UNCLASSIFIED
CLASSIFICATION

PROJECT EVALUATION SUMMARY (PES) — PART I

Report Symbol U-447

1. PROJECT TITLE	2. PROJECT NUMBER	3. MISSION/AID/W OFFICE
INTEGRATED RURAL HEALTH AND POPULATION PROJECT	386-0468	USAID/India

4. EVALUATION NUMBER (Enter the number maintained by the reporting unit e.g., Country or AID/W Administrative Code, Fiscal Year, Serial No. beginning with No. 1 each FY) 82-7

☐ REGULAR EVALUATION ☑ SPECIAL EVALUATION

5. KEY PROJECT IMPLEMENTATION DATES	6. ESTIMATED PROJECT FUNDING	7. PERIOD COVERED BY EVALUATION
A. First PRO-AG or Equivalent FY 80	A. Total $ 64,745,000	From (month/yr.) 8/80
B. Final Obligation Expected FY 85	B. U.S. $ 40,000,000	To (month/yr.) 4/82
C. Final Input Delivery FY 85		Date of Evaluation Review 6/1-6/17, 1982

8. ACTION DECISIONS APPROVED BY MISSION OR AID/W OFFICE DIRECTOR

A. List decisions and/or unresolved issues; cite those items needing further study. (NOTE: Mission decisions which anticipate AID/W or regional office action should specify type of document, e.g., airgram, SPAR, PIO, which will present detailed request.)	B. NAME OF OFFICER RESPONSIBLE FOR ACTION	C. DATE ACTION TO BE COMPLETED
These are the major recommendations resulting from the Annual Review. (see pp. 3-4 of attached Annual Review Report)		
For the GOI/States:		
1. As called for in the Project Agreement, priority attention should be given to filling crucial vacancies in existing health facilities, especially those for female health workers, female health assistants, and instructors in training institutions.	State Project Officers	3/31/82
2. As called for in the Project Agreement, all remaining vacancies in state and district project technical cells should be filled with qualified staff at the earliest date. Maharashtra should appoint a State Project Director by October 1, 1982.	State Project Officers	12/30/82
3. As called for in the Project Agreement, complete assessment of logistics management, including availability of reversible contraceptives methods, on a highe st priority basis.	State Project Officers	3/31/83

9. INVENTORY OF DOCUMENTS TO BE REVISED PER ABOVE DECISIONS None

- ☐ Project Paper
- ☐ Financial Plan
- ☐ Logical Framework
- ☐ Project Agreement
- ☐ Implementation Plan e.g., CPI Network
- ☐ PIO/T
- ☐ PIO/C
- ☐ PIO/P
- ☐ Other (Specify) _____
- ☐ Other (Specify) _____

10. ALTERNATIVE DECISIONS ON FUTURE OF PROJECT

- A. ☑ Continue Project Without Change
- B. ☐ Change Project Design and/or ☐ Change Implementation Plan
- C. ☐ Discontinue Project

11. PROJECT OFFICER AND HOST COUNTRY OR OTHER RANKING PARTICIPANTS AS APPROPRIATE (Names and Titles)

John W. LeSar, M.D., Project Officer
John Rogosch, PSC Contract Manager
John R. Westley, Chief, Program Office

12. Mission/AID/W Office Director Approval

Signature P M Boughton
Typed Name Priscilla M. Boughton Director
Date 9/9/82

AID 1330-15 (3-78)

8. ACTION DECISIONS APPROVED (cont'd)

	Name of Officer Responsible for Action	Date Action to be Completed
4. All states should reassess their required additional numbers of health workers in all categories based on 1985 (end of porject) population projections to assure that adequate training capacity will be available.	State Project Directors	12/30/82
5. Technical workshops, using Indian and American consultant assistance as needed, should be organized within the next three months to develop methodologies and action plans for the communications and management needs assessments, and for the operations research component.	GOI/State staff	12/30/82
6. Further needs for technical/management training for current staff and technical assistance requirements over the next year should be identified soon and built into the project implementation plan.	GOI	12/30/82
For the GOI and USAID		
7. Discussions should begin immediately to consider the use of grant funds for technical assistance including Indian and American technical consultants. This would be accomplished by diverting funds from certain slow-disbursing line items of the budget.	John Rogosch/ GOI Project Officers	12/30/82

8. ACTION DECISIONS APPROVED (cont'd)

	Name of Officer Responsible for Action	Date Action to be Completed
8. USAID should identify and support appropriate seminars, workshops, and courses, conducted both in India and abroad and using grant funds to strengthen project staff skills in such areas as educational science, management and communications technology.	John Rogosch	12/30/82
9. The GOI and USAID should identify the areas which will require continuing technical assistance and agree on the kinds and timing of consultant inputs to meet these needs. Areas of apparent need include: training, communications, and management technology; management and communications needs assessment; development of operations research strategies/proposals; personnel management; and monitoring and information systems.	GOI Project Officers	12/30/82
10. An improved system of routine monitoring of key project areas such as construction, training, and filled posts should be established immediately.	John Rogosch	12/30/82
11. A review should be made of the revised numbers of workers to be trained based on 1985 population projections, leading to a formal discussions and agreement on revised outputs and any required adjustments among the current budget categories.	John Rogosch/ Madan Singh	12/30/82

PART 11

13) SUMMARY

See pages 1-2 of attached Annual Review Report.

14) EVALUATION METHODOLOGY

See pp. 5-6 of attached Annual Review Report.

15) EXTERNAL FACTORS

Not pertinent at this time.

16) INPUTS

There have been some minor delays in project states receiving cement and other building materials from the central GOI allocations, but these have been largely overcome (see p. 8).

17) OUTPUTS

See pp. 6-9, 13-28 of attached Annual Review Report.

18) PURPOSE

See pp. 9-10, 26-28 of attached Annual Review Report.

19) GOAL/SUBGOAL

Not pertinent at this time.

20) BENEFICIARIES

See pp. 5 of attached Annual Review Report.

21) UNPLANNED EFFECTS

Not pertinent at this time.

22) LESSONS LEARNED

Not pertinent at this time.

23) SPECIAL COMMENTS/REMARKS

Not significant at this time. Attachment: Report on the Annual Review of the Integrated Rural Health and Population Project, 42 pp.

6

REPORT OF THE ANNUAL REVIEW

OF THE

INTEGRATED RURAL HEALTH AND POPULATION PROJECT

JUNE 1 - 17, 1982

USAID/INDIA
OFFICE OF HEALTH, POPULATION AND NUTRITION
AUGUST 26, 1982

7

TABLE OF CONTENTS

		Page
PART I.	SUMMARY AND MAJOR RECOMMENDATIONS	1
PART II.	PROJECT BACKGROUND AND PURPOSE OF THE ANNUAL REVIEW	5
PART III.	PURPOSE 1: IMPROVED ACCESS TO HEALTH AND FAMILY PLANNING SERVICES	6
PART IV.	PURPOSE 2: IMPROVED AND EXPANDED SERVICES AND SUPPORT SYSTEMS	13
PART V.	PROJECT ADMINISTRATIVE ARRANGEMENTS	33
PART VI.	OVERALL STATUS OF IMPLEMENTATION PLAN AND SCHEDULE AND EVALUATION PLAN	39
PART VII.	STATUS OF CONDITIONS AND COVENANTS	40
PART VIII.	POTENTIAL OF THE PROJECT TO MEET PROJECT GOALS	40
PART IX.	SUMMARY OF CURRENT STATUS BY STATE	41
	ACRONYMS/ABBREVIATIONS	i
ANNEX	RECOMMENDATIONS BY STATE	43

8

ACRONYMS/ABBREVIATIONS

BEE	=	Block Extension Educator
CNA	=	Communications needs assessment
CTI	=	Central Training Institute
DEMO	=	District Extension Media Officer
HA(F)	=	Health Assistant/Female
HA(M)	=	Health Assistant/Female
HFWTC	=	Health & Family Welfare Training Centres
HW(F)	=	Health Worker/Female
HW(M)	=	Health Worker/Male
IRHPP	=	Integrated Rural Health & Population Project
MNA	=	Management Needs Assessment
MO	=	Medical Officer
MOHFW	=	Ministry of Health & Family Welfare
PHC	=	Primary Health Centre
PP	=	Project Paper
SC	=	Sub Centre
TNA	=	Training Needs Assessment
Tr.Dai	=	Trained Dai
USAID	=	United States Agency for International Development
VHG	=	Village Health Guide

PART I. SUMMARY AND MAJOR RECOMMENDATIONS

The Integrated Rural Health and Population Project has been slow to start, but has now developed substantial momentum in several major components. With regard to Purpose 1 access targets, three of the five states have begun construction of planned additional facilities, with Himachal Pradesh greatly exceeding first year project targets. Most materials shortages and other problems have been resolved, and the construction component should progress well in the coming year.

All states are training new workers to "operationalize" the Model Plan delivery system, but recruitment of females, particularly for health supervisory positions, is a problem in some areas. Himachal Pradesh also faces a serious shortage of training capacity to meet project requirements. In existing health facilities, high vacancy rates and seconding of female health workers and health assistants to hospitals or PHCs continue to impede achievement of Purpose 1 targets and is not consistent with the terms of the Project Agreement.

Completion of data collection for the training needs assessment (TNA) has been a major first step toward implementing Purpose 2 planned improvements and expansion of service and support systems. The TNA was successful as a result of cooperation between GOI and state training specialists, project staff, USAID staff and American consultants. Like the TNA, the communications and management needs assessments, along with the operations research component, are complex technical activities not conventionally done within state health and family welfare departments. The review findings strongly indicate that it will require orientation and special courses for project staff, coupled with substantial continuing Indian and American technical assistance to successfully complete the Purpose 2 assessment and improvement components in a timely way.

Assessment of logistics management, including the current availability of reversible contraceptive methods and critical drugs supplies and equipment for mortality reduction in children 0 to 4 years old, a first year priority activity cited in the Project Agreement, has just begun, and completion of this activity is of highest priority in this project year.

It is also clear that given the increasing tempo and breadth of project activity, it will not be possible for the state and district project offices to manage and monitor all project activities, nor maintain progress, without staffing all technical/managerial positions in the various technical cells. The almost total lack of project support staff at the district level, and the non-filling of some key project cells at the state level or giving the work as an additional charge to existing personnel seriously impede project implementation capability and is not consistent with the terms of the Project Agreement.

The potential for the project as currently designed to achieve fertility and mortality goals is still clear. Achievement of these goals is, however, predicated on how successfully the quantitative and qualitative components of the Model Plan can be operationalized in a timely way. The Annual Review has identified critical areas requiring priority attention to realize the Model Plan potential.

Summary by State

Gujarat: Gujarat has made satisfactory first-year progress on construction and training of additional workers. Vacant service worker posts have been filled to a large extent. However, most of the state and all of the district technical cells have not been filled. Moreover, recent changes in both district project officers are a problem for continuity of project implementation.

Maharashtra: No construction had begun in Maharashtra at the time of the Annual Review. Vacant posts for female health assistants is a serious problem. No data concerning the current status of training additional workers was available for analysis during the Annual Review. Project management is a major concern, as no permanent State Project Director, called for in the Project Agreement, has been appointed, nor have any of the state or district level technical/managerial cells been staffed.

Haryana: No construction had begun at the time of the Annual Review. Satisfactory progress has been made in training new workers, but vacant posts for female health workers and female health assistants is a serious problem. Likewise, some project staff posts at the state level, and all district-level technical cells remain to be filled. Haryana has not held a Project Governing Board meeting to date.

Himachal Pradesh: Construction progress in Himachal Pradesh has greatly exceeded targets for the first year, and the state leads all project areas in this activity. Training of new village health guides and dais progressed satisfactorily, but training of female health workers and female health assistants is a major problem. Moreover, the shortage of training capacity looms as a serious obstacle to meeting Model Plan manpower targets. With none of the state and district level project technical support cells filled, there is concern about the state's capability to maintain progress as project activities expand beyond construction.

