PHN-INDIA-HEALTH SECTOR GEN-(ISSUES IN WOMEN'S HEALTH)

The World Bank/IFC/MIGA
O F F I C E M E M O R A N D U M

DATE: August 2, 1993 04:08pm

TO: See Distribution Below

FROM: Hoai Hong, PHN (HOAI HONG)

EXT.: 33611

SUBJECT: India: Issues in Women's Health - Green Cover Report

A copy of the above-mentioned Report has been received and referred to A. Tinker.

A copy is on file. If you need to look at this report, please come to the file cabinet located outside of my station and sign in before removing it from the file. When you finish reading, please return it to the file and sign out. The logbook is kept on top of the file cabinet. Your cooperation to this request is greatly appreciated.

Thank you.

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PHN-INDIA-GEN-
(FAMILY WELFARE
PROJECT)

The World Bank/IFC/MIGA
O F F I C E M E M O R A N D U M

DATE: August 2, 1993 04:28pm

TO: Althea Hill (ALTHEA HILL)

FROM: Tom Merrick, PHN (TOM MERRICK)

EXT.: 36762

SUBJECT: Comments on India Welfare Project draft FEPS

1. Sorry for the delay with written comments on the draft FEPS. Since I planned to attend last Friday's meeting, I thought it would be easier to combine comments on the draft with my further reflections on the meeting.

2. The draft FEPS makes a strong case for completion of IDA investments in Family Welfare strengthening across India by covering the two remaining states needing assistance, Rajasthan and Assam, and to a somewhat less satisfying extent for Karnataka. All five of the proposed project components address important shortcomings of the programs in these states.

3. The draft also does an excellent job in synopsizing implmentation problems that have plagued the Family Welfare program throughout India and in pointing out the need to address underlying policy and program issues that currently undermine the effectiveness of the program. In so doing, it raises the issue that was the main focus of last Friday's meeting: the extent to which this project could function as a transition mechanism toward the broader policy and program changes at the national level called for in the "Action Plan for Revamping the Family Welfare Programme in India." Several important considerations are important in addressing that issue:

4. First, some key problem areas (broadening of the method mix, contraceptive procurement, program financing, more involvement of NGOs, removing distortions arising from targets and incentives, etc.) require action at the national level in order for the states to be able to move on them. At the same time, there are actions at the state level (training, IEC on temporary methods, etc.) which could contribute to movement on goals of the Action Plan (a broader method mix) if done in conjunction with facilitating movements at the national level (as outlined in paragraphs 5.20-22 of "India: Issues in Women's Health).

5. Second, as you pointed out at the meeting, because the Family Welfare program is poorly developed in Rajasthan and Assam, they are not ideal candidates for transitional actions. But while these states do need investments in basic capacity, there is no reason that those investments should simply extend or further entrench existing distortions in the program. In other words, the basic investment goals and the transitional goals need not be conflicting. Achieving the former may be necessary for movement on the latter; at the same time, the investment strategy should not impede future reform (which is what I sense some of the critics think could happen).

6. Third: the draft's recognition of the need for broader change in the Family Welfare program along lines called for in the Action Plan, as well as

changes in the policy climate inside and outside the Bank, make it inappropriate to move ahead on a "business as usual" basis with the Family Welfare program. The fact that the time span of this project will overlap with future efforts to address Action Plan goals makes it different from previous area projects and calls for a future- rather than backward-looking orientation.

7. There is a statement in paragraph 4 of the FEPS suggesting that "the proposed project would implement more of the changes advocated by the Action Plan at the state level." However, the rest of the draft is thin on how this would be accomplished in terms of project components and performance indicators. This is particularly true of the issue of excess emphasis on sterilization, incentives, and targets in the Family Welfare program. Some indication of movement on this issue is needed, and it is absent from the discussion.

8. As you pointed out after the meeting, a number of these issues are addressed in more detail in the draft SAR. My own reading is that much of what could be done to address Action Plan goals will be done under Components (3) Improvement of the Quality of Family Welfare Services, (4) Strengthening of IEC, and (5) Strengthening of Program Management, but they need to made more explicit -- perhaps in the "Description of Project Content" in Annex 2. Your notes on the draft covenants (per this afternoon's EM) also address this more clearly.

9. One idea that might readers to understand your strategy would be for you to prepare a table/matrix for Annex 2 with some of the main Action Plan goals in its rows and with columns showing how this project's components relate to those goals, what national- and state-level actions are needed, perhaps with comment on the capacity to implement those actions, and what covenants/indicators will be used to insure/measure progress toward said goals. I recognize that this may not be standard presentation style for FEPS, but something like it would go a long way toward demonstrating to reviewers that your are trying to move beyond business as usual and would also help reviewers form reasonable expectations for what this project can achieve.

10. On the human rights issue, Operational Directive 3.74 "On Population," issued November 1977, is silent except to say that "lending for population is subject to the same policy considerations that govern all other sectors of Bank lending." It dates from an era in which sensitivity on this was less sharp. I have scanned the "Operational Manual" for guidance on the question and have not found anything directly relevant. We do have this issue on the agenda for our Board paper and it is very much part of the Cairo agenda. The Board's review of Bank population work could well lead to a request for a directive on reproductive rights. Your idea about a covenant calling for adherence to Bank policy sounds reasonable if indeed there is a policy on respect for human rights in Bank operations.

