



INTRAH

TRIP REPORT # 08

TRAVELERS: Lynn Knauff, INTRAH Deputy
Director

COUNTRY VISITED: NEPAL

DATE OF TRIP: November 24 - December 1, 1984

PURPOSE: To hold discussions with FP/MCH
Project of the MOH and USAID regarding
needs for training assistance

TABLE OF CONTENTS

EXECUTIVE SUMMARY

SCHEDULE

I.	Purpose of the Visit	1
II.	Accomplishments	1
III.	Background	3
IV.	Activities	4
V.	Recommendations	10

APPENDICES

Appendix A	Persons Contacted/met
Appendix B	Knauff Memo Regarding Training Needs
Appendix c	Minutes of the Family Planning Coordination Advisory Board

(i)

EXECUTIVE SUMMARY:

From November 26 to November 30, 1984 discussions were held in Kathmandu with the governmental and private organizations responsible for the delivery of family planning services. A briefing and debriefing were held with Mr. J. Anderson, Public Health Advisor, USAID. Discussions about proposed administrative support were held with Mr. Padma Tiwari of D.O.R.C. who also provided administrative back-up during the visit.

On the morning of November 30, a meeting of the Family Planning Training, Coordinating and Advisory Board (formerly the RTSA/A Advisory Board but with the addition of Mr. Hem Hamal, General Manager of Nepal Contraceptive Retail Sales) was held to review the written summary of training needs expressed to Ms. Knauff during interviews held during the week, to identify necessary points of coordination, and to determine next steps and a timetable for development and submission of proposals to INTRAH. (see Appendix B for a report of the meeting).

USAID and members of the Board endorsed continuation of D.O.R.C.'s administrative support of the Asia training contractor's assistance in Nepal. D.O.R.C.'s competence and the strength of Mr. Tiwari's professional links with the family planning interests in Nepal were amply demonstrated during the visit.

.../

(ii)

SCHEDULE:

November 24: Arrived at 12.30 p.m.

November 26: USAID briefing and arranging appointment
schedule.

November 27: UNDP
D.O.R.C.
CRS Project

November 28: Nursing Division
Family Planning Association of Nepal
FP/MCH Project

November 29: Integrated Community Health Services
D.O.R.C.
USAID debriefing

November 30: FP/MCH
FP Training Coordinating and Advisory
Board meeting
D.O.R.C.
J.S.I.

December 1: Departed for Delhi at 3.35 p.m.

I. Purpose of the Visit:

This was the third of the three visits in the Asia region for the purpose of holding discussions and developing proposals and/or plans for collaboration.

In Nepal, the purpose was to hold discussions with the FP/MCH Project of the MOH and USAID regarding needs for training assistance. It was possible, however, to meet individually and as a group with all organizational heads responsible for family planning service delivery, and with the Division of Nursing, two WHO nursing advisers, and the Chief of Party of the John Snow Inc. contract which has provided training assistance during the past three years. Both FPIA and FHI representatives were in Kathmandu during the visit and informal discussions were held with them.

In order to accommodate an expanded agenda, I delayed my departure until Saturday, December 1.

II. Accomplishments:

A. Interviews were held to identify and discuss training needs with: H/P/W of USAID, ICHS/DP, MOH FP, FPAN, CRS, and Division of Nursing. It was not possible to meet with Dr. Gopal Acharya, Dean of the Institute of Medicine, because of his involvement with the Indian Examiners. I did, however, meet with the WHO Nursing Adviser to the IOM, and an IOM representative attended the Board meeting. (see Appendix C, interview findings)

B. A meeting of the Family Planning Training Coordinating and Advisory Board was convened and met on November 30 to review the training needs expressed during interviews with

Ms. Knauff, to identify necessary points of coordination and collaboration, and to determine next steps and a timetable for preparation and submission of proposals to INTRAH. (see Appendix B for a report of the meeting).

