
MOH	Ministry of Health
PBHW	Panchayat Based Health Worker
PHN	Public Health Nurse
SAHW	Senior Auxiliary Health Worker
TBA	Traditional Birth Attendant
TMP	Traditional Medical Practitioners
VHW	Village Health Worker

EXECUTIVE SUMMARY

Ms. Maureen Brown, INTRAH Program Officer, visited Nepal September 14-23, 1987 to accompany members of the AID PAC-II Mid-Project Evaluation Team during their visit to Nepal, and to conduct a project review of the MOH/DON TBA training project.

Major findings of the visit were:

- In absence of the TBA Coordinator, the DON nurses have assumed little responsibility for maintaining the on-going activities of the TBA training project.
- The MOH was undergoing a massive reorganization caused by the decision to adopt the integrated health model as the means of providing basic health services in rural areas. The decision appears to have been made without a clear implementation plan, resulting in considerable confusion and reduction of health services and training activities.

Major recommendations of the visit include:

- INTRAH should update its training needs assessment for Nepal in light of the reorganization of the MOH.
- INTRAH should extend the DON TBA contract beyond the current date of August 1988 in order to provide additional technical assistance to the DON for staff development in TOT, curriculum development, supervision, program planning and management.

Briefing and debriefing meetings were conducted with USAID/Nepal.

SCHEDULE OF ACTIVITIES

- September 14** Arrived in Kathmandu from Bangkok at 1:30 p.m.
- Briefed with Mr. Padma Tiwari, Director, DORC.
- September 15** Met at Contraceptive Retail Sales, Inc. to introduce the PAC-II Mid-Project Evaluation Team and follow-up CRS activities. Met with:
- Mr. Hem Hamal, General Manager, (Mr. McWilliam and Ms. Rooks only)
 - Mr. Surendra Rayamaji, Senior Officer, Sales (Brown only)
- Met at the MOH/Division of Nursing to introduce PAC-II team member Ms. Judith Rooks. Met with:
- Ms. Rukhmini Shrestha, Chief Nurse
 - Ms. Ranuka Munukarmi, Staff Nurse, TBA Program
 - Ms. Meena Sapkota, Staff Nurse, TBA Program
 - Ms. Indu Thapu, Staff Nurse, TBA Program
 - Ms. Maiya Ranjitkar, PHN, Kaski District
- (Ms. Rooks met with the Chief Nurse; Ms. Brown met with the staff nurses).
- September 16** Briefed at USAID/Nepal with:
- Dr. David Calder, Health/FP Development Officer
 - Mr. John McWilliam, PAC-II Mid-Project Evaluation Team
 - Ms. Judith Rooks, PAC-II Mid-Project Evaluation Team
- Meeting with FP/MCH Project Officers cancelled and re-scheduled.
- Meeting at John Snow, Inc. for briefing on in-country JSI activities and general health and training situation in Nepal. Met with:
- Dr. Nils Dauilaire, JSI Chief of Party

- Ms. Eileen McGinn, FP/MCH Project Management Advisor
- Mr. John McWilliam
- Ms. Judith Rooks

Met with Mr. Padma Raj Rajbhandari, Training Chief, ICHSDP, to discuss current organizational changes within the MOH (Brown only).

September 17 Met with Mrs. Patricia Daly, Management consultant, to discuss possible consulting services for INTRAH (Brown only).

Met at DON to work with TBA program staff on upcoming Planning and Review Workshop agenda (Brown only). Met with:

- Ms. Ranuka Munukarmi
- Ms. Indu Thapa
- Ms. Maiya Ranjitkar

September 18 Worked on Sri Lanka report in a.m.

Departed Kathmandu for Pokhara at 3:10 p.m. (Ms. Rooks and Ms. Brown only).

Arrived Pokhara at 4:00 p.m.

September 19 Field visit to Batalachur, Lamachur and Gharmi panchayats to interview TBAs and ANM; accompanied in field by Ms. Maiya Ranjitkar, PHN; interviewed 1 ANM and 8 TBAs.

September 20 Site visit to Kaski District Headquarters for briefing on district level health services. Met with:

- Dr. Bhadri Lal Shrestha, Director General, Health Services
- Mrs. Sita Basnet, Senior Public Health Nurse
- Mr. Nandaman Sthapid, Senior Health Education Officer
- Ms. Maiya Ranjitkar, Public Health Nurse

Site visit to Kaski Regional Hospital to observe Ob/Gyn ward and met with hospital medical staff:

- Dr. Ram R. Upadhyaya, Superintendent

- Dr. Kussum Thapa, Medical Officer,
Ob/Gyn ward

Field visit to Sisuhuwa Health Post to interview Auxiliary Nurse Midwife and Health Post staff. Met with:

- Mr. R. M. Bhandari, Senior Auxiliary Health Worker
- Ms. Buddhi M. Choudhary, Auxiliary Nurse Midwife

Meeting at Kaski District Headquarters. Met with Mr. Chetnath Chaulagin, District Public Health Officer.

September 21 Departed Pokhara at 9:30 a.m.

Arrived Kathmandu at 10:30 a.m.

Met with Mr. Padma Raj Rajbhandari, ICHSDP and Dr. David Pyle, JSI (Brown only).

September 22 Met at DON to report on findings of Kaski field visit and to work with central staff nurses on program for Review and Planning Workshop (Brown only). Met with:

- Ms. Rukhmini Shrestha
- Ms. Ranuka Munukarmi
- Ms. Indu Thapa
- Ms. Meena Sapkota
- Mr. Padma Tiwari, DORC

September 23 Debriefed at USAID/Nepal with:

- Dr. David Calder
- Mr. Jay Anderson, Assistant Health/FP Development Officer
- Mr. David Piet, FP Officer
- PAC-II Mid-Project Evaluation Team members: Mr. McWilliam and Ms. Rooks.

Departed Kathmandu at 1:30 p.m. for Bangkok.

