



Partners in Population and Development (PPD)
A South-South Initiative
Permanent Observer at the United Nations

COUNTRY REPORT

INDIA

South-South Collaboration in Capacity Development

**Lesson Learnt from
Successful Interventions**

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EXECUTIVE SUMMARY

Partners in Population & Development, an inter-Government alliance of developing countries including India is documenting the experiences gained and lessons learnt from the Capacity Development initiatives through South-South Collaboration. Of the various institutions and individuals engaged in this collaboration initiatives, 16 such cases i.e. 4 from each category (as provider/recipient of institution/individual) have been selected on the basis of a purposive, homogeneous sampling as suggested by PPD Secretariat. The Officer In-Charge of the institution and the individuals thus selected were interviewed personally or over the phone to collect the desired information as provided in the Form CD-03 by PPD Secretariat. Analysis of this data suggests that there are several activities being conducted in the country, however, very few such activities could be grouped directly under South-South Co-operation. However, the data that could be collected provides ample proof that collaboration activities are being undertaken in the developing countries funded by various international funding agencies and the experience has been quite positive.

It was apparent that India is interacting with nearly 26 developing countries in Asia & Africa which have been involved mostly in the training of personnel being funded by international funding agencies. There is a feeling that international funding for the collaboration activities are being affected by reduction of funding sources from the international agencies. At least 9 institutions (Government/Autonomous/NGOs) are working on Family Planning including supply of commodity. Considering the fact that 72.2% of India's population live in villages, some of which are inaccessible. The areas of collaboration are mainly through receiving training from India and collaborative project activities in adolescent health, reproductive health, commodity (both contraceptive and RV) etc. are being undertaken.

The above documentation process suggest that collaboration activities should be given top priority especially in the transfer of technology and sharing of know-how and best practices. Although the experience so far has been very thin noticed.

Introduction

Partners in population and development (Partners) is an inter-governmental alliance of developing countries. It was established during the international conference on population and development(ICPD) held in Cairo in 1994 and has a permanent observer status in the United Nation's General Assembly

Partners uses South-South collaboration as an important strategy for building capacity to improve reproductive health status in developing countries as stated in the ICPD program of action.

The mission of the south-south collaboration is to (i) expand and improve south-south collaboration in the field of family planning and reproductive health(ii) strengthen institutional capacity to undertake south-south exchange activities (iii) rapidly expand the number of south-south trainings and consultative program and (iv) offer long term consultative arrangements. Partners secretariat at Dhaka provides a central point for networking of the partners and for identifying opportunity for south-south exchange and source of financial support.

Since its inception, several activities have been undertaken under south-south collaboration. PPD Secretariat has undertaken a project to document such capacity development initiatives through south-south collaboration in selected developing countries including India.

This Document pertains to the initiatives undertaken in India.

PURPOSE:

The purpose of this project is to document

1. The experience gained from such activities in India
2. Lessons learned in capacity development through south-south collaboration in India

The approach is to identify and examine the contribution of various activities in south-south co-operation including technology transfer, know how toward strengthening and building national capacity and capability for Family Planning and Reproductive Health.

The expected outcome is a country report in capacity development in India through south-south collaboration leading to a combined final report for the selected developing countries.

METHODOLOGY

1. OPERATIONAL DEFINITIONS:

- i. **Capacity** is defined as the ability of individuals, organization and systems including networks of organizations to perform in support of their development objective.
- ii. **South-South collaboration** is defined as
 - a) the exchange of expertise
 - b) the exchange of knowledge, information

- c) the exchange of products between individuals and organizations from developing countries, disregarding their origin of funds for financing these activities.
- iii. **Reproductive health** is defined as a state of physical, mental and social wellbeing in all matters relating to reproductive system of all stages of life. For this documentation purpose it includes
- a) Clinical and programme experience on FP including commodity supply.
 - b) Clinical and programme experience on Adolescent reproductive health
 - c) Clinical and programme experience on safe motherhood
 - d) Clinical and programme experience on HIV/AIDS prevention, treatment and care including ARV drugs supply
 - e) Special issues if any

2. SAMPLING:

The sampling procedure for this study has been a purposive homogeneous sampling (as suggested by the PPD Secretariat) since it is focused on the characteristics of the study cases, reducing variation, simplifying analysis, and facilitating group interviewing.

A review of records/reports available at the Ministry of Health and Family Welfare, Government of India was done to identify cases of South-South collaboration in the fields of reproductive health and population in India that have occurred over the last ten years.