C. Discussions were held and collaborative work was conducted with Mr. Padma N. Tiwari, Director of D.O.R.C., whose organization had effectively provided administrative support for the RTSA/A training assistance in Nepal.

D. Mr. J. Anderson, Public Health Advisor, H/P/N office of USAID, has been appointed INTRAH's USAID/Liaison. He expressed support for INTRAH assistance, agreement with the needs expressed, and support for continuation of D.O.R.C's administrative back-up to the Nepal activities.

E. Meetings were also held with:

- 1) Dr. Nils Daulaire, Chief of Party of the JSI contract in Nepal, who indicated readiness to cooperate and collaborate with INTRAH. He will follow-up with Dr. Suniti Acharya of ICHS/DP on the revision of the VHW manual and the preparation of a health post procedures manual, needs she expressed at the Board meeting. Dr. Daulaire felt that JSI could provide that assistance and requested, in future, that a JSI representative attend the Board meeting.
- 2) Ms. Barbara Walsh, WHO advisor to the Institute of Medicine (IOM). She had prepared a proposal to support the nursing education practicum which she thought might be of interest to INTRAH. I did not think we could support it, but suggested that it be summarized and discussed with Mr. Niwa, the UNDP representative.

- 2) Ms. Wilda Campbell and Mr. Shyam Lama of FPIA and Mr. Jim MacMahan of FHI. We agreed to share trip reports, and information during visits to Bangkok (FPIA) and in Chapel Hill (FHI).

III. Background:

RTSA/A has had an active and well-received program in Nepal. In addition, an Advisory Board was established, D.O.R.C. was hired to provide administrative support, and an end-of-program evaluation was conducted and a report was prepared (copy available in the INTRAH program office).

There is need now to extend and deepen the training program: in the case of TBA training, to build on the past project in the same 5 districts; to provide for intensive and sustained supervisory and managerial training to the district level and below health personnel; to provide an MCH context for PPAN district-level workers; and, to support training of trainers of CBD workers of the impending CBD program of the CRS project.

The major governmental programs are FP/MCH Project and the Integrated Community Health Services Development Project (ICHS/DP) of the MOH. Both are supported by USAID with financial and technical inputs. Both have training units. The Nepal Contraceptive Retail Sales Program (CRS) is also supported by USAID. The Family Planning Association of Nepal (FPAN) receives support from IPAVS for its very active sterilization program. It has a training unit.

There are a number of private Nepali-owned training organizations in Kathmandu which have limited health training experience, but which have competence and experience in training management and processes related mainly to the

three-month in-country training of Peace Corps volunteers. Their potential for assistance to INTRAH should be developed as training becomes directed toward district-level and below health workers, and training, therefore, will have to be conducted in Nepali. Training materials, as well, will need to be written in Nepali.

IV. Activities:

A. A brief but well-focused meeting was held with Dr. T.B. Khatri, Chief of the FP/MCH Project, and jointly with him and Dr. Upreti, Chief of the ICHS/DP. (Dr. Upreti was Dr. Khatri's supervisor when both were posted at the Nepalganj Hospital). Dr. Khatri emphasized four points:

(1) more intensive rather than more extensive training should be conducted -- with proper evaluation -- for middle and lower-middle level personnel in the districts; (2) two types of curricula, recognizing the diminishing level of literacy as one moves from middle to lower-middle levels, will need to be developed. Participatory training methods should predominate; (3) training should take place during monsoon season (end of May to beginning of October) when personnel are not heavily involved in service delivery; and (4) TBA training should be a high priority in recognition of the TBA's proximity to the rural people and their work with women in the childbearing years. Dr. Khatri noted that this is Population Year and FP within MCH is to be highlighted.

Both Dr. Upreti and Dr. Khatri underlined the need for training on behalf of either of their projects to be complementary since health personnel at the district-level in integrated districts are involved with both.

Dr. Khatri mentioned the availability of WHO technical assistance (through the New Delhi Office) for management and supervisory training but I did not have an opportunity to inquire about either the Nepal-based experience or Nepali language capability of technical experts in the WHO office.

