Inception Report

Project: Meghalaya Health Systems Strengthening Project (P173589)

Client: Department of Health & Family Welfare (DoHFW), Government of Meghalaya

Country: India

Project Title:
"Providing Capacity Building Support for Health Staff including Nurses under the Meghalaya Health Systems Strengthening Project (MHSSP) to improve the efficiency and accountability in delivering day-to-day activities at Health Facilities at the State and District levels by developing clinical and techno-managerial skills of medical officers, block and district level officials, including the nursing cadre of the Health Department of the State."

Date: March 1, 2023

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Disclaimer:

This report is intended for circulation only among relevant stakeholders of the MHSSP and the World Bank. As this report has not undergone copyediting, inconvenience due to errors related to language and grammar is sincerely regretted.

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1. Background:

The Ramaiah Medical College and the Ramaiah International Centre for Public Health Innovations (RICPHI) have been jointly awarded a contract by the Meghalaya Health Systems Strengthening Project under the National Health Mission, Meghalaya for "Providing Capacity Building Support for Health Staff including Nurses under the Meghalaya Health Systems Strengthening Project (MHSSP) to improve the efficiency and accountability in delivering day-to-day activities at Health Facilities at the State and District levels by developing clinical and techno-managerial skills of medical officers, block and district level officials, including the nursing cadre of the Health Department of the State" effective from January 19, 2023 for three years.

The official contract was signed between the MHSSP team led by Mr. Ram Kumar, IAS, Secretary-Health and MD, NHM, Meghalaya and the Ramaiah team led by Dr. Shalini C. Nooyi, Principal and Dean, Ramaiah Medical College in presence of Dr. Nayanjeet Chaudhury, Director, RICPHI and representatives of, both, Govt. of Meghalaya and the Ramaiah team on January 30, 2023, in Shillong.

1.1 Objectives:

The objectives of the assignment "Capacity Building Support for Health Staff including Nurses under Meghalaya Health Systems Strengthening Project" are as follows:

A. Improve the efficiency and accountability in delivering day-to-day activities at Health Facilities at State and District levels by developing clinical and techno-managerial skills of medical officers, block, and district level officials, including the nursing cadre of the Health Department of the State, and imbibing in each trainee the requisite skills needed for carrying out their job responsibilities.

B. Establish a sustainable mechanism within the State Health System, for training in managerial and technical skills through the implementation of capacity-building activities, which shall be followed by continuous supervision by the agency during the assignment period.

C. Documenting a comprehensive Training Needs Assessment (TNA) which will be the base of future training or upskilling which shall be done in conjunction with the existing state training resources and state training consultant prior to implementation.

D. Mentoring of health staff by the agency and the Master Trainers (pool of trainers from within the State Health System trained by the agency who are made competent to deliver the training under the tutelage of the agency) developed during the contract period. A comprehensive capacity-building framework for all participants is expected to be in place prior to the onset of any training and capacity-building activities and the agency will ensure that all such activities are to be done by involving the State Training Centre at every level.

E. Development and integration of specific competency-based modules with ongoing training programs are required for all health staff with special emphasis on maternal and child health such as Mother care (Dakshata) and Childcare in accordance with the State Training Team or other State Training Agency.

F. Assist in developing an overall training plan, curriculum, and course modules along with training materials by ensuring utilization of innovative training techniques rather than traditional lecture methods, such as hands-on training, Skill Lab, and participative and experiential learning.

G. Facilitation of exposure visits (national and international) of selected participants to states and/or countries with similar health systems as that of Meghalaya (250 people approx.). The State department shall bear the logistics of travel and stay arrangements as needed.

2. Kick-off Meeting

On January 30th, 2023, the contract was signed between the Health Secretary & MD-NHM on behalf of MHSSP and the Principal, Ramaiah Medical College & Director, RICPHI, Bangalore in the presence of Director, RICPHI. Various representatives from the state including training consultants, team-leads of various agencies and other stakeholders, were a part of the MHSSP posse along with RICPHI team members.

The inception meeting served as an overview for the discussion of key project components, alignment with the MHSSP RFP Document, expectations from the implementation agency and showcasing of already existing applications/data/techniques being used by the state for health system management.

3. Activity implementation schedule

Activities done so far and scheduled for the future: The complete project flow chart is available as Annexure 5.

