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HEALTHY CITIES INDIA

NATIONAL HEALTH MISSION
राष्ट्रीय स्वास्थ्य मिशन

Capacity Building

STRENGTHENING THE CAPACITY OF HEALTH SERVICE PROVIDERS AND HEALTH STAFF TO DELIVER QUALITY FAMILY PLANNING SERVICES

PURPOSE

To provide guidance on implementing training for health service providers and health staff towards improving the quality of Family Planning (FP) services.

AUDIENCE

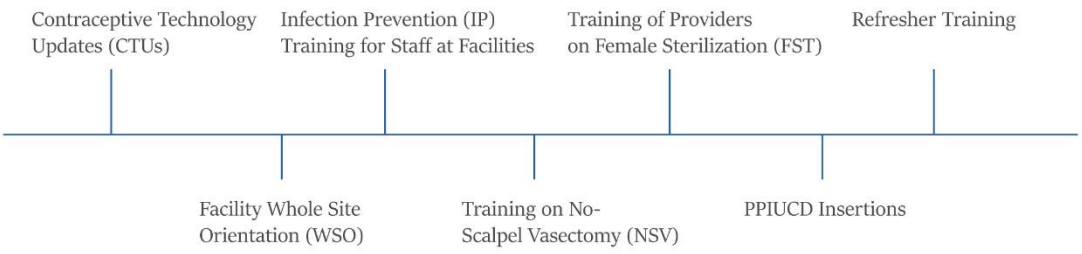
1. Chief Medical Officers (CMO)
2. Person In-charge of Private Health Facilities
3. Nodal Officers- Urban Health and Family Planning
4. Senior State Health Officials
5. The Federation of Obstetrics and Gynecological Societies
6. of India (FOGSI)
7. District Ob/Gyn Societies
8. Indian Medical Association Office Bearers

BACKGROUND

The following seven types of training provided under the Urban Health Initiative (UHI) were found to be effective in strengthening the capacity of the service providers and the health facility staff. The CMO can add value to the FP services by facilitating training on these aspects. The providers referred here include the medical officers and the paramedic staff in both government and accredited private facilities.