Both Dr. Khatri and Dr. Upreti were enthusiastic about D.O.R.C. and expressed hope that INTRAH would continue RTSA/A's arrangement. I indicated that we intended to do so.

B. Dr. Suniti Acharya, Deputy Chief of ICBS/DP, (and the wife of Dr. Gopal Acharya, Dean of the IOM), emphasized the need for improved supervision by the district-level technical management teams in 26 districts. She felt that the purpose of supervision was not well understood and supervisory skills were lacking. A supervisory system does not really work although supervisory responsibilities have been assigned: the technical management team (the district health inspector, the PHN, the FP Assistant, the Statistical Assistant, the Health Education Assistant, the EPI Assistant (who is also the Assistant Health Inspector) and the Malaria Assistant) are to supervise the health posts' programs and the technical aspects of health posts personnel's jobs, and provide follow-up of sterilization patients. She felt that supervisory skills' team training, held at the Regional Training Centers and conducted in Nepali, along with follow up, would lead to a team approach to systematic supervision and would ultimately improve the quality and coverage of health services.

Dr. Acharya is in favor of an evaluation design that would assess the effects and impact of training.

She noted that USAID provides financial support of supervisory visits (t.a. and d.a.). UNFPA and HMG fund training other than CHL's; CHL training is funded by WHO.

There are 4 Regional Training Centres which have 5 professionals on the staff. UNFPA-supported inservice and refresher training is directed towards ANM's, CMA's, HA's and HI's.

Dr. Acharya is very supportive of the TBA training project citing not only the value of TBA's improved service skills but also the focus it has brought to the jobs of district PHN's and ANM's.

I met briefly with Dr. Upreti, Chief of ICHS/DP, who noted ICHS/DP's need for INTRAH assistance and Dr. Suniti Acharya's prior involvement with the RTSA/A Board although he was the official representative. It was decided that both would attend the Board meeting.

Dr. Acharya said that she would confer with the Training Unit on other needs and discuss her findings and recommendations with Dr. Upreti in advance of the Board meeting.

C. Ms. Rukhmini Shrestha, Ms. Terry Miller and Ms. Chandra Shrestha all of the Nursing Division of the Ministry of Health discussed the proposal they had prepared to expand TBA training in the 5 districts involved in the previous project (which has been evaluated). The training design calls for district PHN's to train ANM's who train TBA's. ANM training of TBA's is supervised by PHN's.

The new proposal has three new features:

- 1) ANM and TBA training course duration is increased;
- 2) supervisory visits by PHN's and ANM's have been added to reinforce training skills and provide on-the-job training;
- 3) refresher training and use of previously trained personnel and co-trainers are included. As in the previous project, planning and evaluation components are included.

There is a training manual, in Nepali, for use by PHN's and ANM's. TBA's are given kits (made in Nepal) containing: soap, razor blades, basins, rubber sheet and tongs.

The objectives of training TBA's are to: (1) promote clean and safe delivery; (2) promote proper care of the new born; (3) improve maternal nutrition; (4) increase coverage of antenatal care; (5) improve immediate post-partum

practices; (6) increase numbers of FP acceptors. A neonatal mortality survey was conducted in one of the districts (Kaski) which will be re-taken at an as-yet unspecified date.

With regard to institutionalization of the approach, a curriculum has been developed on TBA training in the ANM basic course. The IOM has the lead and has begun to implement the curriculum. INTRAH assistance may be requested for the training of tutors to implement the theoretical and practicum aspects of the curriculum.

There is a possibility that the CHL program of the ICHS/DP will call on the Division of Nursing to work with Peace Corps volunteers involved in the CHL program to train lady health volunteers.

In response to my query about a Nepal Nursing Council, Ms. Shrestha said it had been abolished when the IOM took over nursing education. She felt, however, that it should be revived to address licensing and standardization procedures.

