

Report on Strengthening the District Trainers

Skilled Birth Attendant Training Pilot Program

*A collaborative pilot project to provide skilled attendance at birth in Bangladesh
Implemented by MOHFW, supported by WHO and UNFPA with technical support by OGSB
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1. Introduction

Bangladesh, a country with annual births of 3.5 million, still has a very high maternal mortality ratio of 3 per 1000 live births. Over 90% of deliveries occur at home attended by traditional birth attendants (TBA) and relatives. The efforts in TBA (traditional birth attendants) Training in Bangladesh yield into unsatisfactory change in maternal health situation. Since the coverage by institutional delivery is not enough to reduce MMR at this moment, Government of Bangladesh with his development partners has taken the decision to introduce Skilled Birth Attendants (SBA) in the community, which is one of the key intervention for human resource development under the Bangladesh Maternal Health Strategy 2000.

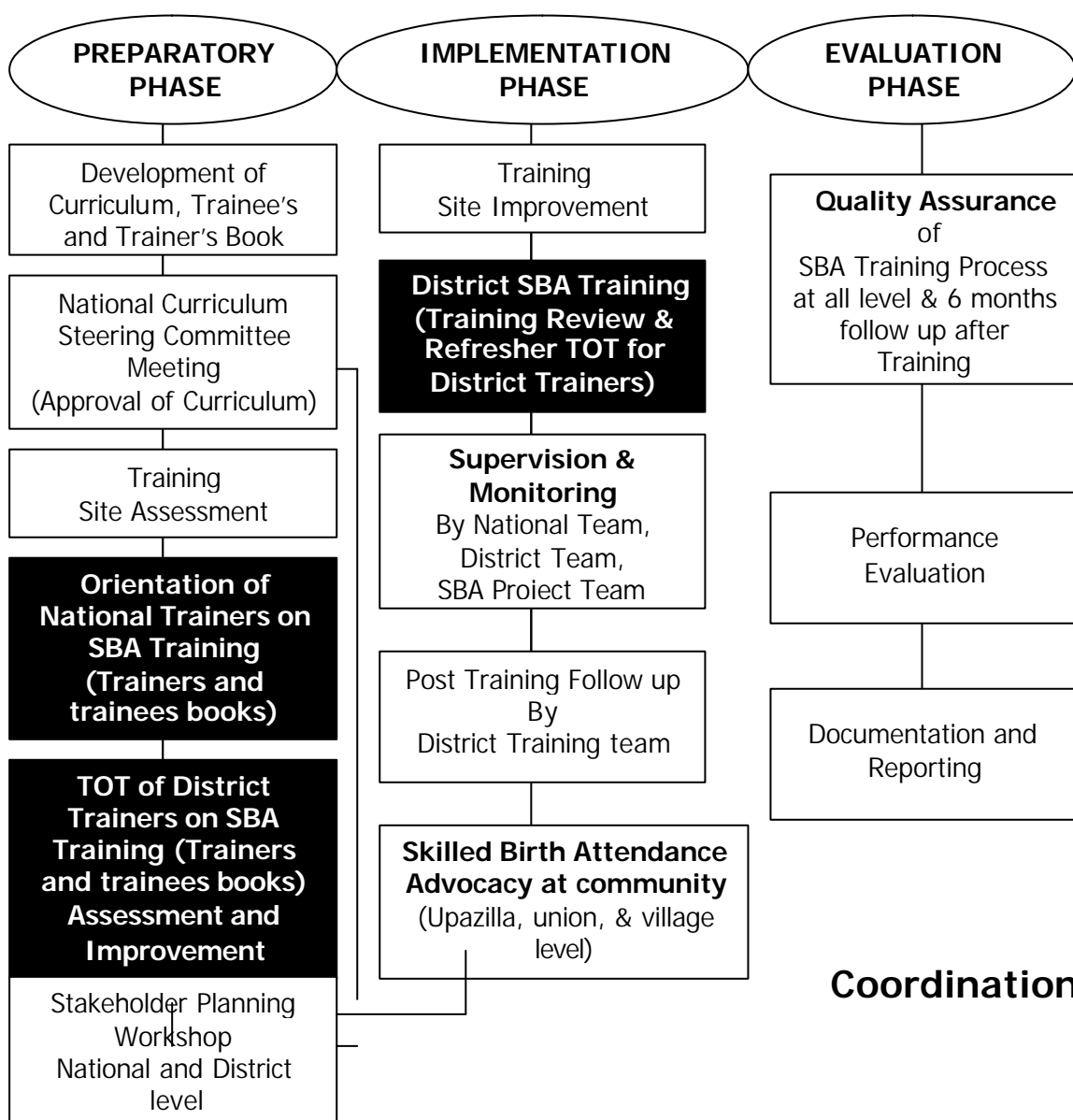
It is a one-year pilot project to conduct SBA Training in six districts / Upazilla. The MOHFW is implementing this program supported by WHO and UNFPA and with the technical assistance from OGSB. OGSB completed the need assessment study to assess the feasibility of the FWA and FeHA to be Skilled Birth attendant and the result was positive. For the preparatory phase of the Skill Birth Attendant (SBA) Training pilot Program, A Trainee's and Trainer's curriculum has developed and the technical appropriateness of the curriculum has done through two workshops involving stakeholders and experts. The SBA Training curriculum was approved by the National Curriculum Steering Committee of MOHFW on 21st October 2002.