TRAINING

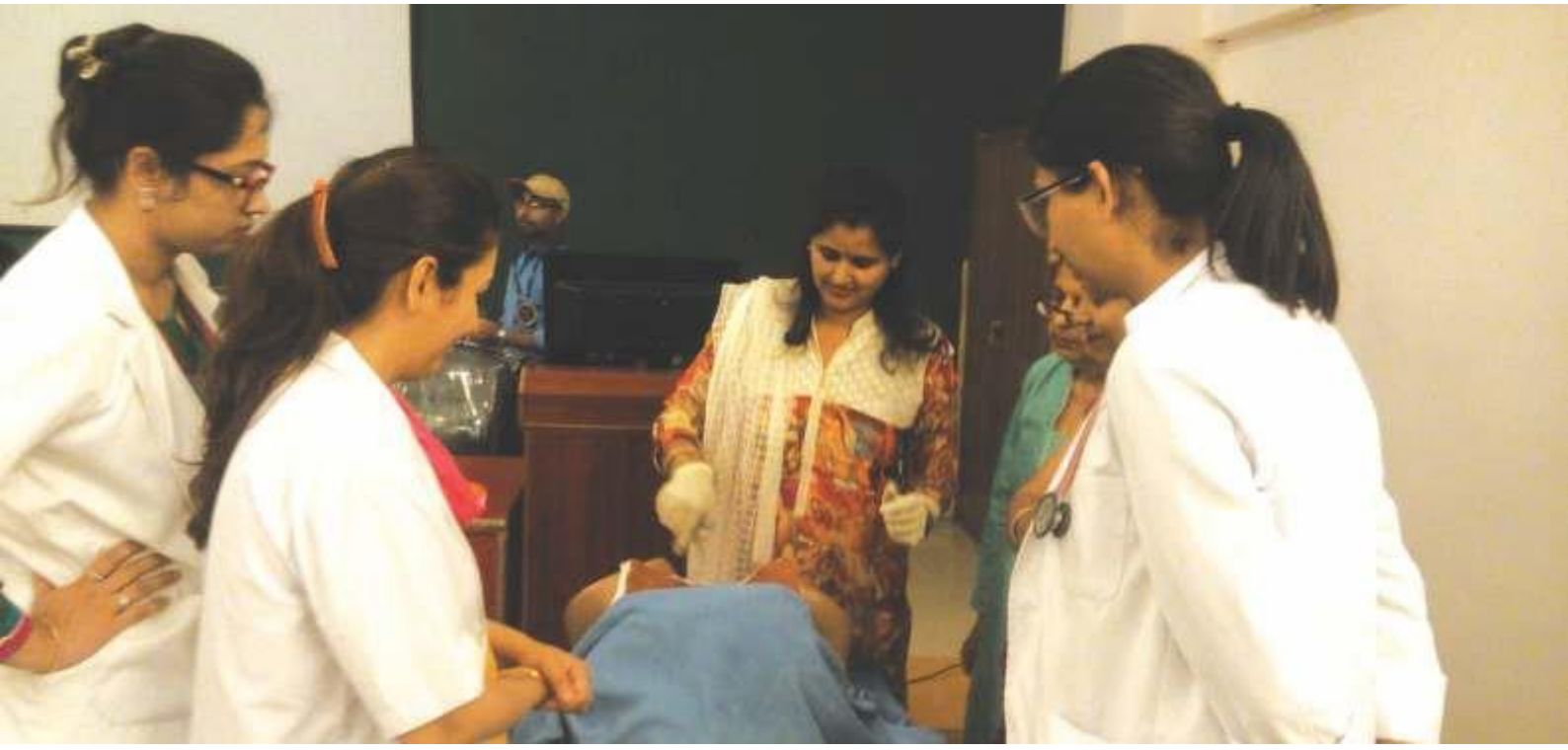
Training is an opportunity for providers to learn the latest information on FP and to clarify their concerns and doubts about various types of contraceptive methods. It enables providers to seek solutions to day-to-day problems and to improve the quality of services in general. Training of providers is also critical in light of the Indian Supreme Court's 2016 decision that quality FP services be provided without coercion.



EVIDENCE OF THE IMPACT

1. In Urban Health Initiative (UHI) project cities, Contraceptive Technology Updates (CTUs) led to a reduction in the number of rejections for FP services, particularly for female sterilization (FST), Intra Uterine Contraceptive Device (IUCD) and injectable in the private sector. The CTUs also led to an increase in the rate of post-abortion contraceptive use.
2. In 11 cities in Uttar Pradesh (UP), 298 doctors were trained in Post-Partum IUCD (PPIUCD) insertion by UHI, resulting in an increased number of PPIUCD acceptors from 1180 in 2011 to 11462 in 2013.
3. Under the Women's Health Program of Population Services International (PSI) in 30 districts in UP, Rajasthan and Delhi, 198 private providers were trained for PPIUCD services that resulted in 13364 insertions between October 2011 and December 2015.
4. Under UHI, infection prevention trainings were conducted in 35 high volume public and private facilities in 11 districts. Infection prevention practices and use of inexpensive locally available supplies improved across all sites.
5. Eleven NSV surgeons were trained under UHI and as a result, the number of NSVs increased from 3723 in 2011 to 4869 in 2013, which is accounted for nearly 77% of all vasectomies done in the state.
6. In 10 project cities under PSI's Expand Access and Quality to Broaden Method Choice (EAQ) program, 2272 NSVs were performed by private providers during 2015 and 2016, representing almost 31% of the total NSVs performed in the State.

All the combined efforts under the UHI interventions to strengthen the technical and inter-personal capacities of the FP service providers contributed to an increase in provider motivation, which resulted in an increased contraceptive prevalence in the project cities.