D. Mr. Hem Hamal, the General Manager of the Nepal Contraceptive Retail Sales (CRS) Project, who was formerly with the FRANCH Project, briefly described plans to add a pilot CBD component. He felt that the selection of CBD workers was a crucial element of the plan and thought that TBA's might be likely candidates for the positions.

He cited the need for training of the CBD workers which, we agreed, could be done by his staff after they were trained. He requested INTRAH assistance -- perhaps through DTCP in Bangkok with whom he has worked in the past and for whom he has high regard -- for the training of trainers.

Mr. Hamal is interested in the proposed Pharmacists' Training of Trainers' course (1987) in the Philippines, and offered CRS as a field site practicum for CBD managers who would be trained in Bangkok.

E. After a brief introductory meeting with Mr. Shankar Shah, Executive Director of FPAN, I held discussions with Mr. Kush Shrestha, Program and Training Officer, and Mr. P. Rana, Communications Officer. They indicated that high priority was being assigned to FP within an MCH context because it is now recognized that the benefit of family planning is most readily perceived when infant survival is more assured than is the situation at present. We discussed who should be trained, the levels of intensity of content and practice personnel should experience, and MCH/FP topics that might be included.

A tentative plan was developed for training of Branch Officers and the Branch Offices' staff nurses and senior auxiliary health workers. There are 17 Branch Officers, and Officers for four special projects. Staffing is not complete for the staff nurse and senior auxiliary health worker positions. Branch Officers would receive a one-week orientation to MCH topics including child spacing. The health personnel would be given intensive training with skills development in child spacing as a topic in group education, ORT, immunization education, identification of high risk antenatal patients, and maternal nutrition. FPAN will require MCH reference and training materials to support this initiative.

FPAN would also be interested in sending a physician nurse team to NFP Training of Trainers in the Philippines.

FPAN has a Training Officer, Ms. Lalita Upadaya, who organizes and manages training. Training resources from other agencies are used during training courses. Because of decreased IPPF funding, FPAN would require full funding from INTRAH for the courses.

F. Discussions were held with Mr. Jay Anderson, Public Health Advisor in the HIP/N Office of USAID. In response to my query about his impressions about training needs he cited two recent evaluations: 1) the RTSA/A-supported internal evaluation (report available in INTRAH Program Office); and 2) a recently conducted external evaluation of the ICHS/DP and FP/MCH projects which receive USAID support. The report was not available but Mr. Anderson recalled that the evaluators recommended continued USAID support for training.

Mr. Anderson cited important contributions of RTSA/A including support of the Nursing Division's TBA project (he had received and commented on the new proposal), the use of D.O.R.C. as the administrative back-up for in-country activities; and the establishment of the RTSA/A Training Advisory Board which brought together the family planning service provider organizations. He emphasized the need to concentrate on the content of training; to pay more attention to quality rather than quantity. When I asked if the bilateral project could pay for in-country training costs, he was not sure. During a later conversation with him, he indicated the need for discussion with the Acting Head of the H/P/N Office, Ms. Spaid, who was not available for a substantive meeting with me because of the recent departure of Dr. G. Van der Vlugt and her expanded job responsibilities. However, Mr. Anderson and I agreed to keep this question open, but that until we knew the amount of in-country costs involved, it was difficult to know whether USAID could pay for them.

In regard to out-of-country training, he suggested that personnel from the evaluation units of FP/MCH and ICHS/DP attend the Chapel Hill evaluation workshops, and that the CRS project might be interested in the CBD management course (Bangkok) and training of pharmacists (Manila). He did not assign high priority to NFP Training of Trainers (Manila).

G. Mr. Padma N. Tiwari is the Director of the Development Oriented Research Centre (DORC). He has a small office in Thamel (not far from the Malla Hotel). During his contract with RTSA/A he had 3 employees; they are now on leave. His work with RTSA included: receipt, disbursement, accounting, reporting and auditing of funds received for training; monitoring of training activities for timeliness and quality; preparation of progress reports; making of travel arrangements, hotel reservations and appointment schedules for RTSA/A visitors; preparation and distribution of training certificates; convener of the Training Advisory Board and Secretariat for the Board; receipt and distribution of training materials. There is no computer in his office.