CC: Richard Skolnik (RICHARD SKOLNIK)
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PHN-INDIA-GENERAL
(FAMILY WELFARE PROJECT)

The World Bank/IFC/MIGA
O F F I C E M E M O R A N D U M

DATE: July 30, 1993 01:10pm

TO: Richard Skolnik (RICHARD SKOLNIK)

FROM: Anne Tinker, PHN (ANNE TINKER)

EXT.: 33683

SUBJECT: Family Welfare Project Draft FEPS

I have reviewed the draft FEPS and offer my comments by em, since unfortunately I cannot attend the review meeting this afternoon.

There can be no doubt that improving access to quality family planning and maternity care services is a high priority for Bank assistance in India. Maternal mortality ratios are among the highest in the world, and a woman's lifetime chance of dying from pregnancy-related causes is about one in 20. This is a reflection of women's poor health and nutritional status when they enter pregnancy and the lack of adequate family planning, safe abortion, and prenatal, delivery and postpartum services. Women's low status in India, as we are all aware, is a significant underlying contributory factor.

While the objectives of the project appear sound and appropriate, more elaboration will be needed on the specific implementation strategies. Questions and comments follow:

1. Reliance on sterilization has been a major weakness of the program to date. How will the diversification of contraceptive mix be achieved?
2. Unsafe abortion is a major cause of maternal death. While abortion has been legal on broad grounds since 1971, registered practitioners are too few and concentrated in urban areas. Therefore, most abortions are performed illegally and unsafely. Will the project include training of ANMs in induced abortion and the treatment of incomplete abortion to help address this problem? Abortion managaement needs to be added to the list of interventions in the safe motherhood package referred to in the SAR.
3. Upgrading emergency obstetric care facilities is crucial to reducing maternal mortality. In contrast to child survival and family planning strategies, preventive approaches are not by themselves enough to reduce maternal death rates. Health practitioners need to be trained to identify complications and referral hospitals need to be able to perform services such as cesarean sections, antibiotic treatment and blood replacement on an emergency basis. Failure on the part of lower level practitioners to identify and refer complications and over-reliance on risk screening -which is not highly reliable -

and/or lack of available transport often result in death. It would be helpful for the project to address more fully the links between the health service levels, particularly referral capacity.
4. Community based volunteers are proposed to assist ANMs in IEC and such functions as iron distribution. It would be useful to explore why the defunct Health Guide schemes failed and how this system would differ and prove more successful.
5. Mobile clinics and mobile health teams would seem to have considerable potential to expand access and service use. Would services include iron supplementation and other prenatal care as well as family planning?
6. It would be useful to elaborate on the content and scope of the IEC proposed, which hopefully would include both family planning and safe pregnancy messages.
7. The SAR cites a lack of attention to interventions other than family planning which might increase demand for smaller families. Are intersectoral efforts being considered to improve women's status, and in particular to delay the age of marriage and first birth?
8. I agree that early attention to baseline data, careful choice of impact and process indicators, and a monitoring and evaluation plan are needed. The recently published discussion paper Making Motherhood Safe has some recommendations.

CC:	Althea Hill	(ALTHEA HILL)
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PHN-INDIA-HEALTH SECTOR GEN

The World Bank/IFC/MIGA
O F F I C E M E M O R A N D U M

DATE: March 30, 1993 01:45pm

TO: Janet de Merode (JANET DE MERODE)

FROM: Mary Eming Young, PHN (MARY EMING YOUNG)

EXT.: 33427

SUBJECT: India - Leprosy Elimination project yellow cover review

Janet,

You asked what economic analysis was done on leprosy.

The current SAR does mention in para 1.18 on the cost effectiveness of dealing with leprosy. A study in TAmil Nadu estimates that the elimination of deformity doubles the probability of gainful employment and more than doubles the annual earnings of those who are employed. This is reported in the Disease Priority series paper "Leprosy" by Max and Shephard, 1989.

Should I suggest in the meeting to highlight it a little more prominently in the Benefit section?

Mary

CC: Anthony R. Measham (ANTHONY R. MEASHAM)
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PHN-INDIA-HEALTH SECTOR GEN

The World Bank/IFC/MIGA
O F F I C E M E M O R A N D U M

DATE: March 30, 1993 09:24am

TO: Salim Habayeb (SALIM HABAYEB)

FROM: Mary Eming Young, PHN (MARY EMING YOUNG)

EXT.: 33427

SUBJECT: India - Leprosy Elimination project yellow cover review

Salim,

It is indeed a pleasure to read this concise, well-written, and well designed project. I have only compliments!!

The project design is deceivingly simple, yet it is so well focused to address this complex disease. You are introducing the latest multidrug treatment modality through the existing primary care network and at the same time addressing necessary prevention and rehabilitation activities. I am also pleased to see that incentives are appropriately introduced to ensure that the services are actually provided at the grassroot level.

The implementation plan is well anchored in the existing coordinating unit and health care infrastructure. Furthermore, I am very impressed with Annex 5, which contains detailed job description, duties for staff at each level, and monitoring indicators. Such clarity would enhance not only sucess of the implementation but also improve institutional capability.

Cheers!!

See you at the meeting.

Mary

CC: Richard Skolnik (RICHARD SKOLNIK)
CC: Janet de Merode (JANET DE MERODE)
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