GUIDANCE ON IMPLEMENTING THE TRAININGS

Details of the seven UHI trainings which were effective in strengthening the capacity of providers and staff, are mentioned below:

1. CONTRACEPTIVE TECHNOLOGY UPDATES (CTUs)

Contraceptive Technology Updates (Refer to: A global handbook for providers) is a type of Continued Medical Education (CME) intended to provide technical updates and knowledge of best practices regarding contraception to providers as well as to dispel prevailing biases or myths regarding contraception.

Purpose: To update providers on recent advancements in contraceptive technology, international evidences and best practices

Duration: 2-4 hours

Content: Based on training need assessments and gaps identified in providers' knowledge and skills; as well as issues observed during service delivery in the facilities.

Audience: Suitable for both government and private providers

Frequency: Six-monthly, or as needed

Steps to be taken by CMO for conducting CTUs:

1. Ensure sufficient budget in the district Program Implementation Plan (PIP) for organizing CTUs on a biannual basis.
2. Based on the existing district FP data and trends, match the need for specific CTUs vis-a-vis the knowledge and the skill set of the doctors.
3. Conduct CTUs on a regular basis, prioritizing topics based on identified needs and gaps. For example, if providers refuse to insert IUCD in post-abortion clients, then there is a need for a CTU on post abortion contraception.
4. Identify experts from a local medical college, local FOGSI chapter, technical agencies or NGOs, as well as from the State Institute for Health and Family Welfare (SIHFW) and request them to provide an update on specific topics in an interactive manner, sharing new knowledge and promoting exchange of views amongst the participants.
5. Ensure 100% participation in the CTUs from public as well as private sector providers. For example, explore with FOGSI/ IMA office bearers on most suitable way to ensure 100% participation of accredited and empaneled private sector providers.
6. Involve the District Quality Assurance Committee (Refer to: Operational guidelines on quality assurance in public health facilities_2013, Section B, Page no.13) for regular review and update of CTU training materials.
7. Review and follow-up on CTU with doctors in monthly review meetings.
8. For method-specific training and guidance, refer to: Family Planning: A Global Handbook for Providers

3. FACILITY WHOLE SITE ORIENTATION (WSO)

WSOs are short sensitization/ orientation sessions for paramedic and support staff at a facility, and are intended to build a supportive environment w.r.t. the quality of FP service provision, specifically addressing the prevalent myths and misconceptions among clients and staff related to contraceptive methods. For example, PPIUCD decisions are often influenced by cleaners, ward aayas/ boys etc. and their sensitization can help support favorable FP decisions.

Purpose: To build an enabling environment for FP among health personnel, including the support staff working in the facility

Duration: 2-3 hours, with follow-up refresher trainings as required

Content: Sensitization of staff towards quality of FP services

Audience: Paramedical and support staff

Frequency: Annually; and refresher as needed

Steps to be taken by CMO for conducting WSO:

1. WSO is organized based on the level of facility. In a large public or private facility (tertiary and secondary), WSO can be conducted by senior level staff from within the facility. In a smaller public and private facility, the doctor-in-charge and the nurses can arrange similar training for their staff during regular meetings (Refer to: UHI's whole site training guideline).
2. CMO should include the number of facilities and the percentage of staff that underwent WSO, as indicators in the monthly review meeting in order to monitor the implementation of this particular training.

4. INFECTION PREVENTION (IP) TRAINING FOR FACILITY STAFF

IP is an essential component in the delivery of quality FP services. Training on IP is provided to doctors, nurses, paramedics and other relevant staff such as sweepers, aayas etc. to increase their knowledge and skills with respect to IP practices in the facility.

Purpose: Improving quality of care in FP services contributes to the assurance of patient and provider safety, reduction of maternal and newborn morbidity and infections in hospital. Cleanliness and good IP practices are an important element in clients' satisfaction and their willingness to obtain services.

