

TRIP REPORT ON ASSISTANCE PROVIDED
IN THE DEVELOPMENT OF
CONTINUING EDUCATION MODULES FOR
PRIMARY HEALTH CARE FUNCTIONARIES
NEW DELHI, INDIA

A Report Prepared By:
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ABBREVIATIONS

BEE	Block Extension Educator
CE	Continuing Education
CHVs	Community Health Volunteers
GOI	Government of India
HA	Health Assistant
HFWTC	Health and Family Welfare Training Center
HW F/M	Male and Female Health Worker
IRHP	Integrated Rural Health and Population
MO	Medical Officer
PHC	Primary Health Care

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BACKGROUND

Introduction

The objectives of the Integrated Rural Health and Population (IRHP) Project focus on reducing maternal and child mortality. Strengthening the job performance skills of the primary health care (PHC) functionaries working at the rural primary health care centers, is one strategy to achieve these objectives. Primary health care functionaries include the block extension educator (BEE), the health assistant (HA), and the male and female health worker (HW F/M), as well as two categories of voluntary workers, the trained dais and the community health volunteers (CHVs). The IRHP Project activities include developing a continuing education program for the PHC workers and volunteers. The content of the continuing education program was defined after the performance of these workers was assessed and found to be deficient.

The continuing education curriculum is being developed by representatives of training centers from five states. Dr. (Mrs.) Bhagat, the GOI Deputy Commissioner who monitors training activities in the project states, is coordinating this development. In order to accelerate the program development activities, the representatives of the five states are sharing responsibility for preparing the curriculum. In June 1982, it was agreed that staff of each state training center would develop a specific portion of the materials. At that time, a framework for the training materials (modules) was also agreed upon. This follow-up consultation was to assist the training school representatives continue the development activities.

Purpose of the Assignment

The purpose of the consultation was to:

- Visit the Rural Health and Family Welfare Training Centers in the project states and review the preliminary drafts of training modules. (Due to a change in the dates of the consultation this was possible only in Punjab.)
- Review the training school plans for developing competency-based training.
- Train trainees in the methods and materials of competency-based training module development.
- Assist in the preparation and quality control of training modules and strengthen the skills of training staff.

DESIGN OF THE TRAINING PROGRAM

The performance evaluation (Training Needs Assessment) for the male and female health workers, the trained dais and the community health volunteer is complete and the data have been analyzed. The results of this assessment have heightened awareness of the need to retrain all the existing workers and to develop a continuing education system to maintain performance standards.

Continuing education programs are most effective when they are integrated into the existing supervisory structure. Towards this end, Central Government and state representatives are preparing training modules to be used by the PHC supervisors, including the health assistant, block extension educator and medical officer assigned to the Primary Health Center. Since health assistants routinely visit surrounding health centers and subcenters to observe health workers' performance, they will probably do most of the training.

Block extension educators are included as trainers in this scheme, even though they do not supervise other health workers, because they are a valuable resource for strengthening the continuing education activities at the Primary Health Care Center.

The existing plan also calls for the PHC medical officer (MO) to train workers during their scheduled visits to the PHC.

The support and interest of the medical officer is essential for a successful continuing education effort. Ideally, the role includes:

- Conducting/training at the PHC Center for health assistants and block extension educators
- Monitoring and coordinating the continuing education efforts to ensure that adequate performance levels are maintained by the staff they have trained (male and female health workers, the CHV's, and dais).

Since the designated trainers will have major responsibilities for the continuing education efforts, each of the AID-assisted project states is planning a training program for them. To date, a broad outline of these programs has been defined, and agreement has been reached to prepare the MO's for a dual role that emphasizes on management of the C.E. (Continuing Education) system and training of PHC workers. The health assistant and block extension educator training

will focus on their "supportive supervision" responsibilities including monitoring the performance of health workers/dais/CHV's and providing continuing education experiences at regularly scheduled intervals.

Summary of Program Design Discussions

During the workshop held on December 21-23, 1982, the role of the trainers/supervisors in the continuing education system were determined. However, the workshop activities did not include the development of a curriculum for the PHC MO's/HA's/BEE's expanded training responsibilities.

The following topics were discussed as major components of the curriculum for continuing education system trainers.

- Monitoring worker performance to determine continuing education requirements.
- Using teaching/learning modules to improve worker knowledge and skills.
- Developing a plan to ensure the proper continuing education opportunities for project district workers.

Observations

The workshop concluded without a clear definition of the distinction between retraining and continuing education. The C.E (Continuing Education) training modules outlined for each category of worker address the major gaps described in the training needs assessment. As such, they can be a useful resource for either retraining or continuing education. State training expectations should be specified and the new materials applied to retraining and/or continuing education as needed.

