

## **Project: Delivering Health**

### **Report on Training Needs Assessment and Training Programme for Government Health workers, Juri Upazila.**



## **Background**

On previous visits to Juri Upazila in Bangladesh, it became apparent that a major issue for local government health workers was the limited update/refresher training available to government health staff. Such training that was available was offered by UN funded programmes and was reported to be good but was not offered on a regular basis and not all staff had accessed training. Training tended to be focussed on initial qualifications eg CSBA training rather than refresher or update training and no training was available locally. Staff expressed a strong desire to have further training to refresh and update their skills. In some cases, staff had not had any update training since their initial training, 5 or more years earlier.

## **Planning visit April 2011**

One of the key aims of the planning visit in April was to develop understanding of the training needs of the local government health team to inform the commissioning of a formal training needs analysis which would underpin a training programme.

During the visit in April 2011, we held two workshops for local government staff. The first workshop was to clarify the training that staff had already had and to familiarise us with the issues and needs of staff.

We asked a series of questions:

- Name and address
- Job title and when started
- Educational background
- What training have you had for your current job?
- What training would help you to do your current job better?
- What else would help you do your job better?
- Any other comments?

This workshop gave us an initial sense of the types of training that staff had previously had to inform our commissioning of further training. Under the category any other comments, the health workers were very clear what they thought key issues were and were remarkably consistent.

The three issues they identified were

- Lack of money for medication, food and basic needs
- Lack of transport
- Lack of facilities/equipment for resuscitation of babies

These were important issues which subsequently influenced how the pilot ante-natal service was developed.

The second workshop was to discuss/share UK practice in three areas –

- UK ante-natal protocol (NICE) to compare with practice in Bangladesh
- Infection control - hand washing demonstration and practice, and posters
- Information on infant resuscitation- UK practice

These topics were intended as a discussion and sharing of practice, rather than formal training/qualification, particularly in the area of neonatal resuscitation, where it was recognised that formal training and qualification was needed.

Both workshops were very enthusiastically received, and the government team, including senior doctors, also expressed a great deal of enthusiasm for further training.

Through the Liverpool School of Tropical Medicine, we had been given a local contact, Dr Golam Mohiuddin Khan (Dr Sadi) a public health doctor working as the district field officer for the United Nations Maternal and Newborn Health Initiative in Maulvibazer. Dr Sadi was extremely helpful in facilitating meetings with senior members of the district government health team. He also put us in touch with Centre for Injury Prevention and Research, Bangladesh (CIPRB) who we met in April 2011

in Dhaka. They are a well respected research organisation in Bangladesh and have worked extensively in Maulvibazer district. They agreed to deliver the training needs assessment for us, after agreement on the proposal. (Appendix 1: Proposal to CIPRB; Appendix 2: Proposal from CIPRB) The training needs assessment proposal was agreed and was commissioned for August 2011.

## **Training Needs Assessment**

In August 2011, Centre for Injury Prevention and Research Bangladesh (CIPRB) conducted a Training Needs Analysis with the Juri Upazila Government health team. The results of this assessment are attached as a separate document: *Report on Training Need Assessment of the Maternal and Neonatal Health Care Providers in Juri Upazila of Bangladesh.*

This report is a detailed review of the training needs of the full range of local government health workers and also birth attendants.

The results were circulated to Dr Kamruzzaman, Dr Sarwar UH & FPO and other senior medical staff in the Juri Upazila health team. Dr Kamruzzaman and the local government health team reported to us that the assessment was very helpful to provide a focus for the development of the training programme for local staff.

## **Training Programme**

Based on the findings, Dr Kamruzzaman worked with Dr Sarwar and Dr Nizam Zahid Hussain, Assistant Professor, North East Medical College Hospital in Sylhet to devise a bespoke training programme. North East Medical College Hospital runs a nurse training programme, and this curriculum which was used to inform the development of the programme. Prof Halim (CIPRB) had recommended a 6 week training programme as the right length for local needs. The basic structure of the programme was therefore seminar/lecture based programme over a 6 week period. Appendix 3: Training course outline

Permission for the course was obtained from the Maulvibazar district Civil Surgeon.