He provided valuable services for me during my visit including typing, confirmation and follow-up of appointments and convening and recording of minutes of the Board. I strongly recommend that INTRAH develop a sub-contract with D.O.R.C. for administrative services which will support and accelerate project activities in Nepal.

V. Recommendations:

1. A visit should be made to Nepal in late February by Knauff and Baker to finalize project proposals, workplans and budgets, to develop memoranda of agreement with the various organizations eligible to receive AID support (this question needs to be pursued by letter after the proposals are received in Chapel Hill), and to develop a sub-contract with D.O.R.C.

2. D.O.R.C. should receive INTRAH reimbursement for services performed during my visit and during the preparation of proposals. Thereafter a sub-contract for administrative services should be developed.

3. The WHO office in Delhi should be visited to assess capability and interest in providing technical assistance

in development of curricula for basic management and supervisory skills, and for MCH/child-spacing curricula for the training of FPAN Branch Office staff.

4. DTCP in Bangkok should be a primary source for technical and training assistance in Nepal, working with the training sections of MOH projects. Nepali trainers should be used as much as possible.

5. Impact evaluations should be designed for the TBA project, the supervisory skills training sequence, and the basic management training for district (and below) personnel.

6. Dr. Khatri's guidance should be heeded: less extensive, more intensive training; participatory methods should predominate; training should be held during monsoon season; management and supervisory skills training should be coordinated.

.....

APPENDIX A

Persons Contacted/met

USAID/Nepal

Mr. Jay Anderson, Public Health Adviser, H/P/N Office
Ms. Barbara Spaid, Acting H/P/N Officer

Ministry of Health:

FP/MCH Project:

Dr. T. B. Khatri, Chief
Dr. Snyam Bhattarai, Acting Deputy

Division of Nursing, Department of Health:

Ms. Rukhmini Shrestha, Chief
Ms. Terry Miller, WHO Adviser
Ms. Chandra Shrestha, Assistant to the Chief

ICHS/DP

Dr. H. N. Upreti, Chief
Dr. Suniti Acharya, Deputy Chief

Family Planning Association of Nepal:

Mr. Shankar Shah, Executive Director
Mr. Kush Shrestha, Chief, Program and Training Division
Mr. Prabhat Rana, Chief, Communication Division

Nepal Contraceptive Retail Sales Company:

Mr. Hem Hamal, General Manager

D. O. R. C.

Mr. Padwa Tiwari, Director

FPIA, Asian Regional Office:

Ms. Wilda Campbell, Senior Program Officer
Mr. Shyam Lama, Assistant to the Director

IOM

Ms. Barbara Walsh, Who Adviser
Ms. Lalita Tuladhar, Training Division

John Snow Inc. (USAID Contractor)

Dr. Nils Daulaire, Chief of Party

FHI

Mr. Jim MacMahan, Program Officer, Asia

PADCO

Ms. Carol Wzorek, Director of Training

Nepal Studies Center:

Mr. Chij Kumar Shrestha, Director.

UNDP

Mr. Mosaddi Mallick, Senior Program Officer

To: Members of the Family Planning Training Board
From: Lynn Knauff, INTRAH
Subject: Training Needs
Date: November 29, 1984

Attached are summary descriptions of training needs expressed to me by the organizational members of the Board with whom I met.

15
ICHS/DP

The priority training need expressed was for supervisory skills' team training of the district-level technical service management teams. The team members are: District Health Inspector, FP Assistant, Statistical Assistant, Health Education Assistant, EPI Assistant (Asst. Health Inspector), Malaria Assistant, District PHN, and Health Post-in-Charge.

Prior to training, baseline data would be collected, including specific supervisory responsibilities of each team member and current supervisory system, schedules, and problems encountered. An impact evaluation design would be developed to assess the effects of training on improvement in the quality and coverage of services.