There was no discussion of the health assistant needs assessment during the workshop, or of the program to provide this cadre with the additional training highlighted by the needs assessment. Between now and the start of the continuing education program for HW/dais/CHV's the health assistant needs assessment will be completed and analyzed. If it is possible to integrate their technical retraining with their training as trainers, the timetable for strengthening the PHC cadre would be accelerated and simplified.

Recommendations

Members of the Regional Health and Family Welfare Training Centers (HFWTC) need additional guidance in two areas:

- 1) Preparing the course for the trainers, who will conduct the continuing education activities, i.e., MO's, HA's, and BEE's.
- 2) Preparing state-specific applications of the continuing education system to reflect the state's structure and limitations while maintaining the basic principles of "supportive supervision."

DESIGN OF THE TRAINING MODULES

The representatives of three training centers (Rohtak in Haryana, Ahmedabad in Gujarat, and Aurangabad in Maharashtra) reviewed and critiqued the draft modules prepared by each center. A final format was agreed upon and the members of the respective centers prepared sample lessons following the revised format. A sample lesson developed during the workshop is contained in Appendix A.

The training modules are designed to strengthen the performance of the instructors as they impart information and skills to workers. Therefore, a short set of notes is included in each lesson rather than a separate text to be distributed to the student. The decision to exclude a written text for the trainees was based upon the following two features of the training program. First, the health workers, CHV's and Dais are not self-directed readers who will use a written text as a primary learning modality. Secondly, the training is designed to take place at the PHC center or sub-center level where on-site duplication of materials is not possible. A sufficient supply of written materials for all trainees, thus cannot be ensured.

In addition to defining the basic structure of the modules, the group also agreed that the health assistant trainer will serve as the primary audience for the modules. The health assistant trainer has little, if any, prior preparation in training methods. Therefore, the teaching plans and descriptions of learning activities contained in the modules need to be carefully sequenced, and contain detailed instructions for conducting lessons, and examples wherever possible.

Module development was reviewed during the workshop to ensure inclusion of the knowledge and skills defined in the key service areas. The checklists required for measuring skill performance were also itemized. This procedure enabled the group to identify gaps and duplications in the existing training modules. When this process is completed for the training centers in Punjab, Himachal Pradesh and Bombay, a profile of performance expectations for each category of worker will be available. Appendix B illustrates the current status of module development.

The group decided that the final modules will be printed in two sets; one for the (M, F) health worker and the second for the CHV and dais. Each set of nine modules will be divided into the following key service areas:

1. Medical care
2. Immunizations

3. Ante-natal care
4. Midwifery
5. Nutrition
6. Diarrhoeal disease
7. Care of the Newborn
8. Family Planning
9. Community health education

Summary

Representatives of the three states have agreed on the design and structure of the training modules and have specified the performance expectations for each worker category, for the content areas assigned to them. Training center staff will complete work on module development after the workshop participants return to their respective centers. Although each state has a clear model to follow, a visit by training advisors to review the modules and resolve problems that may arise, is recommended.

Training centers that were not represented at this workshop will need information about the decisions reached during the workshop. They will also need guidance to develop modules consistent with the revised format. Although this consultant visited the Kharar, Punjab Center for two days, this center will require additional assistance to develop modules conforming to the new structure. Dr. Bhagat is sending a report of the workshop and sample modules to each center as soon as possible, but site visits are also needed.

During the workshop there was some discussion of the need to pretest the draft modules before finalizing the content. Since the time was short, the group did not design a pretest strategy. During site visits a training advisor should help the centers to devise such plan.

Dr. Bhagat expressed the need to complete module development, translation, and printing in time to start "training of trainers," by April 1, 1983. It was decided that the central government will coordinate the module printing after the translations are completed. Although, printing the modules in four to five languages is a major task, it was agreed that the process will be much faster if centrally coordinated. Furthermore, the Central Government will be able to standardize the format and reproduction specifications.

The tentative timetable for module development is as follows:

- January 31 - Completion of modules and pretesting in English
- February 28 - Completion of translations
- March 31 - Completion of printing

A more detailed plan and schedule for these activities would ensure the completion of materials for the training of trainers program on April 1, 1983.

Comments and Recommendations

Since the central government will coordinate the printing, the central/project advisors will have an opportunity to ensure printing standards. The design of format and individual page layout could also be coordinated at the central level. Dr. Bhagat suggested other MOH manuals as a good source of line drawings, to visually enrich the modules. These could be copied into the appropriate places in the continuing education modules. The review of available drawings, and the selection and placement in the text should be done by an experienced person.

