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Participation of Medical Colleges in National Health Programmes — An Experiment in India

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There are in India today over 110 medical colleges. Nearly 60,000 students are currently being educated and trained in these institutions. About 10,000 highly qualified medical scientists and teachers constitute the faculties of these colleges. By any reckoning, this is a vast reservoir of well-trained medical manpower. Are we using this valuable asset effectively and optimally for the furtherance of our goal "Health For All by 2000 A.D."?

India is desperately trying to extend the outreach of its basic health services to the remotest parts. Major national programmes designed to combat important health and nutrition problems besetting vast segments of the country's population are now ongoing. Many practical difficulties arising from material and manpower constraints are impeding the implementation of these programmes. Should the medical faculties be mere onlookers of this scene?

Active participation by medical faculties in ongoing major health and nutrition programmes will prove valuable in many ways. It will be a highly rewarding learning experience for the faculties themselves. It will impart greater relevance and realism to the training programmes being undertaken by the faculties for the undergraduates. It will augment the technical content and standard of our national programmes. Such participation, if imaginatively undertaken, far from detracting the faculties from their primary obligation towards education and training of students under their charge, will greatly facilitate their educational

and training programmes and make them more meaningful.

These things have no doubt been said before. However, attempts to involve medical colleges in the actual delivery of primary health care have so far had no more than marginal success. It is not the purpose of this paper to go into the reasons for this failure.

This presentation describes an attempt to involve medical faculties in a major national programme — the Integrated Child Development Service project (ICDS). ICDS is much more than a narrow health programme; it is very much a programme aimed at Human Resources Development, addressed, as it is, to the social and economic determinants of ill health and undernutrition, among vital segments of our population, namely mothers and children. Participation of the medical faculties in ICDS, more than participation in any other "isolated" health programme, should help the faculties and students of our medical colleges to perceive 'Health' in the total context of Human Resources Development.

ICDS

The Integrated Child Development Service project (ICDS) was started on October 2, 1975 in just 33 blocks; since then the project has been gradually expanding. Today it covers one-fifth of the country with its primary location in the backward areas. ICDS provides primary health care, nutrition care, nutrition and

non-formal education to preschool children, pregnant women and lactating mothers residing in over 1,000 "blocks" in the country.

From the very beginning it was felt that the faculty of the medical institutions in the country could play an important role in ICDS. It was decided in 1976 at a national meeting of heads of the departments of Paediatrics and Community Medicine of 27 medical colleges located in the proximity of 33 experimental ICDS projects that the faculty members will voluntarily take up the following responsibilities under the guidance of the Central Technical Committee (CTC) on Health and Nutrition to be located at the All India Institute of Medical Sciences, New Delhi:

- Training, orientation and continued education of medical staff of ICDS to improve the quality of their work.
- Evaluation of programme by annual surveys and periodic operational research studies.
- Development of a monitoring system for State Health Departments implementing the health and nutrition components of the ICDS.

The faculty members who decided to participate in this national programme on honorary basis, were designated as ICDS consultants. These consultants were mostly Professors of Paediatrics or of Preventive Medicine in their respective colleges. They were given an annual grant of Rs. 10,000 (U.S. \$ 833) which included annual honoraria of Rs. 3,600 (U.S. \$ 300), travel grant of Rs. 5,400 (U.S. \$ 450) and contingency grant of Rs. 1,000 (U.S. \$ 83).

As the programme expanded to 1,013 projects from the original 33 projects, the number of consultants increased from 27 to 115.

Specific responsibilities and tasks of the consultants were decided jointly by

them and the Central Technical Committee. Five-day orientation courses for field medical officers and two-day training curriculum for district health officials were developed. Survey formats and tabulation and reporting systems were worked out. Monitoring proformas and methodology of monitoring programmes were developed and passed on to health department functionaries.

Consultants met periodically at state, regional and national levels to review the performance and plan future action. There were four meetings in a year at state level, two meetings at regional level (the country was divided into three regions comprising states in Eastern, Southern and Northern parts) and one meeting annually at national level at Delhi. A quarterly progress report was obtained from the consultants by the CTC.

