Capacity Building of Health Functionaries - A Development Perspective

The health and development goals across the world face a common constraint in the form of health workforce crisis. Health workers form the foundation of the health systems across the world and their crisis poses a big challenge which needs to be addressed at all levels - government, educational institutes, development partners and donors, local partners and the public and private sectors. New innovative initiatives aimed at increasing the number of trained health workers should be urgently considered.

India has been aggressive in developing an integrated and holistic primary healthcare system within the country. Launched in April 2005, National Rural Health Mission (NRHM) has envisaged a quality healthcare system which is affordable and equitable for everyone, especially for the vulnerable groups. The prerequisite for achieving such a quality healthcare system lies in upgrading the knowledge and the skills of the health workers. The health functionaries are provided with a series of training sessions ranging from Induction to In Service training. The objective of these training sessions was to ensure that all health functionaries acquire the technical, communication and managerial capabilities to provide health care services effectively and efficiently. The NRHM incorporates a well designed training policy which represents a paradigm shift from the earlier approach. This shift in training approach can be broadly stated as:

- From vertical to integrated training
- From knowledge transfer to skill up gradation

Considering these new approaches, there have emerged certain challenges in implementation of training programmes in the country. These challenges mostly pertain to handling large volumes of training and related issues like logistics management and quality assurance in training considering the strength of human resource in the health system.

These challenges provide the development partners with enormous scope for intervention and supporting the training initiatives of Government through the incorporation of innovative techniques around the areas of quality assurance and logistics management.

The Micronutrient Initiative (MI) has been supporting the training programmes in the area of Childhood Diarrhoea Management in the states of Bihar, UP and Gujarat. All the Health/ ICDS functionaries were trained in delivering quality services for childhood diarrhoea. Innovative job aids, audio visual aids and other techniques were used in these training sessions. An independent survey by Johns Hopkins School of Public Health on these training programmes has provided evidence that the quality of training was good. Similarly, several other development partners are making efforts in their respective areas to support the training.
The Zinc ORS Scale Up programme is implemented in Bihar by the Micronutrient Initiative in partnership with the State Government. Under this programme capacity building of Service Providers has been identified as a critical component that will not only enhance the quality and coverage of services related to diarrhoea management among children under 5 years of age but also enable the communities to sustain the activities for better diarrhoea management at household level.

In this backdrop, well planned training was conducted in all the 15 Demonstration districts spread across the State. Till date nearly 50,000 functionaries/officials from Health and ICDS departments have been trained in these districts.

In order to make the training sessions interesting and ensure better engagement of the participants at all levels, MI has introduced several types of materials and methodologies. The above efforts have generated very good response from the participants. Some of the key training related aids used in the training included Audio-visual aids, Job aids, demonstration of Zinc/ORS usage and Role plays.

Based on findings from Formative Research on knowledge and skill gaps, level specific training manuals and facilitators guide were prepared which were pictorial in nature and context specific. They were distributed to all the participants.

Audio-visual aids related to the signs and symptoms of diarrhoea, its classification and different treatment plans were shown to the participants. The use of these aids was successful in generating great response from the participants.

A total of 14 Job aids were developed for display and use during the training. They were related to various sections of the training module and were aimed at explaining the key contents of training in a simple pictorial manner to the participants.

Role plays were especially found to be useful in conducting the sessions on Interpersonal communication skills for the Frontline workers.

The preparation of ORS and Zinc was demonstrated by the trainers during training session for better understanding of the participants on its correct usage.
Diarrhoea Management- An Initiative by State Government

The Department of Health and Family Welfare, Government of Bihar has demonstrated proactiveness in initiating measures for diarrhoea management at State level. The good news is that Zinc and ORS has been procured by the State Government in 10 districts and thus continuity has been maintained by the State Government in supply of Zinc and ORS for diarrhoea management. An initial seed supply of 18,00,000 Combi kits was provided in Bihar by Micronutrient Initiative in 10 districts which lasted for about one year. Meanwhile, realizing the significance of continued supplies for diarrhoea management among children the State Government has finalized rate contracts and procured Zinc and ORS in 10 districts of the State. More than 22,00,000 courses of Zinc and about 42,00,000 ORS were procured. Zinc was usually procured in the form of syrup except in Sheohar where Zinc tablets have also been procured along with syrup.