Punjab: Progress on construction has begun, but is below targets for the first project year in all categories. No data concerning the current status of training additional workers was available for

analysis during the annual review. The state initiated a management training course for project and other health staff. Like other states, Punjab has not filled most state level and all district project technical cells.

MAJOR RECOMMENDATIONS FOR THE SECOND PROJECT YEAR ENDING MARCH 31, 1983

For the GOI/States:

1. As called for in the Project Agreement, priority attention should be given to filling crucial vacancies in existing health facilities, especially those for female health workers, female health assistants, and instructors in training institutions.

2. As called for in the Project Agreement, all remaining vacancies in state and district project technical cells should be filled with qualified staff at the earliest date. Maharashtra should appoint a State Project Director by October 1, 1982.

3. As called for in the Project Agreement, complete assessment of logistics management, including availability of reversible contraceptive methods, on a highest priority basis.

4. All states should reassess their required additional numbers of health workers in all categories based on 1985 (end of project) population projections to assure that adequate training capacity will be available.

5. Technical workshops, using Indian and American consultant assistance as needed, should be organized within the next three months to develop methodologies and action plans for the communications and management needs assessments, and for the operations research component.

6. Further needs for technical/management training for current staff and technical assistance requirements over the next year should be identified soon and built into the project implementation plan.

For the GOI and USAID

7 Discussions should begin immediately to consider the use of grant funds for technical assistance including Indian and American technical consultants. This would be accomplished by diverting funds from certain slow-disbursing line items of the budget.

8. USAID should identify and support appropriate seminars, workshops, and courses, conducted both in India and abroad and using grant funds to strengthen project staff skills in such areas as educational science, management and communications technology.

9. The GOI and USAID should identify the areas which will require continuing technical assistance and agree on the kinds and timing of consultant inputs to meet these needs. Areas of apparent need include: training, communications, and management technology; management and communications needs assessments; development of operations research strategies/proposals; personnel management; and monitoring and information systems.

10. An improved system of routine monitoring of key project areas such as construction, training, and filled posts should be established immediately.

11. A review should be made of the revised numbers of workers to be trained based on 1985 population projections, leading to a formal discussions and agreement on revised outputs and any required adjustments among the current budget categories.

PART II: PROJECT BACKGROUND AND PURPOSE OF THE ANNUAL REVIEW

Project Background

In the Integrated Rural Health and Population Project (IRHP), also known within India as the Area Development Project, USAID has agreed to support the accelerated implementation of the Government of India's (GOI) Model Health Plan in thirteen districts of five states: Maharashtra, Gujarat, Punjab, Haryana and Himachal Pradesh.

The goals of the project are to achieve:

1) A significant decline in the Crude Birth Rate.

2) A decline of 15% in the Infant Mortality Rate.

3) A decline of 20% in the 1-4 Mortality Rate.

To reach these goals within the context of the Model Health Plan, the project has the following purposes:

1) To improve access to health and family planning services that promote fertility and mortality reduction

2) To improve and expand the services and support systems of the Model Plan

The IRHP Project is thus an integral part of the Model Health Plan, and the project goals and purposes are consistent with the plan.

Analysis of fertility and infant and child mortality reduction in India, has enabled USAID to identify a specific set of twelve key family planning and health problems that are most immediately linked to the high infant/child mortality and fertility apparent in the project areas. These twelve problems are: (1) Early age of first pregnancy; (2) Short birth interval; (3) Large completed family size; (4) Low birth weight; (5) High incidence of birth injury and asphyxia; (6) Neo-natal tetanus; (7) Septicemia; (8) Malnutrition; (9) Diarrhea; (10) Respiratory infections; (11) Immunizable diseases; (12) Malaria.

Attacking these key problems is seen to have the highest potential for reducing fertility and infant and child mortality. It is, therefore, these problems on which USAID has chosen to focus project efforts to expand services and improve their quality within the Model Health Plan.

Purpose of the Annual Review

Under the terms of the Project Agreement between USAID and the Government of India, an Annual Review is to be held to assess current progress in each of the major areas which the project addresses. The scope of this Annual Review was planned to include an assessment of all planned activities and

targets through March 31, 1982. The review covered the following areas: (1) Central-level Project Management; (2) State-level Project Management; (3) District-level Project Management; (4) Filling of vacant posts; (5) Project Baseline Survey; (6) Assessment of Training, Management and Communication Needs; (7) Construction Progress; (8) Training Activities; (9) Management Information Systems; (10) Practical Research Studies; and (11) Routine project reporting.

Annual Review participants included selected officials from the Ministry of Health and Family Welfare, officials from the five states in which the IRHP is being implemented, officials from other Indian institutions who have a role in the Project and USAID/India staff. In addition, a group of five outside consultants were invited to assist in the Review process, applying their specialized skills and experience to specific facets of the project.

PART III: PURPOSE 1: IMPROVED ACCESS TO HEALTH AND FAMILY PLANNING SERVICES

3.1 Summary of Activities -- Past Year

After a slow start, construction got underway in three of the five states during the last quarter of the fiscal year. Himachal Pradesh led in construction, starting almost 50% of planned work. In two states constructic activities were more modest, and two states are yet to begin although the have ordered cement and steel. Training of additional workers in all categories to fill the expanded Model Plan system occured in all states, although recruitment of female workers appeared to be a continuing problem.

3.2 Current Status

Progress in achieving the IRHP Project's first major purpose -- improved access of the population to fertility and mortality reduction services -- is measured by the extent to which the Model Plan facilities are completed and fully staffed, and all levels of the system are offering planned services which are utilized by the population in need. The key concept is to make the system operational, that is, all levels of the system, both existing components and those added under the Model Plan, must be fully staffed and appropriately equipped to provide the planned services.

A first crucial element is to make existing health facilities operational, that is, to fill current vacant posts. The GOI, in the Project Agreement, agreed to fill existing health and family planning staff vacancies in Project Districts on a priority basis during the first year of the Project and maintain optimal staff levels during the rest of Project period. Table 1 summarizes current filled posts reported by the project states. The circled ◯ numbers indicate where the filled post rate is less than 90%.

TABLE 1

Current Status, Purpose 1 -- Improved Access:
Status of Filled Posts in Existing Facilities

	Gujarat	Maharashtra	Haryana	Himachal Pradesh	Punjab
Worker Category	Posts Filled / Total Posts* = %	Posts Filled / Total Posts* = %	Posts Filled / Total Posts* = %	Posts Filled / Total Posts* = %	Posts Filled / Total Posts* = %
FMHW (Female Multipurpose Health Workers) at subcentres	442/467 = 95%	258/258 = 100%	247/512 = 48%	246/274 = 90%	557/697 = 87%
MMHW (Male Multipurpose Health Workers) at subcentres	655/655 = 100%	569/595 = 99%	396/470 = 84%	253/253 = 100%	557/637 = 87%
FHA (Female Health Assistants)	92/106 = 87%	21/80 = 26%	27/118 = 22%	79/88 = 90%	148/159 = 93%
MHA (Male Health Assistant)	154/154 = 100%	213/213 = 100%	101/118 = 86%	85/119 = 71%	173/159 = 109%

The lowest filled post rates are for FHA's and three of five states have excessively low rates, particularly Maharashtra and Haryana. Haryana also has low filled post rates for FMHW's and also has less than satisfactory rates in all categories. Actual filled post rates may be lower than the data above for FMHW's as they are sometimes seconded to hospitals but carried on the records as working at subcentres.

The current status of construction of new facilities - a key element in improving access -- is shown in Tables 2 and 3. Project targets in USAID's Project Paper (PP) for construction in the first year were 15% starts for subcentres and LHV quarters. The circled numbers in Table 2 indicate where first year targets were not met. Note that the states began construction of many units other than listed in the PP implementation plan. This is very good as the faster construction is completed the better.

* Total posts existing as of the beginning of the Indian Fiscal Year 80/81, the year in which the Project Agreement was signed. As new facilities are opened each year, the number of total posts increases, thus changing the denominators for each worker category in Table 1. Adjustments should be made annually to reflect the changes in total posts so that filled posts can be accurately monitored.

TABLE 2

Current Status, Purpose 1 -- Improved Access:
Additional (New) Service Facilities and Quarters Under Construction

	All States		Gujarat	Maharashtra	Haryana	Himachal Pradesh	Punjab
Construction Type	Tot. Planned per PP	*Cum. to date	No. to date / No. planned	No. to date / No. planned	No. to date / No. planned	No. to date / No. planned	No. to date / No. planned
Subcentres	1389	162	60 / 334** = 18%	0 / 421** = 0%	0 / 200 = 0%	79 / 137 = 58%	23 / 297 = 8%
New PHCs	8	3	None planned	None planned	0 / 3 = 0%	3 / 5 = 60%	None Planned
New RFWCs	101	20	0 / 30** = 0%	0 / 15** = 0%	0 / 12 = 0%	20 / 22 = 91%	None planned
Upgraded PHCs	34	2	0 / 8** = 0%	0 / 7 = 0%	0 / 5 = 0%	2 / 6 = 33%	0 / 8 = 0%
LHV Quarters	650	129	60 / 150** = 40%	0 / 163** = 0%	0 / 92** = 0%	56 / 103 = 54%	13 / 142 = 9%

* Indicates facility at some stage of construction; no completed structures have been documented.

** Indicates that the number of planned structures proposed by the state documents differs from numbers in Project Agreement.

Regarding subcenter starts, Gujarat and Himachal Pradesh met the first year targets. Regarding LHV quarters starts, Himachal Pradesh met the targets. Overall, construction of new facilities has clearly progressed furthest in Himachal Pradesh; progress is modest (Punjab, Gujarat) to nil (in Haryana and Maharashtra). But it also appears that the earlier delays in building plan approvals, site selection and availability of cement and steel have been largely overcome. Construction should therefore proceed rapidly in all states by the end of the current calendar year.

It has also been noted that the number of facilities planned in Gujarat, Maharashtra and Haryana are lower than the corresponding categories in the GOI/USAID Project Agreement and Project Implementation Letter No. 2.

The current status of training of additional workers, the other key element in improving access, is shown in Table 3. Project targets from the PP were that 15% of planned additional workers would be trained or under training by the end of the first project year. The circled numbers indicate where targets were not met or where information was not supplied by the states.

TABLE 3

Current Status, Purpose 1 -- Improved Access:
Additional (New) Workers trained up to 31 March, 1982

	All States		Gujarat	Maharashtra	Haryana	Himachal Pradesh	Punjab
Worker Category	Total planned in ProAg.	Cum. to Date	No. to date / No. planned = %	No. to date / No. planned = %	No. to date / No. planned = %	No. to date / No. planned = %	No. to date / No. planned = %
CHVs	5681	*	100/666 = 15%	**	772/1285 = 60%	206/918 = 22%	None Planned
DAIs	9963	*	542/1196 = 45%	**	375/1364 = 27%	338/1563 = 22%	**
FMWs	2308	*	160/552 = 29%	**	73/300 = 25%	0/368 = 0%	**
MMWs	432	*	None Planned	**	20/95 = 22%	55/310 = 18%	**
LHVs	399	*	40/180 = 22%	**	20/80 = 25%	4/84 = 5%	**

* Cumulative total not possible because of lack of data for some states.

** Data not supplied by states at time of Annual Review

The table shows that progress was excellent in Gujarat and Haryana, modest in Himachal Pradesh, and undocumented in Maharashtra and Punjab. Recruitment of women as FMW's and LHV's is a problem in Himachal Pradesh and in Maharashtra.

3.3 Problems and Constraints

Although considerable progress has been demonstrated for training and construction in project states during the past year, there are currently several areas of concern which hamper the Project's ability to successfully achieve Purpose 1: access targets. These are:

a) Low Filled Post Rates

High filled post rates for female health workers in subcenters and primary health centers are most critical as female workers provide the bulk of women's and children's services related to fertility/mortality reduction. However, several of the project states have serious problems with low filled post rates, particularly for the female health worker categories. As Table 1 showed, Haryana, Himachal Pradesh and Punjab appear to have low levels of filled posts

for female multipurpose workers in subcenters. The filled post rates are even higher for female health assistants, also known as lady health visitors (LHV), who are supervisors of the female health workers, particularly in Maharashtra and Haryana. Maharashtra, is attempting to deal with one part of the problem by developing an abbreviated six month "bridge" course for selected ANMs to upgrade them to LHV status.