I. PURPOSE OF TRIP

The major purposes of this trip were to accompany the AID PAC-II Mid-Project Evaluation Team in order to brief them in regard to INTRAH projects with the Ministry of Health/Division of Nursing (MOH/DON), the Family Planning/Maternal & Child Health Project (FP/MCH), and the Contraceptive Retail Sales, Inc. (CRS) Project; and to conduct a project review visit with the MOH/DON TBA project.

II. ACCOMPLISHMENTS

- A. Briefed the PAC-II Mid-Project Evaluation Team regarding the overall country strategy, scope and objectives of the three INTRAH projects, and provided details concerning INTRAH technical assistance and other inputs as required.
- B. Accompanied PAC-II Mid-Project Evaluation Team member Ms. Judith Rooks during field visit to Kaski District to interview ANMs and TBAs.
- C. Briefed the DON Chief Nurse in regard to field visit findings and problems noted in the TBA training program in Kaski District.
- D. Met with DON central level staff to review current project activities and to plan for future activities. Worked with DON central staff in development of an agenda and draft outline for the Review and Planning Workshop slated for November 1987.
- E. Obtained a progress update on the CRS TMP program.
- F. Briefed with MOH officers regarding the organizational restructure of the Ministry; and confirmed concurrence of supervisors for two participants to attend the October 1987 Advanced TOT workshop in Bangkok.

- G. Briefed and debriefed with USAID/Nepal; and obtained USAID concurrence for two HMG participants to attend the Advanced TOT workshop in Bangkok.

III. BACKGROUND

The PAC-II contract between UNC/INTRAH and AID/Washington requires INTRAH to be evaluated at the mid-project point. Nepal was one of the three Asian countries selected by AID for site visits by the PAC-II Mid-Project Evaluation Team. At INTRAH's recommendation, an INTRAH program officer accompanied the PAC-II Mid-Project evaluation teams during their visits in Anglophone and Francophone Africa and in Asia to assist them in conducting their activities. Reports of these visits are documented in INTRAH Trip Reports #0-96, 0-106, 0-147, 0-148 and 0-572.

Training activities conducted by the DON since the last project review carried out in March 1987 have continued to concentrate on district level HP staff, including ANMs and TBAs. Shortages of DON staff at all levels have resulted in curtailing training and supervisory activities over the past one year and it is clear that the DON is seriously over-extended. In the absence of the DON/TBA Coordinator (who was injured in a car accident during a TBA field supervision trip in April 1987) technical reports and regular feedback concerning training activities have been late and/or incomplete. It was with these facts in mind that this review was conducted. Trip Reports #0-92 and #0-158 document findings of previous project visits during the past year.

IV. DESCRIPTION OF ACTIVITIES**A. USAID/Nepal**

The INTRAH Program Officer accompanied the PAC-II Mid-Project Evaluation Team to USAID/Nepal for a briefing with Dr. David Calder, Health/FP Development Officer (Mr. Jay Anderson was out of the country). Dr. Calder provided the team with a brief overview of the reorganization that the Ministry of Health was currently undergoing. He suggested that little, if any, FP training or service were being provided because MOH staff at all levels were uncertain about where they should/will be located, or even if they will have jobs when the dust finally settled. It appears that the decision to reorganize was made somewhat precipitously without the benefit of sorting out the operational details of implementation. All districts are to become integrated districts, and the FP/MCH project will become a section under the Public Health Division (one among communicable diseases/EPI, environmental health, malaria, nutrition and vertical projects) (See Appendix D). He also informed the team that UNFPA had stopped providing funds to doctors for performing sterilizations. Dr. Calder confirmed verbally that USAID/Nepal had cabled concurrence for Mr. Padma Raj Rajbhandari and Mr. Ramesh Bhatta to attend the Advanced TOT in Bangkok, October 19-31, 1987. At the request of the PAC-II Mid-Project Evaluation Team, Ms. Brown did not remain for that portion of the meeting dealing with USAID feedback on INTRAH in-country activities.

A joint debriefing was held by the PAC-II Mid-Project Evaluation team and the INTRAH Program Officer. This was attended by Dr. Calder, Mr. Jay Anderson, Assistant Health/Population Officer, and Mr. David Piet, FP Officer.

The PAC-II Evaluation Team reviewed in detail their activities and findings of the week's visit. Some clarification of the PAC-II team's understanding of the various INTRAH inputs was made by the USAID officials. It was learned from Mr. Anderson that ANMs are to be kept in the health posts under the new MOH reorganization scheme; that the intermediate supervisor position was probably now defunct; that one accountant training workshop had been conducted by the FP/MCH project using the curriculum developed by INTRAH; and, that the FP/MCH project was moving from the FP building to Teku, and the Ministry of Finance was taking over the FP building.

B. Division of Nursing

Several meetings were held by the INTRAH Program Officer with the DON central office staff, some jointly with PAC-II Mid-Project Evaluation team member Judith Rooks, dealing with general reviews of the TBA program, and other working meetings between Ms. Brown and the nursing staff to assist the staff in preparations for the Planning and Review Workshop to be conducted in November 1987.

It was learned that very little training and no central staff supervision activities had taken place over the monsoon months or since the TBA Coordinator had returned to Canada following her car accident in April 1987. No technical reports were available for review for the period July 1, 1987 onward, although the Chief Nurse and DORC reported that they were working on these.

The staff nurses were uncertain about what they should be doing vis-a-vis the November workshop and consequently had done little. Several discussions were held with the nurses to define what the workshop purpose and agenda should be and an outline was

prepared (see Section V, Findings, Conclusions and Recommendations).

Arrangements were made by the Chief Nurse for Ms. Rooks and the INTRAH Program Officer to make a field visit to Kaski District accompanied by the PHN of Kaski District. The Chief Nurse, staff nurses and DORC were debriefed concerning the findings and recommendations of this visit (described in Appendix B).