Cases were classified according to the following categories:

- (i) Providers of collaborations for Institutions
- (ii) Providers of collaboration for individuals
- (iii) Recipient of collaborations for institutions
- (iv) Recipient of collaboration for individuals

Four cases from each of the above categories were selected. The purposive selection was based on those with more available information or those combine two or more categories.

3. SOURCES OF INFORMATION:

The Primary source of data has been the key informants who participated in the collaboration cases according to the following criteria:

- a) Case of collaboration provider (both types). The officer in charge of the experience was the main primary source of information. Additional data was collected from other officers who played a role on the experience.

- b) Case of collaboration recipient (individuals). Individuals who benefited from the experiences were the primary source of information.
- c) Case of collaboration recipient (institutions). The officer in charge of the experience was the main primary source of information.

Secondary data consisted of existing reports, evaluations and publications regarding the collaboration case.

4. DATA COLLECTION GUIDELINES:

The guidelines included in the form CD-03 were followed.

5. DATA COLLECTION METHODS:

Diverse qualitative techniques were applied according to the nature of the required information which included in-depth interviews of the officers in-charge of the collaborative activities, group discussions along with other officers, case studies and literature review.

DATA ANALYSIS:

The data collected was analysed and the report prepared contains

- (I) Description of the information source
- (II) Systematization of the implications and effects of South-South collaboration on policy making, programme design and implementation, and human resources development.
- (iii) Lessons learned from the South-South collaboration experiences reported and
- (iv) Practical suggestions for further action by national governments, development aid agencies, foundations and NGOs, with respect to South-South collaboration.

Findings:

1. Country Profile:

India, the largest democratic republic in the world, possesses 2.4% of the world's land area and supports 16% of the world population. It is the second most populous country after China. Every year it adds about 16 million people to its large base of population. According to the results compiled by Registrar General of India for Census of India 2001, the population stood at 1028 Million comprising of 532 million males and 496 million females.

India is the first developing country in the world to have a Family Planning Program in 1951. Since then its demographic and health profiles have changed radically. Life expectancy has gone up by almost 25 years, total fertility rate has been reduced from 6 to 3.2, Infant mortality rate has come down from 146 to 63, more number of deliveries are occurring at the institutions. Maternal Mortality however is still high at

407(1998 SRS) per 100,000 live births. There are credible achievements and hopeful signs in many states. But there is a need of considerable improvement in the overall situation. The inter and intra State imbalances in the demographic and reproductive health indices are being addressed through changes in strategies in the Reproductive and Child Health Programme Phase-II started in April,2005. India is learning from the past, adapting itself to the changing needs, experimenting and innovating and striving to achieve its goal set in its 10th Five Year Plans and the Millennium Develop Goals (MDG), sharing best practices of its own with other countries and learning from others as well.

India has been the founder member in the Partners in Population and Development. The officer designated as PPD Country Coordinator for India looks after the activities of the PPD cell in the Ministry of Health and Family Welfare.

The Capacity Development initiatives undertaken at the Ministry of Health & Family Welfare, Government of India under various schemes (do not exactly fall under the terminology of South-South collaboration) and send for training to developing countries for its own officers was reviewed for the last five years for which records were easily available. About 63 officers have participated in the various capacity development activities in relation to family planning & reproductive health in 19 developing countries. Similarly officers from the state government, public sector and NGOs are also sent for training. The capacity development included areas like family planning (4), commodities (6), adolescents' reproductive health (2), safe motherhood (9) and 43 others on policy advocacy, information, dissemination and sharing, research/monitoring/evaluation & programme management. About 9 institutions/organizations were found to be involved in the visionary leadership programme, global leadership programme in reproductive health & in south-south exchange model. However, India being a large country, several other institutions have been carrying out Capacity Development activities in South-South collaboration.

A. Sampled Institutions and Individuals for the case study:

Category: Provider/Recipient of collaboration for Institution

<u>Name of Institution/Individuals</u>	<u>Type of Organization</u>	<u>Contact Person</u>
1. National Institute of Health & F.W., (NIHFW), Munirka, New Delhi.	Autonomous (Govt. funded)	-Dr.N.K.Sethi, Director & -Dr.Mathyazhagan Dpt. Of Communication, NIHFW

- | | | | |
|----|--|-----------------------------------|--|
| 2. | Indian Institute of Management,
Ahmedabad. | Autonomous | -Dr.Dileep V. Mavalankar |
| 3. | International Institute of Population
Sciences, Mumbai | Autonomous
(Government funded) | -Prof.P.N.Marybhat
Director

