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USAID/INDIA FERTILITY AWARENESS-BASED METHODS PROJECT PRE-SERVICE TRAINING ASSESSMENT

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ACRONYMS

AIIMS	All-India Institute of Medical Sciences
ANM	Auxiliary Nurse-Midwifery
ASHA	Accredited Social Health Activist
BSc (N)	Bachelor of Science in Nursing
CASP	Community Aid and Sponsorship Program
CE	Continuing education
CEDPA	Centre for Development and Population Activities
CEU	Continuing education unit
CHC	Community health center
CME	Continuing Medical Education (unit)
CSSMU	Chhatrapati Shahuji Maharaj Medical University
CTU	Contraceptive Technology Update
FAM	Fertility Awareness-based Methods
FGD	Focus group discussion
FOGSI	Federation of Obstetric and Gynaecological Societies of India
FP	Family planning
FPAI	Family Planning Association of India
GH Tech	Global Health Technical Assistance Project
GNM	General Nurse-Midwifery
GOI	Government of India
GOJ	Government of Jharkhand (State)
IGNOU	Indira Gandhi National Open University
INC	Indian Nursing Council
IRH	Institute for Reproductive Health, Georgetown University
IUD	Intrauterine contraceptive device
LAM	Lactational Amenorrhea Method®
MBBS	Bachelor of Medicine and Bachelor of Surgery
MCH	Maternal and child health
MCI	Medical Council of India
MD	Doctor of Medicine
MOHFW	Ministry of Health and Family Welfare
MHW	Multipurpose health worker
MS	Master of Surgery
MSc (N)	Master of Science in Nursing
NFP	Natural family planning
NGO	Non-governmental organization
NIHFW	National Institute of Health and Family Welfare
NRHM	National Rural Health Mission
Ob/Gyn	Obstetrics and gynecology

OC	Oral contraceptive
OPD	Outpatient department
OR	Operations research
PHC	Primary health centre
PIP	Program Implementation Plan
RCH	Reproductive and Child Health Plan
RCH II	Reproductive and Child Health Phase II Programme
RH	Reproductive health
SDM	Standard Days Method®
SIFPSA	State Innovation in Family Planning Service Agency
SOW	Scope of work
SPM	Social and preventive medicine
TBA	Traditional birth attendant
TDM	TwoDay Method®
TL	Tubal ligation
TNAI	Trained Nurses Association of India
UP	Uttar Pradesh
UHI	Urban Health Initiative
UNFPA	United Nations Population Fund
USAID	U.S. Agency for International Development

EXECUTIVE SUMMARY

BACKGROUND

The FAM Project

USAID awarded Georgetown University's Institute for Reproductive Health (IRH) the Fertility Awareness-based Methods (FAM) Project (2007-2012) to increase access to and use of the Standard Days Method® (SDM), the TwoDay Method® (TDM), and the Lactational Amenorrhea Method® (LAM) within the framework of informed choice. The FAM Project builds on the experience of projects in which IRH developed, tested, and introduced FAM in family planning (FP) programs in more than 20 countries. Emphasizing research-to-practice, the FAM Project engages with partners to create a supportive policy environment for FAM, build capacity and develop tools to offer high-quality FAM services, and generate and apply best practices.

FAM in India

Under the USAID-funded AWARENESS project, IRH began working in India in 2001 to study the feasibility of offering SDM in community-based reproductive health (RH) programs. This operations research (OR) took place in rural Uttar Pradesh (UP) and urban slums in Delhi from 2001 to 2004. This spawned more interest in SDM, and IRH began working with a wide range of partners, offering technical assistance for them to incorporate SDM into their programs. The Government of India (GOI), Ministry of Health and Family Welfare (MOHFW), included SDM and LAM in national FP policy recommendations to expand choice and added SDM and LAM to the Contraceptive Technology Update (CTU) Manual for Medical Officers. After a successful OR project with the Government of Jharkhand (GOJ) to integrate SDM into public sector FP programs from 2004 to 2007, GOJ requested IRH's assistance to scale up SDM throughout the state. Under the FAM Project, IRH works with GOJ, social marketing partners PSI and Hindustan Latex Family Planning Promotion Trust, and various UP non-governmental organizations (NGOs) to integrate SDM and LAM into FP programs.

Purpose of the Assessment

The overall goal of this assignment was to assess the conditions under which FAM could be integrated into medical and nursing pre-service and continuing education (CE), and the level of readiness of academic institutions and professional associations to undertake FAM integration. This is the first step in IRH's efforts to implement a more systematic process for integrating FAM into health professions' curricula. Findings from the assessment are expected to help guide IRH planning and implementation efforts.

Pre-service Medical and Nursing Education in India

Educational Institutions: The Indian Nursing Council (INC) sets standards for and accredits schools and colleges of nursing. Schools of nursing can provide diplomas in General Nurse-Midwifery (GNM) and Auxiliary Nurse-Midwifery (ANM). Colleges of nursing can provide the Bachelor of Science (BSc [N]), the Master of Science (MSc), and the Doctor of Philosophy (PhD) as well as the GNM and ANM. The Medical Council of India (MCI) sets the standards for and accredits colleges of medicine and medical universities. Medical colleges offer the Bachelor of Medicine and Bachelor of Surgery (MBBS) degree, while medical universities also offer the MD, MSc, and higher degrees. India has thousands of accredited nursing, paramedical, and medical colleges, schools, and universities.

Teaching Syllabi: INC and MCI develop the core syllabi for nursing and medical professionals. These syllabi are approved by the GOI/MOHFW and provide the minimum requirements for

teaching these professions in India. Universities, colleges, and schools are allowed to add to the curriculum, adapting it according to local needs.

Continuing Medical and Nursing Education in India

CE is required for recertification of nurses and physicians in India, but this requirement does not appear to be enforced. Some institutions require continuing education (CE) for faculty as part of their annual performance planning and appraisal process. The government (through NIHFV), medical and nursing associations, NGOs, private companies, and international agencies organize CE.

Provision of Family Welfare Services

The GOI strongly promotes child-spacing and population stabilization. Family welfare, including FP, is within the job expectations of almost all levels of nursing and medicine. It appears that ANMs provide most of the FP counseling since they are the only staff at the community health subcentre level. BSc nurses provide postpartum FP counseling and may provide FP information during health education sessions. Doctors provide FP services (IUD insertion, sterilization, medical termination of pregnancy), but the extent to which they are expected to counsel about all methods is unclear. Long-term and permanent methods are emphasized in both teaching and practice, with incentives given to women who accept IUDs or sterilization.

METHODOLOGY

Part I of the assessment included a desk review of FAM background information and Indian teaching syllabi to identify entry points for fertility awareness information and FP topics in both theory and practicals in pre-service education programs. Part II entailed a visit to India to conduct interviews with stakeholders at academic institutions and nursing and medical associations; discuss recommendations with IRH field staff; and draft a tentative action plan for implementing interventions at pre-service institutions. IRH hired a local consultant to help identify appropriate respondents and set up the meetings. The local consultant also participated in the vast majority of the discussions.

The international consultant met with USAID and IRH in India and conducted 13 interviews and 5 focus group discussions (FGDs) covering organization characteristics, the national context for nursing and medical education, the teaching syllabus and materials, continuing education, and interest in teaching FAM. Interviews and FGDs took place in Agra, Delhi, and Lucknow.

Interviews or FGDs were conducted with heads and faculty of academic institutions; leadership of relevant government health agencies or departments; members of the medical and nursing councils and medical and nursing associations; and one NGO.

KEY FINDINGS

Conditions for Integrating SDM and LAM into Pre-service Education: Foundation courses in anatomy and physiology include information on the menstrual cycle. Obstetrics and maternal and child health (MCH) coursework builds knowledge and skills for LAM. It is possible that FP coursework and practicals build knowledge of human sexuality, since the syllabi typically mention family welfare counseling, and such counseling could include human sexuality.

Natural family planning methods are given relatively little attention compared to long-term and permanent methods. In national syllabi, it is typical for the IUD and tubal ligation to be the only contraceptive methods mentioned by name, included in objectives, and recommended for annual or final examinations, though condoms and oral contraceptives (OCs) are mentioned in the

ANM syllabus. Respondents said no more than 10% of FP teaching time was spent on natural methods.

Syllabi: The consultant reviewed syllabi from INC, MCI, and the All-India Institute of Medical Sciences (AIIMS). The syllabi reviewed called for FP theory, demonstration, and practice but did not provide detailed information on FP methods. Typically, methods are mentioned by type (“natural and temporary,” “permanent”). None mentioned FAM, SDM, or LAM. All except the MSc in Nursing and PhD syllabi contain an anatomy and physiology course where reproductive anatomy and physiology, including the menstrual cycle, are covered. FP is discussed in the context of demographics and family welfare, in sections on community health/medicine, obstetrics, and gynecology, and, in the case of the ANM and GNM syllabi, midwifery. All except the PhD program include FP theory and practice.

Practical Experience in Pre-service Education

Syllabi typically include practical experience in FP education, counseling, and service provision. In some institutions visited, the same instructors cover both theory and practice, while in others practicals are overseen by a specific person or take place in other places such as teaching hospitals and peri-urban clinics.

Other Teaching Materials: Few teaching materials were available to review. Faculty would be happy to have lesson plans and materials provided by IRH.

Sources of Information for Teaching FP: Respondents said they got their information for teaching about contraceptive methods from textbooks, conferences, workshops, the internet, and updates provided by the government, associations, international agencies, or NGOs. Nearly all respondents—according to their profession or specialty—mentioned using at least one of three most-cited textbooks. Almost all mentioned *Park’s Textbook of Preventive and Social Medicine* (20th edition published in 2009). If there is a “bible” of community health and medicine in India, it is Park’s. Updated fairly regularly, it does not contain information on SDM or (simplified) LAM. *Community Medicine*, by A.H. Suryantha (2010), referred to by one respondent, mentions FAM. The head of Ob/Gyn at Safdarjung Hospital, Dr. Sudha Salhan, has written the *Textbook of Gynaecology* (in press), that describes SDM and LAM.

SDM and LAM in In-Service and Continuing Education: Respondents at two institutions said they teach SDM in pre-service education, and another said she would begin teaching it in January 2011 using material received during the interview. Several respondents indicated that CE would be the best way to introduce SDM and LAM into teaching and practice. Almost none seemed enthusiastic about SDM as a distance learning course, citing time constraints (for taking or grading an online course) and a preference for workshops and conferences. Respondents offered several options for CE, including but not limited to workshops for faculty, sessions at association conferences, and integrating them into ongoing or planned CE courses on related topics. Given the option, most preferred the idea of a CTU over an SDM-only session.

MOHFW: While the Reproductive and Child Health (RCH) Programme Implementation Plan mentions SDM and LAM as methods that could expand contraceptive choice, the MOHFW does not currently see SDM and LAM as cost-effective methods, is not willing to “divert” resources to them, and is not in favor of adding them to nursing and medical syllabi. Reasons cited included likely failure rates and the need for additional counseling.

National Institute of Health and Family Welfare (NIHFW): Established in 1977, NIHFW is funded to promote health and family welfare programs through education, training, research, evaluation, consultancy, and specialized services. Through its state branches, it conducts most of the health-specific, in-service training in India. Beginning in 2011, NIHFW will oversee the training of more than 50,000, mostly new, multipurpose health workers (MHWs),

and that training will include FP counseling. MHWs, originally malaria or other infectious disease workers, are male and will work as ANM counterparts in 232 focus districts. The director of NIHFV is open to the possibility of integrating SDM into the training of these workers.

KEY RECOMMENDATIONS

In general, IRH's efforts and approaches should seek to respond to the needs of its audience, answering the question, "What is in it for them?" IRH may need to interview students in order to get their perspective and incorporate it into outreach to faculty and gatekeepers.

Textbooks: Since syllabi contain few details on FP methods, IRH should try to influence the sources of the content taught Park's *Community Medicine* or *Textbook of Preventive and Social Medicine*; K.K. Gulani's *Community Health Nursing Principles and Practices*; K. Swarnkar's *Community Health Nursing*; S. Salhan's *Textbook of Gynaecology*, and D.C. Dutta's *Textbook of Obstetrics including Perinatology and Contraception* should be the main targets since more respondents mentioned them. IRH should approach the authors and publishers to get SDM and LAM added.

CTU Workshops and FAM Materials for Pre-Service Institutions: IRH should conduct CTUs for faculty of key academic institutions in targeted areas. These workshops should include a session to develop concrete strategies for integrating them into their curricula. IRH should also provide faculty with FP teaching materials that include SDM and LAM modules.

MHW Training: NIHFV would like to collaborate with IRH on adding FAM content to the MHW training curriculum. They would also need CycleBeads for the training, and it would be important for CycleBeads to be available for purchase at subsidized prices. Training of trainers is expected to begin by spring 2011.

UP Family Planning Counselors: UP is hiring or planning to hire FP counselors for its district hospitals. IRH has discussed integration of SDM and LAM into the FP counselor training with the UP government and the Futures Group (contracted to develop the curriculum) and should continue to pursue this important opportunity.

In-service Education Provided by University Hospitals: Some universities provide in-service education fairly regularly. IRH could work with them to plan CTUs that include SDM and LAM or to add SDM and LAM to relevant courses already being planned.

Conferences, Workshops, and Seminars: To raise awareness and find opinion leaders to teach and advocate for teaching SDM and LAM, IRH could conduct CTUs or FAM sessions at conferences, workshops, and seminars. IRH could also staff a booth at such events. A follow-up email or online survey (three-five questions) could remind conference participants about SDM and LAM and provide IRH with valuable information.

Distance Learning: While there did not appear to be much enthusiasm about SDM as a distance learning course, IRH still might want to test this method by getting the Trained Nurses Association of India (TNAI) or NIHFV to offer it. (NIHFV has experience conducting distance learning programs.) IRH could also ask these or other institutions to endorse such a course that IRH would provide online.

Availability of Cyclebeads: Some respondents interested in teaching SDM, especially in practicals, said they would be more likely to do so if CycleBeads were available to clients in their communities. IRH should step up efforts to make CycleBeads widely available and affordable through social marketing. A few respondents mentioned the possibility of local communities producing their own version of CycleBeads for free or very low-cost distribution.

Branding: In India, IRH should consider branding SDM and LAM as improvements to existing methods rather than as new methods. Respondents overwhelmingly saw SDM and LAM as such. Most seemed to appreciate the simplifications offered by IRH and the potential utility of the CycleBeads along with supporting text-messaging for some clients.

Improving Acceptability among Teachers and Gatekeepers: IRH should

- Submit an article to the *Nursing Journal of India* (invited during the assessment interview). The journal has a circulation of approximately 35,000.
- Provide physicians and policymakers with an attractive, accessible package of FAM materials, including a bulleted summary of key research findings and links to articles, beginning with the India research and highlighting research partners.
- More widely and deeply disseminate the results of FAM studies done in India or consider working with local universities and NGOs to conduct more acceptability and effectiveness studies. Several medical faculty members asked for more evidence that these methods are suitable for India even though they were familiar with at least some of the work that has been done there.
- Consider inviting heads of departments to a FAM orientation meeting or workshop focusing on research done and potentially needed.

Staffing: IRH/India will need assistance to carry out the proposed recommendations and action plan. Specifically, it will need help creating the information package; developing and overseeing or implementing a plan for monitoring and evaluating the activities conducting CTUs; and perhaps following up with textbook authors and publishers.

CONCLUSION

SDM and LAM can provide additional options for meeting FP needs in India. Several opportunities exist for beginning to integrate SDM and LAM into pre-service and continuing education in India. As long as teaching these methods is not seen as interfering with the uptake of long-term and permanent methods, the MOHFW is unlikely to interfere. In addition, health and family welfare are the purview of the state governments, so the extent to which IRH can convince state governments to promote access to SDM and LAM could be important. IRH is demonstrating this in Jharkhand and working toward it in UP, which is important because UP is such a large state.

The assessment also identified faculty and heads of department already teaching SDM or willing to be innovators in this area. IRH should encourage their engagement.

One of the most important things IRH can do to ensure sustainable integration is to get medical and nursing textbook authors to include SDM and LAM in their survey of FP methods. At least two authors have already done this—one based on having learned about SDM and CycleBeads from IRH during a medical conference.

Integrating FAM into pre-service and continuing education is crucial to establishing adequate capacity in-country and guaranteeing sustainability. Integration of FAM is also a natural step within the scale-up initiative since the methods have been researched; integrated with norms, policies, and guidelines; and established in services.

I. BACKGROUND

THE FAM PROJECT

Georgetown University's Institute for Reproductive Health (IRH) was awarded the five-year Fertility Awareness-Based Methods (FAM) Project in September 2007 by the U.S. Agency for International Development (USAID). The goal of the FAM Project is to increase access to and use of FAM—in particular the Standard Days Method® (SDM), the TwoDay Method® (TDM), and the Lactational Amenorrhea Method® (LAM)—within the framework of informed choice.

The FAM Project builds upon the experience of previous USAID-funded projects in which IRH developed, tested, and introduced FAM in diverse family planning programs in more than 20 countries worldwide. With continued emphasis on research-to-practice, the FAM Project engages with partners at the community, national, and international levels to create a supportive policy environment for FAM, build capacity and develop tools to offer high-quality FAM services, and generate and apply best practices.

FAM IN INDIA

Under the USAID-funded AWARENESS project, IRH began working in India in 2001 (with Centre for Development and Population Activities (CEDPA) to study the feasibility of offering SDM in community-based RH programs. This operations research took place from 2001 to 2004 in several locations, including the Sitapur district of rural Uttar Pradesh (UP), India's most populous state, where IRH partnered with CARE, and the urban slums of Delhi, where IRH worked with the Community Aid and Sponsorship Program (CASP) Plan. This spawned more interest in SDM within India, and IRH began working with a wide range of partners, including Pathfinder in Bihar, World Vision in UP, URMUL Trust in Rajasthan, PREM in Orissa, and the Government of the State of Jharkhand (GOJ), offering technical assistance for them to incorporate SDM into their programs. SDM and LAM attracted the interest of the Government of India's (GOI), Ministry of Health and Family Welfare (MOHFW), which included these methods in national family planning policy recommendations to expand choice (Reproductive and Child Health-Phase 2 Plan, 2005). In a collaborative effort with UNFPA in 2005, the MOHFW even included SDM and LAM in the Contraceptive Technology Update (CTU) Manual for Medical Officers.

After a successful operations research project with the GOJ to integrate SDM into public-sector FP programs from 2004 to 2007, the GOJ asked for IRH's technical assistance to scale up SDM throughout the state in a systematic manner. During this time, IRH opened a country office in 2006, and began including LAM in its technical assistance work.

Under the USAID-funded FAM project (2007-2012), IRH works with the GOJ, social marketing partners PSI and Hindustan Latex Family Planning Promotion Trust, and various NGOs in UP to integrate SDM and LAM into family planning (FP) programs. While IRH's main expertise is in FAM, IRH works to promote informed choice within FP programs and to strengthen the quality of services and counseling for all methods to help couples space their children.

IRH also received funding from Family Health International under the Gates-funded Urban Health Initiative in UP to assess opportunities for SDM and LAM integration in four cities in UP in 2009.

PURPOSE OF THE ASSESSMENT

The overall goal of this assignment was to assess the conditions under which family planning topics (including FAM) could be integrated into medical and nursing pre-service and continuing education and the level of readiness of academic institutions and professional associations to undertake FAM integration. This assessment is the first step in IRH efforts to implement a more systematic process for integrating FAM in medical, nursing, and other relevant health professions curricula. Findings from the assessment are expected to help guide IRH planning and implementation efforts and determine how to mobilize key players who can facilitate this process.

The objectives of the assignment were to

1. Gather and analyze information on health education systems from select institutions in India in order to develop a broad understanding of the environment, constraints, resources, and opportunities for FAM integration as well as the processes followed to introduce revisions to existing curricula
2. Determine the level of readiness of each institution, specify prerequisites for incorporating FAM, and provide recommendations for the type and scope of intervention needed as well as a road map for its implementation.

Appendix A contains the scope of work for this assignment. Appendix B lists persons met in an official capacity but not interviewed for the information-gathering phase of the assignment.

II. MEDICAL AND NURSING EDUCATION IN INDIA

TERMINOLOGY

To help ensure common understanding of the information and recommendations in this report, the following definitions are offered:

- *Pre-service education*: education and training to become certified/licensed as a nursing, paramedical, or medical professional. In India, pre-service education is provided by schools and colleges of nursing and paramedical studies and by medical universities and colleges.
- *In-service education*: education and training provided in the workplace for practicing nursing, paramedical, and medical professionals.
- *Continuing education*: education and training provided after initial certification/licensure as a nursing, paramedical, or medical professional. Continuing education (CE) may be required for recertification or professional advancement. In India, CE is provided by the government (largely through NIHFWS), professional associations, NGOs, or higher education institutions.
- *Curriculum*: a fixed series of studies required, as in a college, for graduation, qualification in a major field of study, etc. (*Webster's New World Dictionary*).
- *Syllabus*: a summary or outline, esp. of a course of study (*Webster's New World Dictionary*). The Indian Nursing Council (INC) produces syllabi for nursing studies in India.

PRE-SERVICE EDUCATION IN INDIA

Schools, Colleges, Universities—Nurses, Doctors, Paramedicals

In India, the INC sets standards for and accredits schools and colleges of nursing. Schools of nursing can provide diplomas in General nursing and Midwifery (GNM) and Auxiliary Nurse-Midwifery (ANM). Professionals completing this level are considered paramedicals. Colleges of nursing can provide the Bachelor of Science (BSc) in Nursing, the Master of Science (MSc) in Nursing, and the Doctor of Philosophy (PhD) in Nursing, as well as the GNM and ANM. The Medical Council of India (MCI) sets the basic standards for and accredits colleges of medicine and medical universities. Medical colleges offer the Bachelor of Medicine and Bachelor of Surgery (MBBS) degree, while medical universities also offer the MD, MS, and higher degrees. Sample entrance requirements are included as Appendix N. The GOI, with the help of the INC, is introducing the new position of nurse practitioner. These are trained in colleges of nursing. India has thousands of accredited nursing, paramedical, and medical colleges, schools, and universities. Table I shows the number of accredited programs in Delhi (where IRH has no programs but has its India office) and in the two states where IRH is concentrating its scaling-up efforts—Jharkhand and Uttar Pradesh—as of November 2010.