A mixture of staff were selected for training including:

- Family Welfare Visitors (FWV)
- Family Welfare Assistant (FWA)
- Health Assistants (HA)
- Community Skilled Birth Attendants (CSBA)
- Tea garden midwives
- Proshanti nurse midwife and outreach worker/CSBA
- Diploma nurse from Abdul Aziz Clinic
- Local 'Dai' (untrained village midwife)
- Two staff from Brahmonbazer Christian Health Project

Appendix 4: Attendance list

During the evaluation visit in May 2012, a detailed evaluation of the training programme was undertaken.

## **Method of Evaluation**

1. Initial discussion and feedback meeting with local government health managers
2. Evaluation workshop with participants on training programme
3. Lecture observation

## **1. Feedback from Government Health Managers.**

We met with Mumith Ashok, Juri Upazila Chairman, Dr Kamruzzaman, Mr Abdul Motin FPO and Mr Abdul Samad FPI.

We discussed the need for this report to be a partnership collaboration between the UK project team and Bangladesh project team and this was acknowledged and agreed.

The discussion focussed on the following questions.

### **a) Feedback on the training needs assessment conducted by CIPRB**

The Government team reported back that the training needs analysis had been extremely helpful. They had used the information and also discussion with Prof Halim to inform the development of the training programme curriculum including length of training needed. The detailed assessment also meant that the commissioning of North East Medical College was possible. This information is also on file for future reference.

### **b) Feedback on the training programme**

Dr Kamruzzaman fed back that the curriculum developed by North Eastern Medical College Hospital had been based on their nurse training programme and was therefore comprehensive. He had identified staff he felt that the training programme would most benefit and included a multi-disciplinary team. He included 3 local village midwives or 'dai' who were not trained and had poor literacy but who he felt were very experienced and willing to learn. This was initially slightly controversial as the workers are not used to being trained in this way, for example experienced FWVs were not used to being trained together with CSBAs and local midwives, but he felt that the shared learning environment was important for team building. This meant that they could better understand and respect each other's roles.

### **c) Discussion on future training**

Dr Kamruzzaman stated that the key priority for future training would be to address the training needs of untrained workers who are currently giving advice to local people. He explained that village doctors or 'quacks' and local 'dai' are often giving care but have no fundamental training and are often illiterate. He suggested a training programme specifically for their needs.

He also suggested developing a specific training programme for local people to train as local health support workers.

## **2. Evaluation workshops with training programme participants**

As part of the training programme, an evaluation workshop was held with staff at Juri Upazila Health Complex on 6<sup>th</sup> May 2011. The aims of the workshop were to:

- 1- To get feedback on the content of the training programme directly from course participants
- 2- To elicit specific learning points for health workers
- 3- To find out how clinical practice would change as a result

## **Method**

All but one of the course participants were present (one was finishing a delivery) The participants were split into three groups with a mixture of staff in each group. Two facilitators for each group (one bi-lingual) led the discussion and addressed key questions:

- 1- Did you find the training helpful
- 2- Can you identify three things that you learnt that you didn't know before?
- 3- What are you now doing differently as a result of the training?
- 4- Is there anything you think you should be doing differently but are not able to? What is preventing you?
- 5- Are there are other things you would like to know about that weren't included in the training?
- 6- If further training was available, would you like to attend?

- 7- Is there anyone else that you work with who would benefit from training?  
8- Any other comments?  
For questionnaire see appendix 5.

All participants in each group were asked for their specific feedback as well as a general discussion on each topic.



Evaluation session with health workers

## **Findings**

### **1) Did you find the training helpful**

General feedback on this was very positive. All participants said that the training was very helpful, either as refresher or as new information. The more experienced and highly trained workers recognised that this was refresher training for them, but said that it was useful to cover again, and to find out about new developments and clinical management. They also recognised the value of training less experienced or qualified team members as they felt this would enable better team working and patient care. In particular, they commented that having training for local 'dais' was critically important as many patients used them as first point of contact.

Other, less experienced/qualified staff also said that the training was extremely useful, that they had learnt a lot of new clinical information and that they felt better equipped for their work.

Participants said that the speakers were good with some speakers being specifically identified as being very good (paediatric specialist, and Dr Kamruzzaman) However we also had feedback about other speakers who taught in a more didactic, lecture-based way, reading out lecture notes, and course participants were less positive about this

Other general comments included:

- course participants had been given books to write notes in so were able to refer back to these notes during our discussion; They said that lectures/seminars had been paced well so that they had been able to take notes
- the language/terminology used was explained so that all participants could understand and the pace was felt to be right
- more practical sessions would have been helpful- the course had been structured around seminars/lectures and participants felt that practical sessions would have further facilitated their learning
- participants also asked for more 'multi-media' training eg video – however given that the course was held in rainy season with frequent power cuts this may need further thought.

