



NAVJAT SHISHU SURAKSHA KARYAKRAM

Impactful interventions by Health Department in Uttar Pradesh

BACKGROUND

Birth asphyxia still remains as one of the major causes of neonatal mortality in India, contributing to about one-fifth of all neonatal deaths. This is a preventable cause which can be addressed by appropriate and timely care during antenatal and intrapartum period. Also ensuring the correct neonatal resuscitation techniques which were often lacking among healthcare providers.

To address this, the Government of India launched the Navjaat Shishu Suraksha Karyakram (NSSK) in 2009-10, aiming to train all Staff Nurses and ANMs, stationed at labour rooms and NBSUs, in essential newborn care and resuscitation. The program covered:



Birth Asphyxia



Infections



Hypothermia



Breastfeeding issues



Over 1.5 lakh Health Workers trained across India

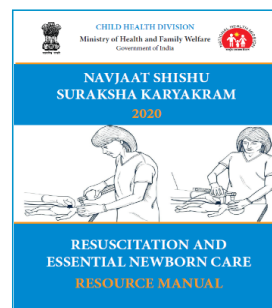
An evaluation of the NSSK training program done by GoI revealed a mixed success. The outcomes varied between good to average across states. The evaluation revealed inconsistencies in knowledge transfer, insufficient practical exposure, and a lack of adequate training infrastructure. Many trainees struggled to effectively apply the skills learned, and the quality of training varied across regions. GoI revised NSSK training program to address gaps identified in the original implementation.

The revised version focused not only on overcoming these challenges but also introduced adult learning principles, improved facilitator-to-participant ratios, and emphasized hands-on practice. The revised version aims to ensure that service providers (SNs and ANMs) in the labour room can uniformly acquire the required skills and are mentored to retain the necessary skills and thus to reduce neonatal mortality and morbidity, particularly from birth asphyxia.



REVISION OF NSSK TRAINING MODEL

National Health Mission, Uttar Pradesh took the strategic approach for implementation of revised NSSK training program in UP, inspired by the successful implementation of SBA training model in the state, and focused on optimizing both the speed of rollout and quality assurance. Key steps taken by the state health department, with support from UP-TSU, included the following:



Prioritization of Target Groups:

The training focused on Staff Nurses (SNs) and Auxiliary Nurse Midwives (ANMs) at high case load delivery points (DPs), rationalizing efforts and resources to target the most critical healthcare providers involved in neonatal care, directed towards high-impact areas.



State-Level Training of Trainers (ToTs):

To ensure uniformity and scalability, Training of Trainers (ToT) were conducted at advanced state skill labs in SIHFW Lucknow, Varanasi, Jhansi, and G.B. Nagar. At least three master trainers were developed for each district, ensuring consistent delivery of training across all districts. Proficient candidates, particularly pediatricians, were identified for these roles.



Microplanning for District Rollout:

A detailed microplanning process was put in place for each district, coordinating the training sessions based on local needs and schedules. This planning ensured a systematic approach to district-level implementation while adhering to protocols, including a 1:6-8 trainer-to-trainee ratio.



Rapid Rollout to Avoid Trainer Attrition:

Following the state-level ToT, a rapid rollout was prioritized at the district level to prevent trainer attrition and maintain the learning curve. Delays were mitigated by additional state-level ToTs when necessary, ensuring an uninterrupted supply of qualified trainers.



On-Site Training for Gap Filling:

In certain districts where trainer shortages occurred due to unforeseen issues like retirement or resignation, UP-TSU's state-trained officials provided on-site training to address the shortfall. This flexible approach allowed for immediate responsiveness to emerging challenges.



Technical and Logistical Support:

UP-TSU provided technical assistance throughout the process, coordinating with trainers and ensuring the availability of infrastructure, training aids, and logistics at all levels. This support included mobilization of participants and adherence to training protocols.



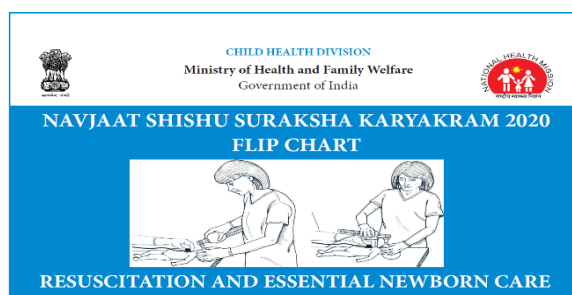
Quality Assurance and Monitoring:

A strong quality assurance mechanism was embedded in the approach, with ongoing monitoring to ensure participants followed the NSSK training manual. Feedback loops were established to maintain high standards and ensure consistent performance across all training batches.



This strategy ensured that the revised NSSK training program could be rolled out efficiently without compromising quality, focusing on building a sustainable and scalable system to address neonatal care challenges in Uttar Pradesh. Three key practices of revised package were followed uniformly:

- A flip chart promoting participatory interactions with notes for the facilitator was made available at all training sites.