Strengthening the district trainers to conduct the SBA training is one of the important activities in this program. OGSB having the technical expertise was responsible for providing

technical support in this program. The following specific areas were identified where OGSB carried out their roles and responsibilities during the preparatory phase and throughout the implementation and evaluation phase:

- ? Conducting technical workshop to review the curriculum, trainees' & trainer's book
- ? SBA trainers guide development and curriculum review and update
- ? National trainers orientation *
- ? Conducting Training of trainers (TOT) *
- ? Conduction of Mid training review and refresher TOT *

* activities under "Strengthening District Trainer"



As per the Frame work for implementation, the objectives of this APW with OGSB for SBA Training program are

1. To orient the national trainers to conduct Training of Trainers who will ultimately conduct the training in districts
2. To conduct Training for the district trainers (TOT) including multiplication of the SBA trainers and trainees book
3. To conduct mid Training review and refresher TOT

Accordingly with those objectives, a group of 22 National trainers had been oriented on SBA training. The National trainers then conducted the Training of the Trainers (TOT) for the district trainers on SBA trainee's and Trainer's module in six batches. Total 90 trainers from the six districts has been trained so, that they can conduct the SBA training at district. The district Trainers then provides training to FWA and FeHA.

SBA training is a competency based training program which has been started from 1st March 2003 in six districts. The duration of the training is six months. At the end of three months, Training review and 3 days Refresher TOT for the district trainers has been completed in six districts in June 2003 to evaluate the progress of training. Trainers and Trainees assessment was done by the National trainers and appropriate feedback given to overcome the identified gap.

The SBA training was completed on 31st August 2003. All the 90 trainees from the six districts successfully passed the examination certified and registered by Bangladesh Nursing council.

The present report has been prepared to describe the activities implemented for strengthening the district trainers for the SBA training.

2.1 Orientation Course of National Trainers on Skill Birth Attendant (SBA) Training Pilot Program

National Trainers from Maternal and Child Health Training Institute (MCHTI), Institute of Child and Mother Health (ICMH) and Obstetrical and Gynecological Society of Bangladesh (OGSB) has been selected for the SBA Training Pilot Program. National Trainers were oriented on SBA training course curriculum for two weeks. The orientation course was conducted at MCHTI, Azimpur Dhaka to prepare the national trainers for conducting the TOT for the district trainers. The National Trainer was conducted the TOT of the District Trainers at MCHTI and ICMH, Dhaka in six batches. District Trainers was responsible for the management and implementation of the SBA training at the Districts.

Objectives:

1. To Provide orientation to the National Trainers about the course schedule, course content, lesson plan and process of the SBA training
2. To train National Trainers on different methodologies essential for TOT of SBA training
3. To provide information about the roles and responsibilities of the National Trainers
4. To formulate a plan of action for the TOT for District Trainers.
5. To formulate the guideline for the implementation of TOT for SBA Training

Participants profile:

The participants were OB-GYN specialists, Pediatricians, Nurse Midwife, Family Welfare Visitor, and Deputy Program Managers. All of them are experts with training experiences. Among them four participants have experience on Regional TOT for the Competency based training on Emergency Obstetrics Care organized by JHPIEGO in Bangladesh. They are core trainers for the competency based training for EmOC. As SBA training is a competency based training their experiences were appropriately utilized in this training. A group of National trainers from ICMH and MCHTI was selected as the TOT would have been taking place at these two institutes, with additional potential National trainers from OGSB.

Total 22 participants were selected for the orientation course (Lists of the participants is in

Annex-1) :

- Obstetrician and Gynaecologist (13)
- Pediatrician (2)
- Nurse midwife (2)
- FWV (1)
- Sister tutor (2)
- Deputy Program Manager (2)

Facilitators:

The facilitators from the orientation were :

Prof. Abdul Bayes Bhuiyan , President , OGSB

Prof Anwara Begum, President Elect, OGSB.

Dr. Shukanta Sarkar, ENGENDER HEALTH

Ms. Jullien, KARITAS

Orientation Process:

The two weeks orientation course started on 20th October 2002 at MCHTI, Azimpur, Dhaka and was completed on 2nd November 2002.

There was a formal inauguration on the first day chaired by Dr. S. M. Jahangir , Director MCHTI. Dr. Jahir Uddin Ahmed, Line Director (ESP-RH) and Director, Maternal Health Services was present as chief guest. Prof. A.B. Bhuiyan President OGSB and Focal point, SBA Training Program attended as special guest. Dr Satyawati Hanna, Medical Officer (RH), WHO and Ms. Tahera Ahmed, Assistant Representative, UNFPA were present as Guests of honor. All of them explained the importance of SBA training program in Bangladesh and wished for the success of the orientation course.

There were total 72 sessions (6 sessions / day). The orientation course schedule is attached in the **Annex-2**. There were 10 sessions on Training methodologies, 10 sessions for clinical practices on different topics, 30 lecture sessions for the topics of the SBA curriculum and other sessions were utilized for pretest, participant's expectation Course objectives and schedules, evaluation, feedback, making implementation plan etc. All the sessions were participatory.

On the 1st day after the formal inauguration, the Facilitator discussed the course objectives and course contents and also discussed about the role and responsibilities of the National trainers. Then participants were divided in five groups. In-groups they prepared the implementation plan of TOT of the District Trainers.

Dr. Shukanta Sarkar from Engender Health conducted one session on participatory method of teaching. The rest of the sessions on Training methodology was prepared and conducted by the participants (especially those had experience in the JPHIEGO TOT training).

All the topics of contents of the trainee's curriculum were distributed among the participants. They prepared the session following the Trainer's guide and presented and used different training materials. The participants prepared the session well. There were practice sessions on normal delivery, ANC, PNC, newborn resuscitation, counseling etc. The participants were very enthusiastic of this participatory method and gave positive feedback. Identified and prepared the training materials like posters, models, instruments which will be required for the SBA training at the districts.

The Trainer's guide was thoroughly practiced and appropriateness of each of the session plan with the content and the methodology, time allocation were elaborately discussed. They also did the necessary modification in the session plan. Later on all the modifications were incorporated in the Trainer's guide. This was an additional achievement. Through this orientations course Trainers guide was field-tested and modified according to National expert's recommendations.