Good layout and formatting of a training module can substantially enhance its value as a training tool. Therefore, the technical and visual aspects of the modules should be given serious consideration.

Examples of well-designed modules include:

- Working with Villages
- The MEDEX Primary Health Care Series

The Abhay Kothari Communications Group in Ahmedabad seems to have the capability to design the page layout for the modules, as they have been producing similar materials elsewhere.

Dr. Bhagat has suggested that printing facilities in the respective states be contracted to produce the Gujarati, Marathi, and Punjabi versions of the modules. Facilities for printing the Hindi and English versions are available in Delhi.

ISSUES AND RECOMMENDATIONS

The training component of the IRHP Project is a major effort to strengthen the quality of services provided by P.H.C. functionaries. The hope, of course, is to have an impact upon infant and maternal mortality. As Dr. Bhagat clearly pointed out during the workshop, the training efforts will be carefully scrutinized to determine if there is a relationship between quality of training, job performance, and community well-being. To examine these relationships, a monitoring system is needed to collect data on: the workers's performance; the content and frequency of continuing education; increase in knowledge and skill following continuing education; and worker's performance at some designated interval after training. This program monitoring responsibility could be incorporated into the role of the medical officer/primary health care since he is currently viewed as the continuing education coordinator. Should this occur, the training curriculum must be appropriately revised.

The curriculum for preparing trainers for their continuing education system responsibilities has not yet received sufficient attention. An appropriate time for this activity is early- to mid-March 1983, when representatives from the HFWTC's should plan the curriculum for the trainers courses.

The meeting objectives might include:

- Designing a one-week training course for medical officer's role as:
 - coordinator for the continuing education system
 - manager of monitoring activities
 - trainer of PHC functionaries utilizing the modules and evaluation tools
- Designing a one-week training course for health assistants* and block extension educators to include:
 - Training methodologies
 - Use of modules
 - Use of evaluation to identify individual training needs and determine competence after training

*The program for the HA's may be lengthened to include strengthening of knowledge and skills highlighted as gaps during the training needs assessment.

Other

Examples of printed training materials were shared with the participants during the workshop, and each state HFWTC requested copies of: Working with Villagers and The MEDEX Primary Health Care Series.

RECOMMENDATIONS FOR AID/HNP FOLLOW-UP

- Inform the training centers of Punjab, Himachal Pradesh, and Bombay about the decisions taken at the workshop
- Arrange for a resource person to discuss format changes and review the drafts developed by the three centers not represented at the workshop
- Visit as many centers as possible to assist with pretesting activities
- Assist in planning for translation and printing
- Assist in arranging for page design and lay out, including the use of visuals
- Integrated health assistant retraining with their training as trainers
- Provide support a workshop in early March to assist in the preparation of the training of trainers curricula
- Define the information monitoring system to help measure the effects of the continuing education efforts
- Provide copies of Working with Villages and The MEDEX Primary Health Care Series to each HFWTC.

APPENDICES

DEVELOPMENT OF CONTINUING EDUCATION MODULES
FOR PHC FUNCTIONARIES, NEW DELHI, INDIA
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APPENDIX A: Sample Teaching Plan from
a Continuing Education Module

Audience: Trained Dais

Key Service Area: Antenatal Care

Lesson

Problem: A.N.C./High incidence of infant and maternal mortality

Topic: Early Identification of Pregnant Women

Audience: Trained Dai

Objectives: At the end of the training session the trainee will be able to identify women who are likely to become pregnant-

1. Interview women to find out if she is pregnant
2. Describe signs and symptoms of early pregnancy
3. Give the names of identified pregnant women to Health Worker (F)

Method: Discussion and role play

Things to do: Conduct a discussion about-

1. What women are likely to become pregnant
2. Early signs and pregnancy
3. What to do after finding these women

Step 1: Initiate the discussion by asking:
Some of you might have had children, you might have relatives and friends who had experienced pregnancy. What happens when a woman becomes pregnant? What changes does she feel?

Let one of the trainees write it on the board or you write on the board what they say and repeat.

Then ask what was the common factor for all the pregnant women?

See that during the discussion they cover the following signs and symptoms-

1. Absence of menstruation
2. Morning sickness
3. Frequency of urination
4. Slight gain in weight

Now we have to find out women in the community who have these signs. For that, will you go on inquiring with even women. No, then whom will you interview for finding these women?

During this discussion see that the following points are covered-

1. Menstruating married women
2. Not using F.P. method
3. Whose youngest child is more than nine months old

So you will be selecting women who should be interviewed. Now ask your trainees to list the questions to be asked to these women in order to find out if they are pregnant. During this

discussion, see that the following questions emerge, if not you cover them.