A further complication in some states is that although female health workers have been officially assigned to subcenters, many are actually working in district hospitals, to which they have been seconded to meet critical shortages of staff nurses. This has been noted by consultants that vacant posts for instructors also hampers the capability of regional training institutes in several of the project states, particularly Himachal Pradesh.

b) Numbers of Facilities

The number of facilities of each Type to be constructed are listed by state in the Project Paper. However, in Gujarat, Maharashtra and Haryana, the numbers of facilities appearing in state documents are lower than the GOI/USAID Project Agreement totals. These numbers need to be rectified.

c) Completion of Facilities

In several states, many structures are nearing completion, but have no water, electricity or sanitary facilities installed. Since these facilities normally require a separate contractor, full completion of the structures is often delayed. Followup on construction to completion and PWD certification should be given high priority.

d) Training Additional Workers

Planning for state manpower needs under the Model Health Plan has been facilitated by the Work Plans and Budget Estimates developed by the MOHFW with USAID assistance in three of the five project states. The remaining two plans are in preparation. These Work Plans project manpower needs through 1985 based on 1981 census data and projected population growth to mid-1985. The revised work plans would substantially increase the number of workers to be trained in all categories above the current Project Agreement levels, (based on mid-1982 population estimates using the 1971 census as a base) and the GOI and USAID need to consider ways to fund this additional training if mid-1985 is to be used as the project planning figure.

It became apparent during the first project year that some states might have problems with meeting the targets for the training of additional Health Workers/ Female due to a shortage of training capacity to meet both project targets and the overall state-wide targets. The most acute problems were found to be in Himachal Pradesh where the planned expansion of the Model Plan is the highest (based on their hilly terrain) and training capacity to meet current and future needs is far from adequate, particularly for Female Health Assistants. The state Project Director estimates that given planned training capacity in the state (including construction of two ANM schools and temporary conversion of two other male health worker schools to training females), there will be a shortfall of about 400 female multipurpose health workers for the Model Plan in the project districts, and about 750 for the whole state. This suggests that imaginative approaches must be developed quickly to resolve this problem. More understanding of the training capacity situation in Haryana, Punjab and Gujarat is needed and will be looked into in the coming year.

3.4 RECOMMENDATIONS FOR THE SECOND PROJECT YEAR ENDING MARCH 31, 1982

For the GOI/States

3.4 1. Regarding Filled Posts

1.1 For the GOI, improvements in supervisory monitoring of the filled post rates are recommended, particularly action to maintain filled post rates for all workers at or above 90% throughout the life of the project in accordance with the terms of the Project Agreement.

1.2 For Maharashtra, improve the filled post rate for FHA's to at least 90%.

1.3 For Haryana, improve the filled post rate for all workers, especially FMHW's and FHA's to at least 90%.

1.4 For Himachal Pradesh, improve the filled post rate for MHA's to at least 90%.

1.5 For Punjab, improve the filled post rate for FMHW's and MMHW's to at least 90%.

1,6 The GOI should consider establishing guidelines for the states under the Model Health Plan to specifically limit the proportion of female multipurpose health workers who may be seconded from rural subcentres to district hospitals.

3.4 2. Regarding Construction

2.1 For the GOI, improved monitoring of construction is recommended, particularly so that 50% of all subcenter and LHV quarters construction has begun by March 31, 1982. Special attention should be given to Maharashtra, Haryana, and Punjab, where progress to date is not satisfactory.

2.2 For Gujarat, progress should be made this year in beginning construction of RFWCs and upgraded PHCs; 50% of all planned subcenters and LHV quarters should be started before the year ends.

2.3 For Maharashtra, Haryana and Punjab, starts should be made for all categories of construction on an accelerated schedule. The number of subcenters and LHV quarters started should approach 50% of overall targets by the year's end.

2.4 For Himachal Pradesh, continue execllent progress to date, but assure that facilities are fully equipped with electricity, water supply, and sanitary facilities, which are currently lacking in many structures nearing completion.

2.5 All states should carry construction of planned facilities to completion, that is, confirmed with PWD certification. Priority should be given to installation of water, electricity and sanitary facilities, which often lag behind structual work.

3.4 3. Regarding Additional Workers Trained

3.1 For the GOI, improve monitoring of the training of additional workers, particularly of FMWs and LHVs, and with particular reference to Maharashtra, Himachal Pradesh, and Punjab. Special attention should be given to assure that adequate training capacity exists or is adequately planned.

3.2 For all states, review annual training needs based on population projections to 1985 and assure that adequate training capacity is available for all worker categories. Funding of training for additional workers beyond the current Project Agreement totals should be discussed with USAID.

3.3 For Gujarat and Haryana, maintain current good progress.

3.4 For Maharashtra and Punjab, send data to the GOI as soon as possible so that the GOI and USAID may review the current status of additional workers.

3.5 For Himachal Pradesh, the following special actions are recommended:

(a) The state should temporarily convert two male multipurpose health worker training schools to train female workers for the duration of the Model Plan period.

(b) To meet the estimated shortfalls of about 400 FMHW in the project districts, and 750 in the state overall, the Himachal Pradesh Project Director should consider the possibility of contracting private medical colleges and hospitals in neighbouring states to train the additional FMHWs needed. (At this writing, the Project Director has raised this topic with his state government, and is making informal contact with private training institutes in the Punjab).

For USAID:

4.1 USAID should, with the GOI, jointly monitor the vacant posts situation in each state, as well as annual achievements of planned training and construction targets. (At this writing, USAID is considering a computerized system to monitor the filled post rate, construction, training).

4.2 USAID and the GOI should consider using an outside personnel management specialist, teamed with an Indian specialist, to fully review the problem of vacant posts, absenteeism, and seconding, especially for women, leading to possible recommendations for feasible corrective actions.

4.3 USAID should review the revised numbers of workers to be trained based on 1985 population projections, which exeeed current Project Paper totals, and consider the desirability of funding the additional training required and mechanisms to do it.

4.4 Work with the GOI to complete the analysis of training capacity for HW/Fs in Haryana, Punjab, and Gujarat.

PART IV - PURPOSE 2: IMPROVED AND EXPANDED SERVICES AND SUPPORT SYSTEMS

4.1 Summary of Activities in Past Year

Activities in the past year were predominantly preparation for the various baseline assessments which will provide the information on which planning for service and support system improvements will be based. The baseline community survey questionnaire was finalized, and data collection is scheduled to begin September 1982. A Training Needs Assessment (TNA) was successfully organized with central/regional training institutes, and data collection and analysis provided a basis for current preparations for improved training methods and curricula. Similar preparatory steps for the communication needs assessments were also undertaken. Construction of facilities to expand training capacity began only in Himachal Pradesh. Likewise, renovation and improvement of existing service facilities were concentrated primarily in Himachal Pradesh.

4.2 Current Status

Within the IRHP Project's second major purpose - improved and expanded services and support systems - there are five subpurposes: (a) Improved and expanded services; (b) Improved and expanded training support; (c) Improved and expanded communications support; (d) Improved and expanded existing service facilities; and (e) Improved and expanded management support.

(a) Improved and Expanded Services

The first major step toward improving service quality - the Training Needs Assessment - was developed successfully and completed in all states in cooperation between the MOHFW, project states, central and regional training institutes, University of Hawaii consultants, USAID staff. The TNA assessed knowledge and skills of the trained dai (TD), Village Health Guide (VHG), Health Worker (Female) (HW/F), and Health Worker (Male) (HW/M) related to the twelve key fertility and mortality problems. A summary of major TNA findings follows:

1. Village Health Guides (VHG) have scored less than satisfactory levels (below 80%) in knowledge and skills for all services except for medical care.

2. Trained dais have scored less than 80% in knowledge and skills for all services tested -- family planning, antenatal care, midwifery, and care of the newborn -- the services that are the core of their work.

3. Health Workers (Female) scored less than 80% in knowledge and skills in midwifery, care of the newborn, nutrition, diarrheal care, which comprise the most important services of the HW/F. Punjab and Haryana HW/F's also scored

low in other key service areas.

4. Health Workers (Male) scored less than 80% in all services checked in almost all districts. In Gujarat and Himachal Pradesh, the HW/M did, however, score more than 80% for knowledge and skills in family planning, medical care and immunization.

The results of the TNA were presented shortly after the Annual Review in a TNA workshop. It is clearly seen that worker skills and knowledge need a great deal of improvement so that they can offer an effective quality of service. However, all states need to upgrade their existing workers as soon as possible so that they reach the minimum level for effective quality of services. Since this TNA covered five of the most progressive states in India for the four peripheral service workers, it may represent the situation in other areas in India regarding the quality of the workforce in these areas. The results suggest that the GOI should give the highest priority to improve the quality of the basic training programs for trained dais, VHGs, HW/Fs, and HW/Ms about fertility and mortality reduction services so that the remediation efforts now needed for existing workers can be prevented in the future. The GOI should also consider a monitoring system for knowledge and skills of workers to be carried out on a sampling basis throughout the country to monitor the knowledge and skill level of the workforce so that acceptable levels of quality are maintained and so the workers provide effective services to achieving the GOI targets of a CBR of 21 and an IMR of 60 by 1995. In addition, the TNA should in the coming years analyze the knowledge and skills of the health assistant and medical officer cadres.

Besides the TNA, an additional first year target in the USAID Project Paper was that 15% of existing service workers should receive in-service training during the first project year to improve their skills. Since the GOI has monthly in-service training for all service workers at the Primary Health Center on pay day each month, all FMWs, MMWs, HW/Fs, HW/Ms, Health Assistants (Male), and Health Assistants (Female) did receive more than one in-service training session. Trained dais and VHGs did not receive any. Next year, special in-service training, based on the results on the results of the TNA, will occur so that the workers begin to progress to the desired standards of performance for the key problems.

Table 4 shows the planned project targets for this subpurpose 2.1, Improved and Expanded Services, and the current status as of the end of the first project year. The current year will have a major focus on the special in-service training of existing workers for the areas where knowledge and skils were less than satisfactory and the next Review should show significant progress in these areas.

Table 4

Current Status: Purpose 2.1: Improved and Expanded Services

Project Target Outputs	Total Planned	Gujarat	Maha-rashtra	Haryana	Himachal Pradesh	Punjab
Analysis of family planning and disease patterns in districts	1 per state	Need to be determined by results of baseline survey and special studies.				
Analysis of service quality in project-assisted districts	1 in each district	TNA data collection for quality has been completed in all project districts and analysis is done.				
Existing VHGs with improved skills	5882	Inservice training to upgrade worker skills, based on the results of the TNA, is currently being planned by all states to begin in October, 1982.				
Existing trained dais with improved skills	5497					
Existing HW/Fs with improved skills	1183					
Existing HW/Ms with improved skills	1982					
Existing HA/Fs with improved skills	229					
Existing Health Assistants/Male with improved skills	693					
Existing Medical officers with improved skills	267	TNA for medical officers to be planned in 1983.				
Innovative services field-tested		These will be determined after analysis of TNA and baseline survey data				

(b) Improved and Expanded Training Support

Prior to the Project Agreement, the plans included construction of 47 additional training facilities: 16 HW/W training annexes at PHCs, 29 training/community meeting rooms at upgraded PHCs, one HW/M training center, and one regional Health and Family Welfare Training Center. Table 5 on page 19 notes the current status of the additional training facilities constructed and the circled ◯ numbers indicate where the first year Project Paper target of 15% of these facilities being started was not met. The expansion of training capacity for Health Workers/ Female in Himachal Pradesh was discussed previously.