The facilitators evaluated each session with a structured format. After each session feedback was given by the facilitators and also by other participants. More than 75% of the National trainer's performance was excellent because of their background. All of them were from Lead training institutes, OGSB experts, and Program managers involved with different training activities. Some of them also have international exposure. Others performance were also satisfactory.

The different methodologies that were practiced during the training are as follows:

- **Lecture session:**

This session is used to present information about specific topics. The lecture content is based on, but not necessarily be limited to the curriculum. The lecturers follow session plan and process. To keep it interactive, time is allocated for question and answer

- **Role play:**

Role-play is used to help trainees practice the interpersonal communication skills developed as a result of their participation in the grouped activities. For each role play two or three trainees are assigned, while the remaining trainees are asked to observe the role play. Following completion the trainers uses the questions provided to guide the discussion.

- ? **Group activities:**

Group activities provide opportunities for trainees to interact with each other and learn together. The main group activities in this curriculum cover important topics like clinical decision-making, interpersonal communication, and infection prevention.

- **Case study:**

The purpose of the case studies is to help trainees practice clinical decisions making skills developed as a result of their participation in the group activities. The case studies can be competed in small groups or individually, in the class room at the clinical site or as take home assignment. Each case study has a key that contains the expected responses and which the teacher should be thoroughly familiar with before introducing the case studies to trainees.

- ? **Practice on models using checklist:**

The trainer will demonstrate the required skill on anatomic models using checklists. Under the guidance of trainer, the trainees shall practice the required skills using models following the checklists. A classroom may be used as a site for conducting skills practice session provided that the models and other resources materials like checklists are available. When skill competency has been acquired, the trainees will be allowed to have contact with a client or patient (1 model / 5 participants) .

? **Evaluation and feedback:**

The objective of evaluation during training is to assess the trainees and the trainers and also the training management/ course evaluation. It could be done by filling up the structured formats followed by analysis. On the basis of the evaluation, necessary feedback is given to the trainees, trainers, and the coordinators or training organizers.

Achievements

The Trainers from MCHTI and ICMH prepared their action plan for the TOT program and identified their roles and responsibilities. During the orientation course all the assigned objectives were successfully achieved through the enthusiastic and active participation of the National Trainers, and Facilitators. The achievements are shown in the following box.

Achievements
? The Trainee's and Trainer's curriculum were practiced and necessary correction and modification done
? Lesson plan and process were modified according to the consensus of recommendations from the National trainers.
? Training methodologies were verified and modified and training materials were identified and replicated for the districts.
? Home delivery simulation, model demonstration, role play, case study - appropriateness of these as training process was tested
? The Trainers team of MCHTI and ICMH identified their roles & responsibilities for the TOT of District trainer with the support from OGSB National trainer.
? A draft schedule of the TOT for the District Trainers was prepared
? Decisions were taken about the principles of TOT implementation, distribution of responsibility of the district level trainers, SBA training management issue

Recommendations by the participants

Almost all the participants agreed that the training environment was excellent. The orientation courses were very useful and enjoyable for them. During each session, all participants provided freely suggestions and recommendations on the content, methods, and organization of each session. After detail discussion, they accepted important recommendations for future utilization during conducting TOT and District SBA Training.

The recommendations regarding some of the important issues were as follows:

1. There should be more practice session especially on demonstration on models, and use of models as teaching aids, Simulation of home deliveries, so that trainers could learn those skills effectively during the TOT.
2. Different kind of pictures, posters, models, instruments were available at MCHTI (The model of pelvis and baby) but not at ICMH. These models are very useful for the training. If available these should be provided at ICMH and all the districts.
3. All 30 topics from the curriculum need not to be discussed during the TOT (As the duration of the TOT is only 2 weeks). Should give more importance on important topics (Normal delivery & Partograph, ANC, PNC, Newborn care, counseling, infection prevention, referral etc.)
4. Some of the lesson plans and process were modified during the orientation course. These modifications should be incorporated in the SBA training curriculum and should be followed strictly during TOT

Challenges

Several challenges were identified during the implementations:

- ? Since the different level of participants like senior obstetric - gynecological specialists, medical officers, SSN, FWVs and Program managers participated the orientation course at the same time, their knowledge, and skills were of different level. So, it was challenging to orient them at the same time.

- ? As the Obs- Gyn specialists are busy with their professional activities it was difficult for them to participate for two weeks from 8:00 a.m. to till 4:00 P.m.
- ? The total orientation process was not pre -designed before the course and was modified according to the recommendation from the participants.
- ? It was difficult for two facilitators to facilitates all the sessions for two weeks

Lesson Learned

In this orientation course the SBA training curriculum was reviewed. Different training methodology was thoroughly practiced and appropriateness of each of the session plan with the content, methodology and, time allocation was tested and accordingly modified. Training materials (Posters, models, Instruments etc.) were identified for the SBA training at the districts. Many of them are available at MCHTI. Those were replicated for the district SBA training. Specialist doctors, Nurses, FWVs, Program managers were participated together and become one to achieve the same goal. The experiences from the Competency based EmOC training organized by JHAPIEGO are practiced and proved to be effective. Skill practice using models is very useful and safe before practice on the Patients.