These last two points are useful feedback to inform the design of future training courses, in addition to the feedback about teaching styles.

## 2) **Can you identify three things that you learnt that you didn't know before**

A number of key themes emerged which were common to the groups

- **Infection control**  
This was commented on in all groups and in particular by local dai in each group who clearly identified this as an important message for them.
- **Care of the newborn**  
Again this was a common theme that emerged including care of umbilicus, bathing baby, breastfeeding advice. Workers commented that they felt more confident about care of the neonate but that neonatal resuscitation, though they felt much clearer on this, was still an area of concern for staff.
- **Postpartum haemorrhage**  
Management of postnatal complications was an area of learning for all workers, in particular PPH. Staff commented on learning concerning how to identify, what to do in an emergency situation. Local midwives/dai commented that they understood the importance of requesting help urgently in emergency situations.
- **Health education and care for family**  
Workers reported back that they felt more confident in health education for newly pregnant women, advice on nutrition, breast feeding, and also care for other family members in particular other children in family so that they understood what was happening.
- **Ante-natal care**  
Update included diagnostic tests in pregnancy which was reported as useful and also 'red flags' for pre-eclampsia and when to refer
- **Guidelines for labour**  
This included new guidelines re labour for primigravida, stages of labour particularly first stage
- **Contraception**  
Contraceptive methods, COC-High BP as contraindication, starting regimes, missed pill rules
- **Systems for follow up**  
One group fed back that they now realised the importance of communication – taking mobile or contact numbers of patients so they could be contacted and also ensuring patients have mobile numbers for staff. This was changing their practice.

Overall course participants said they had a greater awareness of what they must do, resulting in more confidence in situations.

## 3) **What are you now doing differently as a result of the training**

Again key themes emerged. We were evaluating the course in week 3 which was fairly early, but course participants reported implementing changes already.

- **Changes in infection control practice**  
The changes included wearing no jewellery, keeping nails short, washing hands, wearing gloves and keeping environment clean, care of umbilicus. This was particularly true for local dai.
- **Management of PPH**  
Some course participants had already had experience of management of PPH including medication and were more confident
- **Patient education**  
Workers talked about they were using their training to give better health education concerning nutrition and rest, ensuring that myths on nutrition are removed- some mothers believe that if they eat a lot they won't be able to have NVD. Also they reported relating to families differently.
- **Safe delivery**  
Course participants were also educating patients to attend clinics for delivery and that home delivery can be less safe – patients can be very scared to attend clinic as they believe this means they will have LSCS

Course participants also said they were more aware of how important their care of pregnant women is – that it is their responsibility.

4) **Is there anything you think you should be doing differently but are not able to ?  
What is preventing you?**

- **Neonatal resuscitation**  
Course participants reported not having equipment for paediatric resuscitation. Also they were concerned that patients' delay in attending FWC means that it can be too late for baby. Further training needed as well.
- **Poor facilities and equipment**  
Workers said a major problem is that clinics are not well equipped or clean. There is a lack of instruments; This was reported as a problem for eg doppler, oxygen, suction machines, suture kits, medication such as lignocaine, BP machine and cuffs – very variable in terms of who has what equipment. Some staff said they didn't have examination gloves. Also staff understand that U/S is an important investigation in pregnancy but there are no government ultrasound machines and few people have the relevant training.  
Some staff also reported that electricity and tube well water (clean) is a problem
- **Decision making by families affecting patients**  
Workers reported that a significant issue was family preventing women from going to clinic, that the decision making of the family is preventing women accessing care
- **Patients' financial situation**  
Course participants reported that this was a major concern preventing them being able to give good care – travel/transport, and medication need resources that patients often don't have. This was often a significant worry for families.

5) **Are there other things you would like to know about that were not included in the training**

"there is no limit to learning!"