It was learned that the DON had retained its organizational position as a division under the MOH reorganization, and that the Chief Nurse appointment was now at the Joint Secretary level. At present, there are 5 full-time central office staff nurses and 5 district PHNs (Appendix C). Also confirmed was the news that the ANM schools at Biratnagar and Nepalgunj were no longer ANM training centers and will now train nurses. The ANM schools at Tansen and Bharapur are still taking 20-30 ANM trainees per year.

C. Contraceptive Retail Sales, Inc

The INTRAH Program Officer accompanied the PAC-II Mid-Project Evaluation Team to CRS but did not remain with the team during their interview with the General Manager. It was learned from the Senior Officer of Sales that the training and supervision of the 30 dhamis and jhankris (TMPs) originally trained under the INTRAH project have been absorbed into the regular CRS program under the Rural Social Marketing Section (RSMS). He reported that TMP training has been expanded to two more districts (with 20 TMPs from each district being trained for a total of 70 TMPs under CRS), and that contraceptive sales by TMPs from the original districts of Svangja and Dolakha had doubled.

Twenty-five Nepali signs depicting Lord Krishna (for condom users) and the goddess Laxmi, goddess of wealth (for pill users) had been distributed, and the final

report of the TMP project had been produced in Nepali (see INTRAH Trip Report #0-248).

Mr. Hem Hamal was consulted regarding the participation of Mr. Ramesh Bhatta at the Advanced TOT in Bangkok, October 1987. He gave assurances that Mr. Bhatta's primary function at CRS was training and that he approved Mr. Bhatta's participation. As Mr. Bhatta was in the field, he was not briefed on the details of the A/TOT.

D. Ministry of Health

ICHSDP

Several informal meetings were held with Mr. Padma Raj Rajbhandari, former Training Chief of ICHSDP, regarding the reorganization of the MOH, and its implication for FP/MCH training and services. It was reported that the entire Ministry was functioning at a minimal level and that staff at all levels were facing uncertain futures in regard to postings. Mr. Rajbhandari had been posted to Surkhet (a post he was declining even if it meant resigning from the MOH), that Mr. G. Regmi was on long-term study leave at Brown University, and that Mr. Ramesh Bhatta was now working at the CRS. A new staffing pattern for the health posts is expected to emerge, where it is anticipated that in addition to the ANMs, a public health assistant (who may be the former intermediate supervisors of the FP/MCH project) will be posted to supervise field activities of the health post. He also reported that every panchayat is required to have two female health workers (one VHW and one PBHW). Mr. Rajbhandari was of the opinion that village-based service activities would decline in quality as a result of the staffing pattern.

Mr. Rajbhandari was briefed concerning the details of the A/TOT in Bangkok and his supervisor's permission for him to attend was confirmed (through DORC).

The current Acting Secretary of Health is Mr. Basu Dev Pradhan, and the new Minister is Mr. Gunjeswari Prasad Singh. A copy of the most recent MOH organigramme is attached as Appendix D.

FP/MCH Project

The AID PAC-II Mid-Project Evaluation Team interviewed Dr. T. B. Khatri, Chief, and several of his staff. At the team's request, the INTRAH Program Officer did not attend these meetings. Ms. Brown did, however, pay a courtesy call on Dr. Khatri who very briefly described the changes occurring in the MOH.

E. John Snow, Inc

The PAC-II Mid-Project Evaluation Team and the INTRAH Program Officer met with the JSI team for the purpose of learning more about the JSI mandate in Nepal and the current health training/service situation in Nepal. In addition to being given a very comprehensive overview briefing of the field situation by Ms. McGinn, FP/MCH Management Advisor, we learned that JSI had recently completed an "in-depth performance appraisal" of the intermediate supervisors (a report was not completed). The TBA study conducted by Ms. Marta Levitt was nearing completion (INTRAH would be sent a copy) and JHPIEGO is considering working with the pre-service nursing and ANM programs on IUCD insertion training.

F. Development Oriented Research Center

It was learned from Mr. Tiwari that Mr. G. Regmi, FP/MCH project, had deposited all the INTRAH evaluation forms he had in his possession at DORC before his departure from Nepal. Analysis had not been done. Mr. Tiwari was very helpful in assisting the PAC-II Mid-Project Evaluation Team obtain appointments with the MOH and in obtaining concurrence from the MOH for the two Nepali participants to attend the A/TOT in Bangkok.

V. FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

A. USAID/Nepal

Findings/Conclusions

In view of the MOH reorganization plan to adopt an integrated health model, USAID officials indicated there would be a large need for FP/MCH and other types of training for all cadres of health personnel in the future. There may be a particular need for FP/MCH training of ICHSDP community-based service providers who have not had specific FP/MCH training or responsibilities in the past.

Recommendations

Funds permitting, INTRAH should update its training needs assessment for Nepal in anticipation of expanded FP/MCH training needs for MOH district level, community-based staff. This TNA should not be conducted before June 1988 and/or until it is clear what the staffing pattern at the health post and community level will be under the reorganization plan.

B. Division of Nursing

Findings/Conclusions

1. It is evident that the DON staff nurses are not comfortable with assuming responsibility for the INTRAH-sponsored TBA program in the absence of Ms. Audrey Maw, TBA Coordinator, and direction from the Chief Nurse. It was learned that no supervisory visits to the districts by central office staff had been made since April 1987; monsoon weather, JNSP training activities, and general uncertainty regarding postings (due to the MOH reorganization) were reasons given for this. Furthermore, no preparations had been made for the Annual Review and Planning Meeting slated for November 1-5, 1987. DON staff nurses were encouraged to prepare for this by drafting a set of objectives and agenda for the meeting, which was done with assistance from the INTRAH Program Officer, reviewed and revised (following the Kaski District field visit) by the Chief Nurse with the following changes made:

- the four staff nurses would make a supervisory visit to the five INTRAH districts in late October/early November to consult with the district PHNs regarding the agenda, what reports/records/accounts to bring, and to select who should attend;

- two ANMs and possibly one senior TBA from each district would also be invited to attend;
- the meeting would be postponed until November 23-27, 1987.