Trainees can practice several times on the model to attain the proficiency. It also saves time because practice could be done anytime but patient may not be available all the time

Lesson learned

- ? It was a field test for both the trainees and trainers curriculum
- ? Different training methodology was thoroughly practiced and medication done.
- ? Selection of group of trainers from institutes (ICMH, MCHTI) helps in team building
- ? Training materials (Posters, models, Instruments etc.) were identified for the SBA training
- ? Skill practice using models is very useful and safe before practicing on the Patients

2.2 Training of Trainers (TOT) of the District Trainer's for the Skilled Birth Attendant (SBA) Training Pilot program

Training of Trainers (TOT) for the District trainers was conducted at the Maternal and Child Health Training Institute (MCHTI), Azimpur, Dhaka and the Institute of Child and Mother Health (ICMH) Matuail, Dhaka from 15th December 2002 to 30th January 2003 in six batches (3 batches at MCHTI and 3 batches at ICMH). The SBA training is competency based training. Fifteen FWAs / FeHAs from each district will be trained as SBA. For this training program fifteen Trainers from each Districts (Trainers and trainees ratio of 1:1) has been selected from FWVTI , Nursing institute, District hospital , MCWC as the training will be conducted at all these institutes. Ninety trainers from six districts were participated in the TOT in three batches (5 from one district/batch) so that service delivery at the district level was not hampered. At every batch participants from three districts Participated. District Trainers having undergone the TOT for the SBA training will be eligible to provide SBA training at the district level.

General objectives:

To update skill and knowledge of the participants so that they can transfer it to the FWA and FeHA by conducting SBA Training

Specific objectives:

1. To give orientation on SBA Training pilot program
2. To familiarize the District Trainers with the course schedule, course content, lesson plan and process of the SBA training
3. To train the District Trainers on different training methodologies essential for the SBA training.
4. To provide information about the roles and responsibilities of the District Trainers
5. To formulate the guidelines for the implementation of SBA Training in the District

Participants profile:

There were 90 participants (list of participants attached as **Annex-3**) from six districts divided in 6 batches. Selection of district trainers was done through personal interview

during district training site assessment. It helped to achieve 100% attendance in the TOT and the commitment of the trainers.

The participants were the consultants (Obs & Gynae), Assistant registrar (Obs & Gynae), Medical officers from District hospital, Medical officers (Clinic), ADCC, Principal FWVTI, FWVs, and SSN, Nursing instructors. 2/3rd of the trainers are clinical persons who will be responsible for conduction of clinical part of the classroom sessions, demonstrations, skill practice and during the clinical practice at District hospitals and MCWC. The rest 1/3rd are non clinical trainers related with administration and coordination. They will be responsible for taking rest of the sessions like maternal health situation, Counseling, referral system, record keeping etc. Additional responsibilities for them will be management and coordination of the training. They will also be responsible for proper follow up and supervision after the training.

Activity and process:

The TOT courses were held at the MCHTI and ICMH. MCHTI and ICMH were selected for this training because both these institutes are lead training institutes with all the training facilities equipped with classrooms, demonstration room, models, posters and also sufficient amount of case load for clinical practice. Both these institutes have also experience in conducting different kind of Competency based training like Midwifery training for FWVs, EOC training etc. Each course was of two weeks duration and was held according to the following schedule:

1 st batch	two weeks	15-12-2002	-	30-12-2002
2 nd batch	two weeks	04-01-2003	-	16 -01-2003
3 rd batch	two weeks	18-01-2003	-	30-01-2003

Methodology and Materials:

This TOT was exceptional in a way that there were trainers with different background like consultants, doctors, nurse, FWVs etc. learning together. There were also trainers from non-clinical (Administrative) side. After the formal inauguration, there were sessions for the course objectives and schedule, participant's expectation, pretest etc. There were total 72 sessions in 12 days (TOT Course schedule is attached as **Annex-4**). Everyday in the

morning there was warm up session. And at the end there was wrap up session. All the participants enjoyed the TOT very much and also took part in this session. It is mostly a clinical oriented training. Important essential skills required to be learned were identified (attached in the **Annex-5**) and all the participants were practiced all the skills following the checklists. There were also sessions on training methodologies like how to use transparencies, flipchart, how to conduct case study and role-play, and demonstrations on models.

According to the recommendations of the National trainer's orientation course, there were sessions on selective important topics and more practice sessions. All the sessions were participatory. The participants prepared and conducted most of the sessions. But some of the topics like partograph plotting; infection prevention practice, and Newborn resuscitation were conducted by the National trainers as most of the district trainers were not well oriented with these topics.

Participants were divided in-groups. They were given topics, prepared transparencies and other relevant materials. They use to prepare themselves for the sessions following the trainer's guide. National trainers guided them how to be prepared for the session, facilitated the session, assessed them and gave feedback. During the session the other participants acts as FWAs and FeHAs.

In the evening after the classroom session they visited the labour ward to observe infection prevention practices, supporting care during labour and normal delivery in squatting position and observe partograph plotting. According to training schedule there were few sessions for video show on infection prevention, Normal delivery in squatting position (see **Annex**). The videos were collected from UNICEF, Engender health, MCHTI. The videos were shown in National trainer's orientation course and TOT for the district trainers. Both the National trainers and district trainers were identified that the content of the Videos were not marched with the SBA curriculum. So, it was decided that these videos will not be used in the district during SBA training. They also recommended to prepare new videos for SBA training.

The participants practiced conducting the session. National trainers facilitated the sessions as observer. The participants and the National trainer evaluated each session and feedback was given at the end of the session.

Participants were very enthusiastic, eager to learn and showed commitment. Participants were mixed from three different districts. There was a competition among the districts. The senior person from the district always supported the other trainers from his/her district to perform better & also help them to learn all the skills so that they can do well in the examination. There was a very good team spirit. They have very good relationship with each other. There was also scope for one day field visit to observe community practice. In ICMH, for every batch, one-day community practice was organized and all the participants with the facilitators were brought to community site in Sonargaon Upazilla. The trainees under supervision of National Consultants, and National Trainers practiced ANC, PNC, counseling etc. there. Trainees also enquired about the site of delivery, position during delivery, who assist during delivery and other support for any emergency or referral. The orientation found to be effective to practice ANC, PNC, etc at real community level.