Duration: Half day

Content: Infection Prevention Reference Booklet for Health Care Providers, 2nd Edition, 2011 (Engender Health) and Standards and Quality Assurance in Sterilization Services, Chapter 6, Page no. 53

Audience: Providers, nursing and other relevant staff in both government and private sector facilities

Frequency: Based on assessment, but necessary at the time of staff turnover

Steps to be taken by CMO for conducting IP training:

1. Identify a qualified and experienced trainer, either from within or outside the district hospital/ medical college.

2. The trainer should first assess the existing IP practices and training needs of the facility staff (Refer to: UHI's Infection Prevention checklist).
3. The trainer can utilize the UHI training package to conduct half-a-day training, using PowerPoint presentations, group exercises, pre and post knowledge assessment tools, posters and other necessary materials.
4. For any large facility, government or private, an IP committee should be formed which develops an action plan. For a small facility, a provider can take the responsibility of this function.
5. The IP committee, where ever existing, should meet on a monthly basis after the training to assess the progress in improving IP practices according to the action plan, using the assessment checklist. The committee should then decide and implement the necessary corrective actions.
6. Learnings on IP should be reinforced from time to time.
7. In addition to a classroom training, facility visits by trainers are helpful in observing gaps and encourages practical hands-on-learning.

5. TRAINING OF SURGEONS ON NO-SCALPEL VASECTOMY (NSV)

Many districts lack sufficient number of NSV surgeons to meet the increase in demand for NSV arising from awareness creation activities for men. Training of surgeons on NSV can be organized in government identified training centers. Potential providers can be identified as per GoI guidelines and their names can be recommended through district CMOs, Program Managers and NGOs for training. Community volunteers should ensure availability of beneficiaries in the training so that the trainee participants could get the opportunity for comprehensive practice (Refer to: TCIHC_FDS tool, for additional guidance).

Purpose: To increase the existing pool of trained NSV surgeons so as to meet the increasing demand for this method

Duration: 5 days

Content: GoI reference manual for male sterilization (Refer to: Standards & quality assurance in sterilization services, GoI, Nov. 2014)

Audience: Doctors (MBBS and above)

Frequency: One-time training, with concurrent post-training support/ mentoring

6. TRAINING OF PROVIDERS ON FEMALE STERILIZATION (FST)

Increasing the pool of providers trained in laparoscopy and minilap sterilization can help fulfill the increasing demand for these services. The CMO can coordinate with the training centers in their cities, obtain their training calendars and facilitate participation of trainees for FST (Refer to: GoI manual on female sterilization). NGOs can also support by coordinating with the CMOs and other stakeholders to facilitate FST training (Refer to: TCIHC_FDS tool, for additional guidance).

Purpose: To increase the pool of doctors trained to provide FST, so as to meet the increasing demand for this method

Duration: 12 days for minilap and laparoscopy

Content: GoI reference manual for female sterilization (Refer to: Standards & quality assurance in sterilization services, GoI, Nov. 2014)

Audience: Doctors (for Minilap - MBBS and above, specialists in other surgical fields; for laparoscopy - MBBS performing minilap sterilization, Post Graduate Diploma or degree in Obstetrics/ Gynecology, specialists in other surgical fields)

Frequency: One-time training, post-training support/ mentoring

7. TRAINING ON IMMEDIATE POST-PARTUM INTRA UTERINE CONTRACEPTIVE DEVICE (PPIUCD) INSERTION

The Janani Suraksha Yojana (JSY) scheme has resulted in increase in number of institutional deliveries across India. This has given the opportunity to provide Long Acting Reversible Contraceptives (LARC) such as PPIUCD to women who want it. However, many of these opportunities are missed because providers in the facility, lack the necessary skills to provide immediate PPIUCD insertion. Training a core group of providers at the district women's hospitals and in medical colleges can create the necessary technical capacity among nurses and other doctors to provide this service. Funding is available through the PIP to train doctors and nurses from each public delivery point.

Purpose: To impart new skills to the providers for PPIUCD insertion

Duration: 3-days theoretical and practical training at the clinical training site

Content: IUCD, PPIUCD reference manual (Refer to: IUCD manual for medical officers and nursing personnel; and GoI's PPIUCD training video)

Audience: Government and private sector doctors and staff nurses.