Suggestions from course participants included

- Practical sessions - this was raised by most participants, for example role-play "act-out" resuscitation training, observation of deliveries/episiotomy repair – using video for example. Also workers suggested gaining more practical training based in clinics.
- Further training on complications eg obstructed labour, premature labour
- Some participants particularly mentioned dais need more training, so that they appropriately refer to clinics and work with the government health team.
- Training on use of ultrasound
- Would like more multi-media training eg DVDs/films, presentations and more handouts
- Clinical record keeping and report writing

6) **If further training was available would you like to attend?**

"Yes yes yes!"

Course participants were overwhelming positive about accessing further training. They reported that there was very limited opportunity for refresher training eg FWV said last training was 5 years ago.

7) **Is there anyone else you work with who would benefit from training**

- Workers identified that Dais (traditional birth attendants) are very important – villagers rely on dais and they are respected members of the community
- FWA and HA reported that they felt they needed more training to better fulfil their roles
- Course participants also said that the government doctors need resuscitation and CPR training

### 8) Any other comments

Again the feed back was mainly focussed on the need for continuous training.  
“..always want to keep learning”

A very positive suggestion was for more family education workshops – making patients and families more aware of care needed in pregnancy, coupled with the education of village leaders to support patients accessing care. This is being partly delivered by a partner NGO – Partners in Health and Development (PHD) but more work is needed

### 3. Lecture Observation

The UK team sat in on a seminar on 6<sup>th</sup> May 2012 and were able to witness the training. The seminar was given by Dr Kamruzzaman on the topic of Post-Natal Complications. A summary of the observation is included in appendix 6. The quality of this session was felt to be good by the visiting team, with structured, clear information, re-iteration of key points and interaction with the course participants.

### Summary

The refresher training programme was very well received by course participants, who are extremely positive about further training. They were clear about what they had learned and also that they were able to use their new learning in their clinical practice. They were also able to report back on the quality of the teaching, both acknowledging the good teachers and reflecting how they thought the course could be improved both in terms of content, methods of teaching, and the need for practical sessions or demonstrations. The multidisciplinary team approach was welcomed, with the caveat that the more experienced workers perhaps needed more specialist training and untrained workers eg TBAs also needed more/specific training

The training needs assessment by CIPRB remains as a resource to the government team. The feedback from this course is also extremely useful to inform the way future courses could be delivered.

From the perspective of the UK team, there are a number of possible developments that might be facilitated by further joint work between the Juri Upazila health complex and UK based professionals to continue the process of capacity building.

- Development of a local training strategy to ensure that training is appropriate and delivered within an agreed timeframe/frequency with regular review of training needs, and provision for the service to continue during training is made.
- Linkage of training to local workforce planning.
- Development of resources for training eg external professionals/UK professionals brought in to provide training, books/equipment particularly demonstration models
- Development of better IT – training in use of computers and also use of tools such as DVD/computer based programmes
- Development of assessment processes eg OSCE, practical skills assessment, tests of competence - as well as appraisal processes for staff
- Development of partnerships with Bangladeshi training organisations/facilities to create a menu of training options

June 2012



## Appendix 1

### Basic Training by Health providers on Maternal & Neonatal health service

1. **Course Title:** Midwifery basic training
2. **Course Co-ordinator:** Dr S K Nizam Zahid Hussain
3. **Course goal & objective:** TBA, FWA/HA will gain knowledge & skills improving care for women & fetus & newborn from pregnancy to postpartum period through application of nursing process.
4. **Course requirement:**
  - a. Class room for theory part
  - b. Practice part: In a reputed Hospital for practical practice under proper guidance in OPD, In-patient and Labour room.
  - c. Teachers
  - d. Teaching materials
5. **Course venue:** Abdul Aziz Medical Centre, Juri College Rd, Juri, Dist-Moulvibazar
6. **Course period:** 6 weeks
7. **Course evaluation:** After every 2 weeks
8. **List of Teachers:**
  - a. Dr S K Nizam Zahid Hussain, assistant Professor, North Medical College Hospital, Sylhet.
  - b. Prof Dr Anwara Khatun, Retd. Prof & Head of the Dept of Obst & Gynae, Sylhet MAG Osmani Medical College Hospital, Sylhet.
  - c. Dr Sarwar, UH & FPO, Juri
  - d. Dr Kamruzzaman, Medical Officer, Upozilla Health Complex, Juri
  - e. Dr Nishat, Medical Officer, Upozilla Health Complex, Juri
  - f. Dr Sharifa, Medical Officer, Abdul Aziz Medical Centre, Juri
  - g. Dr Sayeema, Registrar, Gynae & Obst Dept, North East Medical College Hospital, Sylhet
  - h. Dr Humayun Kabir, Registrar, Paediatrics Dept, Sylhet MAG Osmani Medical College Hospital, Sylhet
9. Sponsor: Proshanti, UK

