CHAPTER V

SUMMARY, LIMITATIONS, AND RECOMMENDATIONS

The primary health worker is the key person in delivering the services to young children and their parents, especially the difficult-to-reach population such as tribals. To enable the health worker deliver the goods, his training needs to be practical and relevant in the tribal context.

Realizing the importance of the health workers and his training for educating and motivating tribal parents to live healthier life, the present project was designed for the field level health functionaries as well as their supervisors.

The following objectives were set for the field level functionaries:

Broad Objective

To plan, implement and evaluate an in-service training programme for the health functionaries associated with services and schemes for young children in tribal areas.

Specific Objectives

1. To reorient them to the priorities, respective roles and duties in their projects.
2. To help them identify gaps and overlaps in the duties of various functionaries.
3. To equip them with necessary knowledge in the specific areas of their work.
4. To help them identify the skills and competencies necessary for carrying out their job.

5. To acquaint them with the role of the supervisors in providing guidance while evaluating.
6. To enable them to discuss and find solutions/ alternatives to the professional and personal problems related to their own job performance.

The following were the objectives of the training programme for supervisors.

Broad Objective

To plan, implement and evaluate an in-service training programme for the supervisors associated with services and schemes for young tribal children.

Specific Objectives

1. To increase their level of insight into the frame-work of services in specific areas concerning welfare of young children.
2. To enable them to discuss the problems related to the Government and voluntary welfare agencies in terms of finance, coordination and supervision.
3. To help them trace the problems in supervision and find solution/alternatives for the same.
4. To furnish them with knowledge of effective supervision and guidance.
5. To identify and strengthen their own role as a link between the planners and the field level workers.

Project Design

The present project was divided into 4 sequential phases as follows:

Phase I : Exploration and analysis.

Phase II : Planning and preparation.

Phase III : Programme implementation.

Phase IV : Evaluation of the programme.

Phase I : Exploration and Analysis

The exploration was done by (A) testing the knowledge of health functionaries by administering a questionnaire, (B) observing the skills and competencies of the health functionaries by accompanying them on the field and (C) highlights of the relevant information from the pilot studies of the major project.

(A) Questionnaire

This was formulated on the basis of (i) available literature, and (ii) observations and results of previous studies which included interviews and talks with government officials in-charge of planning and the grassroot workers in-charge of implementation.

The tool for establishing its content validity was then given to seven experts. The experts were from the fields of preventive medicine, nutrition, pediatrics and gynaecology. They were requested: (i) to critically evaluate the contents for it's acequacy, clarity and appropriateness, (ii) to establish standard answers.

Based on the responses of the experts, the questionnaire was modified and later translated into simple Gujarati. The answers having more than a frequency of three, were taken as correct responses.

After establishing the validity of the questionnaire it was administered to 6 health functionaries to check the reliability. The questionnaire was found to be clear, understandable and eliciting relevant answers.

(B) Observations

Field observations were done to obtain information about their communication skills and how the functionaries perform their duties. The investigator and the research associate accompanied 6 health functionaries on the field going from house to house. After the initial visits on the first day, inter-rater reliability was established. An attempt was made to formulate categories from the recorded running observations. Most of the observations were used to plan role-plays and give examples while conducting sessions.

(C) Highlights of the relevant information from the Pilot studies of the major project

The relevant information was pulled out which served as one of the bases for programme planning, such as common childhood disease in Panchmahals, supplementary feeding, importance of spacing and limiting the size of family etc.

Phase II : Planning and Preparation

This section is further divided into 4 aspects namely (a) Sample selection, (b) Programme planning, (c) Contacting resource persons, and (d) Boarding, lodging and transport arrangements.

(a) Sample Selection

The questionnaire was initially administered to 6 health

functionaries to check the reliability of the tool. Later it was administered to 43 health functionaries, making a total of 49. This included 3 DEEs, 4 HVs, 14 ANMs and 28 MPHWs.

The selection of health functionaries for inclusion in the training programme ideally would have been on the basis of scores obtained on the knowledge content questionnaire. For practical reasons it had to be on the basis of recommendations of their supervisors and the feasibility of their being relieved from their routine work during the period of training. The health functionaries who did not fill the questionnaire earlier but only after the orientation session of the programme were 3 MOs, 1 CDPO, 2 MSs and 2 ANMs of a voluntary agency. Their names were sent very late and hence it was not possible to administer the questionnaire with the earlier sample.

Table 1 consists of 2 samples:

Sample A : Grassroot workers and supervisors who attended the training programme (For pre-testing knowledge content).

Sample B : Grassroot workers from Sample B (For post-testing knowledge content).

Table 1. Sample Distribution.

Functionaries	Sample A	Sample B
Primary Health Centre (PHC):		
Medical Officer (MO)	3	-
Block Extension Educator (BEE)	2	2
Health Visitor (HV)	2	2
Auxillary Nurse Mid-wife (ANM)	5	5
Multipurpose Health Worker (MPHW)	5	5
Integrated Child Development Scheme (ICDS):		
Child Development Project Officer(CDPO)	1	-
Mukhya Sevika (MS)	2	-
Sadguru Seva Sangh Trust:		
Auxillary Nurse Mid-wife (ANM)	2	-
TOTAL	22	14

(b) Programme Planning

Programme was planned on the basis of gaps found in knowledge content, observed lack of skills and strategies adopted in approaching and educating the tribal parents. The sessions were planned in classroom by using different methods such as lecture-cum-discussion, demonstration, role-play, preparation of materials, etc. On-the-field sessions were planned to give an opportunity in dealing with real life situation.