It was agreed by the INTRAH Program Officer that the budget line item for "rent" could be used to pay the travel and per diem expenses of the ANMs/TBAs as the meeting was to be held at the DON Central Office.

2. Discussions with the Chief Nurse indicated there is a strong need for technical training inputs for both central level staff nurses and the district PHNs and ANMs in TOT (including curriculum development and performance appraisals), supervision, program planning, and implementation. For this to happen, it will be necessary to extend the DON TBA project beyond the current contract completion date of August 31, 1988.
3. The discrepancy noted between the DON and DORC figures regarding the number of TBAs trained was discussed with the Chief Nurse and Director of DORC. The Chief Nurse thought the DON numbers were correct and should be accepted; the Director of DORC indicated his figures were based on the recorded number of per diems paid. It was not determined which set of numbers was correct, nor was it clear how this question could be answered. These discrepancies apparently arise out of inaccurate, late and often indecipherable reports submitted by the ANMs to the PHNs following a training activity. By the time the PHN is able to attempt verification, either through a letter or supervisory visit to the ANM, memory and records are often wiped clean. It is improbable that the exact number of people trained to date will be determined, but the development of a simpler, less cumbersome reporting system for the district level, coupled with refresher training in recordkeeping for the ANMs may alleviate this problem in the future.
4. During the field visit to Kaski District to interview TBAs and ANMs, the following observations were made:
 - TBAs are not using the TBA pictorial forms to record their FP/MCH activities. Most of the TBAs interviewed appeared to be very uncomfortable with this task and stated they "always forget" to do the recording.

- There appears to be a serious lack of supervision of the TBAs by the ANMs, of ANMs by the PHNs, and of the entire program by the central office DON staff. Whatever supervision of TBAs by the ANM is occurring is believed to be taking place only for those TBAs located very near the HP or residence of the ANM or at the monthly mobile clinic (which is neither regularly held nor attended by all TBAs).
- Given the constraints of distance, terrain, lack of transport, regular and supportive supervision, and regular service delivery responsibilities, the expectation that ANMs could visit 20 TBAs every 2-3 months, and PHNs visit ANMs every 2 months, is unrealistic (see Supervisory Plan/DON attached as Appendices E and F).
- There was a suggestion that the ANMs may not be carrying out performance appraisals on the TBAs. This could not be confirmed as only two ANMs were interviewed, one of whom stated she was doing this along with regular supervision visits (confirmed by the TBAs interviewed). The second ANM stated she was not doing performance appraisals.

Neither the PHN nor the Chief Nurse could answer this question as the first round of performance appraisal forms are not due until December 1987. In theory, there should be approximately 52 TBA and at least 6 ANM performance appraisals conducted in Kaski District by December 1987. If these do not materialize, the evaluation component of the TBA project may be compromised.

- The PHN stated the performance appraisal forms were too lengthy and time consuming, and need to be reduced to no more than one page. She also reported the entire TBA program record system is too complex and consists of too many forms, that the ANMs do not fill them out correctly, and she has to spend too much time each month obtaining them.
- The TBAs interviewed in Kaski District were consistently positive concerning the training received and the usefulness to them in their work. Almost all were able to answer specific FP and MCH questions correctly, describe clearly what they had learned and how they were applying the new knowledge and

skills. It was clear that this group is an important resource for women in the rural areas of Nepal, and INTRAH inputs should be continued and increased.

All of the above findings were discussed with the DON Chief Nurse, and it was agreed that these issues would be raised during the Review and Planning Workshop.

Recommendations

1. INTRAH should extend the DON TBA project beyond the current contract in order to provide technical assistance to the DON for staff development. A TNA should be conducted by June 1988 to identify specific areas where DON central level staff nurses, and district level PHNs and ANMs working in the TBA program most require training.
2. INTRAH should continue to provide close monitoring of the TBA program, while continuing to encourage DON staff to adopt a more self-reliant role in the planning and implementation of the program.
3. INTRAH should follow-up the outcomes of the November 1987 Program Review and Planning Workshop by December 31, 1987 and based on the recommendations of the workshop, provide technical assistance, if required, for revision of the performance appraisal instrument, record and reporting system, the ANM/TBA supervision mechanism, and evaluation component.

C. Ministry of Health

Findings/Conclusions

The MOH has decided to adopt the integrated health model as the means of providing basic health care to the rural population of Nepal. The FP/MCH project will be absorbed into the Public Health Division (as will all other vertical projects), although the DON has retained its position as a division. The MOH reorganization was obviously having a negative impact on almost all levels of health personnel in that little service or training was reported to be taking place.

D. Contraceptive Retail Sales, Inc

Finding/Conclusion

The TMP training program has been absorbed into the regular program of the CRS and TMP training has been expanded to two more districts.

E. Development Oriented Research Center**Findings/Conclusions**

All the Nepal INTRAH evaluation forms (bio-data, participant reaction and pre/post-test) for the DON and FP/MCH projects have been deposited at the DORC by Mr. G. Regmi, the designated INTRAH in-country evaluator. Little or no analysis was reported to have been completed on these.

Recommendation

These forms should be forwarded to INTRAH and analyzed by the INTRAH Evaluation Unit. Feedback should be provided to the DON and FP/MCH projects.

Appendix A
Persons Contacted/Met

Appendix A

Persons Contacted/Met

USAID/Nepal

Dr. David CALDER, Health/FP Development Officer
Mr. Jay ANDERSON, Assistant Health/FP Development Officer
Mr. David PIET, Family Planning Officer

Contraceptive Retail Sales, Inc.