-Mrs.UshaRam
Reader, Short-term
Course Co-ordinator
&
-Mr.Rajiv Prasad
DPS Co-ordinator |
| 4. | Tamilnadu Medical Services
Corporation (TNMSC), Chennai | Autonomous
(Govt. funded) | -Thiru Sanwat Ram
Managing Director |
| 5. | Child in Need Institute (CINI),
Kolkata & CINI Chetna Resource
Centre, Jharkhand | NGO | -Ms. Laboni Jena
Director (LPS)
-Mr.D. Sinha
(Jharkhand Unit) |
| 6. | Tamilnadu AIDS Control Society,
Chennai | Government | -Mr. Vijay Kumar
Project Director
-Mr. S.Murugan

Admin. Officer
-Dr. Jagadishan
Consultant |
| 7. | National AIDS Control Organization,
(NACO) New Delhi | Government | -Dr. N. S. Dharmashaktu
APD (Techn.) |
| 8. | Jipmer, Pondicherry | Government | -Prof. K.S.V.K.Subarao
Director |

Category: Provider/Recipient Individuals

- | | | |
|----|--|------------|
| 1. | Dr. Kaza, NSV Expert, Department of
Surgery, Maulana Azad Medical College,
New Delhi | Government |
| 2. | Mr. Rajendra Mishra, Country Coordinator, PPD,
Ministry of Health & FW | Government |
| 3. | Dr. B. K. Dash, Director FW, Government of Orissa. | Government |
| 4. | Mr. P.K.Anand, Ministry of Health & FW. | |
| 5. | Dr. Purnachandra Mohapatra, Government of Orissa | Government |
| 6. | Dr. R. K. Sarkar, Ministry of Health & Family Welfare | Government |

B. Collaborating Countries/Institutions and the funding agency is given below:

S.No.	Country	S.No.	Country	S.No.	Country
1	Bangladesh	10	Kyrgyzstan	19	South Africa
2	Bhutan	11	Malawi	20	Sri Lanka
3	China	12	Malaysia	21	Tajikistan
4	Cambodia	13	Maldives	22	Tanzania
5	Ethiopia	14	Mongolia	23	Thailand
6	Ghana	15	Myanmar	24	Uzbekistan
7	Indonesia	16	Nepal	25	Vietnam
8	Iran	17	Pakistan	26	Zambia
9	Kenya	18	Philippines		

Details of South-South Collaboration activities:

NIHFW, New Delhi

- a) Partners Global Leadership Development Programme : Special focus on Strategic Communications in Reproductive & Child Health Programme Management in Developing Countries
- b) GLTP – Focus Group Discussion Meeting

Indian Institute of Management, Ahmedabad

- a) Health Policy Making in the context of Reproductive Health
- b) Averting Maternal Death & Disability – providing technical assistance for EmOC in India and other countries
- c) Safe Motherhood – Study situation of skilled attendants and EmOC in three countries of South Asia (Bangladesh, Pakistan & India)
- d) Strategic Leadership Development initiatives in Asia

International Institute of Population Studies, Mumbai

- Training courses (short-term & long-term) in demography and population sciences

TamilNadu Medical Services Corporation

- Training of Pharmacists on logistics, storage, distribution and quality of drugs

CINI, Kolkata and CINI Chetna Jharkhand Unit

- a) Participation in South-South meeting at Bangkok in 1998.
- b) Partner collaborating agency in two re-productive health projects- i) Strengthening NGO Capacity to achieve ICPD5+ benchmarks in re-productive health
ii) Demonstrating comprehensive young people's reproductive health programme through South-South collaboration
- c) Co-ordination of Visionary Leadership Programme in India as Anchor Agency

TamilNadu AIDS Control Society

- Capacity Building of the Programme Managers at the Tamil Nadu AIDS Control Society on the topics of Home based Care and support specific to cases receiving Anti-retroviral Therapy
- Information sharing dissemination in the international conferences and seminars
- Policy/ Advocacy
- Monitoring & Evaluation

National AIDS Control Organization (NACO)

- Training of visiting staff
- Discussion with exchange of information from visiting team with China, Pakistan was held in last one year
- Sharing of information done with Nepal, Bangladesh, Sri Lanka
- Pharmaceutical companies are exploring ARV medicines
- Training of Trainers courses in NSV conducted for candidates from Ghana, Zambia, Philippines, Kenya, Bangladesh.

JIPMER, Pondicherry

Clinical training on:

- Surgical Obstetrics:
- Medical Treatment of complicated pregnancies
- Management of high-risk pregnancies
- Neo-natal Care

COUNTER PARTS :

- i) The International Council on Management of Population Programmes (ICOMP), Malaysia
- ii) Laos Women's Union (LWU) and Laos Youth Union (LY), Laos PDR.