After the completion of the training the trainers will conduct 6 months SBA Training for FWAs and FeHAs in their own district hospitals, MCWC, FWVTI, NI. So, the training procedure should be simple and acceptable to them.

**The same Following training methods were used for TOT for District trainers
And National trainers orientation course (see page – 7 & 8)**

- Lecture session:
- Role play :
- ? Group activities:
- Case study :
- ? Practice on models using checklist:
- ? Evaluation and feedback:

Evaluation

Throughout the training, evaluation was done to ensure quality assurance. Evaluation was done in the following areas:

- ? Trainee's evaluation
- ? Trainer's evaluation
- ? Training management evaluation

Trainees were evaluated by pretest on the first days. The pretest results were critically analyzed. The results in pretest were displayed in matrix (sample is attached as **Annex-6**). The questions, which could not be answered correctly by the maximum number of participants, were identified. Those areas were focused during the training program. There was also posttest. The participants who got < 80% marks had to give the test again after getting the feedback. The facilitators assessed all the identified skills of the district trainers (Lists of the identified skills were attached in the **Annex-5**). Every participant has to perform all the skills satisfactorily in front of the facilitators.

Each lecture session was evaluated by structured format (The format is attached in the **Annex-7**) by the facilitators. And other participants also evaluate the session, freely gave comments. At the end of each session the facilitator collected all the comments and feedback was given to the district trainer.

The training environment and the management issues were discussed with the participants everyday morning and immediate measures were taken to solve the problem faced by the participants. At the end of the training course, the participants did course evaluation by using a prescribed format (**Annex-8**) and gave their recommendations.

Achievements

All the objectives identified for TOT course were achieved during all the TOT Batches in both the institutes. All of the total 90 participants called up for TOT attended and completed the TOT course successfully. The district trainers themselves identified their roles and responsibility during district SBA training. Strong commitment from them was achieved though interaction during two weeks of TOT.

Achievements

- ? Knowledge update and skill assessment was done (Pretest and post test)
- ? They practice skill in the ward following checklists
- ? District Trainers were familiarized themselves about the SBA training program
- ? Trainee's and Trainer' curriculum was practiced during the session
- ? Participants practice different training methodologies during the session
- ? Trainers identified their role and responsibilities during the training at district
- ? Trainers from each district formulated an implementation plan

Recommendations from the District trainers:

All the participants found this training is very useful for them, they describe it is a different kind of TOT. They are able to learn many new things like, training methodologies, partograph, infection prevention practice, use of checklists, delivery in squatting position, newborn resuscitation etc. Some of the SSN expressed that for the first time in their long carrier they were participated in this kind of training. This training updated their knowledge and skills which will also help to improve their service delivery at the hospitals.

There was no hostel facility at MCHTI (though arrangement was done at nearby NIPORT hostel) so the district trainers faced problem (NIPORT could not provide accommodations for all the 15 participants because they had their own training program) for their accommodation as the duration of the TOT is two weeks.

The Following recommendations were given for the improvement of the training:

- ? All the training materials especially the models, posters used during the TOT will be required in the district for the conduction of SBA training at the districts.
- ? For the implementation of the SBA training in the district level they need support from the National consultants and National trainer specially their presence at the district during the training.

- ? They need support and supply of logistic in proper time from the local supervisor, coordinator to improve the quality of training. There should be good coordination among all the institutes involving with the SBA training.
- ? SSN, Doctors (District trainers) should be placed in labour ward, antenatal ward and postnatal ward in the district hospitals so that they can practice the updated knowledge and skills and give time to the SBA training during clinical practice .

Challenges:

The following challenges were faced during the implementation of the TOT for the district tanners

- ? There was only 12 working days. The content was large. There was some session on training methodology. It was difficult to cover all the topics from the curriculum within 12 days. So, only the important topics were covered according to the recommendation from The National trainer's orientation.
- ? There were 12 sessions for clinical practice of different important skills. Also they observed some clinical practice in the labour ward in the evening after the regular session that seems to be inadequate.
- ? The level of participants was different. It required more time for the Nurses and FWVs to be acquainted with different training methodology.
- ? Most of them were not oriented with partograph and require more time to develop the skill of partograph plotting.
- ? There are many training methodologies which were new for them such as case study, model demonstration. Therefore it needed more time to use it correctly.
- ? The sessions were conducted by the participants (following the lesson plan) but they got less time to prepare themselves. Because from 8.00 a.m. to 4.00 p.m. they remain busy with the classes and in the evening they observe normal delivery and other clinical practice in the ward.
- ? The two weeks duration is long for the administrative persons to remain away from the districts. They also do not need to practice the clinical skills.

It was difficult to cover the whole content of the SBA curriculum within two weeks. The levels of the trainers were different. Only the important topics were selected to discuss.

Importance was given on skill practice following checklists so that the trainers realized the importance of checklists and can practice during the district trainers.

One National consultant and one QA team member were always present at ICMH and MCHTI during the TOT to ensure the participation of both the district trainers and the facilitators, maintenance of schedule also facilitated the sessions.

Trainer's motivation is very important and it was found that the well motivated trainers gave much time and took initiative to improve the performance of the SBA trainees at the district level. Though it was challenging to train all different categories of district trainers at the same time but it helps to develop good relationship among them and among the institutes.

The number of National trainers was inadequate to facilitate the TOT at MCHTI and ICMH at the same time also to visit the six districts to review the district training and conduction of refresher TOT as they remain very busy with other professional activities. It was felt that more National trainers (10~12) need to be oriented, so that a pool of National trainers will be available. Continuous supervision and monitoring of TOT by National consultants, QA team members, Focal point is necessary for the successful conduction of TOT for the district trainers.