The states had recognized during project planning that not only would they need an expansion in the capacity of their training institutions, but that the institutions needed strengthened capability as well. The findings of the TNA bear this out. To begin the planning of these improvements, the TNA was conceived to have two parts: (1) an analysis of the knowledge and skills of the workforce and (2) an analysis of the capabilities of the training institutions to remediate the areas found to be weak by the first part of the TNA, and to prevent these weaknesses by improvement of the pre-service training courses. The Annual Review training consultant began the second part of the TNA, an analysis of the capability of the training institutions. The major findings are shown below:

ANALYSIS OF CURRENT TRAINING CAPABILITIES OF THE MOHFW TRAINING SYSTEMS

1. Regarding the capabilities of training institutions to carry out in-service training to improve the knowledge and skills of workers the following was noted:

   - Central Training Institutes (CTI) and Health and Family Welfare Training Centers (HFWTCs) have well trained staff, a high rate of filled posts, and are motivated to play an important role in improving the training and quality of the workers but feel that they may be out-of-date in some technical areas and could benefit from more training in educational science, especially in curriculum development, training methods, and training evaluation.

   - Central Training Institutes (CTIs) and Health and Family Welfare Training Centers (HFWTCs) have the capacity to develop, with technical assistance, in-service training modules for workers and to train the in-service trainers of workers if they can (a) shift some of their training burdens to other peripheral institutions and/or (b) have additional trained staff,

and (c) are better organized for their professional support role to more peripheral institutions rather than conducting so many courses themselves.

2. Regarding the capabilities of Primary Health Centers (PHCs) to carry out in-service training to improve the knowledge and skills of multi-purpose workers and VHCs, the following was noted:

   - PHCs have a medical officer in charge of training assisted by a BEE and HA/F, but the medical officer has a heavy burden of other work so he commonnly delegates training to other staff who lack suitable training for the work and may not be up-to-date in technical areas. The PHC is a good site for in-service training if adequately staffed for the job.

   - PHCs lack enough translated training manuals to distribute to current staff, and often lack training materials for the trainees.

3. Regarding the capabilities of Health Worker/Females (HW/Fs) at subcenters to carry out in-service training to improve the knowledge and skills of trained dais, the following was noted:

   - The HW/Fs have a low filled post rate making adequate training for trained dais difficult.

   - The HW/Fs have only general instructions about training of dais and have little, or no experience in training methods.

   - The HW/Fs have inadequate knowledge and skills themselves as shown by the TNA, Part I, so they now cannot adequately train dais.

   - The HW/Fs, even if they have training manuals, haven't been trained how to use them.

4. Regarding the capabilities of Health Worker/Female Training Schools to carry out pre-service training to impart the necessary knowledge and skills for HW/Fs, the following was noted:

   - Severe staff shortages exist in most schools.

   - Many trainers lack experience, skills, and training in educational science and are often out-of-date with current technical information.

- There is a severe shortage of printed materials in local languages for use during training and most students do not receive the HW/F Manual during the training course.

- The curriculum is now a blend of two previous curricula and the training approach for this curriculum does not reflect the jobs of workers in a rural subcenter. In fact, the training is mostly hospital-based and often focusses on hospital nursing. In addition, while the curriculum has increased in scope, the training time has decreased.

- There is limited experience in rural community settings, and tutors do not accompany students during field experiences. Shortages of sleeping accomodations hamper field placements.

5. Regarding the capabilities of Health Worker/Male Training Schools to carry out pre-service training to impart the necessary knowledge and skills for HW/Ms, the following was noted:

   - Most workers are upgraded from unipurpose worker cadres and only receive a short course at the PHCs where they suffer the same problems as other workers receiving in-service training at PHCs.

   - For new workers, only one school was visited, so observations are limited, but seem to indicate similar problems to HW/F schools, as also reflected by the low scores by HW/Ms in the TNA, Part I.

Table 5 shows the planned project targets over the life of project for this subpurpose 2.2, Improved and Expanded Training Support. Current year project targets are noted as well as the current status of all activities. Progress in construction of additional training facilities is very good in Himachal and unsatisfactory in other states.

Table 5

Current Status: Purpose 2.2: Improved and Expanded Support System

b. Improved and Expanded Training Support

	Gujarat	Maha-rashtra	Haryana	Himachal Pradesh	Punjab
Training Needs Assessment for service workers, trainers, and training institutions	TNA for peripheral service workers complete. TNA for improvement of trainers and training institutions begun.				
Additional Training facilities under construction (planned=47)	0/13 =0%	0/7 =0%	0/2** =0%	7/11** =64%	0/14 =0%
Additional managers trained	To be determined after the Management Needs Assessment				
Existing managers with improved skills (first year target = 75% of project staff)	All project management staff gained an increased understanding of the management concept of "quality control" by participating in the TNA and seeing its results.				
Additional trainers trained and additional person-years of training by trainers	To be determined after the second part of the TNA				
Existing trainers with improved skills (first year target = 75% of trainers in project areas)	Nearly 100% of trainers supporting project areas have improved skills by participating in the design and implementation of the TNA				
Innovative training activities field-tested	TNA carried out in all states for the first time in this sector in India				

* Includes: 16 FMW training annexes at PHC's, 29 training/community meeting rooms at upgraded PHC's IMMW training center, and regional family welfare training center.

** Numbers of some structures indicated by state differ from project agreement numbers.

(c) Improved and Expanded Communications

Five major areas of communications capability have been targeted for improvement and/or expansion: (1) interpersonal communication skills of service workers; (2) community involvement and orientation; (3) interdepartmental cooperation and coordination in motivation/education; (4) improved management of communications through decentralization and improved communications management skills for district and block extension education agents; and (5) improved communications training capability at the district and block levels.

A review of project communications activities was conducted by the Annual Review communications consultant in view of the fact that the CNA had not yet been organized. His observations are summarized as follows:

1. Communications posts at state, district and block level are kept filled with few exceptions.

2. Most of the working time of the Block Extension Educators (BEE's) is spent in planning and conducting Orientation Training Camps for community leaders, mostly directed towards enlisting local leadership and support in promoting family planning.

3. Compensations in the form of cash, and sometimes also gifts and/or certificates are provided to acceptors and motivators. Motivators include previous acceptors, village leaders or health cadre personnel. These compensations generally are felt to be very important in motivating acceptance of sterilization.

4. Considerable communications emphasis is placed on family planning targets; no comparable targets exist on the health side, and as an apparent consequence, the health side receives relatively less attention.

5. It appears that until other attitudes and behaviors receive attention from the health and family welfare communications system, less appreciable changes in these attitudes and behaviors will be seen.

The major constraints in the way of instituting the CNA and subsequent improvements indicated, appear to lack experience and training within the communications cadre related to planning, implementing and monitoring inter-personnel communications programs in a systematic fashion. This appears to be the case at all levels. At the Central State and even District levels the major responsibilities seem to pertain to "mass" media campaigns. At the block (PHC) level systematic planning, implementation and monitoring occurs but it is almost exclusively directed towards meeting sterilization targets. Real changes in knowledge, attitudes and behaviours have received relatively less emphasis.

In contrast, the lack of technical communications skills appears to be a more secondary problem, if it truly exists at all. The relative success of the sterilization campaign seems to attest to this conclusion. In any case, as the necessary changes are made in the monitoring and motivational procedures inevitably the technical skills deficiencies will become increasingly apparent.

Most of the planned improvements in communications are predicated on completion of the Communications Needs Assessment. A workshop to organize the CNA has been scheduled for August, 1982. The expected subsequent outputs are summarized in Table 6.

Table 6

Current Status: Purpose 2.2: Improved and Expanded Support System: Improved and Expanded Communications Support

Output of Category	Gujarat	Maharashtra	Haryana	Himachal Pradesh	Punjab
Through Communication Needs Assessment (CNA) - 1 planned	Workshop to plan CNA is scheduled for August 1982.				
- Community people trained through training camps district and block level people trained through camps.	Will be planned after CNA.				
- Field workers from other govt. departments trained in family planning and health communications - Communications managers trained - Communications trainers trained	Will be planned after CNA.				
- Innovative communications activities field tested	Will be planned after CNA.				

(d) Improved and Expanded Existing Facilities

As part of the plan to improve the quality of services, selected existing service facilities are being upgraded and improved. On completion of improvements the facilities must be fully staffed and equipped to make them operational. Table 7 summarizes progress to date on improvements and expansion of existing facilities. Only Himachal Pradesh and Punjab have begun facilities improvements. However, none of this construction was a priority activity for the first project year.

Table 7:

Current Status: Purpose 2.2: Improved and Expanded Support System: Improved and Expanded Existing Facilities

	All States		Gujarat	Maha-rashtra	Haryana	Himachal Pradesh	Punjab
Construction Type	Total Planned per project agreement	cum to Date	No. begun to Date=% / No. Planned	No. begun to Date=% / No. Planned	No. begun to Date=% / No. Planned	No. begun to Date=% / No. Planned	No. begun to Date=% / No. Planned
Existing PHC's renovated	37	8	None Planned	0=0% / 17	None Planned	8*=133% / 6	0=0% / 14
Existing RFWC's renovated	3	0	None Planned	0=0% / 3	None Planned	None Planned	None Planned
Existing PHC's with operating theater added	67	9	0=0% / 24	0=0% / 13	0=0% / 10	2=29% / 7	7=55% / 13
Existing subdivisional hospitals renovated	2	2	None Planned	None Planned	None Planned	2=67% / 3	None Planned
Transport Workshops	1	1	None Planned	None Planned	None Planned	1=100% / 1	None Planned

* Number of planned structures indicated by state documents differs from Project Agreement

(e) Improved and Expanded Management Support

Strengthening management support is directed at (1) improving monitoring of service and support system activities; (2) improving program operations through altering management procedures and patterns and by conducting practical research studies; and (3) evaluation of program impact. The current status of each of these components is summarized in Table 8.

Table 8:

Current Status: Purpose 2.2: Improved and Expanded Support System: Improved and Expanded Management Support

Output Category	Gujarat	Maha rashtra	Haryana	Himachal Pradesh	Punjab
Management Information System(MIS) developed for monitoring services and support systems(1 per state)	Improved system developed by IIM Ahmedabad not yet operational	No activities underway yet.			
Practical research studies completed (minimum 5 per state)	Not begun to date				
Baseline surveys, mid-term evaluation, and end-of-project evaluation(1 of each)	Baseline survey data collection scheduled to begin in September, 1982. Mid-term evaluation planned for late 1983.				

Management Information System:

As Table 8 indicates, except for Gujarat, no specific activities aimed at improving the Model Plan management information system (MIS) have been undertaken in the states to date. The MOHFW has, however, prepared a new set forms for generating relavent data, and states are considering how to adapt or modify these to meet their needs. Gujarat had earlier contracted the Indian Institute of Management at Ahmedabad to develop an improved MIS for the state's use, but although completed, the system has not yet been implemented.

The Annual Review consultant concerned with examining the MIS activities observed that:

- The current reporting systems generate large amounts of data, but that it is not always available in a form useable for management decision making.

- In the existing reporting systems, much data concerning family planning is collected, but data are not generated on some of the key problems emphasized in the IRHP Project; on utilization of the system by age yearwise and be sex; on logistics management at the periphery; or to strengthen the prediction of contraceptive demand.

- There is a need, as part of the planned Management Needs Assessment (MNA), to specify a set as key management indicators related to Model Plan performance, and determine the data needs to monitor this performance.

- To date, there has been minimal effort made to monitor utilization of the government health system by women and children, particularly by those in disadvantaged groups, an area that is emphasized in the Project Paper and included in the Project Agreement.

Logistics

To achieve the project fertility and mortality goals, a major project objective is expansion of the availability of contraceptives and critical drugs and supplies. The Project Agreement specifies that in the first project year, a determination of the current availability of reversible methods of contraceptives and of critical drugs, supplies and equipment needs for mortality reduction in children 0 to 4 years old is to be completed. Although the full logistics assessment has not yet begun in the project's initial year, one consultant participating in the Annual Review made an initial, selective study in this area.

Using a simple methodology for estimating availability of contraceptives and basic drugs, the logistics consultant made several pertinent observations based on visits to a limited number of PHC's and subcenters. These observations may not represent conditions in all areas, but they suggest possible logistics issues which merit more systematic investigation.