Frequency: One-time training; with post-training support/ mentoring

Steps to be taken by CMO for conducting PPIUCD insertion training:

1. Identify doctors and staff nurses from each facility to travel to the divisional training site for a three-day theoretical and
2. practical training. Each trainee is provided theoretical knowledge, has the opportunity to observe procedures and to conduct a minimum of one procedure independently prior to certification.
3. Ensure that the training is followed by on-site mentoring of trainees by the divisional level trainers as per the standard
4. PPIUCD training plan
5. Providers and facility-in-charge to review PPIUCD performance of trained providers at the facility level, sharing experiences and planning for consistent quality of care.

8. REFRESHER TRAINING

Refresher training on clinical methods is important for providers to have updated knowledge including the contra-indications, technical provisions and management of side-effects and complications of FP methods. Government training centers having necessary infrastructure and adequate clientele can be used as sites for refresher trainings. The trainers can include professors of government medical colleges and other trained and experienced doctors.

Purpose: To enhance the skills of existing trained providers

Duration: IUCD/ PPIUCD-1 day & FST-3 days

Content: GoI reference manual for female sterilization (Refer to: Standards & quality assurance in sterilization services, GoI, Nov. 2014; Reference manual for IUCD services, Family Planning Division MoHFW, GoI, March 2018)

Audience: Doctors (MBBS, PG diploma or degree in obstetrics/ gynecology)

Frequency: One-time training, with post-training support/ mentoring

Steps to be taken by CMO/ACMO for conducting refresher training:

1. Identify the number of doctors previously trained on any FP method and assess their performance, so as to identify the need for further refresher training, guidance and support.
2. Together with NGO partner, help in identifying empanelled private providers requiring further refresher training, guidance and support
3. Nominate such doctors/ empanelled private providers for a refresher training

MONITORING AND EVALUATION OF TRAINING ACTIVITIES

The CMO/CMHO/CDMO/CMS and their team should monitor the planning, implementation and outcomes of training activities in the monthly meetings. These activities can also be reviewed in the quarterly District Quality Assurance (DQA) meetings or in the District Health Society (DHS) meetings.

Implementation and outcomes can be monitored using the following indicators after setting the Expected Levels of Achievement (ELA). It would be useful to analyze these indicators separately for public and private facilities and providers.

CONTRACEPTIVE TECHNICAL UPDATES (CTUs)

1. Number of CTUs planned and organized
2. Number of providers participating in CTUs
3. Number of CTUs organized by facilities/ districts in a year
4. Listing of topics and issues addressed in CTUs

FACILITY WHOLE SITE ORIENTATION (WSO)

1. Number of orientations planned and organized
2. Number of participants of WSO in each facility
3. Evidence of increased FP acceptors, post-abortion FP acceptors & post-partum FP acceptors at the facilities

IP TRAINING FOR STAFF AT FACILITIES

1. Number of participants in IP training
2. Number of facilities implementing IP training
3. Percentage of all facilities conducting IP training
4. Number and percentage of facilities having functional IP committees

TRAINING OF SURGEONS FOR NSV

1. Number of providers trained in NSV
2. Percentage of facilities having at least one provider trained in NSV
3. Increase in numbers of NSVs performed at facilities over a given time

TRAINING ON FST

1. Numbers of providers trained in FST (both in Minilap & Laparoscopy)
2. Percentage of facilities having at least one provider trained in FST
3. Increase in the number of FSTs performed at facilities over a given time

PPIUCD INSERTION TRAINING

1. Number of providers trained
2. Increase in the number of PPIUCD insertions performed in facilities over a given time
3. Number and percentage of deliveries followed by PPIUCD insertion
4. Percentage of facilities with at least one provider trained in PPIUCD

COST ELEMENTS

Training needs to be planned and budgeted separately in the PIP. This includes the number of activities planned, the number of participants per training and the number of days of training for each activity.

In addition, training of private providers can be budgeted for in the PIP, which requires advocacy with the government at the national, state and district levels.

The table below is indicative and illustrates the manner in which cost elements are provided in a government PIP, thus giving guidance to the audience on where to look for elements related to a particular task, such as capacity building.