Training would follow a sequence as follows: 4 weeks - initial training, one week - refresher, and once a year, an update and assessment. Training would take place in Regional Training Centers.

ICHS/DP would also be interested in sending participants to: NFP TOT in Manila and Impact Evaluation Training in Chapel Hill.

Division of Nursing, Department of Health, TEKU:

The training priority expressed was to follow on the Training of TBA's project in 5 districts: Kaski, Tanahu, Parsa, Siraha and Rautahat, as follows:

Phase I: 12 months (1985)

Provide training in Training of TBA's course (15 days) to ANM's: two courses in each district for 7 new ANM's each course. The trainers for the courses will be the PHN in each district and ANM's who were trained in the previous phase.

Total to be trained: 70 new ANM's.

Provide training to TBA's: two courses at each of 70 health posts for 10 TBAs each course. The courses will be taught by ANM's; each course will be of 15 days duration.

Total to be trained: 1,440 TBA's.

Provide 4-day refresher training to 300 TBA's trained in the previous phase. 5 health posts in each of the 5 districts will be the training sites. Course instructors will be ANM's.

Total to be trained: 300 TBA's.

Supervision by PHN's of ANM's.

Total to be supervised:

Supervision by ANM's of TBA's.

Total to be supervised:

Evaluation seminar and report.

Family Planning Association of Nepal (FPAN)

The training priority expressed was to orient and train Branch office staff in MCH topics in order to provide an MCH context for family planning efforts of the FPAN field program.

Phase I: 24 months:

Provide one-week orientation in MCH topics (oral rehydration, child spacing, immunization, maternal and infant nutrition) to 17 Branch officers and officers of 4 special projects.

Total to be trained: 21

Provide two-week orientation in MCH topics (antenatal care, care during labor and delivery, care of the new born, oral rehydration, child spacing, immunization, maternal and infant nutrition) to Branch office staffnurses and senior auxiliary health workers.

Total to be trained: 17

Provide one-week refresher training to 17 staffnurses and senior auxiliary health workers 4 months after initial training.

Total to be trained: 17

Provide two-week course twelve months after initial training to include new MCH content and review and update of diarrheal disease prevention, control of communicable diseases, child spacing, and maternal and infant nutrition.

Total to be trained: 17

Obtain training in Natural Family Planning at IMCH, Manila (August 5 - 23, 1985).

Total to be trained: 2 (physician/nurse team)

Nepal Contraceptive Retail Sales Company (CRS):

The training priority need expressed was training of the trainers of CBD workers (community leaders). CRS is also interested in sending participants to the Training of Pharmacist Trainers to be held in Manila in FY 87.

Phase 1: 1985

Training of Trainers (TOT) of CBD workers, and men or women in each. Village selling contraceptives, plus partial salary).

INTRAH assistance is requested for the technical assistance to plan, conduct and evaluate the TOT of CBD workers.

CRS is willing to be a field practicum site for CBD management training for international participants. Initial training would take place at Asian Centre in Bangkok.

APPENDIX C

MINUTES OF THE FAMILY PLANNING COORDINATION ADVISORY BOARD:

A meeting of the group was held at FP/MCH on November 30, 1984 at 11.00 a.m. The following Representatives attended the meeting:

1. FP/MCH Dr. Tara B. Khatri, Chief, FP/MCH
 Dr. Shyam K. Bhattarai, Deputy Chief, FP/MCH
2. ICHSDP Dr. Hari Nandan Upreti, Chief, ICHSDP
 Dr. Suniti Acharya, Deputy Chief ICHSDP
3. DON Ms. Rukmini Charan Shrestha, Chief, DON
4. FPAN Mr. Kush N. Shrestha, Chief, Training Division FPAN
 Mr. Prabhat Rana, Training Officer, FPAN
5. IOM Ms. Tara Tuladhar, Institute of Medicine
6. USAID Mr. Jay Anderson, Public Health Advisor, USAID
7. CRS Mr. Hem Hamal, General Manager, CRS
8. INTRAH Ms. Lynn Knauff, Deputy Director, INTRAH.
9. DORC Mr. Padma N. Tiwari, Director, DORC
 Development Oriented Research Centre.