At the subcenter level:

(1) The simple list of drugs included condoms, IUDs, folic acid, metroniazole, chloroquin, calcium, acriflamin, merchurochrome, gentian violet, aspirin, vitamin A, piperizine, furoxone, oral

rehydration salts, DPT and tetanus toxoid and vaccines. Only one-third of subcenters visited had oral contraceptives (OCs) on hand, and generally had very few OC acceptors.

(2) It appears that stockouts or shortages of many items on the above list are common, in part due to apparent shortages at the PHC level, and in part due to the subcenter workers' lack of skills in supply management.

At the PHC level:

(1) Drugs, vaccines and contraceptives are in greater supply, and stockouts are less common. Ordering is more systematic than at the subcenter level, and there are PHC staff who have supply management skills.

(2) Buffer stocks of oral contraceptives and IUD's were inadequate in one of the three PHC's visited. One PHC visited was out of stock for IUD's.

(3) Transportation of supplies from the district stores to PHC's was a problem in several areas where consignments were too large to be carried in the PHC jeep.

At the District level:

(1) District stores, though sometimes smaller in size than is ideal, are generally well-stocked and capably managed.

In general, it appears that there is not a problem with supplies of oral contraceptives or condoms relative to current demand but that the Copper-T IUD is having a rapid rise in demand which the system may not be currently meeting. Diaphragms and jellies are not currently supplied to the system. Improvements in re-ordering guidelines so that reasonable levels are always present at subcenters and PHCs is desirable. However, a more thorough analysis is needed in the second project year. The progress in making reversible contraceptives and critical drugs and supplies for mortality reduction in children 0 to 4 years will be given particular importance in the next Annual Review.

Practical Research Studies

To date, no practical operations research studies have been proposed, although there is a substantial portion of Project funds designated for this activity. Several states have suggested possible topics for further investigation, but no specific proposals have been developed. State Project Directors have been preoccupied with budgeting, construction, assessment and training activities, and have not been able to give attention to proposing studies designed to improve service delivery. Another limitation is that most states and all districts have not filled the Research and Evaluation Cells so that technical staff, who might identify areas for attention and develop proposals, are simply not available.

Operations research is, moreover, a technically complex area, and there is a need for orientation of project staff to its uses and methodologies, and for assistance in formulating proposals and identifying local groups who could implement them. Such an orientation of project staff, and assistance in developing specific proposals in each state should be high priority activities for the coming year. Progress in operations research is also dependent on selection and placement of staff in the state and district Evaluation and Research Cells.

Evaluation of Program Impact

Baseline survey questionnaires have been finalized for all states, and field data collection is scheduled to begin September, 1982. However, the data processing will not be done until the latter half of 1983. Thus, impact data gathering is proceeding as planned, but with a delay of about one year. The first Annual Review has taken place as planned.

Improved capability for evaluating program impact is expected as a result of organizing and staffing Evaluation Cells in the state and district project offices, training the evaluation cell staff, and involving them in project surveys and other studies. However, as has been pointed out in other sections, only Haryana and Punjab have appointed staff in the state level Project Evaluation Cell. No district level Evaluation Cell staff have been appointed. Until these positions are filled, it will be difficult to establish momentum in evaluation.

4.3 Problems & Constraints

Significant progress has been in some Purpose 2 improvement/expansion components in the past year. The primary achievements have been the successful organization of the TNA and finalization of plans for the baseline survey. Some construction of additional or expanded facilities to increase training capacity, or to improve service quality has begun. The level of construction is, to date, minimal in all states except Himachal Pradesh, but this situation is expected to rapidly change. Construction of all types has been slow to get underway, but most problems of design and budget approval, and construction materials availability have been resolved. There appear to be no major technical problems in implementing this project component. This should lead to continual progress in the facilities expansion/improvement program in the coming year.

The baseline studies and needs assessments are generally technically complex mechanisms, and some are relatively innovative approaches to generating data for planned service/support system improvements. The baseline community surveys have been contracted to the Registrar General's (RG) Office in the three northern states, and to the International Institute of Population Studies (IIPS) for the two southern states. These institutions have broad experience in doing similar

types of studies, and have capably organized surveys in the project districts. However, the IIPS and RG estimate that data summaries will not be available until about one year after data collection begins. This means that baseline survey data will not be available at a time appropriate for planning improvement activities, though it will still be valuable for overall project evaluation.

Consequently, the importance of completing the other planned baseline needs assessments and practical research studies to provide vital planning information becomes much more pronounced. The technically complex nature of the TNA, CNA, MNA and practical research studies have made it difficult for state project staff to formulate and operationalize these assessments. This problem has been generally resolved in the TNA through technical guidance provided to the states by government training institutes, USAID staff, and outside consultants. The approach that evolved for the TNA - orientation and planning workshops, with Indian and American consultant assistance-has proved to be a model which could be usefull followed for operationalizing the other studies. Similar workshops with consultant inputs, coupled with technical training courses for project staff both in India and abroad, could be used to guide the states in planning the CNA and MNA.

Mention should be made here of a constraint which affects the project states' capability to carry out all of the planned baseline assessments, studies, analyses. Technical cells, particularly the evaluation and planning implementation cells at the state level, and the communications, planning/implementation, and evaluation cells at the district level, for the most part have not been staffed, despite the availability of project funds for this purpose. With the projected heavy increase in activity related to the various baseline assessments, and management of improvement activities, the states will be unable to implement them unless these key staff posts are filled (this topic is discussed in greater detail in Part V).

Developing practical research/innovative studies is also a complex task for which the states and currently not well prepared. During the visits to the project states, project staff were able to suggest only a few possible areas for potential study to improve services. It is clear that considerable assistance is needed to orient state/district staff about the uses and methods of operations research, to select and formulate relevant research proposals, and to collect and analyze the results. A workshop on operations research would be a suitable first step in precipitating action in this area.

Management information systems are operating in all project states, and some, such as Maharashtra, have a well-organized network of feedback to inform each service level about its comparative performance with regard to targets,and with other facilities. However, although the Annual Review permitted only a brief examination of current systems, there appear to be information gaps related to monitoring some of the

key infant/child mortality services, coverage of high risk target groups, logistics, and personnel performance. Moreover, most service data available are expressed simply as numbers, and are not expressed as rates which would be more useful for monitoring.

Gujarat has previously engaged the Indian Institute of Management, Ahmedabad, to develop a modified management information system for use in the state. This task has been completed but the new system has not yet been introduced. A similar comprehensive analysis of each state's current MIS is needed, giving special attention to identifying data requirements for monitoring key services, utilization by priority target groups, and crucial support items. This analysis may then generate refinements in the MIS which will make it more appropriate for model plan performance monitoring.

Assessment of the logistics system, and its capability of adequately supporting project fertility and child mortality goals requires further priority attention, along with planning of training activities to upgrade supply management skills of subcenter-level workers.

4.4 RECOMMENDATIONS FOR THE SECOND PROJECT YEAR ENDING MARCH 31,1983

For the GOI/States

(a) Regarding Improved and Expanded Services

(1) The GOI should closely monitor the progress of the CTIs and regional HFWTCs in the preparation of the in-service training modules for the 12 key problems so that they are completed and field tested in a timely fashion.

(2) The GOI should request the states to prepare in-service training plans to correct the deficiencies found by the TNA. Such a plan should be submitted to Governing Boards by the end of calendar year 1982 and include activities for the next two Indian Fiscal Years through(IFY 84/85).

(3) The GOI should monitor the TNA plans for the health assistants which are to be developed by the CTIs and regional HFWTCs. The health assistant cadre is a priority for this year and includes management skills as well as family planning/health skills. TNA plans also should be made for the medical officer cadre.

(4) The GOI should give highest priority to decisions about improving the quality of the basic pre-service training of trained dais, VHGs, HW/Fs, and HW/Ms so that, in the future, time-consuming and costly remedial efforts are minimized.

(5) The GOI should sponsor a further analysis of the TNA data to date focussing on the analysis of the scores by various independent variables such as age of worker, educational background of the worker, place of training, date of graduation, and so forth. This could best be done by letting a contract with an Indian institution.

(6) The states should communicate the findings of the TNA within their departments and develop a training plan to remedy the weak areas found by the TNA so that workers score above the 80% level necessary for effective performance. The training plan should follow the schedule listed in (2) above.

(7) A workshop on developing operations research proposals should be organized before December 30, 1982, to: orient project staff to the uses and methodologies of operations research; generate specific proposals for operations research studies in the IRHP Project; identify technical assistance required to conduct the studies.

(b) Regarding Improved and Expanded Training Support

(1) Regarding training capacity, construction of all HW/F training annexes at PHC's should be nearly completed and all other additional training facilities should be under construction.

(2) Regarding capabilities of MOHFW training systems to carry out in-service training, the GOI should consider the following:

- Establish a permanent task force to monitor and improve in-service training in a systematic way.

- Strengthen the CTIs and HFWTCs supporting project areas by adding staff improving staff skills in curriculum development, training methods, and training evaluation. Provide budgetary support for an increased monitoring responsibility; and consider if an increased educational science support role for CTIs vis-a-vis other training institutions is desirable.

- Organize training of trainers courses for PHC staff involved in the training process including up-to-date technical content plus training methods.

- Distribute training manuals in the local language to current staff as soon as possible.

(3) Regarding the capabilities of MOHFW training systems to carry out pre-service training of HW/Fs and HW/Ms the GOI should consider the following:

- Monitor the filled post rate for trainers in basic pre-service schools on a routine basis.

- Analyze the knowledge and skills of trainers about up-to-date technical information and educational science areas on a priority basis.

- Analyze the curriculum vis-a-vis the findings of the TNA for key fertility and child mortality problems and improve the curriculum in these areas.

- Add budget to the schools so that trainers can accompany students on field placements.

c) Regarding Improved and Expanded Communications

1) A CNA Planning Workshop should be held within the next four weeks to operationalize the scope and methods of the CNA (at this writing the CNA Workshop is being planned). The CNA should include:

- Assessment of skills and knowledge of block and district communications workers;

- Assessment of knowledge, attitudes and practices with regard to key fertility and mortality problems/services among the general community and key groups as a basis for communications planning.

2) As a result of the CNA, develop inservice training modules for district and block level communications workers.

3) Review of the state, district and block communications infrastructure to determine how management and support for communications can be improved.

d) Regarding Improved and Expanded Management Support Systems

1) All remaining vacancies in district and state technical cells should be filled with qualified staff at the earliest date.

2) A Management Needs Assessment Workshop should be organized at the earliest possible date to: (a) Clarify the key management areas related to priority fertility/mortality services; (b) identify the methods and instruments for MNA data collection; and (c) develop on MNA workplan and guidelines for agencies contracted to implement the study.

3) A systematic analysis of logistics, including availability of reversible contraceptives and critical drugs and supplies for mortality reduction in children age 0 to 4, should be a prime component of the Management Needs Assessment, and should be completed in all states by March 31, 1983.

4) A logistics management component should be included in the in-service training courses for sub-center workers.

5) If supply management becomes a component of basic and in-service training of PHC and sub-center personnel senior supply management personnel from states or the Central Medical Stores should be called upon as consultants to and in developing simple supply procedures and necessary materials to train sub-center and PHC personnel in these skills.

6) Assessment of government health service utilization by women and children, particularly from disadvantaged groups, should be done as a priority to provide a basis for service planning.

7) A workshop on developing operations research proposals should be organized before December 30, 1982, to: orient project staff to the uses and methodologies of operations research; generate specific proposals for operations research studies in the IRHP Project; identify technical assistance required to conduct the studies.

8) A working group of MOHFW, state and USAID representatives, aided by consultants, as necessary, should review the current management information systems and recommend modifications as required to effectively monitor the Model Plan services and support system performance.

9) The GOI should consider possible consultant assistance from the East-West Population Institute in preparing for baseline survey data analysis.