### TOPICS : I

1. Identification of Pregnancy, Diagnosis, L.M.P, E.D.D.
2. Investigation
3. Nutrition during pregnancy
4. Use of drugs during pregnancy and breast feeding
5. Health promotion and health education in midwifery –
  - a. Self- care during pregnancy
  - b. Childbirth preparation
  - c. Breast feeding
6. Care & management during pre-natal period –
  - a. Antenatal nursing assessment and care of healthy pregnant women.
    - I. The first trimester
    - II. The second trimester
    - III. The third trimester
  - b. Preparation for parenthood, the expectant family –needs & care

- c. Family participation including grandparents & siblings
- 7. Danger signs during pregnancy , management and referral
- 8. Assessment examination

### **TOPICS : II**

1. Labour:
  - a. Factors related to labour & initiation
  - b. Stages of labour
  - c. Physiological and psychological changes during labour
  - d. Requirements of a nursing attendant for conduction of delivery
2. Care during intra-partum period:
  - a. Pain during labour & management of pain & discomfort
  - b. Intra-partum fetal assessment
  - c. Nursing care during intrapartum period
  - d. Assessment & care of family during intra-partum period
  - e. Referral during intra-partum period
  - f. Assisted delivery
  - g. Prevent harmful practice
3. Care & management during postpartum period
4. Family planning & birth spacing
5. Breast feeding
6. Nursing care of normal newborn
  - a. Assessment of newborn
  - b. Neonatal resuscitation
  - c. Newborn nutrition & feeding
  - d. Care of umbilical cord
7. Assessment examination

### **Topics III – Abnormal Obstetrics**

1. Common abnormal obstetrics
2. Midwifery roles in the management of abnormal obstetrics and medical conditions
3. Care of pregnant women at risk, or with abnormal obstetric complications commonly –
  - a. Teenage pregnancy
  - b. Grand multips
  - c. Elderly pregnancy
  - d. Multiple foetuses
  - e. Severe anaemia
  - f. Pre-eclamptic toxemia
  - g. Pregnancy with heart disease
4. Understanding of danger signs of pregnancy and in intra-partum period –
  - a. Premature rupture of membranes
  - b. Prolapsed umbilical cord
  - c. Bleeding during confinement
5. Nursing care for high risk pregnancy
6. Nursing care for women receiving technological assistance during intra-partum period mainly
  - a. Induction of labour/augmentation of labour

- b. Forceps extraction, vacuum extraction
  - c. Caesarian section
  - d. Breech delivery
- 7. Nursing care for postpartum women with complications
  - a. Postpartum haemorrhage
  - b. Birth injury
  - c. Care of episiotomy
  - d. Postpartum infection
- 8. Assessment evaluation and examination

## **Appendix 2**

### **Training programme – Lecture Observation**

Topic: Post-natal complications  
 Length: 1.5 hours

Topics covered:

Main problems that occur post delivery

1. Postpartum haemorrhage
2. Vaginal injury
3. Episiotomy management
4. Urine problems
5. Infection
6. Post natal mental health problems

Attendees: FWCs, FWA/HA, CSBA, BCHP, Proshanti pilot ante-natal programme staff, Abdul Aziz nurse, local TBA

Observations:

- Lecture was given in Bangla
- Medical terminologies expressed in English and Bangla
- Medical as well as lay terms used – Attendees have different levels of understanding, teaching pitched at level for all to understand
- Informal, relaxed atmosphere
- Students made own lecture notes
- Well-paced teaching session, students given sufficient time to make notes
- Clear and concise
- Mixture of theory and practical examples given
- Simple diagrams used to explain conditions/scenarios
- Headings and subheadings used, lists made – “common things are common “
- Interactive teaching session - Students able to ask questions along the way, and were also asked questions, some to group and some to individuals
- Students able to revise/recap as go along (some attendees illiterate, so very helpful for them as not able to note-take)
- Dr Kamruzzaman rechecked information and reinforced
- Basic stats used as well