1. Have you missed your period?
2. How you feel in the morning? sick? like vomiting?
3. Has your pregnancy increased your urination?

Now, by interview you identify women having signs and symptoms of early pregnancy. Ask the trainees what they usually do after identification; stress in these discussion that their important duty is to give the names of identified pregnant women to Health Worker (F).

Step 2: Demonstration of role play.

The trainer will now demonstrate in the class how to interview women to find out if she is pregnant. Trainer should ask the trainees to observe her demonstration carefully.

Step 3: Trainees are now fit enough to be taken to field. so the trainer should take them to the field and ask them to interview women to find out women having signs and symptoms of early pregnancy.

Observe the trainee practicing this skill- correct wherever necessary fill up the performance review- when she has had enough practice

Please Remember:

1. The job of trained Dai is to identify women having early signs of pregnancy and to pass on the names of identified women to Health Worker (F).
2. This is necessary to provide enough and adequate A.N.C. Care.

Notes for Students:

- A. Early signs of pregnancy are-
 - 1. Absence of menstruation
 - 2. Frequency of urination
 - 3. Morning sickness - nausea and vomiting
 - 4. Slight increase in weight

- B. Vulnerable women who are likely to remain pregnant and, therefore, who should be interviewed are-
 - 1. Married women in the age group of 14 to 44
 - 2. Whose last child is more than 9-months old
 - 3. Who is not using F.P. method

- C. For identifying early pregnant women ask following questions-
 - 1. When did you menstruate last? Have you missed a period?
 - 2. How do you feel, especially in the morning? Do you feel sick, feel like vomiting?
 - 3. Do you feel that your pregnancy of urination has increased?
 - 4. Do you feel slightly heavy? Especially in the lower abdomen?

Knowledge Review:

- 1. What are the signs and symptoms of early pregnancy?
 - 2. Whom will you interview for identifying early pregnancy?
 - 3. What questions will you ask them?
 - 4. What will you do after you identify early pregnant women?
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Performance Review:

While observing a trainee interviewing a woman see whether she has asked the following:

Yes

No

Rating

1. How old is your last child?
2. Do you practice F.P.?
3. When did you menstruate last?
4. Have you missed a period?
5. How do you feel? Sick?
Nauseated? Like vomiting?
6. Do you feel that your pregnancy
of urination has increased?
7. Whether name of identified
pregnant woman has been taken
down?

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APPENDIX B: "Outline of Content and Skill for Each Module"

Developed by HFWTC - Ahmedabad and Rohtak

Health & Family Welfare Training Centre,
A h m e d a b a d.

Name of Centre : **Mohtak.**

Key Area	Lesson Plans covered	Skill	Categories.
1	2	3	4
Immunization	15 Immunisation and child mortality.	1. Educate mother and families on immunisation - Interpersonal communication.	MPW (M) MPW (F)
	20 Administration of immunisation.	20 Administration of immunisation properly and aspectically.	
	27 Organization of immunisation Camps	27. Same	

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Name of Centre: Rehtak

1	2	3	4
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Immunisation:

1. Immunisation and child mortality.

1. Ability to recognition
contraindication.

Community and
Health Volunteers.

2. Role in administration of
immunisation and
organization of camp.

2. Interpersonal community.

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... 3 ...

Name of Centre: Rahtak

	1	2	3	4
Care of New born.				
1. Immediate care of new born after birth.			—	MFW (F) Trained Dai.
2. Causes of morbidity and mortality in 0 to 6 days.			—	
3. Detection and management of low birth weight baby.			—	
4. Neonatal tetanus and neonatal septicemia and its management.			—	

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Health & Family Welfare Training Centre,
A h m e d a b a d

Name of Centre : Ahmedabad.

Key Area	Lesson Plans covered	Skill	Categories
Family Planning	1. Prepare classify and maintain eligible couple list.	1. To prepare eligible couple list 2. Up-dating of eligible couple-list.	M.P.W.(M) M.P.W.(F)
	2. Identification of leaders of the community.	1. Identification of leaders by sampling method.	M.P.W.(M.) M.P.W.(F)
	3. Assisting in training leaders and involving them in community education programme.	1. Training of leaders and the trained utilisation of leaders in community education.	M.P.W.(F) M.P.W.(M)
	4. Spread the message of F.P. to the couples in his area.	1. Spread the message of F.P. to the couple in his/her area.	M.P.W.(M) C.H.V.
	5. Educate the couples about the desirability of "Small Family Norm".	1. Educate the couple about the desirability of the small family norm.	M.P.W.(M) M.P.W.(F) C.H.V. Trained Dai.
	6. Educate motivate and provide services to eligible couples about F.P. methods of spacing-Nirodh.	1. Demonstration the use of Nirodh.	M.P.W.(M) M.P.W.(F) C.H.V. Trained Dai.
	7. Oral Pills.	1. Demonstration use of oral pills.	M.P.W.(M) M.P.W.(F) C.H.V. Trained Dai.
	8. I.U.D.	1. Insertion of I.U.D.	M.P.W.(M) M.P.W.(F) C.H.V. Trained F
	9. M.P.W. female will select the female patient. Per I.U.D. and she will insert the I.U.D. and do the follow-up.	1. Selection of case of I.U.D.	M.P.W.