GOI/USAID

1) The GOI/USAID should consider sending central, state and district training staff to courses/workshops in educational science, and educational technology both in India and abroad. Other training courses in various areas of management, communications and other technically relevant areas should similarly be arranged using Indian and American trainers as appropriate to strengthen project and other health staff skills.

2) GOI/USAID should facilitate the identification and contracting of Indian and American consultants as appropriate to assist the states in conducting the CNA, MNA, operations research, logistics and MIS improvement activities.

3) Indian and American organizations with proven operations research capability and experience in health and family planning should be identified to provide technical assistance in developing the projects potentially large operations research component and to assist in locating Indian agencies which could cooperate with the states to implement proposed studies.

PART V: PROJECT ADMINISTRATIVE ARRANGEMENTS

5.1 Summary of Activities in Past Year

An infrastructure for project management has been established at the central, state and district levels, with varying degrees of completeness. A central management/technical team was organized within the MOHFW; Project officers have been appointed for most states and districts; some, but not all, technical cells have been staffed at the state level, and few at the district level. Project advisory bodies have been established at central, state and district levels, though meetings have been infrequent. Central MOHFW and USAID staff have visited all project states to explain and facilitate management/technical activities.

The GOI and USAID agreed on procedures for project monitoring and reimbursement. USAID assisted in bringing in a variety of consultants to work with the GOI/states in planning and operationalizing several of the project's technical components.

5.2 Current Status

(a) GOI and State Administrative Arrangements

With a UNFPA grant, the MOHFW organized a core management/technical staff to support Model Plan states (including the five IRHP states) receiving external donor assistance. In recent months, this group has taken an active role in initiating workshops, and other activities to support and guide the states in implementing major project components, such as the TNA, CNA, and baseline surveys.

Table 9 (following page) summarizes the current status of state and district level project staffing. All states have appointed state directors, with the exception of Maharashtra, where an acting project director is in place. In recent months, there have been vacancies for district project officers in Punjab and Maharashtra, and transfers have been made in Gujarat. Vacancies and transfers of district project officers are an area for concern, particularly in light of the paucity of other district level project staff. Moreover, additional burdens are placed on state project directors to orient new officers to project goals and procedures.

To implement the various IRHP Project components, the Project Agreement provides budget for establishing technical cells at both the state and district levels. States were to form: a Planning and Implementation Cell, a Construction Cell, and a Research and Evaluation Cell.

Table 9

STATUS OF PROJECT MANAGEMENT STAFFING

Staffing Category	Maharashtra	Gujarat	Punjab	Haryana	Himachal Pradesh
STATE LEVEL:					
Project Director	Acting	Appointed	Appointed	Appointed	Appointed
Construction Cell	Under PWD	Under Zilla Parishad	Under PWD	Under PWD	Under PWD
Planning/Implementation Cell	None appointed	None appointed	None appointed	Appointed	None appointed
Research/Evaluation Cell	"	"	Appointed	Appointed	"
DISTRICT LEVEL:					
Project Officer	One recent transfer	All appointed, but transfer pending	One vacancy two appointed	All appointed	All appointed, but recent transfers
Construction Cell	Appointed	Under district Panchayats	Under PWD	Under PWD	Under PWD
Planning/Implementation Cell	None appointed	None appointed	None appointed	None appointed	None appointed
Research/Evaluation Cell	"	"	"	"	"
Communications Cell	"	"	"	"	"

* Osmanabad district will bifurcate August 15, 1982, requiring new staff arrangements.

In the districts, there should likewise be Planning/Implementation, Construction and Research/Evaluation Cells; and in addition a Communications Cell is also specified. Each cell is to have technical officers and support staff.

The construction cell functions have been capably assumed in most of the states and districts by the state and district Public Works Departments (PWD). In Gujarat districts, another body, the local government Zilla Parishad, has assumed responsibility for construction. However, with the exception of Haryana, no state has yet appointed a full technical staff, and none of the districts has filled any of the technical cells, as Table 9 indicates.

A central Project Advisory Committee has been established and has met once, with a USAID representative attending. State Governing Boards, chaired by the state chief secretaries, have been organized in each state to review major planning/budgetting activities, as have state level steering committees. USAID representatives have attended all recent meetings of the governing boards. To date, governing boards have met infrequently. Four of the states have had one meeting since January 1, 1982. Haryana has not yet convened a board meeting. With the growing pace of project activity, more frequent meetings would be useful, perhaps on a quarterly basis. Maharashtra has begun to hold board meetings quarterly.

State project directors are generally familiar with the goals and purposes of the project, but as mentioned previously, they have not had a clear idea of the methodologies for carrying out some of the technical baseline assessments. The technical workshops, such as those organized for the TNA, have been useful vehicles for clarifying and planning implementation of these components. Punjab has also begun to organize a management orientation course with the aid of the National Productivity Council, a positive first step toward strenthening state and district project management.

(b) <u>USAID Administrative Arrangements</u>

USAID staff have assisted in clarification of the detailed objectives and technical approaches that are part of the Project Agreement through development of technical papers, field visits to project states, and by arranging for relevant consultant inputs. Consultants have collaborated with the GOI, states and USAID to help in operationalyzing the TNA and CNA. Further consultant assistance may be arranged in other areas, such as for developing the MNA and practical research components.

Monitoring project progress has been a major activity of USAID staff through frequent visits to project districts, and by efforts to establish a systematic reporting system. USAID is currently reviewing plans to computerize monitoring of project outputs, such as vacant posts, training and construction to provide the GOI and states continuous information on project progress.

Two types of routine reporting of project activity are specified in the Project Implementation Letter No. 2 dated June 3, 1981. These are:

1) A Quarterly Progress Report by each state;
2) A Semi-Annual Report of Project Progress by the GOI.

All states have submitted Quarterly Progress Reports to date, although some have been irregular and sometimes quite late in making the reports available. The staff of the MOHFW are monitoring this reporting closely, and have continually reminded the states which have been slow to report. Reporting, consequently, appears to be improving, and there seem to be no important problems related to Quarterly Reports. On the other hand, no Semi-Annual Progress Reports have yet been submitted to USAID. by the GOI. It was not clear where the problem lies, but during the Review, there were some indications that the reporting format may be too complex.

One of the most frequently discussed issues concerning the IRHP Project is that, to date, no funds have been disbursed by USAID. Because most project components were slower in starting than was expected, USAID had received no reimbursement request from the GOI. However, shortly after the Annual Review was completed, the Department of Economic Affairs (DEA) submitted a combined reimbursement request from all five project states. Although there are some procedural details to further clarify and incorporate into new Project Implementation Letters, USAID anticipates making the first IRHP Project disbursement before the end of December , 1982.

5.3 Problems and Constraints

It is clear that the staffing pattern for project management at the state and district levels is not optimal at this time. During the first project year, with a concentration on starting construction training of new workers, state and district project officers have done admirably with minimal staff. However, for this and subsequent years, full staffing of the presently empty project technical cells is required to deal with technical and managerial demands of such activities as the TNA, CNA, MNA, research studies, and routine monitoring of all improvement activities. Although USAID has agreed to cover the costs of these new posts during the project years, the state governments appear to resist creating additional management and staff posts because of budget uncertainities once the project is complete. However, within the greatly expanded service system laid out in the Model Plan, many more state and district posts will inevitably be required. It would thus be useful to encourage state governments to envisage what staffing they will need in the 1988-90 time period, given the expanded number of facilities and health workers in the field. Without the additional staff specified in the Project

Agreement, it seems unlikely that all project components can be implemented as planned. Furthermore, to the extent possible, state and district project staff should not be compelled hold multiple position as is common at this time.

State project directors are now generally well-versed in the goals, purposes and components of the project. Some district officers do not show the same familiarity, in part due to recent transfers and partly due to the observed unavailability of the project descriptive documents at the district level. This is reflected in the discrepancy in numbers of facilities and manpower planned shown in the Project Paper and state planning documents (cited in Part III). With regard to reimbursements, it is also apparent that project staff in some districts do not fully understand which categories of expenditure fall under the project, nor have they been oriented in the most practical procedures for keeping project records and accounts. There is, therefore, a need for further orientation of state and district state in the details of expected project outputs, and the procedures most useful for monitoring progress and documenting expenditures.

One specific event in Maharashtra that also merits attention here is the planned division of Osmanabad district into two districts on August 15,1982. It appears that it will be unfeasible for the current Osmanabad Project Officer to work under two Zilla Parishads, and a new District Project Officer would need to be appointed. Discussions between the Maharashtra government, the MOHFW and USAID need to be held to settle final arrangements before the division is complete.

RECOMMENDATIONS FOR TFE SECOND PROJECT YEAR ENDING MARCH 31, 1982

For the GOI/States:

1) Maharashtra should appoint a permanent State Project Director by October 1, 1982.
2) State Project Directors, assisted by their district officers, should develop a project management plan for the coming year, indicating the additional types of staffing required. Each position should be carefully justified based on the major tasks of the project and approval sought from the State Government for filling them.

3) The GOI should write a letter to the project states concerning the provisions of the Grant Agreement for additional project management/ technical staff at the state and district levels, with special reference to the need for planning and implementation officer, a research and evaluation officer, and communications officer positions. Emphasis should also be given to hiring staff with appropriate technical qualifications, and if possible, holding no other positions.

4) Although recongnizing that transfers are a fact of bureaucratic life, it would nevertheless be beneficial to project continuity to minimize transfers of District Project Officers.

5) The division of Osmanabad district in Maharashtra on August 15 makes it necessary for the State, GOI and USAID to consult immediately on resolution of the number of districts to be covered and the appropriate way to carry out district management responsibilities.

For GOI/USAID

1) The GOI and USAID must discuss the problem of state and district level staffing to a point of mutual agreement on a priority basis.

2) The GOI and USAID should develop a guidebook for the improvement components of the project for use especially at the district and PHC levels. There should also be action on procedures for documenting project outputs and expenditures in keeping with GOI/USAID agreements. The guidebooks should be used as a basis for state level orientation meetings of all project staff.

3) To facilitate the speedy completion of the first Semi-Annual Report, identify where the specific bottleneck lies. If there are difficulties with the format or content requirements of the report, the GOI and USAID should consult to determine whether further orientation or adjustments are required.

PART VI: OVERALL STATUS OF IMPLEMENTATION PLAN AND SCHEDULE AND EVALUATION PLAN

6.1 Implementation Plan and Schedule

While the Grant Agreement was signed in late August 1980, the GOI and USAID agreed that the first project year would be defined as ending on March 31,1982, one complete Indian Fiscal Year after the agreements were signed. Even using that definition, overall project implementation is behind schedule by about 9-12 months including construction progress in many states, the baseline survey, and the communications and management needs assessments.

Although most project activities have been slower to begin than expected, it should be noted that the pace of activity has greatly accelerated since the beginning of 1982. Virtually all major project activities have begun since that date, and other project components should likewise develop at an increased tempo. Assuming project cells at state and district levels are fully staffed to manage the expanding range of activities, the project components should proceed along the original schedule with a continued one-year lag time.

6.2 Evaluation Plan

The four evaluation components -- baseline studies, annual review, mid-project evaluation and end-of-project evaluation -- are proceeding as planned, though somewhat later than originally scheduled. Baseline data collection will begin shortly; it is about a year behind schedule. The data will be available in the latter half of 1983.

The first Annual Review has been completed in the first quarter following the end of the first project year. The next review, perhaps to be called the mid-project review, is planned for late 1983, and other reviews are expected to follow on a regular basis.

6.3 RECOMMENDATIONS FOR THE SECOND PROJECT YEAR ENDING MARCH 31, 1983

1. Ways to speed up baseline data processing and analysis should be identified.

2. A second annual review should be scheduled between the mid-project and end-of-project evaluations.

Part VII - STATUS OF CONDITIONS AND COVENANTS

7.1 Conditions

Although no reimbursements for construction have been made yet, it appears that all conditions will be met.

7.2 Covenants

The covenant that each project state establish Project Offices at the state and district level has not been fully met in light of the unfilled technical cells, which has already been discussed, with recommendations in Section V.