- iii) Society for Development through Integrated Approaches (SDIA), Pakistan.
- iv) Nuffield Institute for Health, University of Leeds, UK*
- v) Liverpool School of Tropical Medicine, UK*
- vi) Royal tropical Institute, Amsterdam, Netherlands*
- vii) Prince Leopold Institute, Antwerp, Belgium*
- viii) Mailman School of Public Health, Columbia University, New York, U.S.A. *
- ix) School of Public Health, Fudan University, China
- x) Hanoi School of Public Health, Vietnam
- xi) Centre for Health & Population Research, ICDDR Bangladesh
- xii) Institutions in Pakistan
- xiii) Nanjing College of Population Programme Management, China
- xiv) International Training Programme, BKKBN, Indonesia
- xv) International Council for Management of Population, Malaysia
- xvi) Projects in India, Nepal, Bangladesh, Tanzania, Ethiopia, Tajikistan & Vietnam through UNFPA, UNICEF, CARE & Save the Children
- xvii) Dhaka Medical College Hospital, Bangladesh,
MCH Unit, Directorate of Family Planning, Bangladesh.
- xviii) Prof. A.B.Bhuiyan, Head of the Dept. of Obst.&Gyn., Dhaka
Medical College Hospital, Bangladesh.
- xix) Dr. Brian Affandi, Indonesia
- xx) Dr. Badrunnisa, Bangladesh
- xxi) Government of Nepal, Bhutan & Sri Lanka
- xxii) Thailand, Spain, Cambodia, South Africa, Malawi, Action Relief (NGO) & Medicines Sans
- xxiii) Iran, Uzbekistan, Mongolia, Cambodia, China, Maldives,
Tajikistan, Kargijistan
- xxiv) Ghana, Philippines, Kenya

*** Collaboration with both developing & developed countries**

Thematic Scope of the Collaboration:

The available information suggests the following thematic scope of the collaboration between the institutions:

- Information dissemination and sharing
- Clinical training (safe motherhood & family planning (NSV)
- Leadership development
- Programme Management
- Logistics/ operations Management

- Policy Dialogue/Advocacy
- Research/ Monitoring / Evaluation
- Commodity exchange (including family planning methods, medicines/drugs, equipments) - Behavioral change communication & IEC materials, Anti-retroviral drugs
- Others
 - South-South Exchange Model “Projects on Alternative approaches to sustain improvement in RH, Orientation of Muslim religious leaders for the promotion of reproductive health & family planning among muslim communities of partner countries (FPAI, India, Islamic Centre for Population Studies (IICPS) in Al-Azhar University, Egypt and Family Planning Association of Bangladesh)” Conducted in Muzaffarnagar and Sharanpur district in U.P.

Implications & effects of collaboration :

- a) At the individual level :
- Staff capacity enhanced.
 - Skill development in RH programme planning Management & Advocacy.
 - Institutions gained some experience in relation to global concerns on reproductive health.
 - All the individuals got adequately trained.
 - Sufficient knowledge and skills gained by the participants of various training courses especially in the Home based care and support specific to ARV Therapy and nutritional care of the AIDS cases.
 - Development of curriculum for Training of Trainers (TOT) on NSV and capacity building of Indian trainers to train international groups.
 - Updating knowledge

- b) At the institutional level :
- Organizational capacity enhanced in reproductive Health programme Management, Capacity Building & Advocacy.
 - Staff capacity to provide Reproductive Health & youth centred education and services.
 - IEC & training material developed.
 - Functioning youth friendly centres and drop-in centres working effectively in collaboration with Government.
 - Institutions/NGOs gained some recognition all over the South-East Asian Countries
 - It could help the capacity development of other staff working at Tamil Nadu AIDS Control Society.
 - Develop institutional ability to conduct International courses.
 - Propagating and implementing correct habit
- c) At the programme level :
- Improved RH status in implementation site.
 - Private-public partnership mechanism of RH service delivery developed.
 - Community structures in place of RH situation monitoring & planning.
 - Capacity building of community providers-Trained Birth Attendants, Peer Educators, Self Help Group members.
 - Capacity Building of Community members in Youth Reproductive Health issues

-Trained groups of Youth leaders & Peer Educators

-Youth-friendly service provision through drop-in centres

-Steps are to be initiated to see what the beneficiaries of different countries are doing – it could be a collaborative venture in future to work with PPD.

-To improve the profile of service provision centres to meet international criteria of standardization.

- d) At the policy level :
- Private-public partnership models are effective for Reproductive Health Care delivery
 - Link workers can play effective role in building bridge with community & providers.
 - Efforts are made to incorporate certain best practices.
 - It would help in policy making and advocacy.
 - Propose to develop an International training centre at par with China for No Scalpel Vasectomy (NSV) in India.