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1	2	3	4
10. F.H.W. will insert the I.U.D. (Lippes loop and copper-T)		1. F.H.W. Will insert the I.U.D. (Lippes loop and copper-T)	M.P.W.(M) M.P.W.(F) C.H.V. Trained Dal.
11. Educate motivate and referral services to eligible couples about family - planning permanent method vasectomy.		1. Educate motivate and referral services to eligible couples about family planning permanent method vasectomy.	M.P.W.(M) M.P.W.(F) C.H.V. Trained Dal.
12. Educate motivate and referral services to eligible couples about family tubectomy and leproscopy.		1. Educate motivate and referral services to eligible couples about family tubectomy and leproscopy.	M.P.W.(M) M.P.W.(F) C.H.V. Trained Dal.
13. Educate and refer women for M.T.P.		1. Educate and refer women for M.T.P.	M.P.W.(M) M.P.W.(F) C.H.V. Trained Dal.

Health & Family Welfare Training Centre,
A h m e d a b a d.

Name of Centre : Ahmedabad-

Key Area	Lesson Plans covered	Skill	Categories
Nutrition	1. To assess the growth and development of a child in order to decide nutrition status of a child.	1. Use of local event calendar to decide the Age of child (whose birth day is not known)	M.P.W.(F)
	2.	2. Use of mid-arm circumference. 3. Weighing the child- growth chart.	
	3. Breast feeding and weaning diet.	1. How to feed the child 2. Teaching mother to prepare Hyderabadix.	M.P.W.(F) M.P.W.(F)
	4. Educate the community about nutritious diet for pregnant and nursing women.	1. Educate mother pregnant and lactating about their diet.	M.P.W.(M) M.P.W.(F) C.H.V.
	4. Identify and manage the cases of Nutritional deficiency Anaemia.	1. Identification case of ^{Anaemia} Anaemia. 2. Conduction of Blood test 3. Distribution of Iron folie tablet. 4. Education the mothers.	M.P.W.(M) M.P.W.(F) C.H.V.
	5. Identify and manage the cases of Vitamin 'A' deficiency.	1. Identification of the cases of anaemia. 2. Conduction of blood-test(F) ^{with setting} 3. Educate the community regarding need and importance of vit.'A' rich sources of vita.'A' deficiency and prevention of vita.'A'.	M.P.W.(M) M.P.W.(F) C.H.V.
	6. Identification and management of P.E.M. cases.	4. Administration of vita.'A' 1. Use of mid-arm circumference scale. 2. Weighing the child. 3. Education to the parent.	M.P.W.(F)
	7. Identification of cases of diarrhoea and dehydration and its management.	Teaching mother to prepare OIM at home.	M.P.W.(F) M.P.W.(M) C.H.V.

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APPENDIX C: "Schedule of Consultation Activities"

SCHEDULE OF CONSULTATION ACTIVITIES

December 13,14,15 - New Delhi

- Preparations for workshop
- Meetings with Dr. Bhagat/MOHFW
- Meetings with John Rogosch, Jay Palmore, Saramma Thomas

December 16-17 - Kharar Health and Family Welfare Training Center, Punjab

- Reviewed and revised module with staff
- Demonstrated use of performance evaluation check lists
- Demonstrated participatory teaching methods

December 18 - Meeting with Dr. Bhagat, New Delhi

- Meeting with Mary Ann Anderson, USAID, Nutrition Advisor, NIPCCD and ACORD Trainers
- Meeting with Mr. Naik, Jay Palmore, Dr. Roy at National Institute of Health and Family Welfare

December 19 - Preparation for Workshop

December 20 - Preparation for Workshop
Depart for Ahmedabad

December 21-24 - Ahmedabad - Workshop and Follow up

December 25 - Day Off

December 26 - Report Preparations

December 27 - Debrief AID/Prepare for workshop on December 29

December 28 - Debrief Dr. Bhagat/Begin draft report

December 29 - Workshop NIHFV

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