



BUILDING SKILLS, SAVING LIVES

Bihar Technical Support Program
Innovation Brief NO.1
The Incremental Learning Approach





THE CHALLENGE: IMPROVING THE COVERAGE AND QUALITY OF HEALTH SERVICES

Frontline health workers (FLWs) have demanding jobs. In India, female FLWs visit families in their homes to provide counseling and services related to reproductive, maternal, newborn and child health along with nutrition, hygiene and sanitation. Although most of them are proud of the work they do, it is not uncommon for them to feel unappreciated and ignored. The training they receive is usually limited. Often during the home visits, clients' questions remain unanswered and health needs and complications are left unaddressed. Their payment and supervision are also often inconsistent and irregular.

Bihar is one of the most populous states in India – home to over 110 million people, nearly a third of them living below the poverty line.¹ The Bihar public health system has struggled for decades to keep up with the needs of the growing population, while women and children have often suffered the most. Bihar has some of the country's highest rates of maternal, newborn, and infant mortality.



With long distances between health centers, poor road conditions, and limited transportation options, many people who live in Bihar have little access to facility-based health services. FLWs bring health education, services, and support to families who would otherwise not receive care.

Three different cadres of FLWs work in Bihar: Aganwadi workers (AWWs), Accredited Social Health Activists (ASHAs), and Auxiliary Nurse Midwives (ANMs). ANMs work out of health sub-centers and provide supervisory services to ASHAs. AWWs and ASHAs have overlapping responsibilities and serve the same populations, but work for different governmental departments.

FLWs typically receive several weeks of classroom training when they first start their jobs, covering a wide range of reproductive, maternal, and child health and nutrition services. While they learn about many different health topics, they have no opportunity to practice their new skills before going into the communities. Inevitably they forget some of these lessons over time without further feedback, guidance, or support. This leads many FLWs to become frustrated and demotivated, and the quality of their work deteriorates as a result. Fortunately, this began to change in 2012 with the introduction of the Incremental Learning Approach (ILA).



THE INNOVATION: THE INCREMENTAL LEARNING APPROACH

CARE partnered with the Government of Bihar to plan and facilitate training sessions for FLWs at health sub-centers. Throughout India, health sub-centers are a link between the community and the primary health care system, providing essential services to about 5000-7000 people. Each sub-center is staffed by approximately 20 FLWs (more or less, depending on the size of the served population), and managed by at least one ANM. CARE decided to leverage these sub-centers as platforms for new purposes: 1) to provide ongoing training and supportive supervision to FLWs, 2) to increase cooperation and coordination between ASHAs and AWWs, and 3) to review and plan the actions of FLWs based on the needs in the community, identified through data collected during home visits.

Training, practice, and supportive supervision

Recognizing that most adults retain information more effectively through active, hands-on methods than by reading or listening alone, CARE divided up the numerous tasks and skills FLWs need to know into short lessons with theoretical and practical components. CARE's block managers deliver these lessons to ANMs in weekly sessions at primary health centers, and in turn, ANMs provide the same training to FLWs at monthly sub-center meetings that were previously held only to deliver paychecks.

The training modules include information on family planning, antenatal care, institutional delivery, post-natal care, immunizations, infant feeding, kala-azar, and other important family health topics. Facilitators are equipped with handheld projectors that they connect to their mobile phones, allowing them to project videos or other visual aids during the meetings. The FLWs then have the opportunity to role play and to practice their new skills on each other and to ask questions, discuss challenges, problem-solve, and get feedback from ANMs and trainers. The monthly sessions build on each other, increasing FLW knowledge and skills a little at a time.

Reviewing and planning

The sessions follow a general structure of reviewing, learning, and then planning. Each month, FLWs review what they learned from the previous month's training module and relate how they used those skills in the community that month before moving onto the next lesson. Then after each new lesson, they discuss and plan together how to apply their new knowledge and skills into their work for the following month.

Cooperation and coordination

FLWs also make time at these meetings to discuss any trends they may have noticed among their clients and common problems they have identified during their regular home visits. Comparing notes on their work experiences helps the AWWs and ASHAs to coordinate their visits and harmonize key messages, strengthening the accuracy and consistency of their client guidance. For the first time, ASHAs, AWWs, and ANMs are working together to solve problems and support each other in delivering quality health services to the families they serve.



RESULTS

Household surveys in Bihar have noted advancements in the quality of health service delivery by FLWs in recent years, which may well be attributed to the implementation of the ILA. Pregnant women are receiving significantly more antenatal care visits, and are delivering in health facilities with skilled birth attendants more often than in the past. Positive newborn care practices have improved, including skin-to-skin contact and early initiation of breastfeeding. Immunization coverage has also increased significantly. Overall, the quality of counseling and coverage of health services have improved.

FLWs participating in the sessions report that their technical knowledge and skills are enhanced, and they feel more empowered, motivated, and proud than they did before the trainings began. As they spent more time together and began to collaborate, ASHAs, AWWs, and ANMs formed more positive and productive working relationships including among those who previously held unfavorable opinions of each other.

One AWW noted that after the various FLW cadres began meeting regularly and working together toward common goals and targets, *“the scenario completely changed.”* She became more confident in her skills and approaches her work each day with newfound passion and fulfillment, proud of what they are accomplishing together.

WHAT'S NEXT

After witnessing these health system and service delivery improvements, the Government of Bihar decided to replicate the ILA in all 38 districts in the state. It has been further adopted for scale-up in 162 districts and eight states across India.

Notes

1. World Bank. (2016). <http://documents.worldbank.org/curated/en/781181467989480762/pdf/105842-BRI-P157572-PUBLIC-Bihar-Proverty.pdf>

This brief is part of the Bihar Innovation Series, which highlights some of the innovations that make up the Bihar Technical Support Program. In partnership with the Government of Bihar, CARE has developed innovative solutions that are increasing access to high quality health services in Bihar.

The Bihar Technical Support Program is helping the Health and Social Welfare Departments of Bihar to achieve their goals of reducing rates of maternal, newborn, and child mortality and malnutrition, and of improving immunization rates and reproductive health services statewide.

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