Mr. Hem HAMAL, General Manager
Mr. Surendra RAYAMAJI, Senior Officer, Sales
Mr. Ramesh BHATTA, Training/Health Education Officer

Division of Nursing

Ms. Rukhmini SHRESTHA, Chief Nurse
Ms. Ranuka MUNUKARMI, TBA Programme - INTRAH
Ms. Meena SAPKOTA, TBA Programme - JSNP/INTRAH
Ms. Indu THAPA, TBA Programme - JSNP/INTRAH
Ms. Sandra ANDERSON, WHO Advisor (to DON part-time) and
Tribhuvan University

Family Planning/Maternal & Child Health Project

Dr. T. B. KHATRI, Chief
Mr. U. KARNA, Administrative Assistant

John Snow, Inc.

Dr. Nils DAULAIRE, Chief of Party
Ms. Eileen MCGINN, FP/MCH Advisor
Ms. Jenny GOODWIN, Curriculum Consultant, FP/MCH Project
Mr. David PYLE, JSI/Boston

Integrated Community Health Services Development Project

Mr. Padma Raj RAJBHANDARI

Others

Ms. Patricia DALY, Consultant (Management)

Mr. Padma TIWARI, Development Oriented Research Center

Kaski District

Kaski District Headquarters

Dr. Bhadri Lal SHRESTHA, Director General, Health Services

Mrs. Sita BASNET, Senior Public Health Nurse

Mr. Nandaman STHAPID, Senior Health Educator

Mr. Chetnah CHAULAGIN, District Public Health Officer

Ms. Maiya RANJITKAR, Public Health Nurse/TBA Programme

Kaski Regional Hospital

Dr. Ram R. UPADHYAYA, Superintendant

Dr. Kussum THAPA, Medical Officer, Ob/Gyn ward

Sishuwan Health Post

Mr. R. M. BHANDARI, Senior Auxiliary Health Worker

Ms. Buddhi M. Choudhary, Auxiliary Nurse Midwife

Other Health Post Staff

Batalachur Health Post

Mongula KARDKA, Auxiliary Nurse Midwife

Shiva Kumari ADAKARI, Batalachur Village

Suku Maya THAPA, Batalachur Village

Bisuu Maiya Timilsima, Batalachur Village

Chandra K. C., Lamachaur Village

Radha KAWWOR, Lamachaur Village

Mira Poddyal, Gharmi Village

Mandera Pondyal, Gharmi Village

Appendix B

Field Trip Report/Notes

Appendix B

Field Trip Report/Notes

DON/TBA Project
Kaski District
September 18-21, 1987

Accompanied by Ms. Maiya Ranjitkar, District PHN and Ms. Mongula Kardka, ANM, Batalachur Health Post, INTRAH Program Officer Maureen Brown and PAC-II Evaluation Team member Ms. Judith Rooks visited 8 TBAs in eight of the nine wards located in Batalachur Panchayat, Kaski District. Each TBA was interviewed in her home with Ms. Ranjitkar translating. Additionally, an observational site visit was made to Sishuwan Health Post to interview Ms. Buddhi M. Choudhary, ANM and trainer of TBAs, and site visits made to the Kaski Regional Hospital and District Headquarters to interview MOH officials.

A. TBA Interviews

1. Name: Not recorded in notes. Magar. Has conducted 3 deliveries in the past three months. Gurkha Center requesting her services to provide delivery care for Gurkha dependents, which she says only commenced after she had been retrained by the DON and received a certificate (non-certificate holders are not requested for delivery).

Most important things learned in training?

How to check for fetal heart sounds

How to separate placenta

How to identify high risk cases

How to care for antenatal women

When do women come for antenatal care?

If all is well, they (generally) don't come until labor starts. If having problems, they come

earlier. (This TBA sometimes will visit an antenatal case at home).

What is the most important thing you do for the postnatal woman?

Check sucking reflex; check breast and teach clean breast care. If baby not sucking, have to prepare boiled water/sugar; after delivery, bathe baby and check for passing of water and macomium. For mother: FP care includes advice on diet, pericare. If lacerations, refer to hospital (one case only in her whole career as a TBA). Also advises mother NO sex for three months.

Before training, what did she do (regarding deliveries)?

Did not know about fetal heart sounds.

Gurung/Magar women follow her advice; Brahmin/Chetri do not. However, Brahmins will call her to cut the cord or to conduct delivery IF no Brahmin TBA or relative is available.

Forms

This TBA had new forms which recorded 3 deliveries, 3 live babies, 5 prenatal visits. No other activities were recorded, although she said she conducts many more than was noted. TBA said her friend writes in the marks because she is too shy to do it.

Refresher training needs?

Records/recording

Needs scissors for episiotomy

Needs to know more about breech presentations

Past Training?

WHO Project trained about 5 years back. ANM has been to see her twice in the last three months (should be noted that the ANM lives one-half mile away from this TBA).

2. **Name:** Shiva Kumari Adakari. Brahmin. Trained three years ago under INTRAH project. Averages 2 deliveries per month; 3-4 antenatal visits per month; antenatal clients start coming to see her as early as three months into pregnancy.

What are the most important things to look for with an antenatal client?

Position, leaking/bleeding, headaches

What cases would you refer to HP to see the ANM?

Enlarged head, abnormal position, severe headaches

What were the most important things learned in the training?

Prenatal: past history/present condition/previous pregnancies and problems, symptoms of things going wrong (bleeding, swelling).

Delivery: how to examine for dilation stage of delivery, management of cord around baby's neck, support of perineum, how to manage shock, how/where to cut cord, how to clean baby's mouth and check breathing, how to check for complete expulsion of placenta, washing and care of mother/cleansing of any tears, washing of breasts, feeding baby and teaching mother that colostrum is good for the baby.

Postnatal: feed baby extra food at about three months. FP advice is given depending on whether baby and other children are male or female...if no male child, she does not offer FP advice; if female, recommends mother start FP at first menstruation.

3. **Name:** Suku Maya (Gurung) Thapa. Gurung. Trained at least ten years ago and retrained under INTRAH project. Age about 53 years. Appeared to be very ill and has not been active in past few months. Before illness, she claims to have delivered about 40-50 babies per year. She said she forgets to record most visits. Prenatal cases go to the HP for antenatal care and come to her for delivery.