Table 1. Number of Accredited Programs by Location¹			
Type of Accredited Program	Delhi	Jharkhand	Uttar Pradesh
ANM	4	16	48
GNM	15	18	134
BSc (Nursing)	9	4	28
MSc (Nursing)	3	0	5
Post-Basic BSc	1	1	5
MBBS	6	4	21

National Syllabi for Nursing and Medical Education

INC and MCI, independent bodies chartered by the GOI/MOHFW, develop the core syllabi for nursing and medical professionals, including auxiliary nurse-midwives and general nurse-midwives. These syllabi are approved by the GOI/MOHFW and provide the minimum requirements for teaching these professions in India. Universities, colleges, and schools are allowed to add to the curriculum, adapting it according to local needs. The university with which a college or school is affiliated may choose to develop a standard syllabus based on the INC and MCI syllabus. In this case, the affiliated institutions would have to use that syllabus.

In theory, nursing, medical, and paramedical syllabi are updated every five years. In reality, updates can take much, much longer. MCI is in the process of updating the MBBS syllabus, and it is unclear when that process will be completed. It appears that the last revision was in 1997. The ANM syllabus reviewed for this assessment was a 2004 edition reprinted in 2009.

CONTINUING MEDICAL AND NURSING EDUCATION IN INDIA

Officially, continuing education is required for recertification of nurses and physicians in India every five years, but this requirement does not appear to be enforced. Some nursing and medical schools require CE for faculty as part of their annual performance planning and appraisal process. Provision of in-service education is left up to the individual institution. The government (through NIHF), medical and nursing associations, NGOs, private companies, and international agencies organize CE courses and workshops on a range of topics—FP/RH, cancer, infectious diseases, chronic diseases, the role of nurses, new technologies, and more. INC intends to help ensure that more continuing professional development is made available to practicing nurses. As mandatory CE comes into effect, a system for accreditation could become standardized.

PROVISION OF FAMILY WELFARE SERVICES

The GOI strongly promotes child-spacing and population stabilization. Family welfare, including FP, is within the job expectations of almost all levels of nursing and medicine (but not all specialties). According to some respondents, ANMs provide most of the FP counseling since they are the only staff at the community health subcentre level. Appendix D outlines the expected job functions of ANMs, according to the INC syllabus. BSc nurses provide postpartum

¹ Indian Nursing Council. *List of Colleges of Nursing for M.Sc(N) course recognized and permitted to admit students for the academic year 2011-2012*. May 2011. <http://www.indiannursingcouncil.org/pdf/msc-recognized-Nursing-Institution.pdf>. Also Medical Council of India. *List of Colleges Teaching MBBS*. <http://www.mciindia.org/InformationDesk/MedicalCollegeHospitals/ListofCollegesTeachingMBBS.aspx>.

FP counseling and may provide FP information during health education sessions in outpatient departments (OPDs). Doctors provide FP services (IUD insertion, sterilization, abortion, and post-abortion care), but the extent to which they are expected to counsel about all methods, as opposed to counseling women regarding the long-term or permanent method they have selected, is unclear. Long-term and permanent methods are emphasized in both teaching and practice, with incentives given to women who accept IUDs or sterilization.

To provide context, Appendix E describes how public health services are organized.

III. METHODOLOGY

The assessment consisted of the following two parts:

Part I included a desk review of FAM background information, as well as the various syllabi from schools of nursing, medicine, and paramedical studies in India, to identify entry points for fertility awareness information and family planning topics in both theoretical and practical training in pre-service education programs. Teaching materials were gathered by a local consultant in India, from the Internet, and during the fieldwork. Appendix F contains an inventory of teaching materials consulted for this assignment.

Part II entailed a field visit to India to conduct interviews with stakeholders at academic institutions and nursing and medical associations, discuss recommendations with IRH field staff, and draft a tentative action plan for implementing interventions at pre-service institutions.

At the start of the field visit, the international consultant and IRH country representative briefed USAID/India's Senior Technical Advisor for Reproductive Health and Family Planning, Loveleen Johri. Ms. Johri suggested specific people to contact and ways to approach the assessment, including exploration of the potential for integrating FAM into textbooks, identifying change agents, and understanding how nurses get updated on new technologies. The international consultant and IRH country representative also met with the local consultant, Dr. Sanjay Gupta, who is contracted to gather syllabi and other materials, help coordinate entry into local schools, and arrange meetings with high-level stakeholders. Dr. Gupta has extensive knowledge of the academic health system and key connections.

The field work consisted of 13 interviews (each with 1-3 respondents) and 5 focus group discussions (FGDs), covering the following 5 main topics: organization characteristics, the national context for nursing and medical education, the teaching syllabus and materials, continuing education, and interest in teaching fertility awareness methods. Interviews and FGDs took place in Agra, Delhi, and Lucknow. The interview guide and FGD guide are Appendices G and H. In addition, brief conversations were held with the president of the INC and the superintendent of a nursing school in Agra.

During the interviews and FGDs, SDM and LAM were described, and the use of CycleBeads was demonstrated. Each institution visited also received at least one folder containing CycleBeads, FAM research articles, and other information about SDM, LAM, and IRH.

The scope of work (SOW) identified the following desirable respondents—nursing, medical, and/or technical school faculty, including clinical instructors and heads of department; students; professional associations; and CE enrollees. The IRH/India office, in collaboration with the local consultant, established contact with key informants, and other respondents were added as the opportunities arose. Language issues and time constraints made it difficult to interview students, but one respondent was both an instructor and a PhD candidate.

To the extent possible, attention was paid to the type of institution, importance of the institution, and the likely interest in FAM by staff and leaders. Table 2 shows the level of professional preparation offered by the institution included in the assessment. With some overlap in categories, interviews or FGDs were conducted with heads (13 respondents) and faculty (26 respondents) of nurse-midwifery schools, nursing colleges, and medical colleges; leadership of relevant government health agencies or departments (3 respondents); the Indian medical and nursing councils (4 respondents); medical and nursing associations (3 respondents); and nongovernmental and faith-based organizations (1 respondent). The list of 48 respondents, along with their contact information, can be found in Appendix I.

Table 2. Level Trained, by Institution									
INSTITUTION	ANM	GNM	BSc	MSc	MPhil	PhD	MBBS	MD/PG	CE
NEW DELHI									
RAK College of Nursing			X	X	X	X			X
Rufaida College of Nursing		X	X	X			X	X	X
VM Medical College	X	X	X						
LUCKNOW									
Baba Hospital Inst. of Paramedicals	X	X	X						X
CSSMU							X		X
Krishna Nursing & Paramedical		X							
Sahara School of Nursing			X						
AGRA									
Shanti Manglick Nursing School	X	X							
SN Medical College		X					X	X	
OTHER									
Government School of Nursing, Kerala	X	X							
TOTAL	4	7	5	2	1	1	3	2	4

Sources: Respondents, www.indiannursingcouncil.org, and www.mciindia.org

IV. OVERVIEW OF FINDINGS

CONDITIONS FOR INTEGRATION OF SDM AND LAM IN PRE-SERVICE EDUCATION

Pre-service nursing and medical training in India meets the following criteria/requirements for integrating SDM and LAM:

- Foundation courses in anatomy and physiology include information on the menstrual cycle.
- It is possible that FP coursework and practicals build knowledge of human sexuality, since syllabi typically mention family welfare counseling, and such counseling could include human sexuality.
- Obstetrics and MCH coursework builds knowledge and skills for LAM.

Pediatrics courses also include breastfeeding and exclusive breastfeeding. In addition, FP, or family welfare as it is often called in India, is a core part of community nursing and community medicine courses (and, as noted above, job expectations). An overview of relevant sections of syllabi is included in Appendix J.

Unfortunately, natural family planning methods (and most other birth spacing methods) are given relatively little attention compared to long-term and permanent methods heavily promoted by the GOI. In national syllabi, it is typical for the IUD and sterilization/tubal ligation to be the only contraceptive methods mentioned by name, included in course objectives, and included in annual or final examinations. Condoms and OCs are mentioned in the ANM syllabus. When asked, respondents said no more than 10% of FP teaching time was spent on natural methods. A few said as little as 1% is spent teaching about natural methods. Teachers of medicine in particular had little faith in such methods (or rather, in couples' ability to use them effectively), and LAM (for protection of the newborn) is more likely to be given adequate attention than the "safe days" (calendar) method.

Because pre-service syllabi do not include detail on contraceptive methods, because the MOHFW is highly unlikely to encourage promotion of SDM or LAM in the near future, and because the nursing and medical councils charged with syllabus development would need approval from GOI to add SDM and LAM as researched by IRH, pre-service syllabus revision does not appear to be a worthwhile avenue to pursue in the short time remaining in the FAM project in India.

IRH is much more likely to ensure integration of FAM by working with nursing and medical school faculty who are favorable toward SDM and LAM and opinion leaders in community medicine or obstetrics and gynecology. These professors could (and sometimes do) teach SDM and LAM in their courses and make teaching them standard policy and practice in their departments.

SYLLABUS REVIEW

The consultant reviewed teaching syllabi from INC, MCI, and the All-India Institute of Medical Sciences (AIIMS) (which expands on the MCI syllabus). These include the MBBS, PhD (Nursing), MSc (Nursing), BSc (Nursing), GNM, (although some respondents mentioned that the GNM program is being phased out nationwide), and ANM syllabi. The syllabi reviewed did not provide detailed information on contraceptive methods. Typically, contraceptive methods are mentioned by type ("natural and temporary" or "permanent"). All except the PhD in nursing syllabus mention the IUD either in the objectives or as something to be evaluated. None mentioned

FAM, SDM, or LAM. All except the nursing MSc and PhD contain an anatomy and physiology course that covers reproductive anatomy and physiology, including the menstrual cycle. The nursing MSc syllabus does, however, include reviews of reproductive anatomy and physiology.

Family planning is discussed in the context of demographics and family welfare in sections on community health/medicine, obstetrics, and gynecology, and, in the case of the ANM and GNM syllabi, midwifery. All except the PhD program include both theory and practice on family welfare/family planning topics. The hurdle would be to get the terms FAM and SDM (and perhaps LAM) included. Additional effectiveness studies or greater dissemination of those already completed might help, but it is possible that current leadership will not expand the currently available methods to include FAM. Meanwhile, individual heads of department, principals, and faculty can incorporate SDM and LAM as improvements to older methods. Appendix K excerpts relevant sections of the ANM syllabus as an example so that IRH can consider where to recommend adding SDM and LAM.

Practical Experience in Pre-service Education

Syllabi typically include practical experience in FP education, counseling, and service provision. In some institutions visited, the same instructors cover both theory and practice, while in others practicals are overseen by a specific person or take place in other places, such as teaching hospitals and peri-urban clinics. Respondents said that practicals include counseling individuals and couples as well as observing and practicing medical procedures such as IUD insertion.

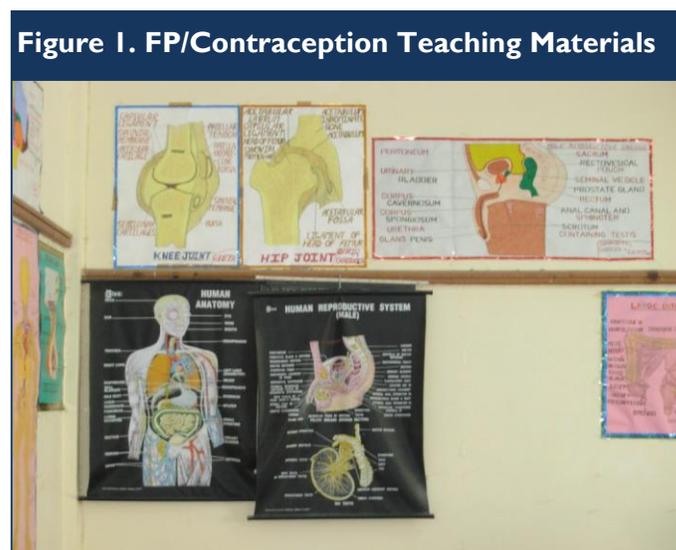
OTHER TEACHING MATERIALS

Respondents were reticent to provide lesson plans or materials—or did not have any to provide—because they make their own or use what other organizations (health NGOs, for example) provide. This can actually work to the project’s benefit, in that it means that they might be happy to have lesson plans and materials provided by IRH. Indeed, nearly all respondents expressed the desire to receive SDM teaching and counseling materials.

Sources of Information for Teaching FP/Contraception

When asked, respondents said they got their information for teaching about contraceptive methods from textbooks, conferences, workshops, the Internet, and updates provided by the government, associations, international agencies, or NGOs. Textbooks seem to be a primary source. Nearly all respondents—according to their profession or specialty—mentioned using at

least one of the following four textbooks:



- Park, K. Park’s Textbook of Preventive and Social Medicine, 20th ed. Jabalpur: Bhanot, 2009
- Gulani, K.K. *Community Health Nursing Principles and Practices*. New Delhi: Kumar Publishing House, 2006
- Swarnkar, K. *Community Health Nursing*
- Dutta, D.C. *Textbook of Gynaecology*, 5th ed., Calcutta: New Central Book Agency (P) Ltd. 2001

Almost all mentioned *Park's Textbook of Preventive and Social Medicine*. If there is a "bible" of community health and medicine in India, it is the Park book, even for nursing and paramedical training. This book is updated fairly regularly but does not contain information on SDM. Lactational amenorrhea is covered, but not the simplified version promoted by IRH. A new textbook by two noted Indian Ob/Gyns, currently in press, explains SDM and LAM and depicts CycleBeads, and the head of obstetrics and gynecology at Safdarjung Hospital, Dr. Sudha Salhan, has written the *Textbook of Gynaecology* (in press), which describes SDM and LAM.

Other textbooks mentioned include the following:

- Suryakantha, A.H. *Community Medicine*. New Delhi: Jaypee Brothers Medical Publishers (P) Ltd. 2010
- Miles, *Nursing Care*
- Dawn, C.S. *Textbook Gynaecology and Contraception*. Dawn Publications.
- Vasanthapa. *Community Health Nursing*
- Padubidri, V.G. and S.N. Daftary. *Shaw's Textbook of Gynaecology*, 15th ed. New Delhi: Reed Elsevier India. 2010
- Percival, Robert. *Holland and Brews Manual of Practical Obstetrics*, 14th ed. Philadelphia: Churchill Livingstone. 1980

Suryakantha's *Community Medicine*, first published in 2009 with a second edition in 2010, discusses FAM and simplified LAM but does not specifically mention SDM.

IN-SERVICE AND PRE-SERVICE EDUCATION FOR SDM AND LAM

Respondents at two institutions said they teach SDM in pre-service education, and another said she would begin teaching it in January 2011, using materials received during the interview. Faculty of at least two institutions indicated that nursing students already had more than enough content to assimilate.

Several respondents indicated that continuing education would be the best way to introduce SDM and LAM into the nursing and paramedical professions. Almost none seemed very enthusiastic about SDM as a distance learning course, citing time constraints and a preference for workshops, but IRH still might want to test this by getting the Trained Nurses Association of India (TNAI) or NIHFWS to offer it. IRH could also ask these or other institutions to endorse a course that IRH would offer online.

Respondents offered several options for CE, including but not limited to workshops for faculty, sessions at association conferences, and integration of CE into ongoing or planned CE courses on related topics. Given the option, most preferred the idea of a CTU over an SDM-only session. Respondents noted that conference and workshop topics are determined by committees or by leaders taking into account requests and perceived needs, depending on the institution. TNAI, for example, has a governing board (composed of state chapter executives) that approves TNAI activities, while the Federation of Obstetric and Gynaecological Societies of India (FOGSI) president decides on the year's program based on input from committees. Some institutions more or less regularly offer FP/RH topics in their cycle of CE sessions.

V. SUMMARY OF FINDINGS BY INSTITUTION

Key findings by institution are summarized below. For more detail, a transcript of the interview and FGD notes can be found in Appendix L.

NEW DELHI

Dr. RML Hospital

RML hospital is a public hospital with 984 beds. It has a family welfare clinic and serves New Delhi and the Central District. A nursing PhD candidate working at this hospital teaches community health nursing to BSc (nursing) students and would like material and CycleBeads from IRH to use in the FP section. She is also interested in doing a community-level SDM acceptability study. She expressed that there is very little time in the current syllabus for adding SDM and that it therefore would best be offered as a CE course. The hospital has a CE cell that uses a supervision checklist and learning needs self-assessment to determine what courses are needed. It recently offered a 60-hour, 7-day course for 30 nurses.

The Indian Nursing Council (INC)

The INC is an autonomous agency under the Ministry of Health and Family Welfare. The goals, objectives, and functions of INC are:²

- To establish and monitor a uniform standard of nursing education for nurses, midwives, auxiliary nurse-midwives, and health visitors by doing inspection of the institutions
- To recognize the nursing qualifications for the purpose of registration and employment in India and abroad
- To give approval for registration of Indian and foreign nurses possessing foreign qualification
- To prescribe the syllabus and regulations for nursing programs
- To withdraw the recognition of qualification in case the institution fails to maintain its standards for the training of nurses, midwives, auxiliary nurse midwives, or health visitors
- To advise state nursing councils, examining boards, state governments, and central government on various important items regarding nursing education in India.

The Indian Nursing Council is an autonomous body under the Government of India. The Ministry of Health & Family Welfare was constituted by the Central Government under Section 3(1) of the 1947 Indian Nursing Council Act of parliament in order to establish a uniform standard of training for nurses, midwives and health visitors.

The head of the council is also the nursing advisor in the MOHFW. He made it clear that FAM would not be added to nursing syllabi produced by INC unless and until the MOHFW approves SDM as a currently available method instead of as a potential option for expanding choice as currently outlined in the Reproductive and Child Health Phase II (RCH II) Program Implementation Plan.

Ministry of Health and Family Welfare (MOHFW)

While the RCH II Program Implementation Plan mentions SDM and LAM as methods to expand contraceptive choice and includes action steps for exploring making them “currently available

² Indian Nursing Council, <http://www.indiannursingcouncil.org/functions-structure-constitution-community.asp>.

methods,” the MOHFW does not currently see SDM and LAM as cost-effective methods to which resources should be “diverted.” Reasons cited included likely failure rates and the need for additional couples and individual counseling over a longer period of time.

National Institute of Health and Family Welfare (NIHFW)

Established in 1977, the National Institute of Health and Family Welfare (NIHFW) is funded by the MOHFW to promote health and family welfare programs in India through education, training, research, evaluation, consultancy, and specialized services. Through its state branches, it conducts most of the health-specific, in-service training in India.

By the second quarter of 2011, NIHFW will begin to oversee the training of more than 50,000 mostly new, multipurpose health workers (MHWs), and that training will include family planning counseling. MHWs, originally malaria or other infectious disease workers, are male and work at the community level. The director of NIHFW is open to the possibility of integrating SDM into the training of these workers. The training of trainers for this new effort is expected to begin by April 2011. The Institute also has experience conducting distance learning programs and recently established a Public Health Education and Research Consortium to build capacity for education and research.

Raj Kumari Amrit Kaur (RAK) College of Nursing

In addition to the regular academic programs, RAK College conducts short courses for nursing personnel through its Department of Continuing Education, and the college is being established as a center of excellence in nursing by the MOHFW. The representative interviewed expressed that students are very interested in FP, that several FP methods are taught, and that they use teaching materials from the government, NGOs, and others in addition to textbooks, journals, and the Internet.

RAK College of Nursing is controlled financially by the MOHFW and is academically affiliated with Delhi University. Its primary objective is to provide for and promote education and research in the field of nursing in India. Each year, the college admits 45 BSc (N) students and 16 MSc (N) students. It also offers the M.Phil., PhD, and post-basic BSc in nursing.

Rufaida College of Nursing, Jamia Hamdard University

Each year, Rufaida College of Nursing enrolls 40 GNM students, 50 BSc (N) students, and 25 MSc (N) students. Respondents indicated they update their curricula annually and that courses are evaluated by a curriculum subcommittee composed of parents, students, and teachers. Students are evaluated via practical and written exams. Respondents noted that INC is planning a mechanism for follow-up and supervision after students graduate. Natural family planning (NFP) is taught (theory and practice), but FAM is not. Respondents expressed that CycleBeads should be a very good method for nonliterate and that their community has a very high unwanted pregnancy rate. Teachers make their own FP kit for teaching. The clinical tutor said that students have a high level of FP knowledge when they join the clinical rotation, that students counsel new and continuing FP users, and that they are much better in counseling and knowledge after the practicum. For counseling, students use flash cards from other sources (government, conferences, United Nations Population Fund [UNFPA]). When asked what methods students learn during the clinical practice, respondents mentioned oral contraceptives (OCs), condoms, and Copper T IUD. Tutors are not currently using checklists in clinical practice.

When asked about continuing education, respondents noted that 100% of faculty take at least two CE courses per year (needed for their performance appraisal) and that CE is offered by

associations, including TNAI which offers two or three per year. They said they would like a FAM session led by IRH and that such a session could be compulsory for faculty.

Respondents expressed strong interest in conducting a community-level study on free vs. purchased beads. They would also like materials and equipment for teaching and counseling on FP, including SDM.