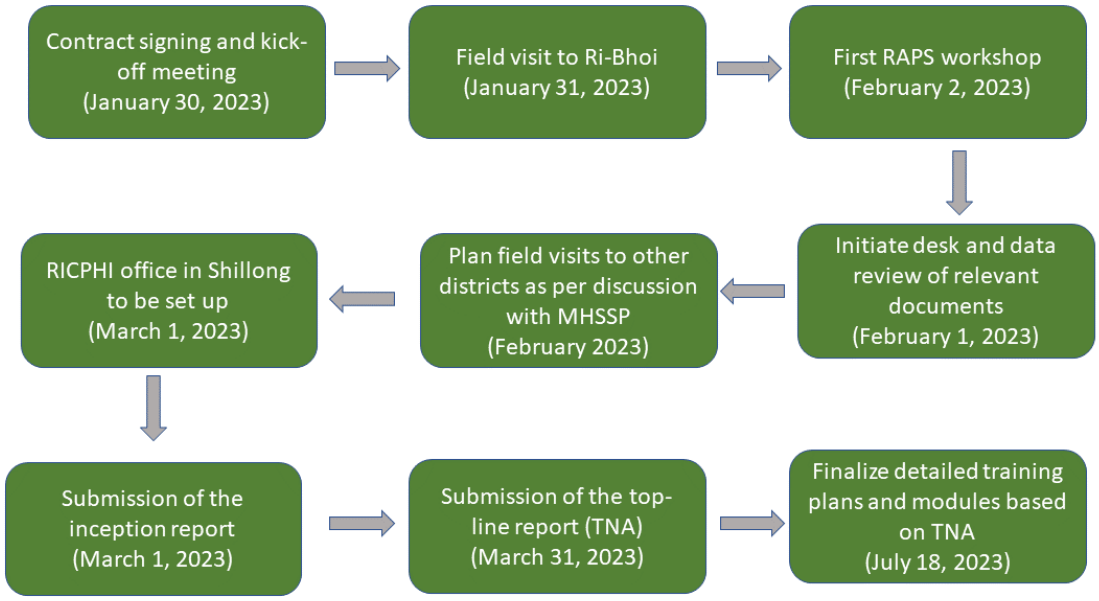


Image 1: Timeline till TNA completion

4. Project Mobilization Plan- Training Needs Assessment

The project is divided into three major components:
1) Training Needs Assessment (TNA)
2) Training Implementation
3) Monitoring & Evaluation

The TNA will comprise of the following components:

1. Health Systems Assessment
2. Review of state training modules and curricula
3. Mapping of cadre wise requirements of skills
4. Assessment of IT resources, data systems and dashboards
5. Assessment of skill lab infrastructure and functioning

4.1 Health system assessment

The health systems in place will be assessed via exhaustive desk review, data review and in-person visits to health facilities of select districts according to high, medium, and low performing categories.

4.1.2 Desk Review

The Desk review will focus on techno-managerial skills covered by the operational guidelines of MCH programs, Trainer of trainer modules and other training programs. Internal assessment reports, reports shared by the agencies working with Govt. Of Meghalaya, program implementation plan, common review mission (CRM) will be considered for the review.

4.1.2.1 Objectives of the desk review

1. To identify the techno-managerial concepts covered by Trainer of trainer modules and in implementation guidelines of state and central programs,
2. To list out Management tools and techniques recommended or suggested for program implementation,
3. To identify a tentative list of TM skills needed for program implementation.

The Desk review will include, but not limited to, the below mentioned guidelines and reports:

- LaQshya operational guidelines
- LaQshya SOP for District Hospitals
- Dakshata operational guidelines
- DAKSH SKILLS LAB for RMNCH+A SERVICES – Training manual for Facilitators
- SUMAN operational guidelines
- CPHC guidelines
- Induction modules from other states like Odisha or Karnataka
- PIP for the year 2022-24
- Common review mission report (2022)
- Presentations from agencies
    a. IQVIA HRH enumeration report
    b. NHSRC report- Situational analysis

- State Health Policy
- NE specific report by NEDFI
- Rescue Mission guidelines.
- ECD mission document.
- Other reports as suggested by the stakeholders.