Most important things learned in training?

Position (normal and abnormal presentations)

Fetal heart sounds

Cutting of nails/washing of hands

How often do you visit your postpartum women?

Once a day for 2 days, then alternate days for about a week. Provides advice to mothers on FP, diet, ORS (providing a demonstration for the new mother). She also says she gives FP advice following delivery.

4. **Name:** Bisnu Maya Timilsina. Brahmin. Been a TBA for three years; trained by her grandmother but did not have much knowledge/skills. Became a TBA because of service/economic reasons. Delivers 3-4 babies per month (sometimes 7-8 per month).

TBA Forms

Not being filled out regularly and number of stated deliveries did not match records. She said she does not like to fill out. Has referred 7 complicated cases to the HP ANM (1 breech, 1 footlong, 2 AP hemorrhage, 1 multip with anemia and severe weakness, 1 with edema/weakness. Antenatal cases coming to her around 4-5 months.

Most important things learned in training?

How to cut cord properly. Before training, she used a grasscutter. Now uses a blade (sterilized by boiling) and thread (also sterilized). Has no knowledge of tetanus toxoid; now recommending to women. Also gives advice to mothers regarding dangers of smoking during pregnancy.

Refresher training needs?

Abnormal positions, anemia, bleeding

What advice do you give clients on FP?

This TBA could name five methods; advises client that after three children, they should have sterilization. For spacing, a method that would allow 5 years between babies...maybe the pill.

Suggestions to improve the training?

Have TBAs from region meet regularly.

5. **Name:** Chanda K.C. Chetri. Trained in December 1986 under INTRAH project. Did very few (three) deliveries before training and only after her own marriage and only in the immediate neighborhood. Has conducted two deliveries since the training, one of which was a prolonged labor and which she

referred to the ANM. She stated she has no medicine to give, and cannot control the bleeding during a delivery. Second delivery was also a problem and she had to call the ANM to assist.

Most important thing learned during the training?

How to cut and tie cord (tie twice). Did not have any TBA record forms on hand.

6. **Name:** Radha Kauwar. Chettri. Trained in 1985 and again six months ago with a refresher. Is also a community health leader. Has been a TBA for three years but had no previous training as a TBA before DON project. Has some minimal MCH knowledge. Has delivered one baby since training...delivery went well with no complications. Selected by community but not apparent that she wished to be selected to be a TBA. This woman was very uncomfortable by our presence. She is very young, was surrounded throughout most of the (short) interview by her father or husband. She has two children and is pregnant. She can write/read. Said she sees the ANM at the monthly mobile clinics. Could name 4 contraceptive methods. The interview was kept short and little was learned from her regarding the training received.
7. **Name:** Mira Podyal. Brahmin. Trained in 1986 under DON project. Is also a community health leader. Has been a TBA for 12 years, even before her marriage. Received health education training from HP ANM. She became a TBA because she saw other TBAs in action, says most health problems fall on women and as women we must help each other. She observed old TBAs during delivery, examining antenatal cases and decided that she would like to do this work. This TBA was certainly a very impressive woman. She is articulate, intelligent and interested in many things; she certainly is a candidate for further training and community leadership.

What new information learned during the TBA training?

Cutting of cord: no knowledge of cleanliness, how to sterilize instruments. Now knows the importance of this. Also knows that women must empty bladder before delivery. More knowledgeable about risk cases, bleeding/high fever, how to treat retention of urine/vomiting/other minor conditions. More aware of risk factors and was

able to name all that are taught in the training. Since receiving the training, she now provides some assistance to the younger TBAs. Is delivering 2-3 babies per month. Refers when baby showing failure to thrive or outcome is stillbirth. Postpartum care given includes pericare/baby/breast/diet information. FP advice and activities: delivers condoms and pills to women who request. Is able to screen. Her TBA forms were filled in but not totally complete.

8. Name: Mandera Podyal. Brahmin. Trained under DON/INTRAH project six months ago. Providing delivery services three years before she had any training.

Most important things learned during the training? Cleanliness/handwashing and how to sterilize (by boiling); cord cutting

Has been supervised three times by the ANM and finds this a lot of help. Interested in meeting other TBAs and in having meetings to exchange ideas and develop solutions to common problems.

B. Interviews with ANMs

1. Ms. Mangula Kardka, ANM at Batalachur Health Post. Ms. Kardka was trained twelve years ago at Bharapur ANM school, and has had refreshed training in EPI (1 week), MCH (4 days each year for several years at the ICHSDP training center, Pokhara) and DON/INTRAH TOT (for TBA training). She conducts about 2-3 deliveries per month and refers complicated cases to the Regional Hospital. When asked how she provides supervision to TBAs she responded as follows: She randomly selects two TBAs and meets with them regularly (at their work/home site) intermittently for one year. She started this one year ago and will complete the present two TBAs in December 1987. Then she will select another two. For other TBAs on her list, she meets with them approximately every four months. She also meets with and conducts performance appraisals on TBAs once a month at the mobile clinics (TBAs come there to accompany antenatal cases). She checks them while they prepare ORS, performs antenatal examination and give HE talks. Ms. Kardka has trained 28 TBAs in the past year. She finds the record-keeping burdensome and stated that the TBAs are not reliable in keeping accurate records.

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My impression of this ANM is that she is very conscientious, interested in her work and in the TBA program. She knew a lot about each TBA we met and it was obvious that she had good working relations with each of them.

2. Ms. Buddhi Maya Choudhary, ANM, Sisuhuwa Health Post. Trained 13 years ago. Recently transferred to this HP. Stated she was trained in the TBA program under RTS/A in 1983 and has refresher training under the DON/INTRAH project in 1986 (by Elsa, GTZ volunteer). Ms. Choudhary reported she trained 20 TBAs but it was not learned from her where this was done. She reported that there are 39 TBAs (23 old, 18 new) under this HP. She stated that she received TA/DA for one supervisory visit last year, but has received nothing since that one time. She reported conducting supervisory visits to TBAs only at the monthly mobile clinics.

