SCALING UP SBA TRAINING

in UTTAR PRADESH for strengthening quality delivery services
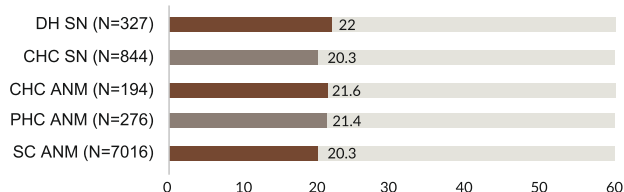
BACKGROUND

The Skilled Birth Attendant (SBA) training program in Uttar Pradesh was launched as part of a broader national initiative to reduce maternal and neonatal mortality rates across India. Uttar Pradesh identified SBA training as a critical intervention. The program aimed to equip staff nurses and ANMs with the skills needed to manage normal pregnancies, deliveries, post-partum period, identify complications early, ensure timely referrals to higher-level facilities and provide adequate family planning counselling and measures. This training was essential to bridge the gap between the available workforce and them being skilled for delivering quality healthcare services

Despite the program's inception in 2008, the overall improvement in the quality of maternal and newborn care has been limited, with significant disparities in training coverage across the state. To understand the shortcomings and identify the gaps in the initiative, in 2013 the Institute for Global Public Health, University of Manitoba (IGPH, UoM) carried out a Facility Mapping in 25 High Priority Districts and found that:

In high-priority districts, only 20% of SNs and ANMs received SBA training, with training rollout progressing at an exceptionally slow pace over five years post initiation.

SBA training status, Facility Mapping (%)

Category	Value
DH SN (N=327)	22
CHC SN (N=844)	20.3
CHC ANM (N=194)	21.6
PHC ANM (N=276)	21.4
SC ANM (N=7016)	20.3

(scale: 0, 10, 20, 30, 40, 50, 60)

It was challenging to find from the government officials the names of the staff who had been trained since 2008 and where they were currently posted. Information on whether the trained staff were conducting deliveries or were assigned some other role was not readily available.

The quality of the training seemed to be an issue as even those who claimed to be trained had very weak clinical competency scores.

There was no denominator to ascertain how many service providers were posted at delivery points and were conducting deliveries with 21 days of training in a batch of 4 for 12 months sequentially, it would take decades for UP to train all its work force. Uttar Pradesh is one of the highest MMR and NMR states in India and therefore pace of training needed to be accelerated to address the training gap.

Though there seemed to be significant number of trainers who were trained at SIHFW, they couldn't be traced easily due to change of phone numbers, place of posting, resignation, retirement, etc.,

CLUSTER MODEL — INNOVATION

The cluster model for SBA training in Uttar Pradesh involved grouping multiple districts together to simultaneously train healthcare providers. This model allowed for efficient training of 32 participants per cluster, combining 5 days of theoretical instruction at a divisional district hospital with 16 days of practical sessions across local facilities. Initially piloted in 2015, it expanded to include High Priority and Aspirational Districts by 2019, leveraging nurse mentors and mini-skill labs to enhance training quality. This approach enabled the state to rapidly scale up SBA training, addressing regional healthcare gaps while minimizing additional costs.

The SBA training, involving 4 service providers trained by 4 trainers over 21 days, limited districts to training only 48 providers per year, contributing to low coverage across UP. The Cluster model was envisioned by the National Health Mission, UP to accelerate training by conducting 8 batches simultaneously.

A shortage of master trainers, concentrated in district hospitals, reduced the number of training batches in any district. The Cluster model addressed this by holding theory sessions for 8 batches at divisional-level district hospitals, where adequate trainers were available, before splitting them for practical training in their respective districts.

As more master trainers were prepared at SIHFW with UP-TSU's support, Nurse mentors and mini-skill labs provided an advantage by serving as additional training sites. With 200 block-level facilities in the 25 HPDs, multiple batches could be conducted simultaneously using the Cluster model.

VISION 2024

While the SBA training gained momentum in the 28 HPDs and ADs, the situation in the rest of UP remained unchanged. With the GoUP committed to reducing MMR and NMR in the state and achieving the SDG targets, the GoUP renewed interest in SBA training in 2021. The main reasons for this were:

1. The coverage of the training remained poor at the State level across UP.

2. SBA training was an important indicator that Common Review Mission (CRM) teams from GoI used during annual visits to the State. Several districts had very low numbers trained in SBA.

3. The institutional delivery rates had risen exponentially in UP over the last decade reaching more than 83.4% (NFHS 5 UP Fact Sheet), out of which 57.7% (NFHS 5) was contributed by the public sector. The increased work-load on public health facilities made it necessary to train all available relevant public service providers on SBA.

4. The state has been recruiting large numbers of nurses both contractual and permanent. Hence, this increased the demand for SBA training in public health facilities. Keeping all this in mind, the GoUP decided to train all staff conducting deliveries across facilities from the sub-center to DWH in SBA by the year 2023-2024.

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DESIGNING OF THE CLUSTER MODEL FOR SBA TRAINING

1) **Revision of the SBA curriculum:** The training content was more than 10 years old and had not been updated since then. Several clinical protocols and quality of care had been revised since then. UP-TSU reviewed the entire content including presentations and videos and revised the 5-day theoretical agenda, created updated training materials (PowerPoint presentations, GoI videos) on various skills and the Objective Structured Clinical Examination (OSCE) checklists for key skills from the mini skills lab guidelines.