Trained Nurses Association of India (TNAI)

TNAI conducts CE at the national and local level—four, one-week courses per year, subsidized by the MOHFW, with 35–40 participants from all over India. Participants are supposed to replicate the courses at the state level (through state-level branches), but TNAI does not have the resources to monitor whether, or how often, this happens. TNAI could include FAM in a services workshop with a one-day CTU. Other possibilities include piloting a one-day CTU with nurses in Delhi and a one-day (or longer) CTU for ANMs. A governing board (executives of state chapters of TNAI) approves TNAI activities. At the national level, a director and coordinator head lead on CE. At the state level, each executive committee has a CE cell with a chairperson.

TNAI publishes *The Nursing Journal of India*, with articles contributed by members and others and a circulation of 35,000 issues in India and other countries. IRH could submit an article, though it would have needed to have been submitted by the third week of January to appear in the next issue.

TNAI also is starting a Central Institute of Nursing Education and Research, located on the border of UP and Delhi, which was due to be commissioned in March or April 2011 at the time this report was written. The center will offer specialty courses and could start FAM as a pilot project and study the financial viability of CycleBeads.

Mrs. Seda mentioned the following dates to consider for planning:

- April 11, International Safe Motherhood Day
- May 5, Nurse-Midwives Day
- May 12, Nurses Day

Vardhman Mahavir (V.M.) Medical College and Safdarjung Hospital College of Nursing

The Ob/Gyn Department is teaching SDM to medical students and includes CycleBeads in the method samples candidates must correctly identify during exams. They would like additional samples and materials for teaching. CycleBeads and LAM are also included in a new gynecology textbook by the respondents. The Community Medicine Department is open to teaching it but expressed serious doubts about LAM's effectiveness. As this is one of the largest hospitals in the country, integrating SDM and LAM into the teaching of medical and nursing students could have real impact.

The college strongly encourages faculty to enroll in CE courses. When asked who offers CE in FP, respondents mentioned the government, NIHFWS (Mumbai), RAK College, AIIMS, (Chandigar), FP Association of India, Population Stabilization Fund, National Association of Reproductive and Child Health, and FOGSI. All medical colleges offer CE.

The Medical College was established at Safdarjung Hospital in 2001. The college is affiliated with Guru Govind Singh [Indraprastha](#) University, Delhi, and accepts 100 new MBBS students each year. The faculty consists of more than 295 doctors, and the college conducts many training workshops, CE seminars, and research projects.

The School of Nursing was started in April 1960. It offers the GNM diploma, accepting 35 students annually. In 2007, it became the College of Nursing and began offering the BSc (N), enrolling 100 students per year. The college is affiliated with the Delhi Nursing Council.³

LUCKNOW

Baba Institute of Paramedicals

This private academic institution is attached to a hospital and is also an NGO. There are 22 faculty members, and the school accepts 60 GNM, 60 ANM, and 40 BSc (N) students each year. Respondents indicated that faculty attend on-campus and off-campus CE on diverse topics and that on-campus CE is provided by government experts. They said they would like to teach SDM (internal decision to teach it or not) and would need materials in Hindi and other local languages, including posters, pamphlets, beads, and a CD. There were topical posters in all the classrooms and “labs” visited at the school.

The school teaches “safe period” among other FP methods, in accordance with the INC syllabi. Emphasis during the clinical practicum depends on the community, need, and supplies at hand. Clinical practice includes door-to-door health education including FP. Students are evaluated based on outcomes, feedback from the community, and written examinations. When asked, respondents said that FP counseling and services are provided by GNMs at CHCs, primary health centres (PHCs), and psychiatric centers.

Chhatrapati Shahuji Maharaj Medical University (CSSMU) (Medical College of Lucknow CHJ]

The Community Medicine Department trains accredited social health activists (ASHAs), who work under the supervision of ANMs and has a memorandum of understanding with IRH to train ASHAs in SDM. Under this MOU, the department provides CycleBeads free of charge. The ASHAs cover a population of 50,000 through eight subcentres. The program currently has 37 ASHAs whose main tasks appear to be identifying married couples, identifying pregnant women and escorting them to the antenatal clinic, escorting new mothers to the postnatal clinic, and providing FP counseling. The head of community medicine suggested that practicing ANMs could also be trained, since they go to the PHC twice per week anyway, and that IRH should also target adolescents. The department might be interested in doing an annual or biennial CTU and wants medical students here to do a long-term acceptability study. (The program has short-term findings that could be shared.)

The university enrolls up to 185 MBBS students each year. They are given seven, one-hour lectures on contraception plus two demonstration sessions of two hours each (including the menstrual cycle calendar—“safe period and unsafe period”). Students also present FP cases. One respondent expressed that CycleBeads should help in teaching but offer “no great advancement.” He nonetheless offered that large-scale introduction could be done through medical schools, the government, MCI, or FOGSI. The university requires CE and holds CME workshops for postgraduates and Lucknow Ob/Gyns (with contraception a topic every year or so based on need, including a workshop where CycleBeads were demonstrated in 2008). It also sends nursing staff for refresher courses, workshops, and other CE.

The university controls the Gandhi Memorial and Associated Hospitals, which has a School of Nursing attached to it. According to the school’s website, it offers a general nursing diploma

³ Vardhman Mahavir Medical College and Safdarjung Hospital.
<http://vmmc-sjh.nic.in/index2.asp?slid=874&sublinkid=381>
<http://vmmc-sjh.nic.in/index2.asp?slid=874&sublinkid=381>.

(three-year course) and a midwifery diploma (six-month course).⁴ The midwifery course has 20 seats and is held at Queen Mary's Hospital. The dean of the Faculty of Medicine also serves as dean of the School of Nursing and head of the Community Medicine Department. The university also oversees the Sahara, Varanasi, Apex, and K.G. nursing schools.

Lucknow Obstetrics and Gynecology Society; Krishna Nursing and Medical Institute

The consultants met with this respondent because of her connection to FOGSI (she is president of the state-level society), but she also heads a private medical center and paramedical institute. The two-year-old GNM program admits 40 students per year and atypically has a 35% male student population. The school has six faculty plus a director, principal, and vice-principal. The Medical Center recently began offering a diploma in family welfare for doctors that covers counseling and FP “up to IUDs” and a diploma in obstetrics and gynecology, although these are not listed on the center’s website.

The respondent was familiar with FAM and said that SDM is taught at the institute. They also do workshops and seminars that could include SDM and LAM, even though faculty are not required to take CE.

The respondent recommended that IRH not wait for a formal syllabus revision but rather start teaching faculty to teach FAM and focus on CE in the private sector since women prefer private facilities over public facilities and the private sector moves faster to adopt new FP methods. She cited injectable contraceptives as a current example. Her general observation is that FP counseling and services are provided by Ob/Gyns, FP counselors, ANMs in rural areas, and GNMs.

The respondent offered that her institute could conduct SDM workshops. It recently held a one-day seminar for 400 students entitled “Challenges and Prospects in Nursing Profession,” for which students made posters on various topics, including cancer, anemia, safe pregnancy, and cardiovascular disease.

Regarding FOGSI, the respondent noted that it has 22,000 members nationwide and that the FOGSI president decides on the year’s outreach program based on input from committees. In 2010, it was the fight against cancer: raising awareness and reaching the unreached rural populations. In 2009, it was controlling postpartum hemorrhage; in 2008, it was educating female children.) FOGSI has master trainers, monthly workshops attended by an average of 300 physicians, and an FP/FW committee. Possibilities mentioned for partnership with IRH include collaborating on workshops, providing posters/charts and follow-up to participants, and creating linkages (for example, have a FAM “ring leader” to promote SDM as an FP option).

The respondent is a member of Saathiya, a network of more than 3,200 private sector healthcare providers trained to offer FP information, products, and services to young married couples in North India. The Saathiya project is implemented by Abt Associates under the Market-based Partnerships for Health Project with funding from USAID.⁵

Sahara School of Nursing and Paramedical

This is a three-year-old private institution attached to Sahara Hospital (a private chain) that admits 40 BSc (N) students each year. The school follows the INC curriculum, and respondents expressed that there is no room to add content given that there already is not enough time to

⁴ Chhatrapati Shahuji Maharaji University. <http://www.kgmcindia.edu/hospital/nursing.htm>.

⁵ Abt Associates. *Congressional Staffers Visit Abt Associates' Saathiya Program Helpline in Lucknow, India.* <http://www.abtassociates.com/page.cfm?pageid=40963>.

cover what is already mandated. They said that most FP is taught in the fourth year, which they have not yet reached. FAM is not taught (they had not heard of FAM, SDM, or LAM), but NFP is. They liked the idea of CycleBeads especially for nonliterate, though “75% of women in our area complain of irregular periods.” The fourth-year clinical practicum will include FP counseling. Respondents said they have a checklist for every subject taught except for FP, as it has not been taught in detail.

Respondents indicated that the school is planning to start an in-service program for the hospital but that currently no one takes CE. They would like an SDM lesson plan and materials for CE.

Respondents indicated that doctors provide most FP services and that nurses provide FP during health education and village outreach. They felt that doctors would not object to SDM being taught or offered but that they needed to be made aware of the method.

AGRA

Shanti Manglick Hospital and Nursing School

Language was an important barrier in this FGD held with all nursing faculty.

The nursing school admits 60 ANM and 40 GNM students per year. Of the 15 hours allocated to FP in the first year, perhaps 10% is dedicated to NFP methods. Respondents were not familiar with the terms FAM, SDM, or LAM. They were very interested in the CycleBeads demonstration and said they would teach SDM if they got a CTU for faculty, background literature, a lesson plan, materials, and beads. Students get hands-on FP counseling experience at the Baroli community health center.

S.N. Medical College

While waiting to do the first FGD, the consultant visited the school museum. CycleBeads were there under the heading “Calendar Method.”

Opportunities here include CTUs for 40–50 nursing, community medicine, and Ob/Gyn faculty as well as the Agra Society of Ob/Gyns, piloting inclusion of an SDM lesson plan in the GNM and MBBS curricula and a feasibility study on SDM introduction in Agra. (The community medicine department did an “unmet needs” study two years ago and has an ongoing study on the impact of India’s facility delivery incentive scheme on FP use.)

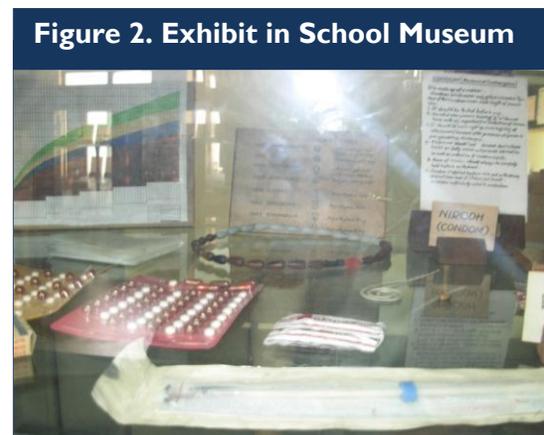


Figure 2. Exhibit in School Museum

The nursing school admits 60 GNM students per year and teaches all FP methods (theory and clinical). One FP lecture is spent on NFP, and NFP is included in clinical practice. Hands-on FP counseling experience is available during 15 days in the OPD. Clinical learning on FP focuses mostly on IUD and tubal ligation (TL). Respondents were not familiar with FAM, SDM, or LAM but offered that they could become a lecture topic for students and that postnatal LAM counseling could be offered. To officially add FAM to curriculum, they would have to go through the State Medical Faculty, Lucknow.

Ob/Gyn and nursing faculty indicated that medical officers and FP counselors provide FP counseling and services. Medical officers work in the OPD and provide mainly postpartum IUD,

TL, and post-abortion services. As part of new program in UP, the hospital has an FP counselor for three hours/day.

Faculty take CE courses (citing PSI's "Freedom 5" training as an example) but no nursing in-service is offered. The Urban Health Initiative (UHI) is doing FP in-service training (four camps in the past two years), and an EMOC in-service is offered for skilled birth attendant training for medical officers. The college last had a CTU around 2003, a training-of trainers plus workshop by the State Innovation in FP Service Agency (SIFPSA). To a follow-up question about TNAI's CE programs, the respondents answered that TNAI mostly has programs in Delhi, charges for courses, and offers nothing in Agra.

S.N. Medical College accepts 128 MBBS students annually and offers MSc and MD degrees. Respondents from the community medicine department teach NFP (theory and practice) but said they spend very little time teaching the "safe days" method or LAM. They indicated that those methods are not "disseminated" in the community because there is little faith in their effectiveness, but they were able to point out three advantages of teaching women about "safe and unsafe period." These advantages include sensitization to the menstrual cycle, women understanding that they are unlikely to get pregnant during menstruation (many think they can), and women understanding that this method is not provider-dependent. Respondents were actually aware of FAM, SDM, and LAM, but they seemed skeptical about SDM and LAM's effectiveness and appropriateness in the Indian context. That said, they expressed that SDM and LAM could be included in the MBBS community medicine course. They would need faculty orientation to sensitize faculty with fixed messages and build confidence in the methods, along with a teaching module and CycleBeads. They also would like to see feasibility studies and to know what results the Jharkhand project is getting. They suggested determining if ASHAs, who communicate best with rural women, understand the method and can teach SDM since they would be the best to counsel on it.

OTHER

Government School of Nursing, Palakkad, Kerala

This respondent, met at the INC conference being held at NIHFV, expressed that it would be easier to integrate SDM into CE and in-service training than to do so in pre-service education, both because of the need for MOHFV and INC action and because the students' schedules are already full. (She saw LAM as a method for protecting children and not as an FP method.) She felt that in the longer term it would be important to teach SDM at the MSc level since MSc graduates often become nursing instructors. She also recommended training trainers at the district level so that they can train ASHAs and female health workers since these professionals work at the community level and reach the most women with unmet need. The school at Palakkad accepts 50 ANM and 50 GNM students per year.

VI. RECOMMENDATIONS FOR GUIDING INTEGRATION OF SDM AND LAM INTO PRE-SERVICE AND CONTINUING EDUCATION

In general, IRH's efforts and approaches should seek to respond to the needs of their various target audiences, answering the questions, (1) "What is in it for them?" (2)

"How does this institution or person or group benefit from integrating SDM and LAM into their curriculum?" and (3) "How does integration help them achieve their goals?"

Some people and institutions want to get or stay ahead of the competition. For others, providing a well-rounded education might be more important. And for still others, the priority might be helping India be the best it can be. Appeals can be tailored to the individual when necessary and feasible but otherwise respond to the likeliest or most obvious set of needs. Because only one student was interviewed during this assessment, IRH should consider interviewing additional students (especially ANM, GNM, BSc, and MSc) to get their perspective on these issues and incorporate it into outreach to faculty and gatekeepers.

A draft action plan, developed in conjunction with staff in IRH's India and Washington, D.C. offices, is attached as Appendix M.

LARGE-SCALE INSTITUTIONALIZATION

The GOI has decided to revitalize the MHW workforce by hiring and training more than 50,000 new (male) recruits. They will take a six-month training course and then work in 232 focus districts spread throughout the country. Main topics will include MCH, communicable diseases, and family welfare, among others. NIHFWS would like to collaborate with IRH on adding FAM content to the training curriculum. They would also need CycleBeads for the training, and it would be important for CycleBeads to be available for purchase at subsidized prices. IRH should follow up with NIHFWS as soon as possible since a draft curriculum is already being reviewed, and training of trainers was expected to begin by April 2011.

PRE-SERVICE TRAINING

Textbooks

Since the training syllabi developed by INC and MCI contain few details on FP methods, IRH should try to influence the sources of the actual content taught. Almost all respondents mentioned Park's textbook as the bible for teaching nurses, doctors, and paramedicals (including nurse-midwives) about community health. Three other textbooks were also highlighted by several respondents. They are listed below along with the Park book for easy reference.

- Park, K. *Park's Textbook of Preventive and Social Medicine*, 20th ed. Jabalpur: Bhanot, 2009
- Gulani, K.K. *Community Health Nursing Principles and Practices*. New Delhi: Kumar Publishing House, 2006
- Swarnkar, K. *Community Health Nursing*
- Dutta, D.C. *Textbook of Gynaecology*, 5th ed. Calcutta: New Central Book Agency (P) Ltd. 2001

IRH should approach the authors and publishers of these four textbooks to try to get SDM and LAM included. Offering updates on other methods might also help and would facilitate

publishers' launch of a new edition "with a state-of-the-art update on modern family planning methods," for example, as a way to bring attention to the changes, including SDM. Success in getting SDM and LAM into key textbooks might be the best way to ensure long-term access to SDM and LAM information by Indian medical, nursing, and paramedical students.

Other textbooks mentioned and potentially worth making inquiries about include the following:

- Suryakantha, A.H. *Community Medicine*. New Delhi: Jaypee Brothers Medical Publishers (P) Ltd. 2010
- Miles. *Nursing Care*
- Dawn, C.S. *Textbook Gynaecology and Contraception*. Dawn Publications.
- Vasanthapa. *Community Health Nursing*.
- Padubidri, V.G., and S.N. Daftary. *Shaw's Textbook of Gynaecology*, 15th ed. New Delhi: Reed Elsevier India. 2010⁶
- Percival, Robert. *Holland and Brews Manual of Practical Obstetrics*, 14th ed. Philadelphia: Churchill Livingstone, 1980

IRH should consider contacting A.H. Suryakantha to find out what motivated him/her to include FAM and what would be needed to add specifics on SDM and LAM in a future edition.

The Tamilnadu Nurses and Midwives Council held a workshop in September 2009 on developing nursing textbooks in India for India. From their website, it is not clear if this is a national movement or a local one. IRH could inquire and get authors of relevant new texts to consider SDM & LAM.

CTU Workshops and FAM Materials for Pre-service Nursing and Medical Institutions

IRH should conduct CTU workshops for faculty of key institutions (separate workshops for each institution so that as many educators as possible can be trained to teach SDM and LAM and so that during the workshop they can develop concrete strategies for integrating them into their curricula). As feasible, such workshops could also constitute continuing education for faculty and therefore be that much more attractive to them. Lists of accredited nursing programs, organized alphabetically by state, are available on the INC web site.⁷ Another option is to provide respondents in this assessment with FP teaching materials in appreciation of their participation. (Provision of a comprehensive set of materials is discussed below.)

IN-SERVICE TRAINING AND CONTINUING EDUCATION

UP Family Planning Counselors

UP is hiring or planning to hire family planning counselors for its district hospitals (numbering more than 70). IRH has been discussing with the UP government and the Futures Group (contracted to develop the curriculum) the integration of SDM and LAM into the training of these counselors and should continue to pursue this important opportunity.

⁶ V.G. Padubidiri was once Director, Professor and Head, Department of Obstetrics and Gynaecology, Lady Hardinge Medical College, and Smt. Sucheta Kriplani Hospital, New Delhi. S.N. Daftary is Professor Emeritus and Former Medical Advisor, Nowrosjee Wadia Maternity Hospital, Mumbai.

⁷ *Indian Nursing Council*. <http://www.indiannursingcouncil.org/Recognized-Nursing-Institution.asp>.

Conferences, Workshops, and Seminars Providing CMEs and CEUs.

It is important to carry out outreach to nursing and medical practitioners through conferences. Awareness of CycleBeads was very low among respondents, many of whom were happy to see them and recognized their potential. IRH would do well to more broadly promote SDM to these audiences to increase awareness and build support. IRH would have to be strategic in its selection of conferences. FOGSI, TNAI, FPAI, and the National Association of Reproductive and Child Health were cited groups that organize well-attended scientific meetings. IRH could get on the conference program with a CTU and/or staff a booth showing Cycle Beads, including video on why and how to use them. A follow-up survey with three to five questions (perhaps online using SurveyMonkey.com or a similar provider) could remind participants about SDM and CycleBeads and provide IRH with information on the method's acceptability and its potential for being taught by participants.

Distance Learning

While there did not appear to be much enthusiasm about SDM as a distance learning course, IRH still might want to test this method by getting the TNAI or NIHFW to offer it. IRH could also ask these or other institutions to endorse an online (individual or synchronous) course that IRH would offer for India.

AVAILABILITY OF CYCLEBEADS

While many respondents expressed interest in teaching SDM using CycleBeads without knowing how available CycleBeads would be to potential users, several expressed that there would be little to no point in teaching students to counsel on them unless the beads were widely available and either free or very affordable (free because they feel people are used to getting FP methods for free or even being paid to use them). As the MOHFW is highly unlikely to subsidize CycleBeads in the foreseeable future, IRH should step up efforts to make CycleBeads widely available and affordable through social marketing. A few respondents mentioned the possibility of local communities producing their own version of CycleBeads for free or very low-cost distribution.

BRANDING

SDM and LAM should be branded as improvements to existing methods rather than as new methods. Respondents overwhelmingly saw SDM and LAM in this way. Trying to brand them as new methods would be difficult and perhaps even counterproductive. NFP is included in the teaching syllabi for all cadres of health workers concerned with family welfare. In the textbooks and other teaching materials seen during the assessment, the calendar method and lactational amenorrhea are described. Most respondents seem to appreciate the simplifications offered by IRH's research findings and the potential utility of the CycleBeads and text-messaging for at least some clients. (Ob/Gyns tended to insist on explaining the need to breastfeed at least once every six hours in order to maintain lactational amenorrhea.)

IMPROVING ACCEPTABILITY AMONG HEADS OF DEPARTMENT, PROFESSORS, AND TUTORS

The editor of the *Nursing Journal of India* invited IRH to submit an article on FAM/SDM for its next issue. The journal has a circulation of approximately 35,000 in India and internationally. To be published, the article would have needed to be received by the third week of January.