Lesson learned

- ? Personal interview for selection of district trainers proved effective.
- ? Participation of different categories of trainers at the same time is effective for team building.
- ? Participation's of trainers from different districts at the same time create a healthy competition among the districts
- ? Generating Commitment of the district trainers has proved very essential for the better conduction of SBA training.
- ? District trainers need to be followed up at their district during conduction of training
- ? They need refresher training at least once in a year.
- ? More National trainers (10~12) need to be oriented on SBA training.

Non clinical trainers (ADCC, MOCS, and Principal FWVTI) do not need to participate for two weeks as they don't need to practice clinical skills. It is recommended that they might participate for seven days in the TOT.

2.3 Training Review and Three days Refresher TOT for district Trainers of Skilled Birth Attendant training pilot program

Six months SBA training pilot program started from 1st March 2003 in six districts. At the end of three month after the completion of classroom session, clinical practice at Hospitals and before going to the community for field practice a training review and three days Refresher TOT for district trainers was planned and conducted at all the six districts (schedule is attached as **Annex-9**)

Objectives:

1. To Review the ongoing training
2. To identify the gap between standard set for the training performance and the achievements.
3. To utilize the rest of the time efficiently to achieve the target performance
4. To ensure that the SBA trainees have the key skills for safe delivery ,ANC, PNC for field practice
5. To assess trainer's skills according to standard checklists used for the SBA training.

Date and Venues of Training review and Refresher TOT

District	Venue	Date
Comilla	FWVTI	15.06.03 ~ 17.06.03
Tangail	FWVTI	28.06.03 ~ 30.06.03
Barisal	FWVTI	28.06.03 ~ 30.06.03
Joypurhat	NTC	14.06.03 ~ 16.06.03
Habiganj	District Hospital	21.06.03 ~ 23.06.03
Jessore	NTC	21.06.03 ~ 23.06.03

Resource persons:

- ? National Trainers
- ? National consultants from SBA Training program

List of the resource persons facilitated the Training review and Refresher TOT are attached as **Annex-10**.

Participants:

The following participants were participated during the training review and Refresher TOT.

- ? District Trainers
- ? SBA trainees
- ? Field instructors

Tasks of the National team:

A four member National team visited each districts. The following tasks were done by the National team.

- ? Review of SBA training activities from the reports of the district trainers
- ? Preparation for community Practice
- ? Assessment of Trainers
- ? Assessment of Trainees and Field Instructors
- ? Practice session for community awareness for birth preparedness and emergency drill
- ? Coaching, tutoring and provide feedback to the trainers and trainees
- ? Visit District hospital and MCWC

Review of the Training activities:

1. Review of the training methodology used by Trainers:

Discussed with the district trainers about the different training methodology used for the SBA training. The important findings are they face some problem for the conduction of some of the methodology like Group work, Case study, model demonstration. As these are new technique for them especially for the SSN and FWVs so, they need more practice. They also feel that time allocation is not sufficient also in-group work. May be because they were not able to follow the guidelines for group work. SSN and FWVs could be more involved with the Clinical practice at the hospitals other than taking lecture sessions.

2. Sharing the experience and identification of problems:

- ? The duration of a session should not be more than 90 minute (normal labour)
One session could be divided into two giving few minutes break.

- ? More time is needed to teach Partograph to the FWAs and FeHAs
- ? Lack of video facilities (Infection prevention, Normal Delivery). There were few sessions on video presentations in the course schedule.
- ? Time for certain topics seemed to be less (Major problems in pregnancy)

Management and coordination

- ? Financial and logistic support – Not supplied in proper Time
- ? Budget for transport is required (Allotted budget did not fulfilled required amount)
- ? Logistic support not in proper time due to administrative constrains
- ? Proper guideline for financial management required
- ? Selection of participants should be carefully done
- ? Clinical practice schedule and duty roster for trainees should be managed by local authority (Consultant and MO clinic)

Performances Assessment:

1. Assessment of the District trainers:

District trainers were assessed both on classroom performance and skill performance. For classroom performance only 2-4 Trainers were assessed. But for Skill assessment All 15 district trainer's performance were assessed.

a. Classroom session performance assessment

Large group teaching (ANC and PNC) performance were assessed for 2-4 trainers (Doctor/FWV/ SSN) depending on the availability of the time. Trainers were randomly selected.

Assessment was done by National trainer following the checklists for classroom session evaluation (The same checklists used during the TOT)

- ? **Performance** – Was found satisfactory for the trainers at all the districts.
Nurse, FWV needs more practice on different training methodology.

b. Skill assessment:

Three skills were assessed following checklists (Teaching Normal delivery, Partograph plotting and decision making and Newborn care) for all the 15 district trainers either on anatomic models or patients depending on the availability of the patients.

? **Performance** – Most of the district trainer's performance was satisfactory. Most of them performed satisfactorily. But the performance of the trainers from Jessore was not satisfactory specially on partograph plotting. To update their knowledge National trainers did tutoring. Extra session was conducted on partograph and trainers were again evaluated and found satisfactory.

2. Assessment of SBA trainees:

The SBA trainee's Knowledge and skills both were assessed by the National team at all the districts. A written questioners consisting of both descriptive type questions and multiple choice questions type were prepared for knowledge assessment. For skill assessment three skills were identified and assessed for all 15 SBA trainees.

a. Knowledge assessment:

A written test (total mark-25) has been taken to assess the knowledge of the SBA trainees

Results from Knowledge assessment tests were satisfactory (**Annex-11**).

Highest mark obtained by trainee -23

Lowest mark obtained – 19.5

Average mark – 21.2

Partograph plotting – Satisfactory (except in Jessore district)

Decision making skill and interpretation of partograph -100% satisfactory (except in Jessore district)

b. Skill assessment

One major skill and two minor skills were assessed for each trainee following checklist either on anatomic models or on patients depend on the availability of the patients at DH and MCWC.

Major skill – Normal delivery (Management of second and third stage of labour and newborn care) and ANC.