Cost elements/ PIP Budget Head	FMR Code
TOT on minilap, NSV, IUCD insertion training, PPIUCD insertion training, injectable contraceptive, laparoscopic sterilization	9.5.3.6; 9.5.3.9; 9.5.3.11; 9.5.3.15; 9.5.3.21; 9.5.3.3
Training on minilap, laparoscopic sterilization, IUCD insertion, PPIUCD insertion, injectable contraceptive for medical officers	9.5.3.7; 9.5.3.12; 9.5.3.16; 9.5.3.17; 9.5.3.22; 9.5.3.4
Refresher training on minilap, NSV, laparoscopic sterilization	9.5.3.8; 9.5.3.10; 9.5.3.5
Training of AYUSH doctors on injectable contraceptive, IUCD & PPIUCD insertion training	9.5.3.24; 9.5.3.13; 9.5.3.17; 9.5.3.23
Training of nurses (staff nurse/LHV/ANM) on injectable contraceptive, IUCD & PPIUCD insertion training	9.5.3.14; 9.5.3.18
Training for post-abortion family planning & training of RMNCH+A/ FP counsellors	9.5.3.19; 9.5.3.20
Oral pills, FP-LMIS & Others - Training	9.5.3.25; 9.5.3.26; 9.5.3.27
Training/ orientation technical manuals, dissemination of FP manuals and guidelines, quality assurance	9.1.6.2; 9.5.3.2; U.9 .5.5
Orientation/review of ANM/AWW (as applicable) on: New schemes, FP-LMIS, new contraceptives, post-partum and post-abortion family planning, scheme for home delivery of contraceptives (HDC), ensuring spacing at birth (ESB), wherever applicable, Pregnancy Testing Kits (PTK)	9.5.3.1

Source: NH/11 PIP Guideline, 2018-19

SUSTAINABILITY

Linking cost of training to the PIP (PIP resource mobilization tool) is the key to making the training sustainable. The discussion of the planning and monitoring of these activities in the monthly CMO meetings is another important step towards institutionalizing and ensuring sustainability of these capacity-strengthening activities.

AVAILABLE RESOURCES

1. Family planning: A global handbook for providers – WHO, 2018 edition
2. GOI Clinical skill building guidelines for male and female sterilization, 2013
3. GOI – PPIUCD Training video
4. Infection prevention reference booklet for health care providers, second edition, 2011
5. Reference manual for IUCD training, family planning division, MOHFW, GOI, Mar 2018
6. Operational guidelines on quality assurance in public health facilities – 2013, Sec B, Page No. 13
7. Organizational Structure of operational guidelines on quality assurance
8. PPIUCD/ PAIUCD reference manual of GOI, 2010
9. Reference Manual on Female sterilization
10. Reference Manual on male sterilization
11. Standards and quality assurance in sterilization services
12. Supreme Court order 2018 for family planning services
13. TCIHC – FDS Tool
14. UHI Infection prevention checklist
15. UHI power point presentation on IP
16. UHI Whole site training guidelines
17. NHM, PIP guidelines 2018-19: Information Annexure; MFP Annexure Quality Assurance Annexure
18. NHM PIP guidelines 2018-19; Section 9 – Training & Capacity Building; Section 3 – Family Planning Training
19. Quality standards of UPHC under NUHM, 2015, http://nhm.gov.in/images/pdf/NUHM/Quality_Standards_for_Urban_Primary_Health_Centre.pdf
20. Extension of Kayakalp guidelines in urban areas; http://nhm.gov.in/images/pdf/NUHM/Extension_of_Kayakalp_Guidelines_in_urban_areas.pdf.

Disclaimer: This document is based on the learnings collated from Urban Health Initiative (supported by BMGF), Health of the Urban Poor (supported by USAID) and Expand Access and Quality to Broaden Method Choice (EAQ) in Uttar Pradesh (supported by BMGF). This document is not prescriptive in nature but provides overall guidance on how this particular aspect was dealt with in these projects for possible adoption and adaptation.

FOR FURTHER DETAILS, PLEASE CONTACT:

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