IRH should widely disseminate an attractive, accessible package of materials aimed at physicians and policymakers, demonstrating the value of SDM and LAM integration. This package should include items such as

- A one-to-two page bulleted summary of key research findings and links to research articles, beginning with the India research and highlighting research partners
- Information on WHO FAM documentation as well as a concise description of IRH, its programs worldwide, and its work in India
- A paper on the Jharkhand pilot project with results, reasons for expansion, and methodology for expansion
- A packet of resources that includes research articles, lesson plans, an outline of the distance learning course, and sample counseling and client materials in Indian languages and English
- Suggestions for how to integrate SDM and LAM into pre-service education
- An outline of a CTU for in-service and continuing education
- A user survey to get feedback on the package, SDM, and LAM
- One set of CycleBeads

If necessary after wide dissemination and discussion of the above-mentioned package, and if resources are available, IRH could work with local universities and NGOs to conduct more acceptability and effectiveness studies of SDM and LAM in India. Several medical faculty who participated in the assessment asked for more evidence that these methods are suitable for India. Some pointed to what they perceived as the small number of studies and to potential bias. Others highlighted their observations of a large and growing percentage of women with irregular menstrual cycles in India. Still others wondered if nonliterate women would be able to remember to move the CycleBeads ring every day and whether they could afford to buy the beads. These issues are addressed in existing India research, so this step might not be needed.

Consider inviting heads of department (Ob/Gyn and community medicine) to FAM orientation meeting or workshop focusing on research done and potentially needed.

STAFFING

With just two years left in the project and a full set of activities underway, it is likely that IRH/India will need assistance in carrying out the proposed recommendations and action plan. This will include someone to create the information package, someone to develop and oversee or implement a plan for monitoring and evaluating the activities so that course corrections can be made and lessons learned can be compiled, and probably someone to assist with the training (CTUs and integration workshops). Depending on how time-consuming it is to work with authors and publishers to integrate FAM (a key recommendation), there might be a need for someone to assist with that as well.

VII. CONCLUSION

Several opportunities exist for beginning to ensure the integration of SDM and LAM into pre-service and continuing education in India. During the assessment, prestigious teaching institutions in Delhi and UP expressed interest in the methods—for students, faculty, couples with unmet need for family planning, and even adolescents. As long as teaching these methods is not seen as interfering with the uptake of long-term and permanent FP methods, the MOHFW is unlikely to interfere with IRH's efforts. In addition, health and family welfare are the purview of the state governments, so convincing state governments to promote access to SDM and LAM could be important. IRH is demonstrating this in Jharkhand and working toward it in UP (important because UP is such a large state).

The assessment also identified the following faculty and heads of department who are already teaching SDM or willing to be innovators in this area: Professor Deokan at NIHFV; Drs. Salhan and Singhal at VM Medical College and Safdarjung Hospital; Dr. Chhugani at Ruffida College of Nursing/Jamia Hamdard University; Dr. Chandrawati at LOGS; Dr. J.V. Singh at CSSMU; and Rathi Balachandran at Dr. RML Hospital, among others. IRH must be flexible in its approach and able to demonstrate the positive impact SDM and LAM introduction can have on couples and on FP/FW programs and statistics.

One of the most important things IRH can do to ensure sustainable integration is to get medical and nursing textbook authors to include SDM and LAM in their survey of FP methods. At least two authors have already included FAM—A.H. Suryakantha in *Community Medicine* (2010) and Dr. Sudha Salhan in *Textbook of Gynaecology* (in press)—one based on having learned about SDM and CycleBeads from IRH during a medical conference. To ensure training capacity after the FAM project, having FAM information and references in teaching resources will help support scale-up efforts and ensure sustainability of the method.

Integrating FAM into pre-service and continuing education is crucial to establishing adequate capacity in-country and guaranteeing sustainability given that in-service efforts are not long-lasting, need nurturing and financial support, and are subject to ebb and flow in interest and commitment. Integration of FAM also is a natural step within the scale-up initiative since the methods have been researched; integrated in norms, policies and guidelines; and established in services.

APPENDIX A. SCOPE OF WORK

Global Health Technical Assistance Project—GH Tech Contract No. GHS-I-00-05-00005-00

SCOPE OF WORK (Revised: 11-17-10)

- I. **ACTIVITY TITLE:** GH/PRH: Planning and Evaluation Efforts to Integrate/Strengthen a Family Planning Component in Pre-service and Continuing Education Programs: Fertility Awareness-based Methods (FAM) Model Assessment

Contract: Global Health Technical Assistance Project (GH Tech), Task Order No. 01

- II. **PERFORMANCE PERIOD:** November 2010 - January 2011 (Exact Dates TBD, and Dependent on Consultant Availability and LOE Calculations)

- III. **FUNDING SOURCE:** GH/PRH

IV. GOAL AND OBJECTIVES OF THE ASSIGNMENT:

The overall goal of this assignment is to assess the conditions under which family planning topics (including FAM) can be integrated into medical and nursing pre-service and continuing education, and the level of readiness of academic institutions and/or professional associations to undertake FAM integration. This assessment is the first step in Georgetown University Institute for Reproductive Health (IRH) efforts to implement a more systematic process for integrating FAM in medical, nursing and other relevant health professions curricula. Findings from the assessment are expected to help guide IRH planning and implementation efforts, and determine how to mobilize key players who can facilitate this process.

The objectives of the assignment are to:

1. Gather and analyze information on health education systems from select institutions in two countries, to develop a broad understanding of the environment, constraints, resources, and opportunities for FAM integration as well as the processes followed to introduce revisions to existing curricula.
2. Determine the level or readiness of each institution, what is needed for incorporating FAM, and provide recommendations for type and scope of an intervention and a road map for its implementation.

V. BACKGROUND

Integration of FAM within existing medical education programs is an important step toward including these methods as a mainstream modern method of contraception and positioning FAM within the job expectation for family planning providers.

Georgetown University's IRH was awarded the 5-year FAM Project in September 2007 by the U.S. Agency for International Development (USAID). The goal of the FAM Project is to increase access to and use of FAM - in particular the Standard Days Method® (SDM), the Two-day Method® (TDM), and the Lactational Amenorrhea Method® (LAM) - within the framework of informed choice.

The FAM Project builds upon the experience of previous USAID-funded projects in which IRH developed, tested, and introduced FAM in diverse family planning programs in over 20 countries

worldwide. With continued emphasis on research-to-practice, the FAM Project engages with partners at the community, national, and international levels to create a supportive policy environment for FAM, build capacity, and develop tools to offer high-quality FAM services, and generate, and apply best practices.

FAM Project Scaling-Up

As part of its scaling-up efforts in FAM, IRH is seeking to build in-country capacity to sustain a continued flow of training of service providers through the integration of these methods in distance learning and pre-service/continuing education in select settings. So far, integration efforts have been limited to seizing opportunities as they arise, and range from working with a motivated faculty member at a single nursing school to establishing an accredited continuing education course at a national professional nursing association. These opportunities have yielded meaningful results that suggest that this approach is worth replicating in other settings. A systematic approach to assess opportunities for integration and later evaluate integration efforts is needed for planning and guiding capacity building activities in the remaining two years of the FAM project.

The process for integrating FAM into pre-service and continuing education are the same but the requirements may differ. The most significant differences in pre-service education and continuing education are: (1) the audience (i.e. undergraduate students or individuals who have completed college education such as physicians and nurses, or basic training as in the case of technical health workers, auxiliary nurses, etc.); and (2) the reasons why students are taking the course (required or optional, etc).

The opportunities to integrate FAM are varied and IRH has undertaken the following:

FAM Pre-service Education Efforts to Date

Materials and guidance to support FAM integration in pre-service and continuing education have been developed (pre-service module, self-study guide, evaluation instruments, and pre-service implementation guide) and serve as a starting point for schools and programs to adapt and integrate into their own curriculum.

Integration efforts have taken place in different ways and a number of countries:

Guatemala—Working with the national program for nursing education, IRH conducted a one-time workshop with faculty to provide orientation on FAM and identify where to add natural methods in the curricula. With the Ministry of Health and Instituto Guatemalteco de Seguridad Social (IGSS), a continuing education methodology was developed and tested by which service providers signed-up for and completed a self-study course, thus avoiding interruption of clinic services to attend class room training.

India—Interest from the Catholic Bishop Conference of India (CBCi) in reaching professional nurses in remote areas with updates in reproductive health prompted adaptation of the SDM self-study course that had been tested in Guatemala. However, this has not yet been implemented with CBCi. The National Institute of Health and Family Welfare (NIHFW) has also expressed an interest in offering a self-study / distance learning course on FAM. IRH expects to engage in joint efforts with these organizations in the near future to implement a continuing education course on FAM.

Peru—Taking advantage of a national overhaul of the midwifery curricula in Peru, IRH worked with ASPESFOB, the National Association of Schools of Midwifery that group approximately 20 different programs, to integrate SDM into the new curricula. Workshops were conducted with faculty from a dozen of these schools to provide orientation on FAM and the SDM specifically and disseminate ad CD with bibliography with relevant evidence on SDM.

Mali—References to the SDM have been noted in pre-service curricula at select nursing and medical schools and efforts will continue as part of the FAM Project activities in this country. Actual teaching of family planning and/or FAM methods needs to be assessed.

Rwanda—Working with the Capacity Project, IRH integrated SDM and LAM in the national curriculum for nursing schools. However, actual teaching of family planning, including FAM, is not known to be happening in the schools.

IRH has defined a process for carrying out FAM integration into medical and nursing education, from planning to implementation to evaluation (refer to the FAM Pre-service Guidelines in Appendix A). As a result of implementing this process IRH expects that a model will emerge for specifically integrating FAM in pre-service and continuing education and that generally-applicable best practices for wider application to other family planning methods will be identified.

The first step of the process for integrating FAM is a readiness assessment which involves consultation and observation to decide what is needed to incorporate these methods.

VI. SCOPE OF WORK

This assessment will take place in India and Mali—two of the FAM project focus countries where, in contrast to three other focus countries, IRH has not yet begun documenting FAM integration efforts into pre-service education. The assessment will involve visiting three to four local schools (nursing, medical and/or technical) and one or more clinical sites where students complete their practical training as well as the office of a professional association or other group that offers continuing education courses in each country. Especially in the case of continuing education, it is important to meet with a small sample of individuals who enroll in the courses to make sure that their needs will be met. For each country, sites, organizations, and individuals to visit will be determined jointly with IRH local representative. The assessment also involves a desk review of existing curricula and materials to decide on revisions to reflect FAM in the program of studies. The institutions to visit will depend on the availability of key stakeholders and their interest in either sharing their experience with FP & FAM integration (for institutions that have already introduced it) or exploring integration (for those that have not yet started this process). IRH's country representative will help identify and coordinate the visits to the selected institutions.

The consultant(s) will use IRH's pre-service assessment instrument to compile and analyze the findings and prepare individual country reports (one for Mali and one for India) that (1) document existing work in FAM integration in medical and nursing education in sites where this work has been accomplished; (2) describe existing educational program opportunities for FAM integration; and (3) provide recommendations to assist IRH planning by identifying specific steps to integrate FAM in sites where integration is not yet completed.

VII. METHODOLOGY

The assessment will be conducted in two phases:

Phase I will include a desk review of FAM background information as well as the various curricula from Schools of Nursing, Medicine, Technical Health in India, Mali and Democratic Republic of Congo, to identify entry points for fertility awareness information and family planning topics in both theory and practical training in pre-service education programs.

Phase II will consist of field visits to India and Mali countries to conduct interviews with stakeholders at academic institutions, discuss with IRH field staff recommendations, and draft a tentative action plan for implementing interventions at pre-service institutions. This phase also includes completion of a full assessment report for each country. Each consultant, in

consultation with USAID/PRH and IRH, will prepare a detailed timeline for completing the assignment and a plan for coordinating the in-country logistics, with assistance from the local IRH country representative.

Specific tasks under Phase I include:

3. **Background Reading:** The consultants will review the FAM monitoring and evaluation plan, country-specific workplan/report, the FAM pre-service education guidelines and SDM scaling-up framework to develop an understanding of the FAM project goals and deliverables.
4. **Team Planning:** Conference calls and in-person meetings with USAID/PRH, GH Tech, IRH and consultants to share:
 - Background, experience, and expectations for the assignment,
 - Formulate a common understanding of the assignment and agree on desired outcomes of the assignment,
 - Discuss the assignment work plan,
 - Orient the consultants to the report guidelines and financial forms, and
 - Discuss all relevant administrative procedures.
5. **Meetings with IRH:** The consultants will meet with the FAM team at Georgetown (remotely and/or in-person) before and after the desk review and after the field trip. The meeting before the desk review will orient the consultants to the FAM project. The meeting after the desk review will serve to fill gaps related to the FAM pre-service assessment, gain additional understanding of the tasks to be completed during country visits, and agree on final logistics for the trips. During a meeting after the country visits, consultants and IRH will review results and discuss preliminary plans drafted in-country for implementing interventions with the most promising schools/programs.
6. **Desk review:** The consultants will complete the document review prior to and during the trip. IRH will provide syllabi, curricula and other academic documents that are made available by the schools/programs, and consultants will complement the review in-country in cases where documentation is not available in advance.

Tasks under Phase II consist of:

7. **Country/Field Visit:** Because medical education operates within a complex system and processes are not always documented, information gaps after the desk review will be addressed through consultations and interviews with key informants (Interviews with stakeholders include deans, faculty, preceptors, and if possible students), from both pre-service and continuing institutions. These interviews will help develop a solid understanding of the process followed by educational institutions to develop/revise their curricula, identify opportunities, level of readiness, and timing for integration of FAM in the various programs and curricula.
8. **Meetings with IRH field staff** to finalize and/or adjust logistics prior to stakeholder interviews. Meetings held after completing consultations will serve to review results and consultant recommendations and sketch preliminary plans for pre-service interventions for FAM integration.
9. **Report preparation.** A report with key recommendations will be drafted prior to departing the country and finalized later for delivery to IRH in Washington, D.C. The structure and expected contents of the report will be established with IRH during meetings prior to starting the field work. IRH staff in country will discuss this assignment with the local USAID Mission and consult if a debriefing is required before the consultant departs country.

VIII. CONSULTANT SKILLS AND LEVEL OF EFFORT

GH Tech will identify a list of possible candidates for the assignment, and a short list of candidates will then be forwarded to GH/PRH for their selection and approval. A French-speaking consultant will be selected to complete the assignment in Mali and a separate consultant to do the same in India. Familiarity with the respective geographic regions is desirable but not required. Both consultants will have:

- Extensive experience and knowledge of systems of higher education, human resources for health contexts
- Experience with USAID family planning projects
- Demonstrated ability in planning and conducting project assessments
- Demonstrated experience in analysis of qualitative data
- Good interviewing skills both on the phone and in person
- Excellent oral and written communication skills in English

A third local consultant in India with extensive knowledge of the academic health system and key connections will support the U.S. consultant while in-country, to help coordinate entry into local schools and arrange meetings with high-level stakeholders.

Illustrative Level of Effort (LOE)

Activity	Total Days per Consultant	Period of Performance
Country of residence and Washington, DC (Consultants 1 and 2)		
Desk review of country background information and existing curricula and pre-service assessment instrument (remote)	3 days	
Meetings with GH/Tech, GH/PRH, and IRH to review scope and objectives of the assessment, travel plans, expected products, and to prepare report outline	2 days	
Review/comment on data collection instrument and methodology	1 day	
Travel to India (Consultant 1)		
Travel to and from country	2 days	
Meeting with IRH field staff to review interview schedule, logistics	1 day	
Interview with school deans and faculty at 5-6 schools and/or programs	8 days	
Interview with IRH/other local stakeholders	1 day	
Review and preliminary tabulation of data and preparation of draft report prior leaving country	3 days	
Debriefing and preparation of preliminary plan for interventions with IRH field staff	1 day	
Travel to Mali (Consultant 2)		
Meeting with IRH field staff to review interview schedule, logistics	1 day	
Interview with school deans and faculty at 4-6	6 days	

Activity	Total Days per Consultant	Period of Performance
schools and/or programs		
Interview with IRH/other local stakeholders	1 days	
Review and preliminary tabulation of data and preparation of draft report prior leaving country	3 days	
Debriefing and preparation of preliminary plan for interventions with IRH field staff	1 day	
Country of residence and Washington, DC (Consultants 1 and 2)		
Complete information analysis and synthesis in U.S.	3 days	
Debriefing with GH/PRH and IRH	1 day	
Finalize evaluation report based on initial feedback from the debriefing – submit draft reports Version #1 (Mali and India)	1 day	
GH/PRH and IRH review individual country draft reports and provides comments/feedback (10 days)	0 days	
Consultants finalizes evaluation reports: Completes revision and finalizes reports	2 days	
GH Tech edits/formats final versions of the individual country reports (30 days)	0 days	
Local India Consultant 3		
Coordinate with selected local institutions to obtain copies of curricula, syllabi and other pertinent documents	2 days	
Liaise with local institutions to arrange interview schedules	3 days	
Accompany US consultant to interviews	10 days	
Total Level of Effort: Consultant 1 (India assignment) 29 days Consultant 2 (Mali) 25 days Local Consultant 3 in India 15 days		

*A six day work week is approved when the consultants are working in the field.

IX. LOGISTICS

GH Tech will be responsible for travel arrangements (flights, reservations, per diem, etc.) and paperwork for the consultancy.

X. RELATIONSHIPS AND RESPONSIBILITIES

GH Tech will conduct and manage the assessment and will undertake the following specific responsibilities throughout the assignment:

- Recruit and hire three consultants
- Make logistical arrangements for the consultants, including travel and transportation, country travel clearance, lodging, and communications

- Respond to all points included in the SOW, including the submission of the final report

GH/PRH will provide overall technical leadership and direction for the assessment team throughout the assignment and will undertake the following specific roles and responsibilities:

Prior to work:

GH/PRH will undertake the following prior to work:

- Consultant Conflict of Interest (COI). To avoid COI or the appearance of a COI, review previous employers listed on the CV's for proposed consultants and provide additional information regarding any potential COI.

IRH will undertake the following:

- Background Documents: Identify and prioritize background materials for consultants and provide them to GH Tech as early as possible prior to team work.
- Key Informant and Site Visit Preparations: Provide a list of key informants, country/site visit locations, and suggested length of field visits for use in planning for in-country travel and accurate estimation of country travel line items costs (i.e. number of in-country travel days required to reach each destination, and number of days allocated for interviews at each site).

During work:

IRH will undertake the following while the team is working and traveling and maintain GH/PRH informed:

- Mission Point of Contact: Ensure constant availability of the Mission Point of Contact person(s) to provide technical leadership and direction for the consultant team's work.
- Meeting Arrangements. While consultants typically will arrange meetings for contacts outside the Mission, suggest appropriate stakeholders that require interviews.
- Formal and Official Meetings. Work with the mission to arrange key appointments with national and local government officials and accompany the team on these introductory interviews (especially important in high-level meetings), if appropriate.
- Other Meetings. If appropriate, assist in identifying meetings with local professionals relevant to the assignment.
- Facilitate Contacts with Partners. Introduce the team to project partners, local government officials, and other stakeholders (as appropriate), and where applicable and appropriate, work with Mission to prepare and send out an introduction letter for team's arrival and/or anticipated meetings.

Following in-country work:

GH/PRH will undertake the following once the in-country work is completed:

- Timely reviews: Provide timely review of draft and final reports and approval of the deliverables.

XI. DELIVERABLES AND PRODUCTS

The consultants will provide the following deliverables related to the pre-service assessment:

10. **Review Methodology and Work Plan**: During the initial planning discussions, the consultants will prepare a detailed country work plan and report outline for Mali and India. These plans will be discussed and approved by GH/PRH prior to implementation.

11. **Tabulation of Pre-Service Assessment Results:** Tabulation of the results of the assessment data collection form obtained from deans and faculty as well as interviews with key stakeholders will be analyzed and used to prepare recommendations, draft preliminary intervention plans and final assessment report.
12. **Country De-Briefing:** Prior to departing from the country, the consultants will deliver a verbal debriefing detailing the process for completing the scope of work and listing individuals contacted and interviews and a summary of results and next steps.
13. **Debriefings:** The consultants will conduct at least one final debriefing meeting with GH/PRH and one with IRH. The final debriefing(s) should present key findings and recommendations in a PowerPoint format and should occur before submission of the draft of the report that is due upon completion of the field work.
14. **Draft Report:** The first draft of the assessment reports (one for Mali and a separate one for India) will be due at the end of the consultant's work and will describe findings, conclusions, and recommendations. It will incorporate comments and suggestions from the debriefing(s). These individual country reports will provide an overview of pre-service education; specifics about the programs visited and the curricula revised; a brief description of the process for applying the assessment and description of the methodology; discussion of results from the needs assessment by school and recommendations for IRH to guide integration of FAM in pre-service education in the specific country.
USAID and IRH will provide comments on the draft country reports within ten working days of receipt of the reports.
15. **Final Reports:** The final individual country reports will be due within approximately five working days after the consultants receive comments from GH/PRH and the FAM Project (one set of comments from each group). GH/PRH requests both an electronic version of the final reports (Microsoft word) as well as a couple of hard copies of the reports.
After the final but unedited draft reports has been reviewed by USAID, GH Tech will have the documents professionally edited and formatted and will provide the final reports to GH/PRH for distribution (x hard copies and a CD Rom). It will take approximately 30 business days for GH Tech to have the report edited, formatted, and printed. The report will be a public document to be posted on the GH Tech website and sent to the USAID/DEC.