Minor skill - Gloves wearing and removal, catheterization, IP practice, PV examination

Performance: Satisfactory – 80% of the SBA trainees

Needs improvement – 20% of the SBA trainees

National team members demonstrated the important skills performance on Anatomic model following checklists in the group and gave feedback to the Trainees

c. Review of Records and Log Books of the SBA trainees:

Trainee’s skills performance was also assessed by reviewing the logbooks and records. During the 13 weeks clinical practice, each trainee recorded their performance in Log Book and personal note book. National team members review all records to verify whether each trainee fulfilled their minimum performance target.

? *Review of Log Book:*

Trainee keep records of their every performance in the logbook. Trainers used to check it periodically and provided feedback when and where necessary. Consultant and MO Clinic signed the logbook

Consultant (DH) and MO (clinic) of the respected districts presented in a session during this training review on the overall Performance of the SBA trainees. The achievements of the trainees were discussed thoroughly and found to be satisfactory.

The Trainee’s Performance during the Hospital Practice

#	Skill	Minimum performance Target	% of trainees achieved the target
1	Ante natal care	20	100%
2	Post natal care	10	100%
3	Normal vaginal delivery	20	85%-achieved rest 15% could not due to less number of patients in some districts
4	New born care	10	100%
5	Complicated cases observed/ primary management	10	100%

Trainees who could not achieve the target number of deliveries were assessed for the performance of normal delivery and their performance was satisfactory. From this it was evident that some participant's can achieved the skill without performing the target number of delivery whereas some of the participants though perform even the target number of deliveries their skill assessment was not found satisfactory. During analysis it was also found that few trainees those who have previous experience on performing delivery allowed the other trainees to perform the deliveries during their duty time in hospitals.

Trainees (Tangail, Joypurhat) were away from the district and remain busy with NID program in the field. So, they lost more than 2 weeks for that activity curtailing time from SBA training. Though they try to fill the gap by doing extra duties in holidays, still some of the trainees failed to fulfill target. But their overall performance is satisfactory. Through the Training review gaps were identified and necessary action was taken to fill up the gaps.

3. Assessment of field instructors:

During the training review National team members interviewed all the field instructors regarding their knowledge and skill. Skill assessment of the Field Instructors was done with the same skills following checklists on anatomic models or on patients depending on the availability of the patients. It was found that they were not well oriented with the checklists for skill practice and partograph. The National team felt that substantial improvement in their knowledge and skill is needed through appropriate orientation and training for proper supervision. National team members provide individual feedback and demonstrated major skills to the whole group and reassessed them. The National team recommended that the Field instructors should be orientated atleast for two weeks on SBA training.

The field instructors along with the SBA trainees and the National consultants planned for their activities during the 8 weeks community practice. It was planned that during the community practice National consultants and Quality Assurance Team members will closely monitor the activities of the field instructors.

Identification of Gaps of District (Jessore) Trainers and feedback

- ✍ Not well coordinated from Center level and District Trainers
- ✍ Demonstration of skill sessions not following checklists
- ✍ Review classes not taken properly and there is no document of taking classes
- ✍ Not well oriented with different skills

Activities undertaken to fulfill the gap

- ? Feedback given and discussion done with trainers and trainees to fill the gaps
- ? Session conducted on partograph
- ? Session conducted on checklists and target
- ? Demonstration of skill (Normal labour, ANC, Wearing gloves, Catheterization,)
- ? Distribution of trainers with trainees to upgrade the fixed skills in the next 15 days.
- ? Skill practice by trainees in front of evaluation team
- ? Class session reviewed and feedback given

Feedback:

- ✍ Trainers must be with the trainees during the practice session.
- ✍ The trainee must be motivated to practice a single skill several times
- ✍ Each particular skill of the trainee must be evaluated by the trainer
- ✍ This batch need 7 days more time to acquire the competency of the skills and these extra days must be strictly monitored.
- ✍ Reevaluation after 15 days is needed for trainee.
- ✍ More Refresher training is needed for the trainers.

Strength:

- ? District trainers took initiative to fulfill the targets and successfully achieved the target.
- ? Hopeful to show the best performance among the six districts
- ? Progress of training is satisfactory in terms of trainees performance
- ? Full cooperation, participation, effort and commitment of trainees is one of the main strength
- ? Cooperation from training site
- ? Coordination and effective planning of supervision

Challenges:

- ? Supply of logistics was not on proper time due to the administrative constrains
- ? Less no of deliveries in some of the DH and MCWC so that the trainees could not be able to achieve the performance target.
- ? Lack of training and proper orientation of field instructors as they were oriented on Sba training at Dhaka only for three days before joining in the districts
- ? District trainers remain busy with professional activities and it was difficult for them to give time.

Summary Output in Training Review

Objectives	Achievements
1. To Review the ongoing training	<ul style="list-style-type: none"> ? Training is going on satisfactorily in terms of trainee's performance. All participants fulfilled their minimum performance target. The knowledge and skill assessment results was satisfactory
2. To identify the gap between standard set for the training and the achievements	<ul style="list-style-type: none"> ? Identified gaps are <ul style="list-style-type: none"> - In Jessore the trainees are not practicing following the checklists. - There is gap in trainer's knowledge in partograph (Jessore) - Field instructors need more orientation in SBA curriculum, checklists, training methodology - Trainees need to practice more following checklists
3. To utilize the rest of the time to achieve the target	<ul style="list-style-type: none"> ? Plan with the district trainers and also made the time frame to fill up the identified gap. ? Also make plan for reevaluation after one week
5. To prepare the SBA trainees for field practice	<ul style="list-style-type: none"> ? Their skills assessed and found satisfactory level to practice delivery at community with the supervision of Field instructors ? Delivery kits provided ? Planned for the community activities (Pregnant woman registration, find out the EDD, counseling and ANC to the woman whose EDD will be within next 8 weeks, community advocacy, Health education meeting, PNC, newborn care etc.) ? Format prepared for the reporting
6. To evaluate trainer's skill assessment	<ul style="list-style-type: none"> ? Assessment done and found to be satisfactory except they need more orientation in partograph and they need to practice more different training methodology specially the nurse and FWVs