She stated that "all TBAs are not equal"...some remember what is taught, others do not remember much. She suggested that TBA initial training should be 24 days and refresher training 12 days.

My impression of the ANM is that she is doing little, if any, supervision of TBAs. She was vague concerning what she does in the TBA program and her supervisor reported she did not leave the HP much.

The interview with the SAHW in-charge, Mr. Rabi Mohan Bhandari, revealed a staffing pattern at the integrated HP of: 1 SAHW, 2 AHWs, 2 ANMs, 6 VHws. The VHws' prime function is to go from home-to-home providing IEC services and collecting data on malaria/fever/blood slides, census data (births & deaths); and performing arm circumference measurements and immunization. He/she is responsible for 50 houses (with an approximate population of 500). There were a reported 483 births in this HP catchment area during 1986, out of which the records indicated that 126 births were conducted by the trained TBAs (six months of records on TBAs only); the ANMs are reported to deliver 2-3 babies per month.

C. Ms. Maiya Ranjitkar, PHN, Kaski District

We were accompanied on this field visit by Ms. Ranjitkar, who made all the arrangements, translated and explained a great deal to us about the whole TBA

program, its successes and its problems. Ms. Ranjitkar is an extremely bright, hard-working PHN who knows what is going on in her district and spends a lot of time in the field. She was Elsa's (GTZ) counterpart for two-three years. Now that Elsa is gone from Kaski District, she feels there is too much work for her to do alone. Given the amount of territory she is expected to cover, I would say she has assessed the situation quite accurately. Furthermore, she has applied for a PH Officers job, which she stands a good chance of getting, and the TBA program loses one more good PHN/trainer.

Ms. Ranjitkar spends a lot of time on maintaining the TBA record system for Kaski District. She is responsible for 26 ANMs (who are in turn responsible for conducting 2 TBA performance appraisals); therefore, there should be 52 TBA performance appraisals ready for review by the end of 1987.

The ANM reports (on TBAs) are frequently incorrect/incomplete and difficult to read. Most of the numbers do not add up and she has to check back with the ANM to obtain clarification, which results in late reports (months late). Ms. Ranjitkar has conducted 6 performance appraisals on ANMs but none are complete yet as they are being done over a one-year period. She finds this evaluation tool very useful but time-consuming. It obviously needs to be shortened and simplified. A shortage of form #3 was reported (DON/Central notified).

If Ms. Ranjitkar stays with the DON/TBA program, she is an excellent candidate for more advanced training, possibly in Bangkok in management, TOT or administration.

D. Kaski Regional Hospital Interviews

Dr. Bhadri Lal Shrestha, DG/Health Services provided us with an overview of the MOH structure in Kaski District. He stated he doesn't get any reports on TBA training or work, and is not actively involved in the program; however, he is personally supportive of upgrading the TBA skills and approves of what the DON is attempting to do.

E. District Public Health Office, Kaski District

Mr. Chetnath Chaulagin, District PH Officer, was strongly supportive of the TBA program. He stated that it was impossible for the few ANMs and PHNs to provide services to the community. He was involved in the DON

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workshop held in November 1985. He reported that TBAs are referring women/children for immunization, and that there has been an increase in the number of antenatal patients attending the mobile clinics. However, the ANMs cannot visit the TBAs often enough, and as the TBAs are illiterate, there is underreporting of their activities. He also expressed concern that since the TBA program is not in the regular health budget, what will happen to the program when the INTRAH project is completed? Indeed, a good question. He also felt that the PHNs, the ANMs and TBAs lack sufficient supervision from the Central DON office, that the TBA program forms are too many and take too much time.

Appendix C

Current Staff of DON Central Office and PHN Staff
at District Level TBA Training Program

Appendix C

**Current Staff of DON Central Office and PHN Staff
at District Level TBA Training Program**

Division of Nursing Central Office, Kathmandu

- Ms. Ranuku Munukarmi, INTRAH TBA Program
- Ms. Sulochana Pokharel, JSNP TBA Program
- Ms. Meena Sapkota, INTRAH and JSNP TBA Program
- Ms. Indu Thapa, INTRAH and JSNP TBA Program
- Ms. Sumannah K.C., Infectious Control Program (no TBA responsibilities)