(c) Contacting Resource Persons

Resource persons were contacted to conduct sessions on childhood illnesses and diseases, family planning methods effective with tribal population, supervision, skills and

competencies essential for working with the tribals. A brief note for the outline of their respective topics was prepared on the basis of Phase I. e.g. The pediatrician was requested to highlight and emphasis the common diseases/illnesses in young children especially diarrhoea and PCM which are common in this area. Further, they were requested to elaborate on what the health functionaries can convey to parents as the preventive measures and treatment for such diseases/illness.

(d) Boarding, Loading and Transport arrangements

Bhil Seva Mandal, a voluntary organization, willingly accepted the responsibility of boarding and lodging during the vacation period. Health department of Gujarat Government and Sadguru Seva Sangh, a voluntary agency, provided the transport facilities for the on-the-field sessions.

Phase III : Programme Implementation

Inspite of all the detailed planning and preparation, there were last minute changes in the participants. There were 4 participants who had not filled the questionnaire during pre-test and therefore, before the first session and after the inaugural session, it was ascertained that they fill the questionnaire. The programme was conducted from 11th to 25th November 1983. Supervisors attended and participated in programmes related to item numbers 1, 2, 6, and 7.

The in-service training programme for the field level health functionaries covered following topics:

1. Clarification of the job charts.

2. Problems, attitudes and motivation of functionaries.

3. Base-line surveys.
4. Health, nutrition and family planning education for tribal parents- content, strategies and use of aids.
5. Record keeping.
6. Skills and competencies.
7. Supervision and coordination.

Phase IV : Evaluation of the Programme

Different methods and tools were used to evaluate the training programme.

(A) On-going (In-built) Evaluation

Discussion during and after each session were recorded and conclusions were drawn from them. Care was taken to include their suggestions for later sessions. The questions at the end of the session enabled to find out whether the programme was meaningful and at their level.

(B) At the End of the Training

A short questionnaire was administered and the individual meetings with the coordinator were held. These were useful in eliciting suggestions for future planning of such a training programme.

(C) Follow-up Evaluation

About a month after the programme, a follow-up evaluation was done by administering the same questionnaire which was used for pre-testing the knowledge content. Percentages of post-test were compared with those of pre-test. ~~Findings of these are presented under 'Results'~~.

Field observations of eight health functionaries were made to find out whether the training programme had any impact on their interaction with the tribal parents and if they could make use of different approaches and strategies to educate the parents.

Major Finding

Knowledge Content

(1) The functionaries have indicated increased knowledge in understanding the importance of personal cleanliness, chlorinating the drinking water, soak-pits and latrines. They seemed to have perceived imparting health education to the tribal parents as their responsibility.

(2) There is a need to emphasize more on childhood illnesses and diseases, especially prevention and cure of diarrhoea, scabies and PEM.

(3) The functionaries have understood the importance of gradual weaning from breast feeding, balance diet, growing green leafy vegetables in kitchen garden, modifying cooking methods.

(4) There is a need to emphasize importance of supplementary feeding along with breast feeding after the fourth month, and the consequences of malnutrition.

(5) The functionaries have understood that the family as a unit can be helped by planning the number of children, and think that they are accepted by tribal parents as a family planning worker.

(6) There is a need to emphasize the welfare component in family planning, advocating temporary methods for spacing rather than permanent methods such as sterilization and that how the children benefit if the family is planned.

Skills and Competencies

(1) A shift was observed from perceiving their role as distributors of medicines and motivators for sterilization to perceive themselves responsible for the welfare of young children by educating the tribal parents, as health functionaries.

(2) The ability to plan specific programmes increased with experience during the training but they found it difficult to modify the TPM charts, to cover the target families.

(3) Verbal and non-verbal communication skills were found only in a few initially, but during post-observations many functionaries had acquired these skills.

(4) A shift from very low motivation and very negative attitude towards work and target group to realization of difficulties and problems of target groups and enthusiasm in conducting programmes was observed.

(5) Ability to evaluate the programme and self increased gradually with follow-up discussions after each session.

(6) Majority of the health functionaries could demarkate between personal and professional problems faced by them during post-observation.

(7) A shift from viewing the supervisor as an administrator and inspector to perceiving him as a guide and helper was observed.

(8) Supervisors were observed guiding the functionaries with interest in planning, implementing and evaluating specific programmes. They realized the importance of motivating and appreciating the health functionaries.

(9) The health functionaries knew about some of the agencies with which they can coordinate. There is a need to clarify further as to how to coordinate.

Limitations of the Study

(1) Due to the practical problems and unavaid~~ai~~able circumstances, the size of the sample for the training programme was very small, i.e. 16 field level health functionaries and 6 supervisors.

(2) Though the BEEs and HVs belong to the supervisory cader, for the present project, they were grouped together with the field-level functionaries.

(3) All the supervisors were not able to participate in all the sessions. Only 3 supervisors could participate in all the sessions that were planned for them.

(4) Due to the nature of the health functionaries' work plans and limi~~invi~~ted time, the investigator could not observe all the skills and competencies in every subject in same or similar situations.

(5) Ideally, the administrators and planners should also have participated in this training.

Recommendations for Future Projects

(1) The module should be published in form of a booklet for the trainers. This should include specific guidelines for its use.

(2) There is a need to try out the same module in other tribal areas in different parts of the country to establish its applicability and use. The state research and training institutes and the training colleges of health and welfare department of the states can undertake this project.

(3)A field-tested kit consisting of visual aids should be prepared and supplied to the field level health functionaries for imparting health education to tribal parents.

(4) A separate training programme for health functionaries on 'Family life education' with audio-visual aids should be conducted for strengthening the component of family welfare.

(5) An in-service training programme for the supervisors should be planned:

(a) to equip them for undertaking continued training of field level health functionaries;

(b) for better coordination among different agencies catering to the needs of the young children in tribal areas.