

On Site Coaching and Mentoring

Pilot and Scale up – Mahbubnagar, Telangana

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Background:

High rates of maternal and child mortality are significant public health challenges in India. In 2013, the National Rural Health Mission (NRHM) announced the rolling out of the RMNCH+A, a comprehensive strategy based on the concept of 'continuum of care' for improving maternal and child health outcomes, to respond to these challenges. RMNCH+A focuses targeted interventions to improve maternal and child health outcomes on the first 1000 days between pregnancy and the first 24 months.

Need for Coaching:

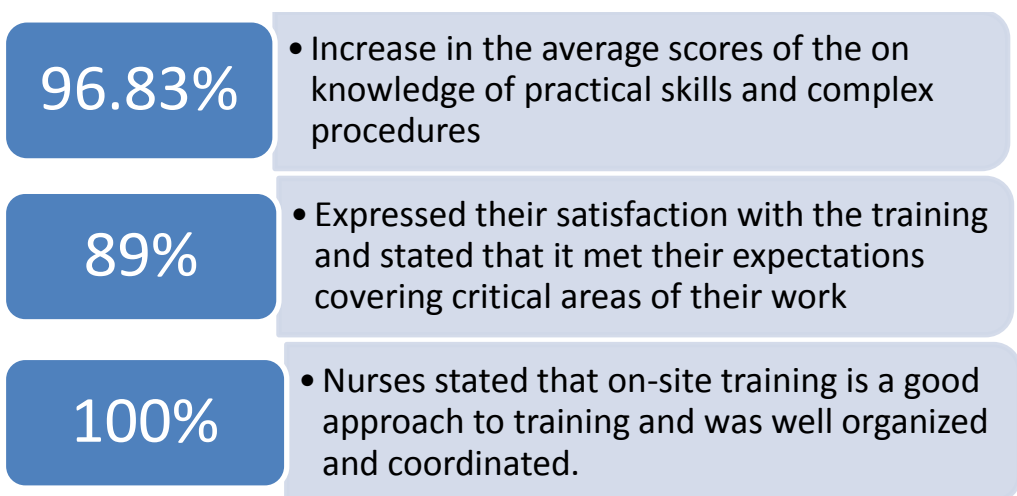
Mahbubnagar in Andhra Pradesh is a high priority district for RMNCH+A with mortality rate and the infant mortality rate much higher than the state average. A needs assessment conducted by Model Districts Health Project, Earth Institute, Columbia University identified the following obstacles to delivering high-quality services:

- **Poor training quality- lacunae in skills of nurses**
- High referral rates
- Poor quality of delivery services

- Only 60% trained in skilled birth attendance
- Only 50% percent were trained in new-born care and resuscitation
- 90% not aware about how to conduct an episiotomy

Aim of Pilot:

To address these bottlenecks by providing targeted skill building to nurses through on-site coaching. This included mentorship and supportive supervision from a Nursing College, to sustain quality service delivery, and performance measurement through regular monitoring. It was premised on the idea that clinical staff in public health facilities needs hands-on coaching on-site at the facilities where they work, rather than being called away from their facilities in order to attend training sessions.



Model of Training and Mentoring:

The on-site coaching pilot was conducted in 4 facilities in Mahbubnagar. The research and coordinating partner was Model Districts Health Project, Earth Institute and training partner was SVS Nursing College.

Step 1: Needs assessment to identify technical gaps through baseline assessment

Step 2: Skill Building - one week of training

Step 3: Supportive Supervision and Mentorship - three weeks of follow-up support from the cluster/district monitoring team and on-spot training as required.

Step 4: Evaluation post training to identify further needs jointly. An objectively structured clinical/practical examination tool was used to score the nurse

Hands on Training:

The trainers training team employed a variety of training methodologies including the use of mannequins for skills that are difficult to learn while managing real patients (e.g. MamaNatalie for Active management of third stage labour in a complicated delivery), the use of the equipment and instruments available at the centre to instil confidence in the nurses, and laptops to enable use of audio-visual teaching aids.

Advantages of On-Site Training that have Policy Implications:

- The facility is not short-staffed during the training because the coaches come to the facility
- The trainees get individual attention and hands-on guidance, there it is interactive
- Development of skills in familiar environment where they have to work improves confidence to work in one's own clinical setting
- Post training monitoring and mentoring
- Cost-Effective compared to residential training

Scale-up following success of Pilot

This initiative was scaled to eight other facilities by the district leadership of the Collector and District Medical and Health Office, based on the success and positive feedback from trained nurses. The preliminary results of this next round have shown that on site coaching has increased knowledge of the participants from average of 43% to 71 %, skills 15% to 74% and confidence level from 16% to 72 %. In the light of these findings above findings it is strongly recommended that the onsite coaching program can be scaled up in the entire district and state to provide quality services to the users of the public health facilities.