Part VIII - POTENTIAL OF THE PROJECT TO MEET PROJECT GOALS

8.1 Fertility Reduction Potential

Fertility reduction continues to be one of the highest priority goals of the national and state health and family welfare programs, and it receives special emphasis in the Model Health Plan. The heaviest focus to date has been on sterilization, but the limitation of terminal contraceptive methods are recognized. There is growing awareness of the need for increased acceptance of spacing methods, which are crucial to meeting the need to delay first births and extend the inter-birth interval. The IRHP Project emphasis on increasing contraceptive availability at the village level and on improving logistics management, along with the expanded communications program, should, if implemented, ensure that project fertility reduction goals are met.

8.2 Child Mortality Reduction Potential

The Model Health Plan is designed to expand rural access to health services, many of which, such as immunizations, address child mortality. However, child mortality reduction services, especially those relating to, for example, care of the newborn, nutritional problems, and diarrhoea, have received relatively less attention than fertility-related services. The TNA has, however, identified weak areas in the child mortality reduction services, and inservice training to improve relevant skills are being planned. This combined with improved management and communications support following the planned CNA and MNA should provide the tools on which to build improved child mortality reduction services. There is, consequently, clear potential for targetted child mortality reduction within the IRHP Project.

This potential could, however, be enhanced if the GOI were to officially place more emphasis on worker achievement in key child mortality reduction services in a manner similar to that placed on family planning services. If more incentives and rewards were attached to the performance of workers in child mortality reduction services, this would greatly strengthen the project's technical/managerial activities related to mortality reduction.

Recommendations:

For the GOI/States:

1) Seek ways to officially strengthen incentives and support for child mortality reduction services in the rural delivery system.

2) Develop small innovative research studies within the project to test approaches for diversifying delivery of family planning services to increase the role of spacing methods.

PART IX - SUMMARY OF CURRENT STATUS BY STATE

The major components of the IRHP Project have, in general, been slow to begin when compared with the original schedule laid out in the Project Paper. However, in recent months, significant progress has occurred in several major components of the project. Moreover, it appears that project momentum is gathering in all states, and the coming year should see important progress towards project objectives. Following is a summary of current status by state.

Gujarat: Gujarat has made satisfactory first-year progress on construction and training of additional workers. Vacant service worker posts have been filled to a large extent. However, most of the state and all of the district technical cells have not been filled. Moreover, recent changes in both district project officers are a problem for continuity of project implementation.

Maharashtra: No construction had begun in Maharashtra at the time of the Annual Review. Vacant posts for female health assistants is a serious problem. No data concerning the current status of training additional workers was available for analysis during the Annual Review. Project management is a major concern, as no permanent State Project Director, called for in the Project Agreement, has been appointed, nor have any of the state or district level technical/managerial cells been staffed.

Haryana: No construction had begun at the time of the Annual Review. Satisfactory progress has been made in training new workers, but vacant posts for female health workers and female health assistants is a serious problem. Likewise, some project staff posts at the state level, and all district-level technical cells remain to be filled. Haryana has not held a Project Governing Board meeting to date.

Himachal Pradesh: Construction progress in Himachal Pradesh has greatly exceeded targets for the first year, and the state leads all project areas in this activity. Training of new village health guides and dais progressed satisfactorily, but training of female health workers and female health assistants is a major problem. Moreover, the shortage of training capacity looms as a serious obstacle to meeting Model Plan manpower targets. With none of the state and district level project technical support cells filled, there is concern about the state's capability to maintain progress as project activities expand beyond construction.

Punjab: Progress on construction has begun, but is below targets for first project year in all categories. No data concerning the current status of training additional workers was available for analysis during the annual review. The state initiated a management training course for project and other health staff. Like other states, Punjab has not filled most state level and all district project technical cells.

ANNEX

SPECIFIC RECOMMENDATIONS FOR THE SECOND PROJECT YEAR, BY STATE:

GUJARAT

a) Regarding Construction

1. For Gujarat, progress should be made this year in beginning construction of RFWCs and upgraded PHCs; 50% of all planned subcenters and LHV quarters should be started before the year ends.

2. All states should carry construction of planned facilities to completion, that is, confirmed with PWD certification. Priority should be given to installation of water, electricity and sanitary facilities, which often lag behind structual work.

b) Regarding Additional Workers Trained

1. For all states, review annual training needs based on population projections to 1985 and assure that adequate training capacity is available for all worker categories. Funding of training for additional workers beyond the current Project Agreement totals should be discussed with USAID.

c) Regarding Improved and Expanded Services

1. The states should communicate the findings of the TNA within their departments and develop a training plan to remedy the weak areas found by the TNA so that workers score above the 80% level necessary for effective performance.

d) Regarding Improved and Expanded Training Support

1. Regarding training capacity, construction of all HW/F training annexes at PHC's should be nearly completed and all other additional training facilities should be under construction.

2. Regarding capabilities of MOHFW training systems to carry out in-service training, the GOI should consider the following:

   * Establish a permanent task force to monitor and improve in-service training in a systematic way.

   * Strengthen the CTIs and HFWTCs supporting project areas by adding staff improving staff skills in curriculum development, training methods, and training evaluation. Provide budgetary support for an increased

monitoring responsibility; and consider if an increased educational science support role for CTIs vis-a-vis other training institutions is desirable.

* Organize training of trainers coursed for PHC staff involved in the training process including up-to-date technical content plus training methods.

* Distribute training manuals in the local language to current staff as as soon as possible.

3. Regarding the capabilities of MOHFW training systems to carry out pre-service training of HW/Fs and HW/Ms the GOI should consider the following:

* Monitor the filled post rate for trainers in basic pre-service schools on a routine basis.

* Analyze the knowledge and skills of trainers about up-to-date technical information and educational science areas on a priority basis.

* Analyze the curriculum vis-a-vis the findings of the TNA for key fertility and child mortality problems and improve the curriculum in these areas.

* Add budget to the schools so that trainers can accompany students on field placements.

e) Regarding Improved and Expanded Communications

1. As a result of the CNA, develop inservice training modules for district and block level communications workers.

2. Review of the state, district and block communications infrastructure to determine how management and support for communications can be improved.

f) Regarding Improved and Expanded Management Support Systems

1. All remaining vacancies in district and state technical cells should be filled with qualified staff at the earliest date.

2. A Management Needs Assessment Workshop should be organized at the earliest possible date to: (a) Clarify the key management areas related to priority fertility/mortality services; (b) identify the methods and instruments for MNA workplan and guidelines for agencies contracted to implement the study.

3. A systematic analysis of logistics, including availability of reversible contraceptives and critical drugs and supplies for mortality reduction in children age 0 to 4, should be a prime component of the Management Needs Assessment, and should be completed in all states by March 31, 1983.

4. A logistics management component should be included in the in-service training courses for sub-center workers.

5. If supply management becomes a component of basic and in-service training of PHC and sub-center personnel senior supply management personnel from states or the Central Medical Stores should be called upon as consultants to and in developing simple supply procedures and necessary materials to train sub-center and PHC personnel in these skills.

6. Assessement of governement health service utilization by women and children, particularly from disadvantaged groups, should be done as a priority to provide a basis for service planning.

7. A workshop on developing operations research proposals should be organized before December 30, 1982, to: orient project staff to the uses and methodologies of operations research; generate specific proposals for operations research studies in the IRHP Project; identify technical assistance required to conduct the studies.

8. A working group of MOHFW, state and USAID representatives, aided by consultants, as necessary, should review the current management information systems and recommend modifications as required to effectively monitor the Model Plan services and support system performance.

g) Regarding Project Management

1. State Project Directors, assisted by their district officers, should develop a project management plan for the coming year, indicating the additional types of staffing required. Each position should be carefully justified based on the major tasks of the project and approval sought from the State Government for filling them.

2. Although recognizing that transfers are a fact of bureaucratic life, it would nevertheless be beneficial to project continuity to minimize transfers of District Project Officers.

h) Regarding Enhancement of Potential to Meet Project Goals

1. Seek ways to officially strengthen incentives and support for child mortality reduction services in the rural delivery system.

2. Develop small innovative research studies within the project to test approaches for diversifying delivery of family planning services to increase the role of spacing methods.

ANNEX

SPECIFIC RECOMMENDATIONS FOR THE SECOND PROJECT YEAR, BY STATE:

MAHARASHTRA

a) Regarding Filled Posts

1. For Maharashtra, improve the filled post rate for FHA's to at least 90%.

b) Regarding Construction

1. For Maharashtra, starts should be made for all categories of construction on an accelerated schedule. The number of subcenters and LHV quarters started should approach 50% of overall targets by the year's end.

2. All states should carry construction of planned facilities to completion, that is, confirmed with PWD certification. Priority should be given to installation of water, electricity and sanitary facilities, which often lag behind structual work.

c) Regarding Additional Workers Trained

1. For all states, review annual training needs based on population projections to 1985 and assure that adequate training capacity is available for all worker categories. Funding of training for additional workers beyond the current Project Agreement totals should be discussed with USAID.

2. For Maharashtra, send data to the GOI as soon as possible so that the GOI and USAID may review the current status of additional workers.

d) Regarding Improved and Expanded Services

1. The states should communicate the findings of the TNA within their departments and develop a training plan to remedy the weak areas found by the TNA so that workers score above the 80% level necessary for effective performance.

2. A workshop on developing operations research proposals should be organized before December 30, 1982, to: orient project staff to the uses and methodologies of operations research; generate specific proposals for operations research studies in the IRHP Project; identify technical assistance required to conduct the studies.

e) Regarding Improved and Expanded Training Support

1. Regarding training capacity, construction of all HW/F training annexes at PHC's should be nearly completed and all other additional training facilities should be under construction.

f) Regarding Improved and Expanded Communications

1. As a result of the CNA, develop inservice training modules for district and block level communications workers.

2. Review of the state, district and block communications infrastructure to determine how management and support for communications can be improved.

g) Regarding Improved and Expanded Management Support Systems

1. All remaining vacancies in district and state technical cells should be filled with qualified staff at the earliest date.

2. A Management Needs Assessment Workshop should be organized at the earliest possible date to: (a) Clarify the key management areas related to priority fertility/mortality services; (b) identify the methods and instruments for MNA data collection; and (c) develop on MNA workplan and guidelines for agencies contracted to implement the study.

3. A systematic analysis of logistics, including availability of reversible contraceptives and critical drugs and supplies for mortality reduction in children age 0 to 4, should be a prime component of the Management Needs Assessment, and should be completed in all states by March 31, 1983.

4. A logistics management component should be included in the in-service training courses for sub-center workers.

5. If supply management becomes a component of basic and in-service training of PHC and sub-center personnel senior supply management personnel from states or the Central Medical Stores should be called upon as consultants to and in developing simple supply procedures and necessary materials to train sub-center and PHC personnel in these skills.

6. Assessment of government health service utilization by women and children, particularly from disadvantaged groups, should be done as a priority to provide a basis for service planning.

7. A workshop on developing operations research proposals should be organized before December 30, 1982, to: orient project staff to the uses and methodologies of operations research; generate specific proposals for operations research studies in the IRHP Project; identify technical assistance required to conduct the studies.

8. A working group of MOHFW, state and USAID representatives, aided by consultants, as necessary, should review the current management information systems and recommend modifications as required to effectively monitor the Model Plan services and support system performance.

h) Regarding Project Management

1. Maharashtra should appoint a permanent State Project Director by October 1, 1982.

2. State Project Directors, assisted by their district officers, should devel p a project management plan for the coming ;year, indicating the additional types of staffing required. Each position should be carefully justified based on the major tasks of the project and approval sought from the State Government for filling them.

3. Although recognizing that transfers are a fact of bureaucratic life, it would nevertheless be beneficial to project continuity to minimize transfers of District Project Officers.

4. The division of Osmanabad district in Maharashtra on August 15 makes it necessary for the State, GOI and USAID to consult immediately on resolution of the number of districts to be covered and appropriate way to carry out district management responsibilities.

i) Regarding Enhancement of Potential for Meeting Project Goals

1. Seek ways to officially strengthen incentives and support for child mortality reduction services in the rural delivery system.

