

Strengthening NTEP training using the Modernized Training System



HEALTH SYSTEMS
STRENGTHENING
ACCELERATOR

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Context

- **Trained Human Resources (HR)** is critical to Health services delivery in any public health programme.
- National Tuberculosis (TB) Elimination Program (NTEP), India has a **huge volume and variety** of human resources viz. Medical Officers/ Pvt. Practitioners, Paramedical staff, Multi Purpose Health Workers, and frontline health workers/ volunteers, with a high degree of turnover
- **Program is evolving rapidly** in several technical areas resulting in **training being a continuous ongoing requirement**.
- Country-wide variation in training needs such as **multi-lingual** content and **cascade** of training should be taken care.
- Opportunities afforded by **modern technology** should be leveraged (digital interactive content, virtual need based training, online live databases of Human Resources etc.)

- Current method of paper based training needed to be upgraded and strengthened to better account for the above needs.
- Training content needs to be organized better and standardized,
 - Conduct of training needs to be modernized taking into account adult learning principles and interactivity to increase pace and efficiency of translation of policy to practice:
 - Development of a dynamic live low-effort quality monitoring system that can be applied across the country.

Considering these needs NTEP decided to modernize its training system. This challenge was included as a part of the health system strengthening activities of the USAID supported iDEFEAT TB Project led by The Union.

Activity Description

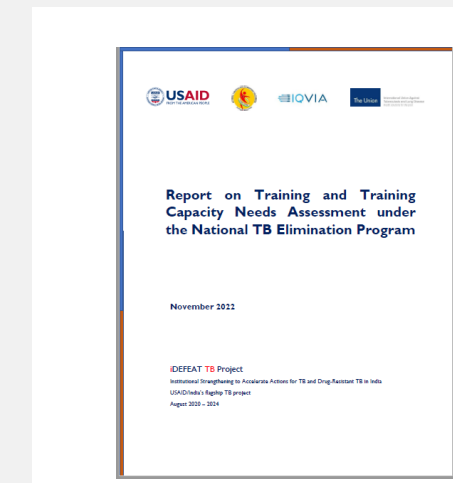
Based on an extensive country-wide **Training Needs Assessment** a Modernized Training System was designed with **three subsystems**

Modernized Training System		
Content Creation	Training Operations	M&E of Training
1. Knowledge mapping	1. Training Planning	1. HR database
2. Content development, revision and maintenance	2. Standard Training schedules	2. Training Log
3. Curriculum Preparation	3. Roles & People 1. Course Co-Ordinator 2. Facilitator/ Trainer 4. Trainee evaluation and feedback	3. Competency based supervision of Human Resources
	5. Modernized Training Unit at STDCs	4. Training Reports & Dashboards
		5. Training Planning

- **System for Content Creation and maintenance (The Knowledge Base):** Acts as a live digital training content repository. Training content is produced in units called pages. Each page can be updated as program evolves and upgraded for better learnability. Based on the needs of a cadre Pages can be selected and sequenced to create any number of cadre-wise courses. Standard roles, protocols, workflows and style guides have been created to maintain uniformity. The Knowledge Base will be operated by a central team of Master Trainers and content creators, who maintain the knowledge base. The final output of the Knowledge Base will be cadre-wise Curricula, and a Training Operations guide.
- **Training Operations** – Cadre-wise training is performed using curricula from the repository using the Standardized Training Operations Guide. It includes planning, execution, and certification of training. The Training Operations guide supports the trainers and training coordinators in the conduct of the training through standard schedules, methods, pre-structured practical demonstration sessions etc. Training is imparted in a blended mode (mix of virtual, in-person, self-paced and instructor-led modes). This component is supported by an online Learning Management System (LMS) such as Swasth-eGurukul.
- **Training Monitoring and Evaluation** - This component redefines how training is to be monitored in a modern way taking into account the dynamic nature of training needs. A live database of training including details of Positions, Personnel in-place, trained, training history, certifications and competency assessment is created and maintained up-to-date. The training Status of individual trainees will also be monitored using competencies defined for each cadre. The database will help in generating reports or dashboards to monitor the progress/ current status as data can be visually explored to understand the status of training across the country. Training supervision and evaluation using competencies will identify which personnel requires re- or updated training. The system is being developed as per the direction of CTD, MoHFW and will be handed over after the completion of the courses and successful rollout of them.

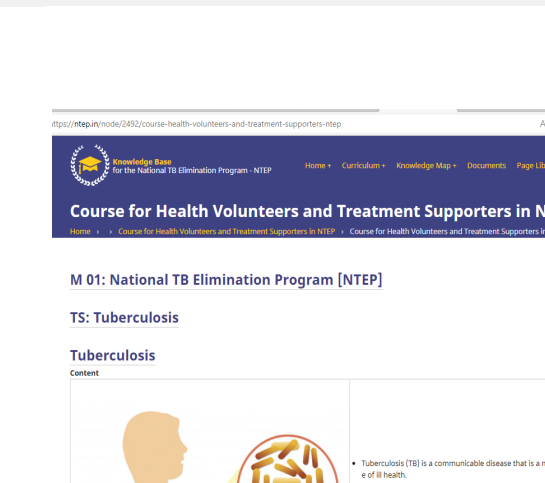
Activity Results/ Impact/ Evidence

Content Development Sub-System



Training Capacity and Training Needs assessment completed:

- A National-level Training and training capacity need assessment conducted, which helped in informed decision making while designing the system.