Training, orientation and continued education: The consultants undertook training and orientation of medical officers of Primary Health Centres (PHCs) through a five-day pre-planned curriculum. A total of 5,533 medical officers engaged in the implementation of ICDS have undergone training and orientation. According to the latest data, 81 percent of the total 4,574 sanctioned medical officers in the project areas are in position at the PHCs out of which 56 percent have attended ICDS orientation courses. The per capita cost of their training has been Rs. 260 (U.S. \$ 22).

When the ICDS expanded, the District Health Officers were also included in the team in 1982 for supervision and frequent monitoring of the programme implementation. Here then was an opportunity for interaction between the medical faculty and the health officers actually supervising the implementation of the programme. The District Health Officers were designated as District ICDS Advisers. They got two days' exposure to orientation in ICDS, organised by the consultants through a formal curriculum. During a period of three years, a total of 496 advisers have undergone the orientation course.

Consultants also arranged periodic refresher courses for medical officers, female multipurpose workers (MPW, ANM), female health assistants (HALHV) and village level workers of ICDS (known as Anganwadi workers — AWW).

Consultants delivered lectures on health and nutritional aspects to non-medical persons appointed as ICDS

functionaries at the intermediate and peripheral levels by the Department of Social Welfare. This activity was started in the year 1982 and during a period of three years about 7,000 lecture hours have been devoted to this activity by the consultants.

Evaluation: Consultants had carried out a number of surveys in the ICDS projects where several health and nutrition parameters were investigated. A total of 611 surveys were conducted during 1976 to 1984 which included 135 baseline surveys, 476 follow-up or repeat surveys covering a total population of 3.8 million. The average cost of each survey is calculated to be Rs. 4,400 (U.S. \$ 367). The first stage tabulation was done by the consultants themselves with the help of survey team members and the final tabulation and analysis was carried out by the Biostatistics division of the CTC. Results of these surveys have been published and forwarded to the planners and administrators of the country.

Operational research: Besides the annual surveys, the consultants were also involved in several operational research studies which included studies on infant and child mortality in 66 project areas for a continuous follow up period of one year and follow up studies of severely malnourished children in 75 project areas.

Specialised group research: The consultants also made a valuable contribution by formulating and organising specific research projects on their own with financial support from different research organisations in the country.

In all, 70 M.D. and Ph.D. theses, 84 research papers, and 64 research communications in national and international conferences were based on such work. However, it is not the actual number of papers presented, or that of theses submitted, that is important. The fact that quite a considerable part of the medical academic community has been enthused to actively participate in a national programme in a manner that will not only add to their own experience and knowledge but that will also benefit the programme, has been the major gain.

Comments: The experiment of active involvement of medical college faculties in ICDS has proved successful. It has demonstrated that the faculties of medi-

cal colleges with the infrastructure available in their departments, can be a valuable asset for training, orientation and continued education of medical and para-medical functionaries working in the national health programmes. Such training activity prevents the self-decay of the staff placed in remote areas of the villages with little opportunity for learning while working. Though no study has been carried out to demonstrate the improvement in the professional capabilities of the functionaries, there is subjective impression to suggest that both the quality of work of functionaries and their commitment to the programme have been continuously improving because of their participation in orientation and refresher courses arranged by the medical college faculty members.

A common complaint is that nutrition and non-formal education programmes in the Primary Health Care system have languished for the reason that the health officials at the district level and the medical officers at the Primary Health Centres were hardly interested. The active participation of medical faculties and their close interaction with the district health staff and the medical officers at the PHC level have tended to bring about a qualitative change in the outlook of these key elements in the health hierarchy.

One of the weak points of many health programmes in the developing countries and often in developed countries as well, has been the poor feed-back of data from the field regarding the implementation of projects conceived and formulated at the Central Level. This has been overcome in ICDS by the involvement of the consultants for survey and operational research. The infrastructure of postgraduate students, interns and senior undergraduate students was readily available for the medical colleges' faculty members to undertake this responsibility. Extensive annual and periodic data could be collected through as many as 611 field studies at the low cost of only Rs. 4,400 or U.S. \$ 367 for each study. The scientific merit of the data is evident by the fact of their publication in leading international medical journals.

The involvement of medical faculties provided the necessary confidence to the planners to expand the programme from the initial 33 projects to 1,000 projects. The data assembled have also encouraged the faculty of medical colleges to continue their participation as it be-