Unfolding a Year’s Progress...

As the Childhood Diarrhoea Management Programme in Bihar completes a year of its implementation in August 2012, it also accomplishes the treatment of 3,60,540 diarrhoea cases among the children below 5 years of age till September 2012. These cases are from 10 programme districts and have been treated by the public sector health functionaries, despite the fact that reporting in 5 out of 10 programme districts have begun from May 2012. Trainings to government health functionaries, provision of supplies of Zinc and ORS, and consistent follow-up for capacity building have been the major pillars of the programme.

Management of childhood diarrhoea is more effective when it is treated with both Zinc and ORS. To ensure this, Zinc and ORS have been provided in the form of Combi-packs to all the public health facilities and village level health functionaries. As a result 93% diarrhea cases have been treated with both Zinc and ORS. Providing both Zinc and ORS in the form of a Combi-pack seems to be helpful in ensuring availability of both of these drugs with the health functionaries and treating a large percentage of the diarrhea cases with both Zinc and ORS.

This one year achievement of programme draws significant contribution from the Frontline Workers working at village level. Under this programme, village level health functionaries - the ASHAs and AWWs have been involved as service providers. They were trained and equipped with supplies for treating the diarrhoea cases. This strategy worked very well and resultantly there was a significant increase in the number and percentage of cases reported by AWW and ASHAs during the programme period. Before the initiation of the programme, approximately 22% of total cases at PHC/ SHC and village level were treated by AWW and after completing one year of the programme the treated cases have increased to almost 50%. Building capacities for reporting and providing simple pictorial reporting tools also helped in capturing progress directly from village level by ASHA and AWWs.

The chart below reflects the progress of the programme in terms of quantity of child diarrhoea cases reported which have been treated and provided treatment with Zinc and ORS both.

(Total diarrhoea cases reported to be treated at public sector 3,60,540. Out of which 3,34,213 (93%) cases were treated with both Zinc and ORS)
Programme Champions Team

Nutrition Rehabilitation Centres (NRC) are set up under the aegis of National Rural Health Mission for the rehabilitation of children suffering with SAM (Severe Acute Malnutrition). Among children in the age group of 6-59 months, a MUAC (Mid Upper Arm Circumference) less than 11.5 cms is the main indicator used for identification of children to be admitted in NRC.

In the district of Gaya in Bihar, one such NRC has been established at district level and the District Planning Coordinator under NRHM, Mr. Deepak Kumar has been designated as the Nodal Officer for the management of NRC. The management of NRC has been outsourced to a Non Government Organization (NGO) in the district.

The treatment plan in the centre for SAM children is of 21 days duration during which they are provided with a combination therapy of different formula food, supplements and medication as per the protocol.

The children being severely malnourished in NRC had very frequent attacks of diarrhoea and this made them further weak. The caregivers of children with SAM often found the situation difficult to manage and lost patience in managing the diarrhoeal episodes and took the recovering child home. This resulted in the SAM child dropping out midway from the rehabilitation process.

NRC found it difficult to procure Zinc from the retail outlet due to its non availability in market. Even if Zinc was available as a part of multivitamin syrups/tablets, it did not have Zinc as per the recommended therapeutic dose for treatment of diarrhoea. Thus, despite being a part of treatment protocol Zinc could not be administered to children.

With a strong conviction about the benefits of Zinc, Mr. Deepak Kumar, as Nodal Officer for NRC introduced Zinc in childhood diarrhoea management at NRC. He ensured supplies of Zinc syrup from the District Drug Store for NRC and resultantlly all the recovering children were administered Zinc on a regular basis as per treatment plan. This not only helped in reducing the recurrence of diarrhoea in convalescent children at NRC but also encouraged the completion of rehabilitation for children with SAM.

Thus, Mr. Deepak Kumar along with his team at NRC in Gaya district have demonstrated the wonder of Zinc with their initiatives and paved way for complete rehabilitation of children suffering from SAM who otherwise used to leave the process midway.

Photo courtesy in Newsletter Issue No.4: Shivani Jha, Sanjeev P. Rao, Abhay K. Bhagat, Ranjit Mandal

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