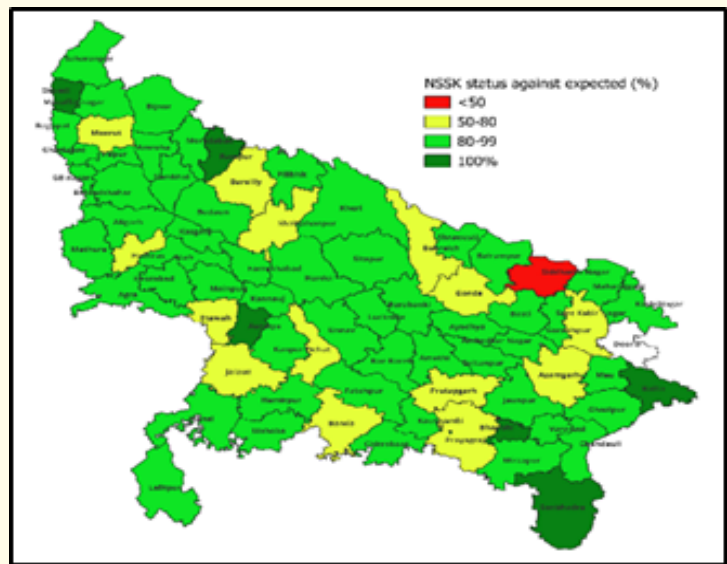


- Better facilitator to participant ratio was also incorporated to improve the quality of training.
- Ensured hands on practice of the skills to enable each participant to acquire the same skill set at the end of the training.

IMPLEMENTATION OF THE NSSK TRAINING PROGRAM:

Initially, a quick rollout of district-level training was planned to follow state-level sessions, aiming to prevent trainer attrition and maintain the learning curve. However, the release of district-level training guidelines in September 2023 caused a 5-month delay. Training eventually began in November 2023, covering 34 districts with the required three trainers per district. In the remaining 41 districts, trainer attrition occurred due to retirement, resignation, or health issues.

To address the shortfall in trainers, NHM with support from UP-TSU, organized two additional state-level Training of Trainers (ToT) sessions in January 2024. These sessions, were held in Lucknow on January 16-17 and 18-19, where 63 participants from 40 districts were trained as state facilitators to meet the increased demand for trainers.



In districts like Ayodhya, Bhadohi, Lalitpur, Kanpur Dehat, and Pratapgarh, UP-TSU's trained state officials provided on-site training to address trainer shortages. NHM and UP-TSU also developed a Hindi translation of the revised NSSK module and played a key role in organizing the training by preparing micro-plans, coordinating with trained trainers, and ensuring necessary logistics and resources.

Goal: Train 225 trainers across 75 districts.

Implementation:



Trainers Needed: 225 (3 per district)



Start: 10 batches facilitated by NHM & UP-TSU



Dates: January 26th - March 2nd, 2023



Participants: 201 from all districts completed training

KEY UPDATE OF THE NSSK TRAINING PROGRAM:

As of April 2024, the NSSK training program in Uttar Pradesh achieved significant progress:



Trainer Development and Training Coverage:

A total of 494 training batches were conducted statewide, with 10,141 Staff Nurses (SNs) and Auxiliary Nurse Midwives (ANMs) completing their training. This represents an 87% saturation of the target audience across all delivery points in the state.



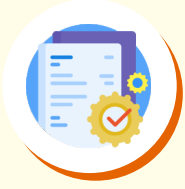
Batch Size and Training Sessions:

The average batch size was 20 participants. The training sessions were completed over a period of 6 months (November 2023 - April 2024), ensuring comprehensive coverage despite some initial delays.



Deployment:

The program successfully trained 201 master trainers across all 75 districts in the initial state-level ToT sessions. Additional ToTs in January 2024 addressed trainer shortages, with 63 new trainers trained to meet the demand in districts facing attrition.



District-Level Implementation:

Training was effectively rolled out in 34 districts starting in November 2023. UP-TSU's on-site training and additional state-level ToTs helped mitigate gaps caused by trainer attrition in the remaining districts.



Quality Assurance and Support:

UP-TSU provided extensive technical assistance, ensuring the availability of training materials and adherence to protocols. They also played a crucial role in monitoring and maintaining high training standards, with ongoing support and feedback.

IMPACT

The district officials not only appreciated the micro plan for the training but also actively engaged themselves in its execution, setting a tone for the entire process. Both trainers and participants were enthusiastic throughout. The hands-on experience provided seamless integration into the program, facilitating better understanding and adoption among the participants.

GoUP ensured quality training in NSSK with NHM's support and UP-TSU's involvement, shifting away from the typical checkbox approach often seen in government programs. The program's implementation across all 75 districts of U.P. was met with strong support from all stakeholders. This success not only sets a solid foundation but also provides valuable insights for future initiatives.



WAY FORWARD



Complete training of remaining batches, utilizing budgets with rest of the nominated staff and new recruits to achieve full coverage and saturation of NSSK training across the state.



Evaluate impact of the training using tools such as direct observation of deliveries (DoDs) and provide mentoring to support deficiencies.