ISSUES/ LESSONS LEARNT :

- South-South collaboration mechanism is an effective way of learning promising practices by facilitating cross-learning and capacity building.
- Documentation of best practices effective way of learning.
- Exposure visits to other countries useful for programme staff.
- Regional sharing mechanism is effective.
- Study the cost effectiveness of the programmes.

- To conduct demand driven rather than supply driven courses.
- Gained experience in holding international events.
- Meeting the needs of participants of different countries irrespective of culture, religion, life style etc.
- Identification of global experts in the subject field.
- Collaboration mechanisms and issues involved.
- South to South collaboration was found very useful. There are many common problems between countries. There are also lessons, which could be learnt from countries like Sri Lanka which have made a lot of progress.
- Strengthening of Emergency Obstetric Care
- Tamil Nadu Medical Services Corporation has proved itself as one of the best systems of procurement and is considered as an exemplary institution worth of emulation for India and also other developing countries. TNMSC have been able to prove how the drugs/equipments can be made available at a reasonable rate by bulk purchases with transparency and quality control. This also has been proved during the tsunami of 2004 where TNMSC was able to provide the essential drugs immediately to the International Agencies for supply to the needy.
- Many best practices on HIV/AIDS have been undertaken in Thailand, South Africa, Cambodia, Uganda, Botswana. The exchange of programme managers/experts from India to these countries through the South-south collaboration would be of immense help. Other countries can also share the best practices in India.
- Although the international courses and the short trainings at IIPS are quite popular, the physical infrastructure at the institute especially the hostel accommodation and other facilities need to be brought to the international standards.
- The collaboration help to develop a different outlook for International training for the institute staff.
- Strengthening facilities to train international participants

CHALLENGES & AREAS OF IMPROVEMENT

- More close linkages with Government programmes will help scaling up successful innovations
- Close facilitation process is a must for effective learning
- Country experiences need to be contextualised.
- Skill up-gradation through human resource exchange programmes.
- Strengthening collaborative activities on a regular basis.
- Development of infrastructure of the partner institutions

- Development of need-based modules for various health functionaries including senior level executives at international levels.
- Undertaking collaborative research projects.
- Sustainability of a partner institute in continuing certain programmes on its own after the programme is withdrawn by PPD.
- How to document and disseminate various issues for policy makers, administrators, managers and political executives so as to improve programme performance.
- Skills for management of operative vaginal deliveries and operative abdominal deliveries, management of eclampsia, shock and sepsis.
- Because of best practices, more responsibility like handling of veterinary drugs, hospital medical equipments and management of private wards in the Government hospitals are assigned more and more for which further strengthening of infrastructure and capacity development of staff would be needed at IIPS.
- There is scope for provision of training to the bio-medical engineers at TNMSC handling medical equipments and also the policy makers from the developing countries.
- The challenge is how to incorporate the best practices learnt from other countries to our system in India.
- South-South collaboration activities will help in achieving the Millennium Development Goals and promote sharing of technical know-how.
- There is specified scope to utilize this International Institute for more effective South-South collaboration on Capacity Development in other Developing Countries.
- Challenges and area of development are development of HIV/AIDS vaccine.
- Community participation for prevention and management on Post Partum Hemorrhage (PPH)
- Mesoproston and advocacy for registering the drug at the National level
- Feed back

Conclusions & Recommendations:

Although many capacity development activities are being undertaken by the Ministry of Health & F.W. in India with the other developing countries, it is difficult to categorize them under specific South-South Collaboration entity, except a few activities. Analysis of the available data suggest that the collaboration activities are quite useful in developing the capacity of the providers in both recipient and provider countries. There are many common problems in these developing countries and promising practices are being undertaken by many countries. The best practices are not only to be documented but also to be widely disseminated and emulated wherever feasible. It has been observed that the international funding agencies are not doing enough to facilitate the purpose of South-South collaboration. There is a need to bring the bilateral/ multilateral collaborative initiatives to be brought under specific head entitled

'South-South Collaboration'. More exchange activities, emphasis on quality of care, dissemination of information, sharing of best practices, capacity building of consultants from developing countries need to be undertaken for which both the PPD Secretariat and various international donors must come forward.

The PPD set-up in the Ministry of Health & Family Welfare is rudimentary and needs adequate strengthening to keep track of and promote South-South collaboration.

The information provided in this document is not exhaustive. Due to time constraints more appropriate information could not be obtained from various players in NGO and Public Sectors and other stakeholders. The report may be viewed in the context of these constraints.