XII. WASHINGTON POINT OF CONTACT PEOPLE

Jeannette Cachan, FAM Project Director of Training
Georgetown University, Institute for Reproductive Health
cachanj@georgetown.edu
Phone: 202-687-7951
Skype: jeannette.cachan

Jewel Gausman, Technical Advisor
Research, Technology, and Utilization Division
Office of Population and Reproductive Health
USAID/Bureau for Global Health
jgausman@usaid.gov
Phone: 202.712.4757
Fax: 202.216.3404

XIII. COST ESTIMATE (GH TECH WILL PROVIDE THIS COST ESTIMATE)

XIV. REFERENCES (PROJECT AND RELEVANT COUNTRY DOCUMENTS)

IRH will provide the consultants with the following documentation

- Pre-service Implementation Guidelines
- Country annual report from the FAM Project
- FAM Project monitoring and evaluation plan
- National FP Norms/guidelines
- Pre-service curricula available for nursing, auxiliary nursing, technical schools
- National nursing curriculum, where available

APPENDIX B. PERSONS CONTACTED

INDIA

U.S. Agency for International Development

Loveleen Johri, Senior Technical Advisor, Reproductive Health and Family Planning

National Institute for Health and Family Welfare

Dr. Sanjay Gupta

Institute for Reproductive Health, Georgetown University

Priya Jah, Country Representative

S.N. Medical College, Agra

Dr. Ajay Agarwal, Professor and Head, Department of Forensic Medicine

Shanti Manglick Hospital & Nursing School

Dr. M.P. Agarwal, Chief Medical Superintendent and Principal

Symbiosis College of Nursing

Colonel N. Jayalakshmi, Principal, retired

APPENDIX C. REFERENCES

- De Sarkar, O. Bishakha and Sanjay Kumar. "Continuing medical education in India: Delays in legislation slow the progress of continuing medical education in India." *Bulletin of the World Health Organization*, Vol 82, (2). WHO, February 2004.
- Government of India, Ministry of Health and Family Welfare. *National Rural Health Mission (2005-2012) Mission Document*.
- Government of India, Ministry of Health and Family Welfare. *RCH Phase II: National Program Implementation Plan, 2005-2010*. New Delhi, 2005.
- Indian Nursing Council. <http://www.indiannursingcouncil.org/functions-structure-constitution-community.asp>.
- Indian Nursing Council. *Nursing and Midwifery Development in India: A Case Study*. New Delhi, 2010.
- Indian Nursing Council. *Nursing Programs: Admission Terms & Condition for School / College Of Nursing*. <http://www.indiannursingcouncil.org/types-nursing-programs.asp>.
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- Institute for Reproductive Health, Georgetown University. "IRH India at a lance, October 2010 [for internal use only]." Washington, D.C., 2010.
- Institute for Reproductive Health, Georgetown University. *Preservice & Continuing Education: Integration of the Standard Days Method in Nursing and Medical Schools 2010 Update*.
- Institute for Reproductive Health, Georgetown University. "Talking points about IRH's work in India[for internal use only] ." Washington, D.C., October 2010.
- National Institute of Health and Family Welfare. <http://www.nihfw.org/>.
- Nursing Education. *Development of Nursing Education in India Post-Independence*. <http://nursingplanet.com/nr/blog6.php/2009/11/23/development-of-nursing-education-in-india-post-independence>.
- Salhan, Sudha and Sunita Singal. "Contraception." In *Textbook of Gynaecology*. New Delhi: Jaypee Publications, 2011.
- V. M. Medical College <http://vmmc-sjh.nic.in/index2.asp?slid=874&sublinkid=381> and <http://vmmc-sjh.nic.in/index2.asp?slid=278&sublinkid=279>.
- Webster's New World Dictionary*. Cleveland, Ohio: Wiley Publishing, Inc., 2005.

APPENDIX D. ANM EXPECTED JOB FUNCTIONS, BASED ON SYLLABUS

The purpose of the ANM/FHW course is to prepare an ANM to function at community/ village level with specific skills to fulfill the health needs of the community. She will be an active link between the community and the health care system.

GENERAL OBJECTIVES

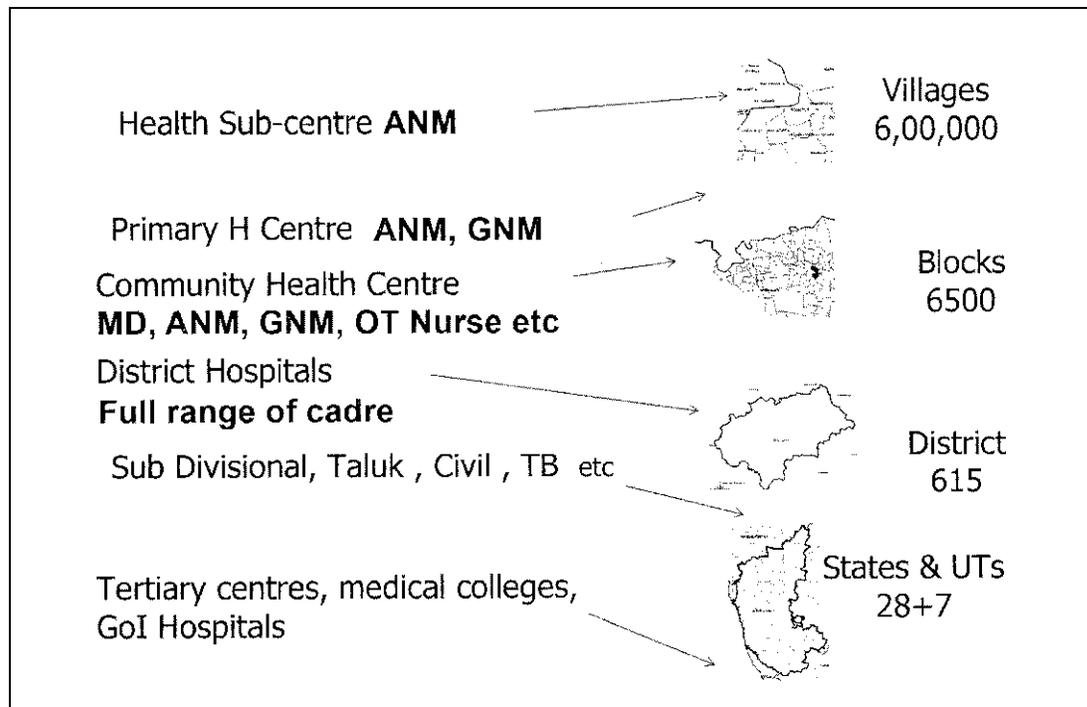
On completion of the course, the ANM/FHW will be able to

- Appreciate the concept of holistic health and understand the influence of socioeconomic and environmental factors on the health status of the community
- Identify health problems/needs and resources in the community and mobilize social support for active participation of the community in health care activities
- Provide preventive, promotive, restorative, and emergency health care to individuals and community as required
- Provide treatment of minor ailments
- Provide skilled midwifery services to all mothers in the community and refer mothers at risk to hospitals
- Provide skilled care to all neonates in the community and refer neonates at risk to the appropriate levels
- Render skilled child care services at homes, clinics, and schools
- Guide/train birth attendants, Angawadi workers (AWWs), other community health activists, and volunteers
- Provide need-based information and counseling related to health of individuals, families, and groups
- Participate in all the National Health and Family Welfare programmes at community level
- Act as a team member in the health care delivery system
- Coordinate and collaborate with the other health team members and community based organizations, non-governmental organizations (NGO) and village administration
- Manage the health centre, including equipments and supplies, and maintain the records in order to provide quality-based people-friendly services
- Update knowledge and skills for professional and personal growth ⁸

⁸ *Syllabus and Regulations: Auxiliary Nurse and Midwives*. New Delhi: Indian Nursing Council, 2009.

APPENDIX E. ORGANIZATION OF PUBLIC HEALTH SERVICES IN INDIA

Figure E1. Health Sector (Public) Overview



Health policy and finances are controlled at the central government level, and the Republic is responsible for providing comprehensive health services to the population. Government health services, primarily delivered through the State Health Administration system, do not provide 100% of the services within the country. Indian public spending on health is amongst the lowest in the world, and as a result it has a very diverse private sector, providing a wide range of primarily acute services of varying quality. These services are unregulated, making them expensive and often inaccessible to the poor.

Public health services are provided at national, state, district, and subdistrict levels. At the subdistrict level Community Health Centers (CHCs) are established for every 80,000 to 1.2 million people, and these centers provide the basic specialty services in general medicine, pediatrics, surgery, obstetrics, and gynecology. In addition, there is one Primary Health Centre (PHC) covering about 30,000 (20,000 in hilly, desert, and difficult terrains) or more people. Many rural dispensaries have been upgraded to create these PHCs. Each PHC has one medical officer, two health assistants (one male and one female), general nurse midwives, auxiliary nurse midwives, health workers, and supporting staff. The most peripheral health institutional facility is the sub center, staffed by one male MHW and one female ANM. At present, in most places there is one subcentre for about every 5,000 people (3,000 in hilly and desert areas and in difficult terrain) (see Figure 1).⁹

⁹ *Nursing and Midwifery Development in India: A Case Study*. New Delhi: Indian Nursing Council, 2010.

APPENDIX F. INVENTORY OF MATERIALS CONSULTED

Name	Publisher	Date Published	Date Implemented	Duration	Have Copy?	URL and Notes
Contraceptive Updates: Reference Manual for Doctors	MOHFW, GOI and UNFPA	Oct. 2005		N/A	India office	Includes LAM and SDM NB: Does not have simplified LAM criteria/messages
Syllabus: Auxiliary Nurse-Midwifery	Indian Nursing Council	2004 Ed., reprinted 2009	2006-7	1.5 yrs	yes	Considering increase to 2 years
Syllabus and Regulations: Diploma in General Nursing and Midwifery	Indian Nursing Council	Rev. 2001 3 rd Print 2009	2005-6?	3.5 yrs	IRH	Some respondents mentioned that GNM is being phased out.
Syllabus: Basic BSc Nursing	Indian Nursing Council	4 th rev. 2004	2005-6	4 yrs	IRH	
Syllabus and Regulations: MSc (Nursing)	Indian Nursing Council Combined Council Building, Kotla Road, Temple Lane, New Delhi – 110002	2005-6	2008-9	2 yrs	Yes	http://www.indiannursingcouncil.org/pdf/M.Sc.-Nursing-syllabus.pdf
Curriculum for PhD in Nursing	Indian Nursing Council			3-5 yrs	Yes	http://www.indiannursingcouncil.org/pdf/PhD-curriculum.pdf “...to prepare nurse scholars who will contribute to ... the development and application of knowledge ... for enhancing quality of nursing education, research, practice and dissemination of nursing knowledge.”
Syllabus MBBS at the AIIMS	All India Institute of Medical Sciences	2005 (1 st edition 2003)		4.5 yrs + 1 year rotary internship	Yes	Builds on MCI syllabus. Fairly detailed. http://www.aiims.edu/aiims/academic/aiims-syllabus/Syllabus%20-%20MBBS.pdf

Name	Publisher	Date Published	Date Implemented	Duration	Have Copy?	URL and Notes
Syllabus MBBS at the Institute of Medical Sciences and Sum Hospital	Institute of Medical Sciences and Sum Hospital, Bhubaneswar	1997?		4.5 yrs + 1 year rotary internship	Yes	http://www.soauniversity.ac.in/download/MBBS%20Syllabus.pdf
“Contraception”	Sudha Salhan, Sunita Singal	In press	2011?		Yes	Chapter from upcoming <i>Textbook of Gynaecology</i> , J.P. Publications. Describes SDM & LAM. Depicts CycleBeads.
B.Sc. Nursing Second Professional Examination. Subject: Community Health Nursing I, 2010 & 2008	Chhatrapati Shamuji Maharaj Medical Univerisy Lucknow					One question asks for “short notes” on emergency contraception, terminal method of contraception, national population policy.
Nursing and Midwifery Development in India: A Case Study	Indian Nursing Council	2010			Yes	Overview of status of nursing in India. References plan to build nursing capacity in support of the National Reproductive and Child Health program.
Description and Program for “Nursing Management of Patients in Critical Care Area,” December 8 – 15, 2010	TNAI	2010		7 days	Yes	Example of the types of CE TNAI does. 7-day residential workshop, Rs 13,000 per person (Rs. 6,400 non-residential).
Program for “National Seminar on Nursing and Midwifery Regulations for education and practice: Trend and issues,” December 13-14, 2010	INC	2010		2 days	Yes	Workshop at NIHFW where several respondents were interviewed.

APPENDIX G. INTERVIEW GUIDE

USAID/IRH/India Pre-Service and CE Assessment Questionnaire

Name: _____ Date: _____

Opening/Introduction

- Independent consultant, working for GU-IRH; IRH 25 years
- USAID-funded FAM Project to increase access and use within informed choice framework
- FAM: in India, SDM and LAM—proven improvements; studies available
- 5-year project, 2007–2012
- Focus on Jharkhand (training and other support in 12 districts) and UP (mostly non-government)
- Now assessing environment for introducing FAM into pre-service and CE for sustainability

Organization Basics

Name of Organization:

1. Type of organization:
 - Academic institution (college, university, academy, school)
 - Professional association (e.g. Ob/Gyn or Nursing association)
 - Other _____
2. Type of training
 - Pre-service
 - Continuing education
3. Level trained (mark all that apply)
 - Doctors
 - Nurses
 - ANMs
 - Other _____
4. Number of students admitted each year: _____

National Context and System

5. Are Fertility Awareness Methods (FAM) included in the national service guides and guidelines?
 - No
 - Theory only
 - Practice only
 - Theory and practice
 - Clinical or other skills checklists

6. Is there a formal curriculum revision effort in process? What would be the process for adding FAM to the curriculum revision?
7. Who provides FP counseling and services in the health system?
8. Is there documentation of what FP providers are expected to do on the job (e.g. job descriptions)? [If so, try to get a copy.]

Syllabus and/or Curriculum Review

9. Does classroom training build the knowledge and skills to deliver FAM services? For example is knowledge about the menstrual cycle embedded in the 1st year anatomy and physiology course?
10. In what topics and modules is SDM included?

If FAM is Part of the Course of Study

11. Which courses include content related to FAM?
12. What reference materials are used? When were the materials last updated?
13. Where did you get FAM materials/information to integrate into the course?
14. Who teaches courses that include FAM? [Try to meet this person.]
15. Can I see a copy of a session plan, course materials, checklists etc.? [Get copy]
16. Is FAM included in a clinical practicum? [Try to meet the persons responsible.]
17. Is FAM included on exams required for graduation?
18. What other methods of contraception do students learn to offer?
19. How are students' counseling skills evaluated? Is there an observation checklist?

Institutions That Provide Training

20. What do you teach?
21. Are you familiar with FAM, SDM, or LAM?

22. Do you or other professors or tutors already include SDM or LAM in their courses? Who? [Try to get a copy of course materials.]
23. What are the specific learning objectives for FP/contraceptive technology?
24. How much time do you allocate to FP? SDM? LAM? Other methods?
FP:
SDM:
LAM:
Other methods:
25. What methods and materials do you use while teaching FP/FAM? Any case studies?
26. Do students get hands-on experience offering FP counseling? How many hours? Please describe the hands-on experience.
27. Are students evaluated on FP/FAM? How? Any questions on pre-certification exam?
28. Where do you get materials for teaching FP? FAM?
29. What opportunities are there for integrating FAM within an existing course?
30. How are courses (any courses) evaluated?
31. What kind of follow-up or supervision is done with your students once they finish their coursework?

Clinical Practicum Site

32. Typically, what is students' level of knowledge about FP and related topics (menstrual cycle, counseling, etc.) when they begin the rotation?
33. Do students have an opportunity to counsel clients about adopting FP and to counsel clients who are already using FP?
34. What methods of contraception do students learn to offer?

35. How are students' counseling skills? Is there an observation checklist?
36. Are materials to counsel clients about FAM or other FP available?
37. Do students receive information about FAM or other FP methods at the practicum site? If so, how?
38. What opportunities do you see to offer FAM as a part of clinical services at the site?

Continuing Education

39. Is continuing education a requirement for recertification? What organizations offer continuing education in family planning?
40. Who takes CE courses? Try to talk with someone who might take a course on FAM. Find out as much as you can.]
41. What types of courses are offered by your institution (workshops, e-learning, distance education, on-the-job training, etc.)?
42. Is an FP CE course offered? Does it include FAM? Who teaches the course? How often is it offered?

Check for Materials. Collect a Copy If Possible.

- Job descriptions for FP providers or counselors
- FP service delivery guidelines
- Course list that shows where FAM is or could be taught
- Physiology and anatomy syllabus
- FP syllabus
- Ob/Gyn or maternal/newborn care syllabus
- Community health syllabus
- Learning objectives relevant to FAM
- Lesson plans relevant to FAM
- Tests or assessments that could include a question on FAM
- FP counseling and supervision checklists
- FP counseling materials
- FP reference materials

APPENDIX H. FGD GUIDE

USAID/IRH/India Pre-Service and CE Assessment FGD Guide

Name: _____ Date: _____

Opening/Introduction

- X made the referral
- Independent consultant, working for GU-IRH
- USAID-funded FAM Project to increase access and use within informed choice framework
- FAM: in India, SDM and LAM – proven improvements; studies available
- 5-year project, 2007–2012
- Focus on Jharkhand (training and other support in 12 districts) and UP
- Now assessing environment for introducing FAM into pre-service and CE for sustainability

Organization Basics

Name of Organization:

1. Type of organization:

- Academic institution (college, university, academy, school)
- Professional association (e.g. Ob/Gyn or Nursing association)
- Other _____

2. Type of training

- Pre-service
- Continuing education

3. Level trained (mark all that apply)

- Doctors
- Nurses
- ANMs
- Other _____

4. Number of students admitted each year: _____

5. What FGD participants teach:

National Context and System

6. Are Fertility Awareness Methods included in the national service guides and guidelines?
- No
 - Theory only
 - Practice only
 - Theory and practice
 - Clinical or other skills checklists
7. Formal curriculum revision effort; process for adding FAM
8. Who provides FP counseling and services
9. FP job descriptions or other specs [get copy]

FAM Knowledge and Interest

10. Knowledge of FAM, SDM, LAM
11. Whether SDM or LAM is taught here
12. Where SDM and LAM could be included

Training/Teaching Currently Offered

13. FP/contraceptive technology learning objectives
14. Hours allocated to FP, SDM, LAM, long-term methods, other methods
15. FP:
SDM:
LAM:
LTM:
Other methods:
16. Methods and materials used to teach FP/FAM. Sources. Any case studies?

17. Clinical practicum or other hands-on FP counseling experience

18. Evaluation of students' on FP/FAM

19. Course evaluation

20. Follow-up/supervision of students

21. FP/FAM in hospital M&E system

Continuing Education

22. Institutions offering CE in FP, community health, Ob/Gyn

23. Who takes CE courses and why

24. Types and frequency of CE courses offered by institution. FP? FAM?

25. Difference between CE and in-service

Clinical Practicum

26. Students' level of knowledge about FP and related topics before rotation

27. New and continuing FP user counseling

28. Contraceptive methods learned during clinical

29. Quality of students' counseling skills before and after clinical

30. Availability of counseling materials for students to use

31. Opportunities to incorporate FAM in clinical services and clinical training

Check for Materials. Collect a Copy If Possible.