1. The purpose of the meeting was to identify family planning training needs and develop an action plan for preparation of proposals. It was decided that the Group would constitute the coordinating body for FP training.
2. Ms. Lynn Knauff briefly explained the objectives and procedures of INTRAH which was awarded a five-year contract for family planning training in Asia. Nepal is considered a high priority. She hoped that this group would continue to coordinate and advise on training assistance to be provided through INTRAH. She noted that DORC will continue to be the convener of the group and to be INTRAH's administrative representative in Nepal.

Dr. Tara B. Khatri affirmed the need for coordination and emphasized that this group would discuss and review the training proposals but not become involved in the details

of implementation; rather, that is the job of implementing agencies. He then outlined the FP/MCH's training needs:

- a) basic management skills training to district and panchayat level personnel; (b) the training should be intensive with strong evaluation component; (c) training should take place during the monsoon season; (d) emphasis should be given to quality rather than quantity of training courses; (e) emphasis should be given to TBA training; (f) training should be participatory rather than didactic because of the educational background of all but district level personnel.
3. Dr. H.N. Upreti emphasized the need for supervisory skill training of district level personnel and the need to coordinate with the management training of FP/MCH.
 4. Ms. Rukmini C. Shrestha referred to the DON proposal of training TBAs which she had already submitted and requested review by INTRAH and asked that comments be given to her. There was also discussion of training of TBAs in five additional districts during the Population Year ($4\frac{1}{2}$ months remaining).
 5. Mr. Hem Hamal, CRS company, outlined CRS plan for CBD programmes for 1985. He stated that 2 hill districts and 2 tarai districts will be used as pilot areas. Questions were raised as to whether TBAs might be appropriate candidates as CBD workers. Mr. Hamal and Ms. Shrestha agreed to confer as and when the CBD plan is developed.
 6. Mr. Kush Narayan Shrestha, FPAN, asked whether CBD programme and FPAN field programme could work in a coordinated way. This, too, will require discussion between the two organizations.

7. Dr. Suniti Acharya, stated that she had conferred with the training staff of ICHSDP, who had suggested: (1) Change from two weeks to four weeks of initial supervisory skills training; (2) Assistance be given in revision of VHW manual; (3) Health post procedures manual for different categories of staff be developed. ICHSDP will include these ideas in their proposal.
8. Ms. Tara Tuladhar noted that the TBA training components had been added to the basic ANM curriculum and was beginning to be implemented. She also mentioned a proposal for support of Nursing Education. (Ms. Knauff suggested that UNDP should be approached for support).
9. Ms. Lynn Knauff explained that the proposals should be developed by respective organizations in consultation with Mr. Padma N. Tiwari using the INTRAH format given to Mr. Tiwari. She requested that the proposals with estimated budget should reach INTRAH not later than January 31, 1985 and a copy should be given to Mr. Anderson. At the end of February 1985, INTRAH Representative will visit Nepal to finalize the proposals and budgets and develop the memoranda of agreement, and the sub-contract with D.O.R.C.
10. Mr. Jay Anderson stated that the Group members should feel free to contact him for any information. He also requested that a copy of each proposal be forwarded to him for information.
11. Mr. Padma N. Tiwari requested that the potential project proposal writers from each organization should be identified for the preparation of proposals. The following persons will be the coordinators from their respective organizations:
 1. Ms. Rukmini Charan Shrestha, DON
 2. Mr. Ugra N.L. Karna, FP/MCH
 3. Mr. Padma Raj Rajbhandari, ICHSDP
 4. Mr. Kush Narayan Shrestha, FPAN

5. Mr. N.k. Pradhan, CRS Company
6. Coordinators to be identified from IOM.

The next meeting will be held in late February to finalize the coordinated training workplan.