2. Develop small innovative research studies within the project to test approaches for diversifying delivery of family planning services to increase the role of spacing methods.

ANNEX

SPECIFIC RECOMMENDATIONS FOR THE SECOND PROJECT YEAR, BY STATE:

HARYANA

a) Regarding Filled Posts

1. For Haryana, improve the filled post rate for all workers, especially FMHW's and FHA's to at least 90%.

b) Regarding Construction

1. For Haryana, starts should be made for all categories of construction on an accelerated schedule. The number of subcenters and LHV quarters start d should approach 50% of overall targets by the year's end.

2. All states should carry construction of planned facilities to completion, that is, confirmed with PWD certification. Priority should be given to installation of water, electricity and sanitary facilities, which often lag behind structual work.

c) Regarding Additional Workers Trained

1. For all states, review annual training needs based on population projections to 1985 and assure that adequate training capacity is available for all worker categories. Funding of training for additional workers beyond the current Project Agreement totals should be discussed with USAID.

d) Regarding Improved and Expanded Services

1. The states should communicate the findings of the TNA within their departments and develop a training plan to remedy the weak areas found by the TNA so that workers score above the 80% level necessary for effective performance.

2. A workshop on developing operations research proposals should be organized before December 30, 1982, to: orient project staff to the uses and methodologies of operations research; generate specific proposals for operations research studies in the IRHP Project; identify technical assistance required to conduct the studies.

e) Regarding Improved and Expanded Training Support

1. Regarding training capacity, construction of all HW/F training annexes at PHC's should be nearly completed and all other additional training facilities should be under construction.

f) Regarding Improved and Expanded Communications

1. As a result of the CNA, develop inservice training modules for district and block level communications workers.

2. Review of the state, district and block communications infrastructure to determine how management and support for communications can be improved.

g) Regarding Improved and Expanded Management Support Systems

1. All remining vacancies in district and state technical cells should be filled with qualified staff at the earliest date.

2. A Management Needs Assessment Workshop should be organized at the earliest possible date to: (a) Clarify the key management areas related to priority fertility/mortality services; (b) identify the methods and instruments for MNA data collection; and (c) develop on MNA workplan and guidelines for agencies contracted to implement the study.

3. A systematic analysis of logistics, including availability of reversible contraceptives and critical drugs and supplies for mortality reduction in children age 0 to 4, should be a prime component of the Management Needs Assessment, and should be completed in all states by March 31, 1983.

4. A logistics management component should be included in the in-service training courses for sub-center workers.

5. If supply management becomes a component of basic and in-service training of PHC and sub-center personnel senior supply management personnel from states or the Central Medical Stores should be called upon as consultants to and in developing simple supply procedures and necessary materials to train sub-center and PHC personnel in these skills.

6. Assessment of government health service utilization by women and children, particularly from disadvantaged groups, should be done as a priority to provide a basis for service planning.

7. A workshop on developing operations research proposals should be organized before December 30, 1982, to: orient project staff to the uses and methodologies of operations research; generate specific proposals for operations research studies in the IRHP Project; identify technical assistance required to conduct the studies.

8. A working group of MOHFW, state and USAID representatives, aided by consultants, as necessary, should review the current management information systems and recommend modifications as required to effectively monitor the Model Plan services and support system performance.

h) Regarding Project Management

1. State Project Directors, assisted by their district officers, should develop a project management plan for the coming year, indicating the additional types of staffing required. Each position should be carefully justified based on the major tasks of the project and approval sought from the State Government for filling them.

2. Although recognizing that transfers are a fact of bureaucratic life, it would nevertheless be beneficial to project continuity to minimize transfers of District Project Officers.

i) Regarding Enhancement of Potential for Meeting Project Goals

1. Seek ways to officially strengthen incentives and support for child mortality reduction services in the rural delivery system.

2. Develop small innovative research studies within the project to test approaches for diversifying delivery of family planning services to increase the role of spacing methods.

ANNEX

SPECIFIC RECOMMENDATIONS FOR THE SECOND PROJECT YEAR, BY STATE:

HIMACHAL PRADESH

a) Regarding Filled Posts

1. For Himachal Pradesh, improve the filled post rate for MHA's to at least 90%.

b) Regarding Construction

1. For Himachal Pradesh, continue execleent progress to date, but assure that facilities are fully equipped with electricity, water supply, and sanitary facilities, which are currently lacking in many structures nearing completion.

2. All states should carry construction of planned facilities to completion, that is, confirmed with PWD certification. Priority should be given to installation of water, electricity and sanitary facilities, which often lag behind structual work.

c) Regarding Additional Workers Trained

1. For all states, review annual training needs based on population projections to 1985 and assure that adequate training capacity is available for all workers categories. Funding of training for additional workers beyond the current Project Agreement totals should be discussed with USAID.

2. For Himachal Pradesh, the following special actions are recommended:

   (a) The State should temporarily convert two male multipurpose health worker training schools to train female workers for the duration of the Model Plan period.

   (b) To meet the estimated shortfalls of about 400 FMHW in the project districts, and 750 in the state overall, the Himachal Pradesh Project Director should consider the possibility of contracting private medical colleges and hospitals in neighbouring states to train the additional FMHWs needed. (At this writing, the Project Director has raised this topic with his state government, and is making informal contact with private training institutes in the Punjab).

d) Regarding Improved and Expanded Services

1. The states should communicate the findings of the TNA within their departments and develop a training plan to remedy the weak areas found by the TNA so that workers score above the 80% level necessary for effective performance.

2. A workshop on developing operations research proposals should be organized before December 30, 1982, to: orient project staff to the uses and methodologies of operations research; generate specific proposals for operations research studies in the IRHP Project; identify technical assistance required to conduct the studies.

e) Regarding Improved and Expanded Training Support

1. Regarding training capacity, construction of all HW/F training annexes at PHC's should be nearly completed and all other additional training facilities should be under construction.

f) Regarding Improved and Expanded Communications

1. As a result of the CNA, develop inservice training modules for district and block level communications workers.

2. Review of the state, district and block communications infrastructure to determine how management and support for communications can be improved.

g) Regarding Improved and Expanded Management Support Systems

1. All remaining vacancies in district and state technical cells should be filled with qualified staff at the earliest date.

2. A Management Needs Assessment Workshop should be organized at the earliest possible date to: (a) Clarify the key management areas related to priority fertility/mortality services; (b) identify the methods and instruments for MNA data collection; and (c) develop on MNA workplan and guidelines for agencies contracted to implement the study.

3. A systematic analysis of logistics, including availability of reversible contraceptives and critical drugs and supplies for mortality reduction in children age 0 to 4, should be a prime component of the Management Needs Assessment, and should be completed in all states by March 31, 1983.

4. A logistics management component should be included in the in-service training courses for sub-center workers.

5. If supply management becomes a component of basic and in-service training of PHC and sub-center personnel senior supply management personnel from states or the Central Medical Stores should be called upon as consultants to and in developing simple supply procedures and necessary materials to train sub-center and PHC personnel in these skills.

6. Assessment of government health service utilization by women and children, particularly from disadvantaged groups, should be done as a priority to provide a basis for service planning.

7. A workshop on developing operations research proposals should be organized before December 30, 1982, to: orient project staff to the uses and methodologies of operations research; generate specific proposals for operations research studies in the IRHP Project; identify technical assistance required to conduct the studies.

8. A working group of MOHFW, state and USAID representatives, aided by consultants, as necessary, should review the current management information systems and recommend modifications as required to effectively monitor the Model Plan services and support system performance.

h) Regarding Project Management

1. State Project Directors, assisted by their district officers, should develop a project management plan for the coming year, indicating the additional types of staffing required. Each position should be carefully justified based on the major tasks of the project and approval sought from the State Government for filling them.

2. Although recognizing that transfers are a fact of bureaucratic life, it would nevertheless be beneficial to project continuity to minimize transfers of District Project Officers.

i) Regarding Enhancement of Potential for Meeting Project Goals

1. Seek ways to officially strengthen incentives and support for child mortality reduction services in the rural delivery system.

2. Develop small innovative research studies within the project to test approaches for diversifying delivery of family planning services to increase the role of spacing method.

ANNEX

SPECIFIC RECOMMENDATIONS FOR THE SECOND PROJECT YEAR, BY STATE:

PUNJAB

a) Regarding Filled Posts

1. For Punjab, improve the filled post rate for FMHW's and MMHW's to at least 90%.

b) Regarding Construction

1. For Punjab, starts should be made for all categories of construction on an accelerated schedule. The number of subcenters and LHV quarters started should approach 50% of overall targets by the year's end.

2. All states should carry construction of planned facilities to completion, that is, confirmed with PWD certification. Priority should be given to installation of water, electricity and sanitary facilities, which often lag behind structual work.

c) Regarding Additional Workers Trained

1. For all states, review annual training needs based on population projections to 1985 and assure that adequate training capacity is available for all worker categories. Funding of training for additional workers beyond the current Project Agreement totals should be discussed with USAID.

2. For Punjab, send data to the GOI as soon as possible so that the GOI and USAID may review the current status of additional workers.

d) Regarding Improved and Expanded Services

1. The states should communicate the findings of the TNA within their departments and develop a training plan to remedy the weak areas found by the TNA so that workers score above the 80% level necessary for effective performance.

2. A workshop on developing operations research proposals should be organized before December 30, 1982, to: orient project staff to the uses and methodologies of operations research; generate specific proposals for operations research studies in the IRHP Project; identify technical assistance required to conduct the studies.

e) Regarding Improved and Expanded Training Support

1. Regarding training capacity, construction of all HW/F training annexes PHC's should be nearly completed and all other additional training facilities should be under construction.

f) Regarding Improved and Expanded Communications

1. As a result of the CNA, develop inservice training modules for district and block level communications workers.

2. Review of the state, district and block communications infrastructure to determine how management and support for communications can be improved.

g) Regarding Improved and Expanded Management Support Systems

1. All remaining vacancies in district and state technical cells should be filled with qualified staff at the earliest date.

2. A Management Needs Assessment Workshop should be organized at the earliest possible date to: (a) Clarify the key management areas related to priority fertility/mortality services; (b) identify the methods and instruments for MNA data colleciton; and (c) develop on MNA workplan and guidelines for agencies contracted to implement the study.

3. A systematic analysis of logistics, including availability of reversible contraceptives and critical drugs and supplies for mortality reduction in children age 0 to 4, should be a prime component of the Management Needs Assessment, and should be completed in all states by March 31, 1983.

4. A logistics management component should be included in the in-service training courses for sub-center workers.

5. If supply management becomes a component of basic and in-service training of PHC and sub-center personnel senior supply management personnel from states or the Central Medical Stores should be called upon as consultants to and in developing simple supply procedures and necessary materials to train sub-center and PHC personnel in these skills.

6. Assessment of government health service utilization by women and children, particularly from disadvantaged groups, should be done as a priority to provide a basis for service planning.

7. A workshop on developing operations research proposals should be organised before December 30, 1982, to: orient project staff to the uses and methodologies of operations research; generate specific proposals for operations research studies in the IRHP Project; identify technical assistance required to conduct the studies.

8. A working group of MOHFW, state and USAID representatives, aided by consultants, as necessary, should review the current management information systems and recommend modifications as required to effectively monitor the Model Plan services and support system performance.

h) Regarding Project Management

1. State Project Directors, assisted by their district officers, should develop a project management plan for the coming year, indicating the additional types of staffing required. Each position should be carefully justified based on the major tasks of the project and approval sought from the State Government for filling them.

2. Although recognizing that transfers are a fact of bureaucratic life, it would nevertheless be beneficial to project continuity to minimize transfers of District Project Officers.

i) Regarding Enhancement of Potential for Meeting Project Goals

1. Seek ways to officially strengthen incentives and support for child mortality reduction services in the rural delivery system.

2. Develop small innovative research studies within the project to test approaches for diversifying delivery of family planning services to increase the role of spacing methods.