- Job descriptions for FP providers/counselors
- FP service delivery guidelines
- Course list showing where FAM is/could be taught
- Physiology and anatomy syllabus
- FP syllabus
- Ob/Gyn or maternal/newborn care syllabus
- Community health syllabus
- Learning objectives relevant to FAM
- Lesson plans relevant to FAM
- Tests/assessments that could include a question on FAM
- FP counseling and supervision checklists
- FP counseling materials
- FP reference materials

APPENDIX I. RESPONDENT CONTACT LIST

Institution	Name & Contact Info	Level	Training/Institution Type					Notes
			Pre-Svc	CE	In-Svc	Assn	Other	
DELHI								
Dr. RML Hospital New Delhi http://rmlh.nic.in/index.asp?langid=1	Rathi Balachandran, Sister Tutor	ANM	X	X				Very interested in doing study and teaching FAM to BSc students
Indian Nursing Council Combined Council Bldg. Kotla Road, Temple Lane New Delhi – 110 002 indiannursingcouncil.org	T. Dillip Kumar President	N					X	MOHFW would need to add FAM to currently available methods in order for it to be added to syllabus
	Dr. Asha Sharma, Vice President							
	Dr. Sandhay Gupta General Secretary							Provided ANM, GNM, and BSc syllabi
Ministry of Health and Family Welfare (MOHFW) Nirman Bahawan New Delhi mohfw.nic.in	Dr. Kiran Ambwani Deputy Commissioner (FP)						X	Completely against spending resources on SDM.
	T. Dillip Kumar, Nursing Advisor							
National Institute of Health & Family Welfare (NIHFW) Munirka, New Delhi – 110-067 http://www.nihfw.org 13/12/10	Prof. Deoki Nandan, Director	All	X	X			X	Just developed short curriculum for program to re-invigorate multipurpose worker cadre— 50,000+ to be trained
RAK (Rajkumari Amrit Kaur) College of Nursing Lajpat Nagar, New Delhi-110024 http://rakcon.com/	Mrs. Santorh Mehte Principal	BSc	X	X				

Institution	Name & Contact Info	Level	Training/Institution Type					Notes
			Pre-Svc	CE	In-Svc	Assn	Other	
Rufaida College of Nursing Jamia Hamdard University jamiahamdard.edu http://www.jamiahamdard.edu/nursing.asp www.jamiahamdard.ac.in 15/12 @noon	Dr. (Mrs.) Manju Chhugani, Associate Professor Secretary, Society of Midwives, Delhi Chapter	GNM BSc MSc	X					
	Urmila D. Bhardwaj, Assoc. Prof.							
	Ms. Jamal Fatima, Tutor							
The Trained Nurses' Association of India L-17, Florence Nightingale Lane, Green Park, New Delhi-110016 www.tnailonline.org	Mr. AB Kulkarni, President	N		X		X		"The only national level professional organisation of Nurses"
	Mrs. Sheila Seda, Secretary-General Editor, The Nursing Journal of India							Interested in collaboration, esp. with new training center. Also Indian Journal of Nursing, CTU
VM Medical College and Safdarjung Hospital (Maulana Azad Medical Center) New Delhi – 110-029 http://mamc.ac.in/ http://mohfw.nic.in/vmmc/index.asp http://www.mamc.ac.in/obstetrics_&gynaecology10.html	Dr. Sudha Salhan Dept. of Obs. & Gyn	MBBS BSc GNM	X					SoN is "An IGNOU study center" Has B.Sc (N) (Post Basic) program http://www.indiastudycenter.com/univ/states/delhi/ignou/ignoud eg/Bachelor-of-Science-Nursing.asp
	Dr. Sunita Singal Dept. of Obs & Gyn							
	Dr. D.K. Raut, Director, Prof. & Head of Dept., Dept. of Comm. Medicine							
	Dr. Richa Talwar, Assoc.Professor Community Medicine							

Institution	Name & Contact Info	Level	Training/Institution Type					Notes
			Pre-Svc	CE	In-Svc	Assn	Other	
	Mrs. M. Phillip, Vice Principal College of Nursing							Teaches all nursing topics
	Mrs. Sunita Singhal, Tutor College of Nursing							Teaches all nursing topics
LUCKNOW								
Baba Hospital Institute of Paramedicals 56, Matiyara Deva Road Chinhat, Lucknow – 227 105	R.K. Vajpayee Director	BSc ANM GNM	X					
	Mrs. Lubna Principal							
	C' D'curz Nursing Tutor							
Chhatrapati Shahuji Maharaj Medical University (CSSMU) (aka Medical College of Lucknow; formerly known as King George's Medical College) Chowk, Lucknow – 226 003 www.kgmcindia.edu	Dr. J.V. Singh Dean, Faculty of Medicine Prof. & Head, Dept. of Community Medicine Dean, School of Nursing	MBBS	X					
	Dr. Vinita Das Head of Department Department of Obs and Gynac. Medical University Lucknow							
Federation of Obstetrics and Gynecological Societies of India www.fogsi.org Krishna Medical Centre I, Rana Pratap Marg. Lucknow – 226 001 (U.P.)	Dr. Chandrawati President, Lucknow Obstetrics & Gynecology Society (LOGS) Managing Director, Krishna Medical Centre Prof. Emeritus, Department of Obs. & Gynae, King George's Medical University of Lucknow	GNM	X	X		X		

Institution	Name & Contact Info	Level	Training/Institution Type					Notes
			Pre-Svc	CE	In-Svc	Assn	Other	
Krishna School of Nursing and Paramedicals http://krishnamedical.com/kni.php								
Sahara Hospital Gomti Nagar, Lucknow – 226 010 (U.P.) saharahospitals.com	Santhamma B. Principal, School of Nursing and Paramedical Studies	BSc	X					Part of Sahara India Pariwar, one of the largest business groups of India. Seeks to become the best and the largest player in healthcare sector. Creating one of the largest chains of hospitals in India
	Rossily Nirmal Vice Principal, School of Nursing and Paramedical Studies							
AGRA								
S.N. Medical College, Agra http://www.snmcagra.in/about.shtml	Dr. S.K. Mishra Professor Dept. of Comm. Med.	MBBS GNM	X					
	Dr. Shailendar Singh Chaudhary Lecturer, Social & Preventive Medicine Dept.							Teaches community medicine
	Dr. Suneel Kumar Kaushal Lecturer, Social & Preventive Medicine Dept.							Teaches community medicine
	Dr. Saroj Singh Professor and Head of Department Dept. of Obstetrics & Gynecology							

Institution	Name & Contact Info	Level	Training/Institution Type					Notes
			Pre-Svc	CE	In-Svc	Assn	Other	
	Mrs. Sujata Tomar Nursing Tutor							Teaches nursing peds and fundamentals
	Mrs. Guddi Singh Degree Matron							Teaches GYN nursing
	Dr. Mohita Agarwal Lecturer							Nursing
Shanti Manglick Hospital & Nursing School Fatehabad Road Agra – 282 001 http://pcmtrust.org/nursing/index.htm	Mrs. Amina K. Nair Principal	ANM GNM	X					
	Mr. Darmendra Kumar Sharma, Tutor							Psychiatry & psychology
	Dr. Amit Kumar Sharma, Tutor							Anatomy, physiology, medical-surgical
	Mr. Rajkumar Chaudhary, Tutor							Pediatrics, sociology
	Miss Poonam Rathore, Tutor							Community health nursing
	Miss Sarita Bagade, Tutor							Midwifery
	Miss Tarin Chaudhary, Tutor							Nutrition & community health
	Miss Neha Solanki							Health promotion; PHC
	Miss Iram Khan, Tutor							Med-surg; fundamentals of nursing
	Miss Deepika Agarwal, Computer Tutor							Computer
K.C.S. Nair, English Tutor							English	
OTHER								
Government School of Nursing Palakkad, Kerala – 678-001	K. Supriya Public Health Nursing Tutor	ANM GNM	X					

Institution	Name & Contact Info	Level	Training/Institution Type					Notes
			Pre-Svc	CE	In-Svc	Assn	Other	
J.A. Hospital Gwalior - 474009 Madhya Pradesh	Dr. Ashok Mishra, Professor Dept. of Community Medicine/PSM	MBBS	X					Was visiting Dr. SN Mishra and participated in the discussion

APPENDIX J. SYLLABUS OVERVIEWS

Title	Topics with FP	Relevant Objectives	Hours
<p>Syllabus and Regulations: Diploma in General Nursing and Midwifery</p>	<p>Theory</p> <ul style="list-style-type: none"> • Midwifery <p>Practical</p> <ul style="list-style-type: none"> • Midwifery & Nursing Care of Mothers at Risk 	<ul style="list-style-type: none"> • Describe male and female reproductive organs • Explain process of conception and foetal development • Provide need-based counseling to the mother during ante, intra and post natal period at home and hospital • Participate in reproductive health and family welfare programs. <p>Expected Competency</p> <ul style="list-style-type: none"> • Counsel eligible couples about different methods of contraception • Prepare acceptors for sterilization and IUDs 	<ul style="list-style-type: none"> • Theory 8, Demo 0 • Theory 10, Demo 15 • Theory 3, Demo 10 • Total: 320 hospital, 240 community; not specified by competency
<p>Syllabus and Regulations – Diploma in General Nursing & Midwifery</p>	<ul style="list-style-type: none"> • Community Health Nursing (CHN) —Unit V Family Health Nursing Care— Family health services— Maternal, child care, and family welfare services • Midwifery and Gynaecological Nursing (MGN) – Unit II Repro Systems includes menstrual cycle; Unit IV includes reproductive health; Unit VII Nursing management of mother during puerperium includes establishment of lactation and family welfare; Unit XII Obstetric operations includes vacuum extraction, MTP, and laparoscopic sterilization; Unit XIV is Ethical and legal aspects related to Midwifery and Gynaecological Nursing • Gynaecological Nursing—Unit II Puberty includes menstrual cycle; Unit III Fertility and Infertility includes Menstrual cycle • Community Health Nursing II: Unit IV Specialized community health services and nurse’s role includes reproductive health and child care; Unit VI Demography and Family Welfare includes Concept of fertility and infertility, Small family norms, Concept of family welfare, Importance of Family welfare, Aims 	<ul style="list-style-type: none"> • CHN: Community health and community health nursing; explain the various services provided to the community and the role of the nurse; demonstrate skills to practice effective nursing care of the individuals and families in the clinics as well as in their homes, using scientific principles • MGN: Describe health needs of women in pregnancy, labour and puerperium; demonstrate skills in providing antepartum, intrapartum and postpartum care to the mother as well as care the newborn • CHN II: Describe health system and health care services in India; identify major health problems, national health programmes and specialized community health services; describe the demographic concept and family welfare programme; explain and motivate use of birth control methods to the community; state the importance of health statistics; maintain records and report required in 	<ul style="list-style-type: none"> • CHN I: 80 • MGN • M: 100 • G: 20 • G: 20 • CHN II: 100

Title	Topics with FP	Relevant Objectives	Hours
	<p>and objectives of family welfare, FP methods, FW policy, National FW programme, and Nurse's role in FW programme</p> <ul style="list-style-type: none"> • Pediatric Nursing: Unit III The Healthy Child includes weaning (under Health Promotion during Infancy) 	<p>community health nursing services; demonstrate skills in rendering effective nursing care in all community health settings</p>	
Syllabus – Basic B.Sc. Nursing	<ul style="list-style-type: none"> • Anatomy: XI The reproductive system including breast (lecture, models, charts, slides, record books). Eval: short answer questions • Physiology: The repro system (incl. function of organs) • CHN I (2nd yr): VII Population and its control (17 hrs – lecture, demo, pop survey, counseling, practice session, supervised field practice). Includes FP methods, mentions spacing (natural, biological, chemical, mechanical methods, etc.; terminal; emergency contraception • CHNI – Practical (2nd yr); see scan • CHNII (4th yr): IV includes roles & Resp. of Comm. health nursing personnel in maternal and child health and family welfare 		<ul style="list-style-type: none"> • Theory 90, Practical 135 • Pract. 135 • Theory 90, Practical 135
Syllabus MBBS at the AIIMS	<p>COMMUNITY MEDICINE</p> <p>Course 7. Maternal & Child Health</p> <ul style="list-style-type: none"> • Breast feeding/Weaning • Family Planning Methods: Spacing and Terminal Methods and emergency contraception • Practical exercise: observe: <ul style="list-style-type: none"> – insertion of IUD – MTP – tubal ligation – vasectomy <p>Course 10. Important National Health Programmes</p> <p>Field Postings in Community Medicine</p>	<p>16. Diagnose and manage maternal and child health problems and advise couples and the community on the family planning methods available.</p> <p>2. Advise a mother on the importance of breast feeding and weaning at appropriate time and addition of weaning foods.</p> <p>4. Define an eligible couple. Calculate eligible couple protection rate.</p> <p>5. Describe the various family planning methods. Describe the indications, contraindications, side effects and complications of the methods.</p> <p>6. Advise a couple on spacing and terminal methods.</p> <p>7. Describe salient features of National Population Policy 2001-02.</p> <p>1. Describe the national health programmes for</p>	

Title	Topics with FP	Relevant Objectives	Hours
	<p>1. Urban Health Posting during Semesters IV and V (8 weeks): Learning Experiences</p> <p>2. Attending the Sex and Marriage Counselling clinic at AIIMS to learn the art of sex and marriage counselling.</p> <p>2. Family Health Advisory Service (FHAS), Semesters IV & V (once a Week, 3-5 p.m.) Methodology The class is divided into two batches. Each batch will have two faculty supervisors during field visits as well as in briefing. The junior residents will act as preceptors. Each batch visits the allotted families along with preceptors once a week and discuss the findings with faculty supervisor next week. The students will also maintain a record of their family visits and present the family's case history book at the end of the posting. Includes Ob/Gyn rotation.</p> <p>OB/GYN Practical & clinical training - Posting in OPD, wards, operation theaters, labor room and family planning clinics. - Students should observe common OPD procedures like, E.A., D & C, MTP, Pap Smear, CuT insertion. Observe normal deliveries, forceps and ventouse assisted deliveries, cesrean section. - Ligations, minilap procedures like abdominal, vaginal hysterectomy, foltergill repair.</p> <p>Course Content I Basic Sciences 1. Normal & abnormal development, structure and function of female & male urogenital systems and the female breast. 9. Physiological & neuro-endocrinal changes during puberty disorders, adolescence, menstruation, ovulation, fertilization, climacteric & menopause.</p>	<p>the control of communicable diseases. – RCH – Immunization – Family Welfare</p> <p>3. Understand the art of counselling in sex and marriage problems.</p> <p>2. To study the family structure and health status of the individual members with special reference to: (f) Family Welfare Planning status</p> <p>5. To identify the communication and decision making process in the family, and utilization of health services by the families.</p> <p>6. To counsel the family in solving their health problems and to educate the families to improve their health and family welfare.</p> <p>7. To provide services to the families allotted (with the help of FHAS Team).</p>	<p>4th semester : 3 weeks 6th semester: 3weeks 8th semester: 3 weeks Internship: 1 month During these periods they will be posted in Obstetrics & Gynaecology OPD's, Wards and OT's, Labour Room, and Family Planning OPD and OT.</p>

Title	Topics with FP	Relevant Objectives	Hours
	<p>13. Lactation</p> <p>III Gynaecology</p> <p>1. Anatomy of fetal genital tract, and its variations, supports of uterus, developmental anomalies of uterus.</p> <p>3. Physiology of menstruation, common menstrual problem.</p> <p>4. Disorders of growth, amenorrhoeas</p> <p>IV Contraception, Neonatology and Recent Advances</p> <p>(a) Contraception (Male & Female)</p> <p>(b) Medical terminal of pregnancy – safe abortion – selection of cases, technique & management of complication of medical and surgical procedures, MTP law Medical abortion & Emergency Contraception.</p> <p>(c) National health programmes.</p> <p>Family Planning</p> <p>Students will learn medical and surgical methods of contraception and sterilization procedure. They will learn to perform IUD insertion and removal and minilap tubal ligation and vasectomy. They will assist 1st and 2nd trimester MTP procedure and urinary laparoscopic tubal sterilization.</p> <p>Practical skills to be imparted during ward posting gynaecology</p> <p>d. Medical termination of pregnancy (MTP): in first & second trimesters</p> <p>e. Insertion and removal of intrauterine contraceptive device</p> <p>Operative Skills</p> <p>c. Insertion and removal of intrauterine device</p> <p>e. Performing minilap tubectomy (under supervision)</p> <p>Note: Breastfeeding is covered again in pediatrics</p>	<ul style="list-style-type: none"> • Provide Counseling and delivery of fertility regulation methods. • Acquire knowledge of methods of termination of pregnancy. 	

MBBS Internship

Specialty— Duration

Medicine—1 ½ months

Surgery—1 ½ months

Rural—3 months

Paediatrics—1 month

Obst. & Gynae.—1 month

Casualty—1 month

Anaesthesiology—15 days

Ophthalmology —15 days

Elective—2 months

Total 12 months

APPENDIX K. RELEVANT EXCERPTS FROM SYLLABUS AND REGULATIONS—AUXILIARY NURSE AND MIDWIVES, INDIAN NURSING COUNCIL, 2009

The following ANM courses contain content where one or more aspects of FAM could be covered. Most of the less-relevant courses, units, objectives, outcomes, and activities have been omitted.

CHILD HEALTH NURSING

Theory—110 hours

Demonstration—130 hours

Learning Objectives

On completion of the course the student will be able to

1. Assess growth and development of a child of different ages
2. Describe nutritional needs of different age groups of children
3. Provide care to sick children during their common illness
4. Describe school health programme
5. Describe “rights” of children
6. Educate mother and family members as per need of their children

Unit	Time (Hrs.)		Expected Outcomes	Contents	Teaching-Learning Activities
	Th.	Demo			
2.	10	10	<ul style="list-style-type: none"> • Explain the importance of breastfeeding • Educate mothers regarding breastfeeding • Explain complimentary breastfeeding • Educate for nutrition of children according to age 	Nutrition of infants and children <ul style="list-style-type: none"> • Exclusive breastfeeding • Nutritional requirements • Complementary feeding • Problems of feeding • Breastfeeding counseling 	<ul style="list-style-type: none"> • Lecture discussion • Demonstration
6.	5	5	<ul style="list-style-type: none"> • Explain the various changes in adolescents 	Care of adolescents <ul style="list-style-type: none"> • Physical growth during adolescence • Emotional and behavioral changes in girls and boys • Sex education for adolescents • Counseling 	<ul style="list-style-type: none"> • Lecture discussion • Demonstration • Explain using charts and models
7.	15	20	<ul style="list-style-type: none"> • Discuss the special needs of girl child • Explain the effect of 	Care of adolescent girls <ul style="list-style-type: none"> • Menstruation and menstrual hygiene 	<ul style="list-style-type: none"> • Lecture discussion • Explain using charts

Unit	Time (Hrs.)		Expected Outcomes	Contents	Teaching-Learning Activities
	Th.	Demo			
			girl child discrimination in the family and community <ul style="list-style-type: none"> • Counsel mother and community on need for care of girl child 	<ul style="list-style-type: none"> • Special nutritional needs • Early marriage and its affects • Adolescent girls: pregnancy and abortion • Preparing for family life - pre marital counseling. • Role of ANM/female health worker 	<ul style="list-style-type: none"> • Health education

Suggested Activities for Evaluation

- Case studies
- Breastfeeding techniques
- Preparation of ORS
- Preparation of complementary feeds
- Assessment of common childhood illnesses in infants, children, and adolescents
- Poster on:
 - Growth and development
 - Prevention of common accidents in children
 - Menstrual cycle
 - Physical changes in adolescence

MIDWIFERY

Theory—200 hours

Demonstration—160 hours

Learning Objectives

On completion of the course the student will be able to

1. Describe male and female reproductive organs
2. Explain process of conception and fetal development
3. Provide need-based counseling to the mother and to her family during antenatal, intranatal, and postnatal period
4. Educate community for improving quality of life of the family
5. Promote improvement in the status of women in society
6. Identify women's health problems and provide guidance and support
7. Provide care and guidance to women with reproductive health problems
8. Participate in reproductive health and family welfare programs

Unit	Time (Hrs.)		Expected outcomes	Contents	Teaching-Learning Activities
	Th.	Demo			
1.	8		<ul style="list-style-type: none"> Describe structure and functions of female reproductive system Describe structure and functions of male reproductive system 	Human Reproductive System <ul style="list-style-type: none"> Female reproductive organs—structure and function Menstrual cycle Male reproductive organs structure and functions Process of conception 	<ul style="list-style-type: none"> Lecture discussion Explain using birth atlas, posters, models, charts, and slides
25.	4	3	<ul style="list-style-type: none"> Explain the impact of population explosion specially on health Enumerate Birth Rate, Death Rate, Net Reproductive Rate, etc. Describe the scope of Family Welfare programme Discuss trends in health and family welfare programmes 	Population Education <ul style="list-style-type: none"> Population trends in India Vital statistics birth and death rates, growth rate, NRR, fertility rate, couple protection rate, family size National family program trends and changes RCH-I, RCH-II program, and NRHM Target free approach for FW Role of mass media and IEC Role of ANM/health worker 	<ul style="list-style-type: none"> Lecture discussion. Visit office of DFVO Explain using vital statistics
26.	3	10	<ul style="list-style-type: none"> Prepare eligible couple register Describe the different methods of contraception and their effects. Provide guidance to the adopters Provide need based counseling related to contraception 	Family welfare <ul style="list-style-type: none"> Identification of eligible couples and those need contraceptive methods. Information related to contraception and importance of choice Natural and temporary methods of contraception Permanent methods New methods Norplant and injectables Emergency contraception Follow up of contraceptive users Counseling Role of ANM/female Health worker 	<ul style="list-style-type: none"> Lecture discussion Demonstration Case study Health education

Suggested Activities for Evaluation

- Taking of history and antenatal examination
- Demonstration of vaginal examination
- Plotting of partograph during labour
- Return demonstration of normal delivery using five 'C's
- Demonstration of perinatal care
- Essential care of newborn
- Apgar score and resuscitation of a newborn baby
- Health education and exclusive breastfeeding
- Midwifery case book
- Demonstration of immunization
- Drug book
- Records and reports
- Case studies
- Preparation of posters on methods of family welfare
- Demonstration of IUD insertion.
- Information education and communication
- Calculation for vital indicator

MIDWIFERY AND NURSING CARE OF MOTHERS AT RISK

Hospital —320 hours

Community —240 hours

Expected Competency	Hospital Experiences	Community Experiences
<ul style="list-style-type: none"> • Counsel eligible couples about different methods of contraception • Prepare acceptors for sterilization and IUDs 	<ul style="list-style-type: none"> • Prepare and assist* for sterilization of 5 female and 2 male cases • Perform* the following: <ul style="list-style-type: none"> – Inserts IUDs – 5 – Oral pills – 5 – Condoms – 5 – Other methods – 5 	<ul style="list-style-type: none"> • Counsel eligible couples on different methods of contraception • Perform/assist with the following contraceptive methods: <ul style="list-style-type: none"> – IUD insertion – Oral pills – Condoms – Sterilization – Other methods

*Number of cases may be from clinical or community

APPENDIX L. TRANSCRIPT OF INDIA FGD AND INTERVIEW NOTES

NEW DELHI

Dr. RML Hospital

December 14, 2010

Respondent:

Rathi Balachandran, Sister Tutor

- PhD candidate teaching community health nursing to BSc Nursing students.
- Better to do SDM as CE (very little time for FP in current syllabus).
- Should be mandated by INC.
- INC might increase ANM program to 24 months—could then include FAM.
- Major need in urban slums.
- About to teach FP/RH (just finished demographics) and will definitely include SDM and LAM) [Interviewer gave respondent counseling and client materials from Washington office].
- RML Hospital has a department of family welfare.
- Started CE cell
 - Created supervision checklist
 - Learning needs self-assessment
 - 60-hour program (7 days)
 - 30 participants.
- Very interested in SDM and LAM and will contact Priya Jha.

Indian Nursing Council (Inc)

Respondent:

Dr. Asha Sharma, Vice President, December 13, 2010

- Two-day conference on nursing regulations in practice and education.
- Nursing curriculum updated every five years.
- FAM/SDM could be included.
- Single curriculum (with minimum content and standards to be met by all nursing schools and colleges). Schools/colleges/states are free to add to it.
- CH to meet with INC president (T. Dillip Kumar) on Wednesday.
- CH gave IRH packet. Should probably send India project description and copy of client and counseling materials.