Knowledge Base created:

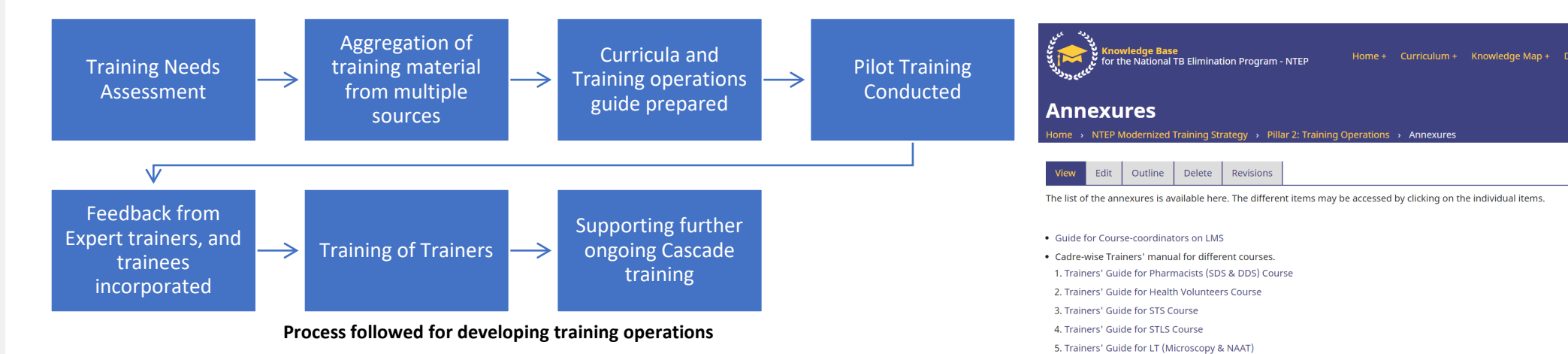
- 2500 pages of content equivalent to 150 hours of content have been prepared
- Processes to continuously update and upgrade material implemented.
- Approximately 100 Pages translated into 6 regional languages

Eight Cadre-wise courses prepared:

1. Health Volunteers/Treatment Supporters,
2. Pharmacist/ Storekeepers,
3. CHO/MPW-PHI,
4. Senior DR-TB/TB-HIV Supervisor,
5. STS,
6. STLS,
7. Lab Technicians (Microscopy and NAAT)
8. Program Managers under NTEP

The Knowledge base is an open to use and contribute repository and has integrated content from many sources (partner organizations, states, national institutes) in a systematic way. It has now become the easy go to reference point for technical knowledge in NTEP

Training Operations Sub-System



Eight courses rolled out

1. Health Volunteers/Treatment Supporters
2. Pharmacists/ Storekeepers
3. STS
4. SLS
5. Lab Technicians (Microscopy and NAAT)
6. Program Managers/ DTOs,
7. CHO/MPW-PHI
8. Senior DR-TB-HIV Supervisor.

- The project team facilitates planning, training, and handholding of state-level trainers to ensure smooth implementation of the training.
- Approximately **4500 participants** have been trained using Modernized Training System across the country till May 2023 (~1 year of implementation).



Training M&E Sub-System

- Excel based tool developed and implemented → Transition to an online system initiated
The system would record individual level data of trainees and all the training that they have undergone.

Facilitators

- This activity is closely linked with STDC Strengthening; key strategic institution involved in the training activities at the state level. Since both activities are under the same project, there is synergistic benefits from both efforts.
- The support and ownership from the, Central TB Division, MoHFW enables faster adoption which leads the National TB program.
- The COVID19 Pandemic and the related increased acceptance of virtual modes of interaction and use of electronic devices for day to day tasks has enabled faster transition, than would have been otherwise possible.
- Most users on the ground, even up to community health volunteers have Smart Mobile devices, either their own, or provided through the health system. This enabled uniform accessibility to all cadres than previously thought of at the time of system design
- Being a system that is open to use and contribute, content developed by many partners working in NTEP have been seamlessly integrated into the knowledge base, significantly increasing the richness of content.

Challenges

- Implementation of the system requires a significant **change management at all levels**; locally developed training practices have to be replaced by the system and transitioned to the new system. This is slowly but steadily progressing, facilitated by instructions to the program functionaries from the Central TB Division and continuous facilitation and handholding from the project.

Lessons Learned

- The modernized training system has been able to effectively address the challenges of continuous capacity building of the cadres on the newer guidelines and scale the training system under the NTEP.
- There potential for further upgradation in the training content is limited only by our imagination; the system will facilitate any amount of upgradation.
- To develop, implement and transition such a system to the health system at large requires dedicated focus and resources; inbuilding this effort into the iDEFEAT TB Project enabled rapid conceptualization, development, implementation and iteration based on need.
- The methods, tools, and systems developed under the iDEFEAT TB project may be transferred for use across the larger health systems including other countries making it a public good.