

## ADDRESSING SKILLS GAPS OF HEALTH PROFESSIONALS IN BIHAR: THE SKILLS LAB EXPERIENCE

### Problem statement

For several decades, and until very recently, Bihar was a by-word within India for economic and political backwardness. Bihar was special among BIMARU states for its deplorable standards of governance: widespread insecurity, corruption, and apparently highly conflictual & dysfunctional political competition. This was especially the case in the period between 1990 and 2005, when there has been an acute shortage of technical personnel at all levels, and health department was no exemption. In the government health service, 90 per cent of doctors posts were vacant, as were 95 per cent of posts for paramedical staff<sup>1</sup>.

The NRHM goals lays stress on making sufficient number of nurses equipped with appropriate skills and knowledge available and the various Government of India monitoring reports (CRM<sup>2</sup>, JRM<sup>3</sup>) have highlighted the lack of skills among health professionals in the State as one of the factor adversely impacting quality health services. The nursing services study conducted by NHSRC in 2008<sup>4</sup> have made recommendations on the need to have skill based trainings and mobile mentoring in the State. This was despite the state undertaking skill based trainings like SBA, IMNCI, NSSK etc. The staff from the public health institutions reported lack of exposure to training on mannequins or real patients as an important factor. Even though the number of people accessing healthcare increased many fold, the lack of skills and confidence prevented them from practicing it.

The in-house quality improvement initiative, called the Family Friendly Hospital Initiative, undertaken by Bihar focused specifically on the skills of health professionals since it was an important factor for certification. The establishment of skills lab in Bihar was done with the specific objective of (a) demonstrating a model of training for addressing skill gaps (b) to build capacity of ANM/Staff Nurse & Medical Officers working in public health institutions. Bihar started setting up Skills lab in 2011.

### Program Description

Skills labs in Bihar are established in Bihar at two levels; District and Block level. The Skills lab at District level was supported by UNICEF and the ones at Block level are supported by Care India. The number of skill stations also varied among these.

The skills lab at district level is established in 6 districts and Block / Institutional level Skills lab are located in 32 institutions in 8 districts.

### Methodology of Training and Evaluation

Each District Skill Lab consists of 30 skill stations - 10 pertaining to obstetrics, 15 newborn & child health and 5 pertaining to infection control practices, arranged in a space of 1500 sq.ft. The training program is conducted through a three-day module for a batch of 30. On the first day, after introductory session, the existing skills (and related knowledge) of each trainee is assessed, and following this, supervised practice after demonstration at Skill stations for each trainee is provided. The TOT for the Skills Lab trainers was held in State Training Institute, Tamil Nadu. The batch of

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<sup>1</sup>Government of Bihar (2006) *White Paper on State Finances and Development*, Patna: Government of Bihar

<sup>2</sup> CRM reports – 1<sup>st</sup> (2007), 2<sup>nd</sup> (2008), 3<sup>rd</sup> (2009), 5<sup>th</sup> (2011), 6<sup>th</sup> (2012)

<sup>3</sup> JRM reports – 7<sup>th</sup> (2009), 8<sup>th</sup> (2010)

<sup>4</sup> Nursing Services in Bihar: current situation, requirements & measures to address shortages, NHSRC, 2008

trainers (24) consists of Medical doctors and graduate nurses. The trainer: trainee ratio is 5:1. The post training evaluations were conducted in selected skill stations and lasts for 150 minutes.

The Block / Institutional Skills lab, is set up in a 800 sq.ft space. The Skills lab has skill stations. The trainers are graduate nurses trained at EVERONN Institute, Tamil Nadu. This training is offered at institutional level and the trainers are mobile. Training team consists of two trainers and is allotted four facilities in a district. They are providing training to all ANMs and staff nurses in a health facility for a week (one out of six modules) and then trainers move to next health facility. After three weeks trainers revisit the facility and assess the skill of ANMs and GNMs and start next module. Presentably 16 master trainers are providing training in 32 Health facilities.

In 2012-13, sixty two staff nurses and 127 ANMs were trained at block / institutional level skills lab, and in the district skills lab 347 doctors and 1555 staff nurses / ANMs were trained. Mobile mentoring visits have shown 'improvement in performance' of 80% in Bhojpur, 65% in Rohtas, 75% in Kaimur and 85% in Nalanda (*evaluation in 4 out of 14 districts in which Skills lab is located*).

### Lessons Learnt

- a) Daily skills use results in improved skills practice and improved quality of services (for this availability of equipment, consumables and favourable environment is important at the working site)
- b) Hand holding/ mentoring / follow up is a must for sustaining the skills learnt
- c) After the training, ANMs are willing to work in health facilities and provide services in labour room independently but rotational posting of ANMs in Labour room is a constraint in practicing skills