Respondent:

T. Dillip Kumar, President, December 15, 2010

- SDM and LAM can only be added to syllabi if MOHFW incorporates them into the FP program.

Ministry of Health and Family Welfare (MOHFW)

December 15, 2010

Respondent:

Dr. Kiran Ambwani, Deputy Commissioner (FP)

- No one needed for teaching LAM
- SDM won't work
 - Lots of issues
 - People don't like things to do every day
 - They prefer one-shot methods
 - No taboos on contraception here
 - Not worth the human and financial resources
 - Even taking the pill every day is hard here
 - Good for a few, for pockets of the country
 - Would require too much support infrastructure
 - Studies were done with small groups
 - Don't want a system requiring supervision
 - Could be used as an education tool, especially for adolescent health
 - "Money down the drain"
 - Would bring down everything else
 - Post-partum Family Planning (in print)
 - Sell it to the WHO Adolescent Sexual and Reproductive Health program—young people are interested and need it

National Institute of Health and Family Welfare (NIHFW)

December 13, 2010

Respondent:

Prof. (Dr.) Deoki Nandan, Director

- Focus on in-service education for health cadres: doctors, nurses, ANMs, LHV, multipurpose workers
- Participated in SDM studies in India
- SDM not approved by GOI—would require funding for training materials and beads, but maybe could do for less or get locally-made (cheaper) beads.
- Training for multipurpose workers includes FP; easy to specify LAM and SDM ("just minor adjustments to existing methods")
- Continuing education is required, but no apparent penalty for not taking any except can't move past current level
- Medical education is compartmentalized—confusing to students getting different info on one topic from different specialties
- Problem updating practices once policies change—vitamin A example (expanded to 5-year-olds in policy but no one implementing in practice—children dying unnecessarily because of it)

Action Items

- Dr. Gupta to request (in Professor Nandan's name) 3 years' worth of exams from medical school, Ob/Gyn, community medicine, anatomy and physiology (and nursing/ANM at least in UP).
- If IRH gets him the pre-service module and materials, they can include SDM (and LAM) in MHW curriculum.
- Professor Nandan to set up appointments in Agra and UP. [Ask Dr. Gupta for specifics—names and institutions.]

Rak College of Nursing

December 14, 2010

Respondent:

Mrs. Santorh Mehta, Principal

- School established in 1943
- BSc, MSc, MPhil, PhD
- CE Dept (team-based)
 - Nursing service or education
 - Government-sponsored courses
 - For example, challenges in nursing, neonatal nursing, emergency obstetrics
 - Certificates given
 - 2 national-level workshops per year (70 participants total)
 - State-level workshops (7-8 per year, 7 days each)
 - GFATM 6-day workshops in and around Delhi
- Students very interested in RH/FP
 - Integrated into several subjects
 - Year 1: Anatomy & Physiology
 - Year 2: Population Dynamics
 - Year 3: FP Methods
 - Year 4: Internship; must motivate at least 2 couples for permanent methods
- Multiple methods taught
- Use journals, textbooks, internet, and materials from MOHFW, NIHFW, NGOs, etc.

Rufaida College of Nursing, Jamia Hamdard University

December 15, 2010

Respondents:

Dr. (Mrs.) Manju Chhugani, Associate Professor

Urmila D. Bhardwaj, Associate Professor

Ms. Jamal Fatima, Tutor

- Academic institution and hospital.
- Pre-service training—GNM (40/yr), BSc nursing (50/yr), MSc nursing (25/yr).
- FAM not taught. NFP theory and practice (practice takes place in a community camp).
- Curriculum revised annually.
- Students and ANMs provide FP counseling.
- SDM and LAM could be included in community medicine.

- Hours allocated to FP: BSc 20, MSc 30, GNM 10. Practicum in addition to this.
- Students evaluated by practical exam (procedure, health talk) and term exam (types, advantages and disadvantages, how to use).
- Courses are evaluated by a curriculum subcommittee of students, parents, and teachers.
- INC is planning a mechanism for follow-up/supervision after students graduate.
- FP not included in hospital M&E system.
- Students have a high level of FP knowledge before rotation.
- Students counsel new and continuing FP users.
- Methods learned during clinical: OCs, condoms, Copper T.
- Students much better in counseling and knowledge after practicum; more comfortable.
- Counseling materials available to students for practical: flash cards from other sources (government, conferences, UNFPA). Students want A/V aids.
- Not currently using checklists in clinical practice.
- CE offered by associations, including TNAI, which offers 2-3 per year.
- 100% of faculty take at least 2 CE courses per year—needed for their appraisal.
- Would like session by IRH—could be compulsory.
- CycleBeads very good method for nonliterate—they have a very high unwanted pregnancy rate.
- They teach the “safe days method.” No beads.
- Could do a study on free vs. purchased beads.
- They make their own FP kit for teaching—OCPs, barrier methods, Copper T, jelly.
- Students have a bag with flash cards used for counseling.
- Textbooks used: K.K. Gulani, Park.
- Want simulators for IUD, condom, female condom.
IRH to send them sample counseling materials.

*Very interested in community research project.

Notes from Lamp Lighting Ceremony

- Established 1983
- 244 students today; 50% Muslim
- Diploma, BSc, MSc
- 25 GNM, 15 MSc (raising to 25)
- Clinical practice @ Hamdard center that serves the poor
- Distance education
- Faculty encouraged to take CE
- Hoping to establish male nursing school
- India needs 500,000 nurses
- Value-based education—empathy and sympathy\|40 beds + 350 new
- Starting a medical college
- Recruiting 150 nurses this year, same expected into the future
- Will start PhD program, God willing

- Starting Unani MSc-PhD program in 2011
- Guest speaker Usha Banerjee, Apollo Group of Hospitals (largest in Asia)—challenges, future of nursing, serving patient

Trained Nurses Association of India (TNAI)

December 21, 2010

Respondent:

Mrs. Sheila Seda, Secretary General

(With some input from Mr. Kulkarni, outgoing TNAI President)

- RH at all levels of nursing here
- TNAI conducts CE at national and local level
- SDM and LAM haven't percolated down
- INC introducing 1-year nurse practitioner course
 - RH/FP, delivery, IMR, MMR
 - West Bengal pilot project—11 nurse practitioners now working
 - Gujarat next state
 - Could be interested in integrating FAM but must be accepted by GOI and INC
- Starting Central Institute of Nursing Education and Research
 - Could start FAM as pilot project, including financial viability
 - 50% ready
 - Located on border of UP and Delhi
 - To be commissioned March/April 2011
 - Specialty courses
 - Research
- Just completed 7-day critical care nursing course with nurses from all over India
 - Included leadership and management skills
 - 20 resource persons
 - 35-40 participants
- Could include practicum in a hospital
- Could include FAM in an MCH services workshop with a 1-day CTU
- TNAI workshops/courses have good accommodations, participant handbook, etc.
- Governing Board (executives of state chapters of TNAI) approve TNAI activities
 - State level elected
 - Secretary generals at national level (3) appointed
- National workshop participants are supposed to replicate workshops as state level (currently no mechanism or funding for monitoring this)
- TNAI publishes *The Nursing Journal of India*
 - Circulation 35,000 (India and international)
 - Articles contributed by members
 - IRH could submit article—would have needed to be submitted by 3rd week of January to appear in the next issue
- State level

- Executive Committee has a CE cell with a chairperson
- At national level, director and coordinator head CE
- Dates to consider for planning
 - April 11, International Safe Motherhood Day (TNAI celebrating with White Ribbon Alliance)
 - May 12, Nurses Day
 - May 5, Nurse-Midwives Day
 - Could pilot 1-day CTU with nurses in Delhi
 - Also 1-day (or longer) CTU for ANMs
- GOI mandates 150 hours of CE per year for re-registration
 - Re-registration required every 5 years
 - Maharashtra State is the first to start enforcing this mandate

V.M. Medical College and Safdarjung Hospital College of Nursing

December 15, 2010

FGD I Participants:

Dr. D.K. Raut, Community Medicine

Dr. Racha Talwar, Associate Professor, Community Health

Mrs. M. Phillips, Vice Principal

Mrs. Sunita Singhal, Tutor

Organization Basics

- Type of organization
 - Academic institution (college, university, academy, school)
 - Hospital
- Type of training
 - Pre-service
 - Continuing education (seminars, workshops)
- Level trained and number admitted per year
 - Doctors (MBBS 100/yr, MD 9/yr)
 - Nurses (BSc 100/yr)
 - GNM (35/yr)

National Context and System

- FAM not included in national guidelines/syllabi. NFP theory and practice included.
- Medical and nursing curricula updated every 10 years. Professors can offer updates.
- FP counseling and service providers: doctors, nurses, ANMs, PHNs, ASHAs. Staff nurse does FP clinics. Doctors get rotated to family welfare (FW) clinics.
- Gov't dictates FP provider job descriptions.

Syllabus and/or Curriculum Review

- Anatomy and physiology include reproductive anatomy and physiology
- SDM and LAM could be added to community medicine and Ob/Gyn

Teaching

- “Safe days” and lactational amenorrhea are taught but not emphasized. Effectiveness of LAM is questionable.
- Specific FP learning objectives: terminology, history, components, RCH and NHRM; methods, their effectiveness, their failure rates; population explosion; women’s empowerment
- Time allocated to FP? SDM? LAM? Other methods?
 - FP: BSc & GNM 22 hrs; community medicine 12-15 hrs
 - Around 10% of FP spent on NFP
- Methods and materials used to teach FP: lecture, audiovisual, demonstration, role-play in the community, survey/research.
- Teachers make their own materials—charts, PowerPoints, lecture notes, demonstrations
- Students evaluated on FP via semester exams (theory and practical, including identifying method samples placed on table)
- No specific course evaluation; program accredited by INC
- Follow-up or supervision done after students finish coursework: internship
- FP in hospital M&E system: couple protection rate, tubal ligations/sterilizations, medical termination of pregnancy, etc.

Continuing Education

- CE required/strongly recommended—tutors annually, professionals every 5 years. MOHFW should mandate colleges to implement CE.
- Organizations offering CE in FP: NIHFV, NIRRH (Mumbai), RAK College, AIIMS, PGI (Chandigar), FP Assn. of India, Population Stabilization Fund. All medical colleges offer CE.

Clinical Practicum Site

- Students counsel both new and continuing FP users.
- Community member tend to want sterilization.
- Students’ counseling skills progress each year.
- Students prepare their own counseling materials.

Textbooks Used

- Park
- Gulani,
- Ksesh Swarnberen

December 18, 2010

Respondents:

Dr. Sudha Salhan, Consultant and Head of Department of Obstetrics and Gynaecology
Dr. Sunita Singhal, C.M.O. NFSG, Department of Obstetrics and Gynaecology

Organization Basics

- Academic institution and large hospital
 - Pre-service
- Level trained
 - Doctors (150/year + 22 post-grad)

- Nurses (BSc)
- ANMs
- GNM
- RAK and Jamia Hamdard nursing students do their practical training here.
- 300 Ob beds and 200 Gyn beds.
- 23,000 deliveries per year. Of these, 60% receive prenatal care at Safdarjung and 99% receive tetanus toxoid vaccination. HIV and hepatitis B testing is also done.

Curriculum

- MBBS curriculum currently being revised (Dr. Salhan is on the MCI committee revising it.).
- AllMS curriculum is different from most.

FAM/FP

- FAM taught (theory and practice).
- FAM is 20% of FP. Even IUD manual includes FAM.
- Provided chapter from their new textbook: Textbook of Gynaecology (J.P. Publication in press). It includes SDM with CycleBeads illustration and LAM. Might also be in R. Chaudhary textbook.
- FP counseling provided during prenatal counseling.
- Postpartum Copper T insertion is common.
- After lactation, 3-month progestin injection common.
- SDM and LAM: no complications, safe; easy to use; no need to give patients CycleBeads – should be available in the market or subsidized at hospital.
- Includes CycleBeads in exam (on table with other methods for students to identify).
- Also got SDM and LAM information from the Internet.
- Would like 15-20 CycleBeads kits, big posters in Hindi and local languages, patient pamphlets.
- Cost: a pregnancy test started at 60 rupees and came down to 5 rupees.

Clinical Practicum

- Medical students posted to family welfare rotation.
- MBBS have three-month Ob/Gyn rotation, of which one month is family welfare.

Continuing Education

- CME provided by government for public sector doctors (mostly IUD and sterilization).
- Private societies also provide CME – National Assn. of Reproductive and Child Health, FOGSI
- “It’s a big country, so we need more methods.”

Other

- Recommends IRH contact textbook authors and publishers directly.
- Dr. Salhan retiring 12/31 but will take SDM to her next post.

LUCKNOW

Baba Hospital Institute of Paramedicals

December 16, 2010

Respondents:

Mrs. Lubna, Principal (community health nursing, microbiology, admin internship)

C' D'curz, Nursing Tutor (anatomy, med-surg, gyn, professional adjustment, ward management)

Organization Basics

- Private academic institution; attached to hospital; also an NGO
- 22 faculty
- GNM since 2003 (60/yr), ANM since 2008 (60/yr), BSc started 2010 (40/yr)
- (School also trains optometrist, physiotherapists, pharmacists)

Curriculum

- Uses INC curricula; gets additional material from internet

Continuing Education

- Offers CE seminars by government experts
- Faculty attend on-campus and off-campus CE on diverse topics

FP in Practice

- FP counseling and services provided by GNMs at CHCs, PHC, and psychiatric centers

FAM/FP

- Teach safe period among other FP methods
- Teaches FP according to INC syllabus but can add if needed
- Methods and materials used: Demonstration, charts, presentations on CD, models and samples
- Interesting but not good for rural, illiterate women
- They'll understand but will forget to move the ring every day
- Rural women don't have phones – husbands do; husbands are in the loop re cycle
- Would like to teach SDM, could demonstrate
- Would need materials in Hindi, other local languages: poster, pamphlets, beads, wall painting in the community, CD [they had topical posters in all classrooms and "labs"]
- Internal decision to teach it or not

Clinical Practice

- Clinical practicum: emphasis depends on community, need, and supplies; at community level conduct door-to-door health education including FP

Assessment

- Students evaluated based on outcomes, feedback from community, exam
- Follow-up of students: 6-month internship

Textbooks Used

- Park
- Clement
- Gulani
- Vasanthapa (Community Health Nursing)
- K. Shavaswankar (an Indara publication)

Chhatrapati Shahuji Maharaj Medical University (CSSMU) (also known as Medical University of Lucknow)

December 16, 2010

Respondent:

Dr. (Prof.) Vinita Das, Head, Ob/Gyn Dep.

- Academic institution and hospital
- 185 MMBS students
- Teaches “safe period and unsafe period”
- 7 1-hour lectures on contraception plus 2 demonstration sessions of 2 hours each (including menstrual cycle calendar)
- CE workshops held for post-graduates and Lucknow Ob/Gyns (contraception every year or so based on need); including a workshop where CycleBeads were demonstrated two years ago
- MBBS students present FP cases.
- Beads should help in teaching
- Charts in OPD – some made by staff, some from other organizations
- Larger-scale introduction to medical schools, government, MCI, FOGSI
- “No great advancement”

Respondent:

Dr. J.V. Singh, Head of Department, Community Medicine and Faculty of Nursing & Paramedical

Organization Basics

- Academic institution and teaching hospital
- Oversees Sahara, Varanasi, Apex, and KG nursing schools
- Pre-Service MBBS
- Community Medicine Dept. also trains ASHAs
- Outdoor Clinics at Urban Health Centre, Alambagh, Primary Health Centre Sarojini Nagar and ETHSC of Mati and Banthra
- 32 Anganwadi workers under the university

Has MOU with IRH for the Past Year

- Already giving CycleBeads to ASHAs
- Covering 50,000 population
- 8 sub-centres
- ANMs paid by government through the university
- Currently 37 ASHAs; paid for performance

- Identify married couples
- Target pregnant women, escort to antenatal clinic
- Get to postnatal clinic
- IUD, OCPs, sometimes condoms
- IRH provides CycleBeads free of charge
 - Identify unsafe period and use condoms then

FAM/FP

- Good method for illiterates—they hang them on the wall (doesn't look like FP method, so no need to hide)
- Copper T accepted; condoms sometimes used (stigma); beads improve condom use (helps people plan)
- Adding to curriculum
 - Need-based
 - Also should target adolescents
 - ICDS, MOSW (grassroots workers)

Continuing Education

CE required; FAM should be repeated annually

- Government is one decision maker of CE topics (NIHFW and State IHFW).
- ASHA meeting first Tuesday of every month.
- ANMs come to PHC twice per week and when called.

* Could do CTU.

* Wants medical students to do a long-term acceptability study (has short-term findings that could be shared).

Lucknow Obstetrics and Gynecology Society (LOGS); Krishna Medical Center; Krishna Nursing and Paramedical Institute

December 16, 2010

Respondent:

Dr. Chandrawati, President, Lucknow Obstetrics & Gynecology Society (LOGS);
Managing Director, Krishna Medical Centre; Chairperson, Krishna Nursing and
Paramedical Institute

- Association, academic institution, hospital
- Pre-service Training: Diploma course in General Nursing and Midwifery (GNM), 40 admitted per year
- Currently 65 female and 35 male students
- Moving toward offering BSc. Offers Diploma in Family Welfare (for doctors, on counseling, FP up to IUDs—1st year) and Diploma in Ob/Gyn
- FAM not in curriculum.
- Offers 1-hour/day English class and a Sunday hobby class
- IRH shouldn't wait for a formal curriculum revision—just do it
- CE not required
- FP counseling and services provided by: Ob/Gyn, FP counselors, ANMs in rural areas, GNMs

- Familiar with FAM, SDM, LAM
- Includes SDM in courses
- Third year will include STI, RH (school now in second year)
- Teaching materials self-made or supplied by companies
- Courses not formally evaluated; INC supervises
- Exposure for GNMs to community health centers
- IRH should focus on private sector—women prefer it. Private sector moving on injectables while GOI hasn't made them available yet.
- Safe days plus condom (but beads hard to remember to use)
- Not convinced about mobile technology
- Could do SDM workshops
- Staff: Director, principal. Vice-principal, 6 faculty
- Recently held 1-day seminar for 400 students: Challenges and Prospects in Nursing Profession
 - Students made charts/posters
 - Faculty from all over
 - Focus topics: fighting cancer, anemia, safe pregnancy, cardiovascular disease
- Caliber of students is improving

Regarding FOGSI

- Membership society, 22,000 members nationwide
- FOGSI president decides year's program based on input from committees
- 2010: fight against cancer; raising awareness and reaching the unreached (rural)
- 2008: educating the girl child
- 2009: controlling postpartum hemorrhage
- Master trainers
- Monthly workshop attended by an average of 300
- FOGSI has FP/FW committee
- Partnership with IRH: doing workshops, providing posters/charts, follow-up, linkages (for example, have a FAM "ring leader")
- Member of Saatthiya (reference system)

Sahara School of Nursing and Paramedicals

December 16, 2010

Respondents:

Santhamma B., Principal

Rossily Nirmal, Vice Principal

- Academic institution; attached to Sahara Hospital
- Nursing (BSc, 40 students admitted per year)
- FAM not taught, but NFP is. Most FP in 4th year, and college is only 3 years old.
- Follows INC curriculum. No room to add content – already not enough time.
- Planning to start an in-service program for the hospital

- Doctors provide most FP services. Nurse provide in health education and village outreach
- Unaware of FAM or SDM. Familiar with lactational amenorrhea but not simplified LAM
- FP learning objectives per INC curriculum
- Methods and materials used for FP: Lecture, role play
- Clinical practicum will include FP counseling
- Checklist for every subject (they make them); none for FP yet.
- Currently no one takes CE.
- Next year will be first clinical practicum.
- Showed interviewer Community Health Nursing Second Professional Exam, 2010.
- Like CycleBeads –good for nonliterate, especially.
- 75% of women in their area complain of irregular periods.
- Would want SDM lesson plan if available.
- Doctors need to approve or at least be aware; unlikely to object.

Textbooks Used

- Park
- Gulani

AGRA

Shanti Manglick Hospital and Nursing School

December 20, 2010

FGD Participants:

Mrs. Amina K. Nair, Principal
 Mr. Darmendra Kumar Sharma, Tutor
 Dr. Amit Kumar Sharma, Tutor
 Mr. Rajkumar Chaudhary, Tutor
 Miss Poonam Rathore, Tutor
 Miss Sarita Bagade, Tutor
 Miss Tarin Chaudhary, Tutor
 Miss Neha Solanki
 Miss Iram Khan, Tutor
 Miss Deepika Agarwal, Computer Tutor
 K.C.S. Nair, English Tutor

** Language was an important barrier in this session.

Organization Basics

- Type of organization: Academic institution and hospital
- Type of training: Pre-service
- Level trained
 - ANMs (60 admitted per year—this is the first year of the program)
 - GNM (40 per year)

- What FGD participants teach: All tutors participated, so all nursing topics were represented, plus English and computer

Curriculum

- Uses INC curriculum
- NFP taught—only theory at first, then during third- year practical (15-30 days on MCH, family health, and FP)

FAM Knowledge and Interest

- Not familiar with the terms FAM, SDM, LAM

Training/teaching Currently Offered

- Hours allocated to FP: 15 in the first year
- NFP: maybe 10%
- Methods and materials used to teach FP: lecture, demo, samples, case studies
- Clinical practicum or other hands-on FP counseling experience: done at Baroli Community Health Center
- Evaluation of students' on FP/FAM: end-of year exam

Clinical Practicum

- Same tutors for theory and practical

Materials Used for Teaching

- OHP, charts, textbooks

***Interest in FAM**

- Would appreciate CTU for faculty (they haven't done any CE yet)
- Would teach SDM and LAM
 - Need literature, lesson plan, beads, subject notes

Textbooks Used

- Park
- Dutta
- Swaramhar
- Miles
- C.S. Dawn

S.N. Medical College, Agra[CH}

December 20, 2010

FGD I Participants

Dr. S.K. Mishra, Professor, Department. of Community Medicine

Dr. Shailendar Singh Chaudhary, Lecturer, Social & Preventive Medicine Dep.