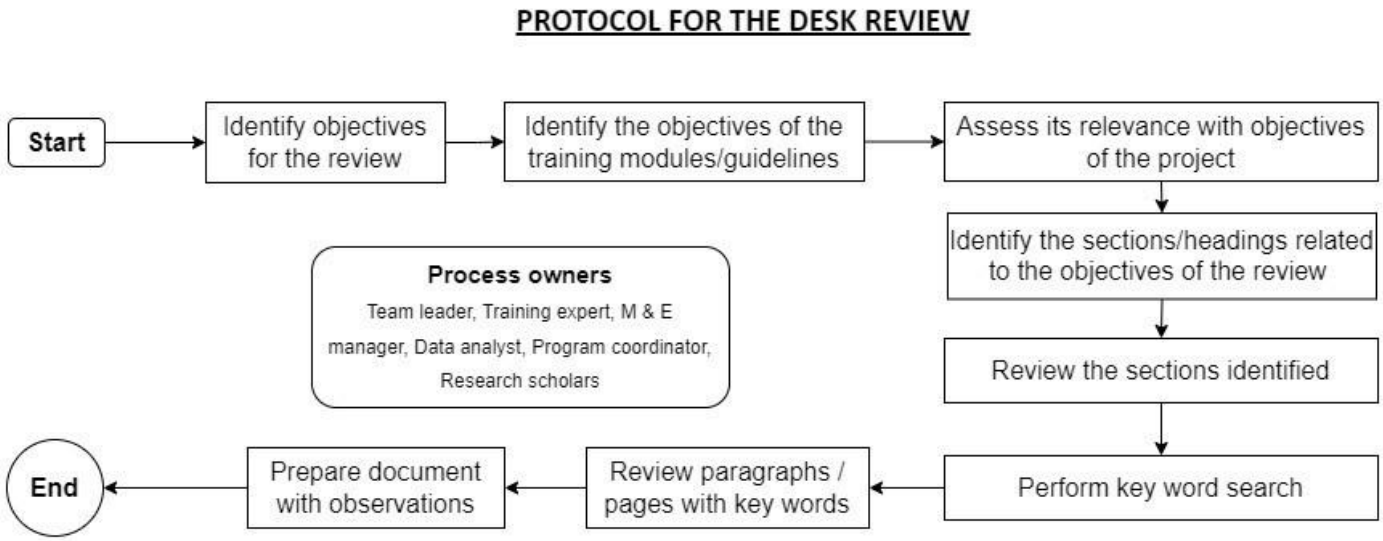


Figure 2: Protocol for Desk Review

4.1.3 Field visits

The team would like to meet with the following stakeholders in each district to get in-person feedback about the status and workings of the state health system:

- DM & HO
- Additional DM & HO
- Nodal officers
- Block medical officers.
- Medical officers/Facility In charge of the following facilities

The visits have multiple objectives such as:

- To understand the challenges faced by medical officers, staff nurses in discharging day to day activities.
- To understand the perceived skills required for improving the efficiency of program/facility management.
- To understand the service load at facilities

A sample field trip report to Ri-Bhoi district is attached as Annexure 1.

The following is a tentative list of districts identified in consultation with the STC, MHSSP. The cells in green highlight the facilities that have already been visited as on **March 1, 2023**:

District	Blocks	Facilities
East Khasi Hills (EKH)	Shillong	Ganesh Das Government Maternal & Child Health Hospital
	Mawsynram	• Mawsynram CHC • Dangar PHC
	Pynursla	• Pynursla CHC • Mawkliaw PHC
West Garo Hills (WGH)	Selsella	• Selsella CHC • Bhaitbari PHC
	Tura	Tura District Hospital
	Tikrikilla	Tikrikilla PHC
West Jaintia Hill (WJH)	Jowai	Jowai Civil Hospital
	Amlarem	• Nongtalang CHC • Jarain PHC
	Thadlaskein	• Ummulong CHC • Namdong PHC • Ladthalaboh UPHC
West Khasi Hills (WKH)	Mairang	• Mairang CHC • Nongthliew PHC
South Garo Hills (SGH)	Chokpot	• Silkigere PHC
	Baghmara	• Baghmara Civil Hospital

Table 1: Tentative list of districts with facilities

4.2 Tentative training centre locations

The tentative training centres include premises of all district hospitals and select private hospitals and training institutions in the state which shall be finalized in collaboration with the MHSSP team. The table below highlights some of the shortlisted centres in different cities to carry out training(s) in consultation with the STC:

District	Training centres	Address
East Khasi Hills (EKH)	Pasteur Institute	Lawmali Road, Golf Links, Shillong, Meghalaya 793001
	Meghalaya Administrative Training Institute (MATI)	Lachumiere, Shillong, Meghalaya 793001
	Regional Health and Family Welfare Training Centre	Laitumkhrah, Shillong, Meghalaya 793003
West Khasi Hills (WKH)	M.C.H Hospital	Nongstoin, Meghalaya 793119
West Jaintia Hill (WJH)	M.C.H Hospital	Hospital Road, Jowai, Meghalaya 793150
East Garo Hills (EGH)	Veterinary Training Centre	Williamnagar, Meghalaya 794111
West Garo Hills (WGH)	Rongkhon Skills Lab	Megonggre, Meghalaya 794001

Table 2: District wise training centres (proposed)

4.3 RAPS

The first two of a series of RAPS or Risk Analysis and Problem Solving (RAPS) workshops were organized for key stakeholders in the system who would help identify various training challenges and provide solutions around them. RAPS is a concept used by RICPHI as a unique consensus building exercise for a heterogenous group of participants. The concept works on group dynamics, participatory research as well as design thinking principles. The method is usually used for identifying performance issues within large heterogeneous groups within an institution/healthcare facility or within a community, with the aim of collectively solving the most critical and priority barriers in the success of a project or program. The uniqueness of the method is in making every participant engage equally in the brainstorming exercise, irrespective of their professional positions, affiliations, and personalities, and help them spontaneously come to a consensus around the complex problems chosen for the workshop and their potential pathways towards effective solutions. The detailed report of the first two RAPS workshop is attached as Annexure 2. The RAPS workshops which form a part of the Training Needs Assessment (TNA) exercise will comprise of four episodes as follows:

