

Training (HBNCC-TOT) Monitoring Visit Report

DETAILS OF TRAINING:

The HBNCC TOT training was conducted at IIHFW, Hyderabad with the objective to equip the district trainers (TOT) with the required knowledge and skills to impart training to ASHAs to decrease neonatal mortality and morbidity. The training was conducted during 16th to 25th November, 2015, for 10 days.

The training monitoring visit was undertaken during 17th to 19th November to assess the quality of training rendered and to procure the data pertaining to the training.

During the said visit total 15 sessions were observed that included theory, practice and demonstration part with the use of following methodology:

The major component taught/ demonstrated/ practiced were as follows:

- Assessment and Management of High Risk Newborn: LBW, Preterm newborn & its risks
- Assessment: Diagnosis & early management of birth asphyxia
- Managing Asphyxia – Using mucous extractor
- Neonatal Sepsis – Diagnosis, treatment, Referral & Management
- Practice sessions on Neonatal sepsis

I Salient Observations:

1. Total 30 persons nominated for the said training but 27 only attended the training course. Trainees were selected from Nizamabad district. Priority was given to those who have already undergone 1st round of TOT training. However, state had nominated few of the trainees who have not undergone 1st round of ToT.
2. All the trainees had received the training module and material in beginning of the training, which were in local Telgu language.
3. The HBNCC TOT training conducted as per latest available guidelines of NHRSC/MoHFW and they used latest version of ASHA training module 6 and 7 (Part B & C), Notes for ASHA trainers Part – I & II of year 2012 edition.
4. There were two TOT trained state trainers. They had completed their State ToT training in year 2011.

The ratio of the trainers and the trainees was 1: 13.5 as against requirement of 1:10.

The training was residential with participatory approach. The training programme used a range of methods and approaches -

- Lecture cum demonstration
- Group discussion
- Practice sessions
- Posters & flip charts
- Case studies
- Group exercise with games

(A) Promotive /good Practices:

1. Objective of training with deliverables were well explained to the participants before commencement of theoretical and clinical sessions of the training. The medium of communication was in Telugu. The training site found to use its resources maximally and the trainers had around 4 yrs of training experience with more than 15 yrs of service experience.
2. The sessions were held on time and the contents covered well as per the session schedule except one demonstration/practice session on asphyxia management denoted for November 18th which was continued on 19th also due to some paucity of time.
3. There was a comprehensive evaluation by selected peers and trainers as part of formative evaluation based on the checklist given to the participants during the practice sessions (hands on experience). It was found that a set of questionnaire for the post training evaluation (post-test) was available.
4. Overall good infrastructural arrangements were done for the trainees at the training site. Lecture theatre was well spacious, ventilated and equipped with white/green board, LCD projector, Mike and speakers, Round- table, chairs, AC, Fan etc.

(B) Drawbacks & Weaknesses:

1. The pre-test was not conducted before the training of HBNCC TOT. Though, there is pre & post test prescribed during 1st round of TOT training.
2. Total 30 persons were nominated but three could not attend the training because of one or other reason.
3. 17 out of 27 trainees had not undergone the HBNCC TOT 1st round of training and were selected as participant for 2nd round of HBNCC TOT training.
4. The standard procedure of demonstration/ hands on practice to impart skills of HBNC was poorly followed.
5. Trainers assigned for the training were inadequate in number as there should be three trainers for HBNCC TOT for a batch of 30 participants.

II Possible recommendations

Solutions of drawbacks & weaknesses:

1. Field visits for a day and use of video assisted training may improve the understanding of trainees.
2. In view of the tendency of nominated trainees not attending training programme; while nomination the confirmation may be sought from the nominees for improved participation and reducing the chances of inadequate batch size so the resource utilization may be maximized.
3. The trainees of HBNCC TOT 2nd round training, should have been necessarily undergone the HBNCC TOT 1st round of training for better understanding.
4. The pre-test should have been undertaken for having improved and focused trainee centered training, in which where the knowledge is weak, can be taken more deliberately. The demonstration could be assisted with pictorial handouts for better understanding among the participants.
5. State should ensure to make available required number of state trainers to conduct the TOTs as per guidelines.
6. Follow-up of post training monitoring visits of the trained district trainers should be taken periodically to ensure their performance.