2) **State-level skill labs for conducting ToT:** It was decided to decentralize the ToT by engaging the State Skills labs established at Gautam Budh Nagar, Jhansi and Varanasi in addition to the Skills lab at SIHFW, Lucknow so that multiple batches of ToT could run concurrently.

3) **Identification of training sites:** Under the decentralised ToT approach, district level training sites were identified in each district based on an intensive desk review as well as a discussion with the district officials where master trainers can further train facility staff members.

4) **Identification of master trainers from the identified training sites:** Each site would have 5 master trainers as the training period was long and 4 trainers are needed at any given time. The trainers could be the doctors, nurses and nurse mentors of that facility and not from any random facility.

In this way, 2-4 training sites and 10-20 master trainers were prepared at each district depending on the size of the district in terms of number of blocks and number of untrained staff. Keeping an average of 20 trainers at each district, it was estimated that UP would need 1,500 master trainers to cover all 75 districts.

5) **Hands-on training to trainers in the State skills lab:** District trainers were educated on the GoUP case sheet, triaging, partograph, normal delivery, Essential Newborn Care, Kangaroo Mother Care (KMC), birth dose vaccination, and handling maternal and newborn complications. They also received hands-on training in infection prevention, including handwashing, biomedical waste segregation, and autoclave operation, using standard presentations, videos, and checklists. Each trainer practiced newborn resuscitation techniques with mannequins, including the use of a bag and mask and radiant warmer. Pre- and post-tests were administered to all participants, and the UP TSU state team ensured training quality and attendance tracking across all sessions.

6) **Use of Manav Sampada:** The Manav Sampada system played a critical role in tracking SBA (Skilled Birth Attendant) training and its outcomes in Uttar Pradesh. The system was particularly useful in identifying the location, qualifications, and designations of healthcare providers. However, the system also revealed challenges in the SBA training program. For instance, after SBA trainers were transferred, some were posted in non-training site facilities, which disrupted the training process. Additionally, tracking attendance was difficult due to relocations and the joining of new staff nurses.

7) **Microplanning for District level cluster based training:** In the initial stages of conceptualization, microplanning proved to be the most time-consuming task due to the lack of a template or prior work. Despite this challenge, GoUP, with the support of UP-TSU, successfully developed a comprehensive micro-plan for the Training of Trainers (ToT) program in Uttar Pradesh. This plan was strategically designed to minimize participant substitutions and ensure that clinical commitments were appropriately adjusted.

The plan incorporated eHRMS codes to track trainers and used a color-coded batch system to manage training without disrupting facility operations. Rigorous follow-ups ensured participation, and the detailed plans were shared with GM training for coordination. Micro-plans were developed and gradually updated.

In each district, the District Women Hospitals combined with District Hospitals were identified as the main training sites for 5 days of theoretical training and 1-3 CHC-FRUs/CHCs were identified for 16 days of hands-on labour room practice. Hence, since November 2022 each district has been training clusters of 4-16 participants every month as SBA.

8) **Use of Mini-skill labs:** Mini skill labs were extensively used for the skill practices supported by the Nurse mentors as master trainers. The well-established Nurse Mentoring program played an important role in ensuring the quality of these trainings as the nurse mentors were also trained as trainers at state skills lab. They then trained the participants in their facility with elaborate use of mini-skill labs and mannequins for hands-on practice in the respective DWH and CHCs.

9) **Gender e-module integration:** Upon the advocacy of UP-TSU, for the first time, a gender e-module was integrated into SBA ToT to address issues related to gender equity among health care providers and ensuring respective & dignified care for all. This 2-hour e-module, designed to depict real-life case studies and actionable points, was included in SBA training across the state for consistent messaging. It was scheduled on day five of theoretical training and aimed to encourage participants to reflect on their actions with minimal facilitator involvement.

10) **Monitoring and quality checks:** Due to the large scale of simultaneous training across UP, quality monitoring was crucial, including punctuality, attendance, and session quality. The district Additional Chief Medical Officer - Reproductive and Child Health was designated as the nodal officer to ensure training followed the micro-plan, budgets were timely, and attendance was reported. Trainings were inaugurated by senior officials to emphasize importance. Additional Directors, Chief Medical Officers, and others provided supervisory visits, while NHM state office members conducted daily calls to monitor progress. District Senior Specialists from UP-TSU oversaw smooth implementation, addressing logistical issues, and OSCEs were conducted to enhance trainee nurses' skills.

PROGRESS UPDATE

As previously observed, SBA training was viewed as a highly laborious and impossible task; however, with the new approach of cluster model, the health department has been able to achieve:

- Overall 6570 (87%) SBA trained staff against the expected 7114 staff across UP,
- Improvement in the average scores between pre-test and post-test scores from 22/30 to 27/30.
- SBA training was initiated in Ghaziabad on Nov 22 and 80 SNs/ANMs have been trained till March 2023. Following this, new delivery points have been activated by these nurses for conducting deliveries.

IMPACT

Increased Training Capacity: The SBA training program successfully expanded its reach, training over 1,300 master trainers in 2 years from March 2022 till August, 2024 with the use of 4 state Skill-labs for ToT. UP now has 265 designated SBA training sites.

Improved Coverage: The program scaled up district cluster-based SBA training to all 75 districts in Uttar Pradesh, significantly broadening the geographical coverage.

Enhanced Training Quality: There was a focus on improving the quality of training through the revision of training materials, the inclusion of gender e-modules, and the use of mini skill labs for practical training.

Sustainability and Continuity: The training program was designed with a sustainable model in mind, ensuring ongoing training and the ability to scale further as needed, which contributes to long-term improvements in maternal and newborn health outcomes.