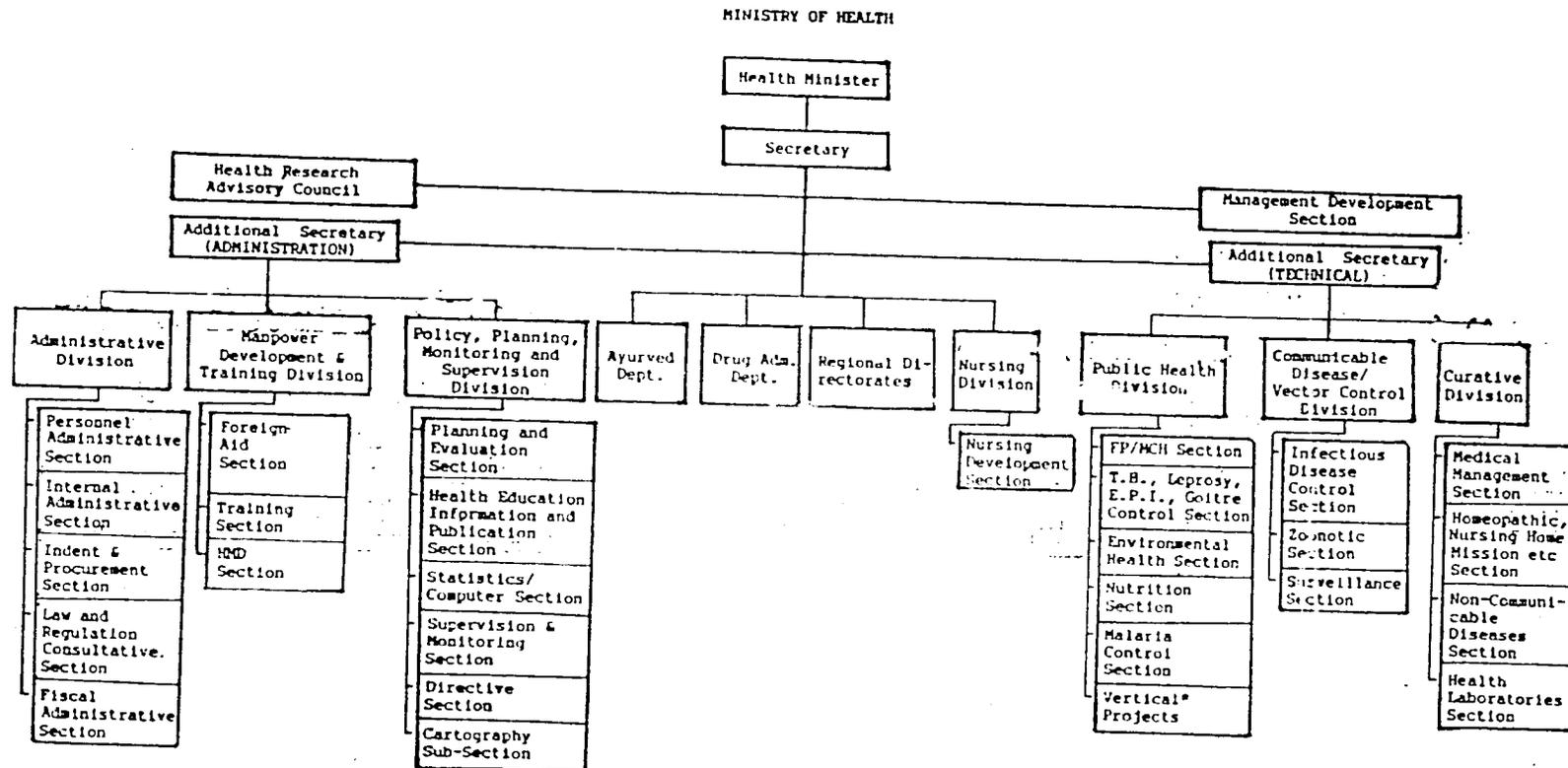
District Public Nurses/TBA Program

- Ms. Maiya Ranjitkar, Kaski District
- Ms. Jiwan Shrestha, Tanahu District
- Ms. Kamal Baidha, Parsa District
- Ms. Champa Shrestha, Siraha District
- Ms. Laxmi Rajbhandari, Rautahat District

Appendix D

Organigramme of the Ministry of Health,
Regional Health Directorates,
District Public Health Offices and Health Posts

CHART I



* Projects, under the Health Ministry, will be gradually integrated.

Appendix E

Supervision Plan for District Public Health Nurse

SUPERVISION PLAN FOR DISTRICT PUBLIC HEALTH NURSE

- SCHEDULE FOR 12 MONTHS - TO 5 HEALTH POSTS - 6 TIMES A YEAR.

DISTRICT BUDGET
T.A = Rs 1500
D.A = Rs 4000
TOTAL = Rs 5,500

4 MONTHLY
REPORT
DUE

4 MONTHLY
REPORT
DUE

4 MONTHLY
REPORT
DUE

JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	MONTH (Eng)	
पौष	माघ	फाल्गुण	चैत्र	बैशाख	ज्येष्ठ	आषाढ	श्रावण	शरद	आश्विन	कार्तिक	मार्ग	पौष	MONTH (Nep)
①	②	③	④	⑤	⑥								
HEALTH POSTS													
1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5								
T.A Rs. 250													
D.A. 7 DAYS Rs. 700	D.A. 7 DAYS Rs. 700	D.A. 6 DAYS Rs. 600	D.A. 7 DAYS Rs. 700	D.A. 6 DAYS Rs. 600	D.A. 7 DAYS Rs. 700								
													= 6 VISITS / year
													= TO 5 H.P.
													T.A = 1 YEAR Rs. 1500
													D.A = 1 YEAR DAYS = 40 Rs. 4000

Appendix F

Supervision Plan for Auxiliary Nurse Midwife

SUPERVIS. 'N PLAN FOR ONE A.N.D.
SCHEDULE FOR 12 MONTHS - TO 20 TBAS - FIVE TIMES A YEAR

T.A = Rs 250
 D.A = Rs 1000
 TOTAL = Rs 1250

4 MONTHLY
H.P. REPORT
DUE

4 MONTHLY
H.P. REPORT
DUE

4 MONTHLY
H.P. REPORT
DUE

JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	MONTH (Eng)	
पौष	माघ	फाल्गुन	चैत्र	बैशाख	ज्येष्ठ	आषाढ	श्रावण	भाद्र	आश्विन	कार्तिक	मार्ग	पौष	MONTH (NEP)
		①			②		③		④		⑤		= 5 VISITS A YEAR
		20 TBA ○○○○○○○○○○ ○○○○○○○○○○			20 TBA ○○○○○○○○○○ ○○○○○○○○○○		20 TBA ○○○○○○○○○○ ○○○○○○○○○○		20 TBA ○○○○○○○○○○ ○○○○○○○○○○		20 ○○○○ ○○○○		= TO 20 T.B.A.
		T.A. Rs. 50			T.A. Rs. 50		T.A. Rs. 50		T.A. Rs. 50		T.A. Rs. 50		TA = 1 YEAR Rs. 250
		D.A. 4 days Rs. 200			D.A. 4 DAYS Rs. 200		D.A. 4 DAYS Rs. 200		D.A. 4 DAYS Rs. 200		D.A. 4 DAYS Rs. 200		D.A. = 1 YEAR DAYS = 20 Rs. 1000

T.A
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○○