Recommendations from the National team:

- ? Trainers need more refresher training
- ? Trainers should be with trainees during practice session
- ? Review classes should be taken as per schedule
- ? Checklists should be the priority for practicing skills
- ? Each trainee must be evaluated four times for each skill as given in checklists
- ? The quality of models should be improved
- ? The logistics should be supplied in proper time
- ? There must be clarification for the authorized person to make rosters and sanction leaves
- ? The trainees should be placed in wards in the evening everyday for observation during the classroom session
- ? Proper utilization of training sites according to case load and case varieties
- ? Adequate supervision of community practice and if needed reframing of the time schedule
- ? Short rotational placement in medical collage for orientation of certain skills (Eclampsia)

Lesson Learned

- ? Midterm review and refresher training is necessary to identify the gap and planning could be done to fill up the gap if any
- ? It will help to upgrade the knowledge of the Trainers
- ? As the duration of this skilled based training is short well coordination, cooperation, commitment of both the trainees and trainers is needed for the success of the training
- ? Extensive supervision and monitoring is needed

3. Discussion

Strengthening the district trainers is one of the most important activities of this pilot program. This activity has been successfully completed in different phases. The output is 22 National trainers, 90 district trainers and 90 SBA trainees. All SBA trainees successfully completed training in six districts and received certificate and registration from the Bangladesh Nursing Council.

Trainer's commitment is necessary for the success of the training. Since the National trainers are government officials they remain very busy with their routine professional activities. Therefore, more National trainers (10~12) need to be oriented on SBA training, so that a pool of National trainers will be available to support the different activities.

One of the important achievements in implementing TOT courses was that all the District Trainers in 6 batches had completed the course successfully with 100% attendance. It was possible due to personal contact by the National consultants and QA Team members with the district trainers over telephone and readjustment and rescheduling of program for the busy persons like Obs-Gyn consultants, ADCC and others according to their preoccupation. Sometimes the venue also rearranged according to the choice for compliance of the trainers by the National consultants. Active involvement of the Focal point through personal contact with civil surgeon and other district trainers was found to be very effective.

It was challenging to train different level of persons at the same time. Especially the Nurse and FWVs were very shy to participate in front of the consultants, MO (clinic), ADCC. The level of knowledge, skill and attitude is also different. Usually nurses and FWVs are not used to conduct lecture session and it was difficult for them to learn all teaching methodologies within short periods of time. However, through a well coordinated and designed TOT and supportive supervision and feedback from National SBA consultants, National Trainers and Quality assurance members, a significant improvement was achieved in the skill and performance of the district trainers. Classroom session evaluation during SBA Training was found satisfactory in majority of the cases. Training review at 4^h month of the training

showed similar result. Appropriate feedback was provided by National team to fill up the gaps where necessary.

Partograph was new to many of the participants. It requires more time to learn partograph especially for the SSN and FWVs. Some of the doctors and FWVs already had some knowledge on partograph.

There was very good competition among the Districts. Consultants, ADCC especially the doctors tried to support the SSN and FWVs to improve their skills and knowledge for the high score in posttest and skill assessment test. So, at the end, all of them developed very good relationship and team spirit among themselves. Participants especially the SSN and FWVs were very happy and expressed that they never had this kind of training before. They became friendly with the doctors.

Among the National trainers there are SSN and FWV who facilitated the different sessions of the TOT. Initially they were little bit shy to facilitate session in front of the consultants, ADCC and other senior persons but later on they did very well. They gave more time. They also assessed the skills of the consultants and senior doctors.

After the completion of 1st batch of TOT at MCHTI and ICMH, a meeting has been arranged with the National SBA Consultants and the national trainers to evaluate the training. The meeting was very helpful because it was identified that there was some difference in between the training at ICMH and MCHTI. The recommendations from the participants from both the institutes were discussed. Decisions were taken to improve and maintain the standard of the training at both the institutes. After the completion of each batch, participant's recommendations were analyzed to improve the training.

Training review and Refresher TOT at the district level is also very important. Initially it was planned that the Refresher TOT will be conducted at Dhaka and all the district trainers will participate for 3 days. Since the training was continuing at district it would have been difficult for the trainers to come to Dhaka. Hence, decision was taken that National trainers will go to the districts, conduct the refresher TOT and at the same time do the training

review and met with the trainers and trainees at their working place. The National trainers were very enthusiastic and took active participation. They had the opportunity for direct interaction with the trainees and trainers.

They could assess skill and knowledge of the trainees and trainers, given feedback, coaching them. They also identified the gap & discussed with the trainers how to fill up the gap. District trainers and trainees were also very happy and enthusiastic to find the National trainers among them. Field instructors are also benefited with this activity. Their skill assessment was also done. They participated actively in the refresher training.

The training was conducted satisfactorily in all the six districts. Within the short period of time trainees learned many things. Their knowledge level is satisfactory. More than 80% of the trainees were able to fulfill their targets performance. They performed ANC, normal delivery, PNC, care of the newborn and to identify the complications. But they need more practice following checklists. More practice of partograph is needed. Some of the districts like Tangail, Joypurhat, trainees were away from the district and remain busy with NID program in the field. So, they lost more than 2 weeks for that activity. In this time they could practice more and be able to fulfill the targets. Though they try to fill the gap by doing extra duties in the Fridays and Govt. holidays later on but usually there is less number of patients in holidays. But overall their performance is satisfactory. Through this activities gap could be identified and necessary action could be taken to fill up the gaps.