Dr. Suneel Kumar Kaushal, Lecturer, Social & Preventive Medicine Dep.

Dr. Ashoka Mishra, Professor, Department of Community Medicine/PSM, J.A. Hospital, Gwalior, Madhya Pradesh

Organization Basics

- Type of organization: Academic institution and hospital

- Type of training: Pre-service
- Level trained: MBBS

National Context and System

- IMA revising curriculum
- ASHAs provide FP counseling and services

FAM Knowledge and Interest

- Aware of FAM, SDM, LAM
- NFP taught—theory and practice
- SDM and LAM could be included in MBBS' community medicine course (already there as “safe days” and lactational amenorrhea)

Training/Teaching Currently Offered

- What FGD participants teach: community medicine
- Very little time spent on safe days and lactational amenorrhea
- Methods and materials used to teach FP/FAM: lecture, community-based practice (each student assigned a family)
- Clinical practicum or other hands-on FP counseling experience: yes

SDM and LAM

- Woman has to remember to do it every day – probably won't
- Already teaching safe period and explain how to calculate. So far not community-disseminated.
- Would need faculty orientation and confidence in methods.
- Also would need module and beads
- Would need to sensitize faculty with fixed messages (for teaching MBBS students, including practice)
- Illiterate women likely to forget to do it every day unless highly motivated
- Would need feasibility studies.
- Can see 2-3 advantages of safe and unsafe period:
 - sensitization re: cycle
 - show women they're not likely to get pregnant during their period (many think they can)
 - not provider-dependent (women control it independently)
- ASHAs could communicate with women – see if ASHAs understand the method and can teach it.
- Would like to see Jharkhand results
- Urban and rural health centers are attached to the community medicine department

Textbooks Used

- Park
- A.H. Suryakantha, *Community Medicine with Recent Advances* (published in 2009 and 2010). 2010 edition includes LAM and refers to FAM.

*While waiting to do this FGD, we visited the school/hospital museum. CycleBeads were there under the heading “Calendar Method.”

FGD 2 Participants

Dr. Saroj Singh, Professor and Head of Department, Obstetrics & Gynecology
Mrs. Sujata Tomar, Nursing Tutor
Mrs. Guddi Singh, Degree Matron
Dr. Mohita Agarwal, Lecturer

Organization Basics

- Type of organization: Academic institution and hospital
- Type of training: Pre-service
- Level trained (mark all that apply)
 - MBBS and post-doc
 - GNM (60 admitted per year)
- Medical officers and FP counselors provide FP counseling and services. Medical officers work in OPD, postpartum IUC and TL, post-abortion. Hospital has an FP Counselor for 3 hours/day. (new program in UP)

FAM/FP

- Not familiar with FAM, SDM, LAM. *Could become a lecture for students. Would need beads available for free to community – “No one would pay for family planning.”
- All FP methods taught, also covered in OPD
- One lecture on NFP. Also covered in practicum.
- Demo and lectures used to teach FP
- Process for adding FAM to curriculum: Would have to go through the State Medical Faculty, Lucknow
- Evaluation of students on FP: Exams (written) have at least one FP questions

Continuing Education

- Faculty take CE courses (had PSI Freedom 5 training). UHI also doing FP in-service (4 camps in the past two years)
- EMOC in-service offered for skilled birth attendant training for medical officers (hands-on)
- No nursing in-service offered
- TNAI mostly has programs in Delhi, and they charge for them. Nothing in Agra.
- Last CTU around 2003, TOT plus workshop—USAID—funded project State Innovation in FP Service Agency (SIFPSA)

*Would be interested in CTU for Agra branch of FOGSI and all faculty

*Could also train faculty (40-50 faculty including postgrad) in 1-2 training sessions

Clinical Practicum

- Contraceptive methods learned during clinical: mostly IUD, tubal ligation
- Could do post-natal LAM counseling
- Clinical practicum or other hands-on FP counseling experience: 15 days in OPD

Textbooks Used

- Chaudhary (FP)

- Holland-Bruce (Obstetrics)
- Shaw (Gyn)
- Miles (Nursing Care)
- Dutta (used by students)

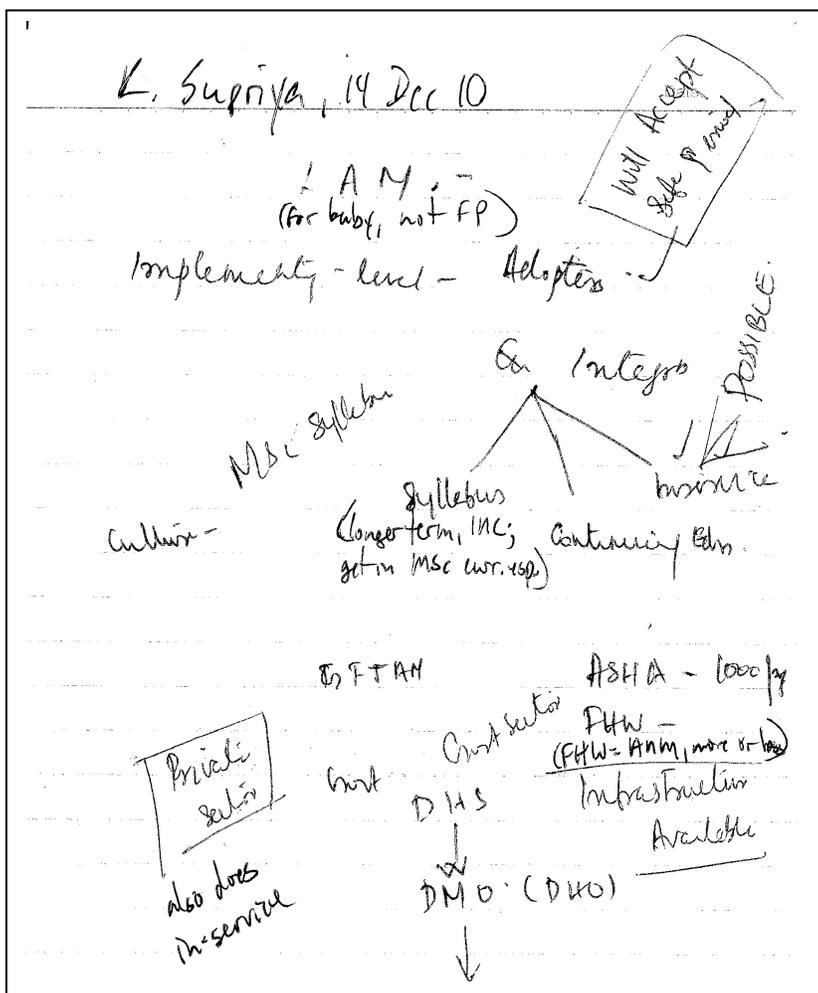
Other

Respondent

K. Supriya, Government School of Nursing, Kerala

December 14, 2010

- LAM is for the baby, not for FP
- At implementation level, people will accept safe period method
- For integration, especially important to get SDM into MSc syllabus in the longer term
- In-service and CE possible
- ASHAs and female health workers—infrastructure exists for them to be trained
- Would need to train DHS, who would then train DMO
- Private sector also does in-service



APPENDIX M. IRH/INDIA DRAFT ACTION PLAN

Institution	Entry Points	Opportunities	Next Steps	When	Person Responsible
General					
	Assessment respondents	Teaching materials seemed hard to get and would likely be welcomed.	Consider how to get the SDM module, peer-reviewed studies, and other materials into the hands of as many tutors and professors as possible, with emphasis on ANM programs. (It could be as simple as sending them as a follow-up to the assessment interviews and then a short survey in 6 months re: use.)	January 2011	Priya Jha
	Assessment respondents	Most respondents seemed at least interested in CycleBeads and in CE.	Organize CTUs for faculty at each school or select schools, depending on resources available.	Beginning February 2011	Priya Jha
	FOGSI (Dr. Chandrawati), TNAI (Sheila Seda), FPAI, etc.	CTU and booth at well-attended scientific meetings/conferences	Develop a list of upcoming conferences; prioritize; identify requirements and benefits	Beginning March 2011	Jha to designate
	Futures Group	UP is hiring FP counselors; Futures Group is providing curriculum	Follow up on earlier discussions with Futures to determine status and next steps	Beginning March 2011	Priya Jha
Textbook authors and publishers	Unknown See names at http://www.tamilnadunur	A few textbooks were mentioned often during the interviews. If any of those textbooks are in revision or going to be revised, IRH could try to get SDM and LAM included. The Tamilnadu Nurses and	Contact authors and publishers of the textbooks mentioned most by respondents: <i>Park, K. Park's Textbook of Preventive and Social Medicine, 20th Edition, Bhanot, 2009</i> <i>Gulani, K.K., Community Health Nursing Principles and Practices, Kumar Publishing House, 2006</i>	Initial inquiries Jan 2011 to know timeline of any revisions	Jha to designate

Institution	Entry Points	Opportunities	Next Steps	When	Person Responsible
	singcouncil.com/syllabus ofnursing_22sep.asp	Midwives Council held a workshop in Sept. 2009 on developing nursing textbooks in India for India. From the web, it's not clear if this is a national movement or a local one. IRH could inquire and get authors of relevant new texts to consider SDM & LAM.	Swarnkar, K., Community Health Nursing Dutta, D.C., <i>Textbook of Gynaecology or Textbook of Obstetrics including Perinatology and Contraception</i> , 5th ed.. New Central Book Agency (p) Ltd. Calcutta, 2001 Contact A.H. Suryantha regarding motivation for including FAM. Contact organizers or speakers of Tamilnadu workshop.		
DELHI					
NIHFW	Prof. Deoki Nandan	Multi-Purpose Health Worker (MHW) Training beginning approx. April 2011 with TOT. Eventually will train more than 50,000 MHWs. Offers distance learning courses.	Contact as soon as possible about materials needed for the MHW training. Share ASHA training materials. Clarify needs and expectations. Find out more about the challenges and successes of the distance learning program and whether NIHFW would consider offering SDM this way. Share IRH's distance learning module.	By end-December 2010 After or in conjunction with discussions about the MHW training	Priya Jha
Safdarjung	Dr. Sudha Salhan Dept. of Obs. & Gyn Dr. Sunita Singal Dept. of Obs & Gyn	Already included SDM and FAM in upcoming textbook. They want teaching materials, client materials and beads for teaching and distribution	Contact Dr. Singal to offer materials and beads for Safdarjung and see how IRH can help strengthen what they are doing. Also find out if what they are doing can be used as an example for others. Contact Dr. Salhan about additional materials for her next posting (she retires as of	January 2011	Priya Jha

Institution	Entry Points	Opportunities	Next Steps	When	Person Responsible
			31/12/10). Get informed about any politics related to working with different departments within VMHC/Safdarjung.		
Trained Nurses' Association of India	(Mrs.) Sheila Seda Secretary- General Editor, The Nursing Journal of India	Opening training and research center on Delhi-UP border Could offer 1-day CTU or quarterly workshop to Delhi nurses or ANMs Could submit article for The Nursing Journal of India	Schedule meeting with Mr. AB Kulkarni and Mrs. Sheila Seda. Submit an article for the next issue of the Journal. Seek advice on connecting with the incoming TNAI president.	January 2011	Priya Jha
Jamia Hamdard University	Dr. Mrs. Manju Chhugani Associate Professor Secretary, Society of Midwives, Delhi Chapter	CE for faculty taken seriously; could make IRH CTU or FAM compulsory Very interested in doing study on free vs. purchased beads or other community research project Could incorporate FAM in curriculum	Contact to discuss getting SDM/FAM module used by tutors and doing a CTU for faculty. Give resource packet. Consider research project.	Jan/Feb 2011	Priya Jha
RAK College of Nursing	Mrs. Santorh Mehte Principal	Has CE department. Does 2 national level workshops per year and 7-8 state workshops per year	Contact regarding inclusion of FAM/CTU in any upcoming workshop	Jan/Feb 2011	Priya Jha or designate
Dr. RML Hospital	Rathi Balachandran, Sister Tutor Rathi Balachandran Sister Tutor	PhD candidate. Seemed excited about SDM as an option. About to teach FP/RH and could include FAM. Very interested in leading an acceptability study.	Contact to send materials for upcoming FP/RH class. Offer CTU for faculty Contact regarding parameters and cost of acceptability study	Initial call by end- December 2010	Priya Jha
Indian Nursing Council	Mr. T. Dillip Kumar, President Dr. Asha Sharma, V.P.	Dr. Sharma expressed interest, but Mr. Kumar said no changes to syllabus without MOHFW approval.	Determine to what extent INC could be supportive in some way or an impediment to integration.	TBD	Priya Jha

Institution	Entry Points	Opportunities	Next Steps	When	Person Responsible
LUCKNOW					
Krishna Medical Center & Krishna Nursing and Paramedical Institute; Lucknow Society of Ob/Gyns	Dr. Chaudrawati President, Lucknow Obstetrics & Gynecology Society (LOGS) Managing Director, Krishna Medical Centre	A “just do it” kind of person Private sector Does workshops and seminars that could include SDM and LAM	Consider inviting Lucknow dept. heads to FAM orientation meeting/workshop focusing on research done and potentially needed	Initial contact by Feb 2011	Priya Jha/UP Coordinator
Medical University of Lucknow	Dr. J.V. Singh HoD, Community Medicine Dean, faculties of medicine and nursing	Feasibility and effectiveness studies. Thinks FP/FAM should be provided for CME annually	Consult with IRH/DC about possibility of supporting effectiveness, feasibility, and acceptability research and what it might look like. Send counseling and client materials if he doesn't already have them. Discuss possibility of them doing annual/biennial CTU.	Jan/Feb 2011	Priya Jha/UP Coordinator
Sahara College of Nursing	Santhamma B., Principal	New, privately owned college attached to large hospital whose nurses do FP and health education Planning to start in-service training (but not interested in adding SDM to BSc curriculum) Would like to see lesson plan	Share training materials consider doing a CTU workshop there.	Jan/Feb 2011	UP Coordinator
AGRA					
Shanti Mangalick School of Nursing and Paramedicals	Mrs. Ammini K. Nair, Principal	Interested in CTU for faculty. Sounds like faculty have not had CE before	Contact to verify understanding and set up CTU workshop Invite other schools to participate, including Baba School of Nursing	Initial contact by Jan 2011	Priya Jha/UP Coordinator

Institution	Entry Points	Opportunities	Next Steps	When	Person Responsible
S.N. Medical College, Agra	Dr. S.K. Mishra Professor Dept. of Comm. Med.	SDM training for faculty (partly to convince) Feasibility study on Agra SDM intro (did “unmet needs” study 2 years ago and has ongoing study on impact of facility delivery incentive on FP use)	Dr. Mishra has asked that IRH contact him about the possibility of including SDM and LAM in the MBBS community medicine course, learning about the Jharkhand project, and a feasibility/acceptability study.	By end-Dec 2010	Priya Jha
S.N. Medical College, Agra	Mrs. Sujata Tomar Nursing Tutor	CTU for Agra Society of Ob/Gyns and nursing school faculty (last one was 2003 by SIFPSA)	Contact about doing a CTU for faculty and the Agra Society of Ob/Gyns and about piloting inclusion of an SDM lesson plan in the GNM and MBBS curricula	Dec/Jan	Priya Jha

APPENDIX N. SAMPLE ENTRANCE REQUIREMENTS

AUXILIARY NURSE MIDWIFE (ANM)

- The minimum age for admission shall be 15 years on or before 31st December of the year for which admission is sought.
- The maximum age for admission shall be 35 years.
- The minimum educational requirements shall be the passing of:
Secondary schools certificate Examination (10 years course), 10th class or central board secondary education or a recognized equivalent public examination. Subjects of study must be equivalent to those prescribed by the Central Board for Secondary Education (CBSE) for the class X.¹⁰

GENERAL NURSING & MIDWIFERY (GNM)

- Minimum and maximum age for admission will be 17 and 35 years respectively. For ANM/LHV, there is no age bar.
- Minimum education:
 - 10+2 class pass or its equivalent, preferably with Science (Physics, Chemistry and Biology) subjects with aggregate of 45% marks.
 - Those who have cleared 10+2 vocational ANM course (revised after 2001) from the school recognized by Indian Nursing Council.
 - ANM training i.e. 10+1½ years training should also have passed +2 or its equivalent examination.
- Students shall be medically fit¹¹

BSC (NURSING)

- The minimum age for admission shall be 17 years on or before 31st Dec. of the year of admission.
- The minimum educational requirements shall be the passing of:
 - Higher Secondary school certificate Examination (12 years course), or
 - Senior School Certificate Examination (10+2), pre-degree Examination, or
 - An equivalent with 12 years schooling from a recognized board or university with Science (Physics, Chemistry, Biology) and English with minimum of 50% aggregate marks (PCBE).
- Candidate shall be medically fit.¹²

POST BASIC BSC

To be eligible for admission to this course, a candidate shall have:

- Passed the Higher Secondary or Senior Secondary or Intermediate or 10+2 or an equivalent examination recognized by the university for this purpose. Those who have done 10+1 in or before 1986, will be eligible for admission.

¹⁰ Indian Nursing Council Circular 22-08-2006.

¹¹ Indian Nursing Council Circular 22-08-2006.

¹² Indian Nursing Council Circular 22-08-2006.

- Obtained a certificate in General Nursing and Midwifery and registered as an R.N.M.N. with the State Nurses Registration Council. A male nurse, trained before the implementation of the new integrated course besides being registered as a nurse with the State Nurses Registration Council, shall produce evidence of training approved by Indian Nursing Council for a similar duration in lieu of midwifery in any one of the following areas:
 - O.T. Techniques
 - Ophthalmic Nursing
 - Leprosy Nursing
 - Tuberculosis Nursing
 - Psychiatric Nursing
 - Neurological and Neurosurgical Nursing
 - Community Health Nursing
 - Cancer Nursing
 - Orthopedic Nursing
- Candidates shall be medically fit.

Programme Duration: Two academic years from the date of commencement of the program.¹³

MSC (NURSING)

1. The candidate should be a Registered Nurse and Registered midwife or equivalent with any State Nursing Registration Council.
2. The minimum education requirements shall be the passing of: B.Sc. Nursing / B.Sc. Hons. Nursing / Post Basic B.Sc. Nursing with minimum of 55% aggregate marks.
3. The candidate should have undergone in B.Sc. Nursing / B.Sc. Hons. Nursing / Post Basic B.Sc. Nursing in an institution which is recognized by Indian Nursing Council.
4. Minimum one year of work experience after Basic B.Sc. Nursing.
5. Minimum one year of work experience prior or after Post Basic B.Sc. Nursing.
6. Candidate shall be medically fit.
7. 7. 5% relaxation of marks for SC/ST candidates may be given.¹⁴

MBBS

Prospective students for an undergraduate course leading towards a Bachelor of Medicine and Bachelor of Surgery (MBBS) degree must have completed a HSC (10+2, or high school) with the Science stream, including the subjects biology, chemistry, and Physics with at least 50% marks. ¹⁵

Officially:

Admission to the Medical Course—Eligibility Criteria: No Candidates shall be allowed to be admitted to the Medical Curriculum of first Bachelor of Medicine and Bachelor of Surgery (MBBS) Course until:

1. He/She shall complete the age of 17 years on or before 31st December, of the year admission to the MBBS course. (I. Substituted vide notification dated 29.05.1999)

¹³ Indian Nursing Council Circular 22 08 2006.

¹⁴ Indian Nursing Council Circular 22 08 2006.

¹⁵ Wikipedia summary.

2. He/She has passed qualifying examination as under:

1) The higher secondary examination or the Indian School Certificate Examination which is equivalent to 10+2 Higher Secondary Examination after a period of 12 years study, the last two years of study comprising of physics, Chemistry, Biology and Mathematics or any other elective subjects with English at a level not less than core course of English as prescribed by the National Council of Educational Research and Training after the introduction of the 10+2+3 years educational structure as recommended by the National Committee on education.

Note: Where the course content is not as prescribed for 10+2 education structure of the National Committee, the candidates will have to undergo a period of one year pre-professional training before admission to the Medical colleges;

Or

2) The intermediate examination in science of an Indian University/Board or other recognised examining body with Physics, Chemistry and Biology which shall include a practical test in these subjects and also English as a compulsory subject.

Or

3) The pre-professional/pre-medical examination with Physics, Chemistry and Biology, after passing either the higher secondary school examination, or the pre-university or an equivalent Examination. The pre-professional/pre-medical examination shall include a practical test in Physics, Chemistry and Biology and also English as a compulsory subject.

Or

4) The first year of the three years degree course of a recognized university, with Physics, chemistry and Biology including a practical test in three subjects provided the examination is a "University Examination" and candidate has passed 10+2 with English at a level not less than a core course.

Or

5) BSc examination of an Indian University, provided that he/she has passed the B.Sc. examination with not less than two of the following subjects Physics, Chemistry, Biology (Botany, Zoology) and further that he/she has passed the earlier qualifying examination with the following subjects – Physics, Chemistry, Biology and English.

Or

6) Any other examination which, in scope and standard is found to be equivalent to the intermediate science examination of an Indian University/Board, taking Physics, Chemistry, and Biology including practical test in each of these subjects and English.

Note:

- The pre-medical course may be conducted either at Medical College, or a science College.
- Marks obtained in Mathematics are not to be considered for admission to MBBS Course.
- After the 10+2 course is introduced, the integrated courses should be abolished.¹⁶

¹⁶ Medical Council of India. *Salient Features of Regulations on Graduate Medical Education*, 1997.

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