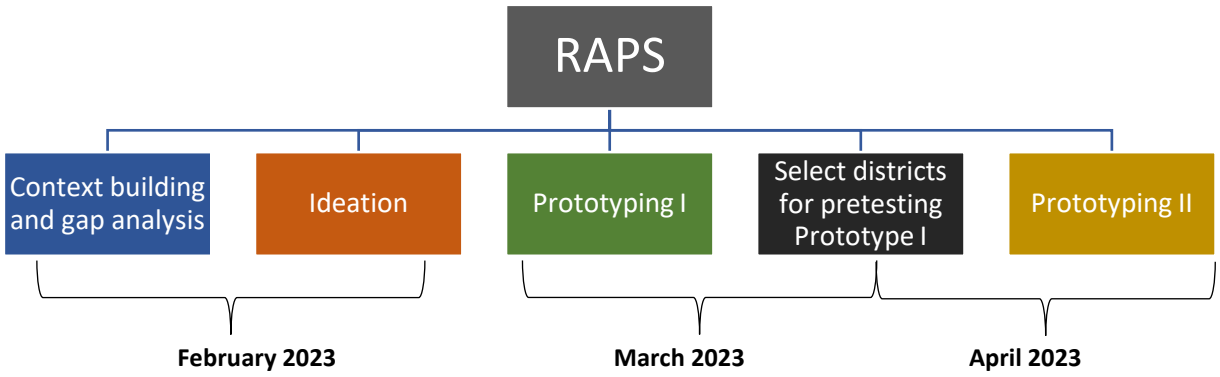


Figure 1: RAPS components

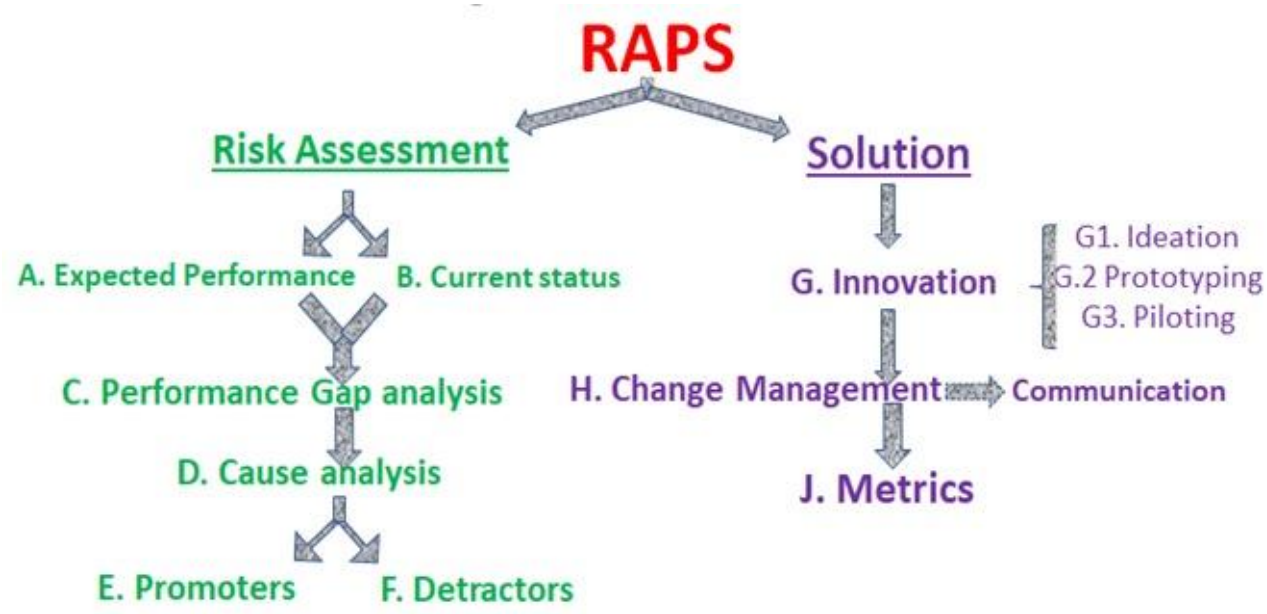


Figure 2: Major steps of a comprehensive RAPS workshop (series)

Typically, the workshop may include several of the components depicted in the framework given in Figure 2, with each component customized by the facilitator to the identified needs of the group activity.

5. Work Plan (Training Implementation)

5.1 Curriculum Development

Upon completion of the Training Needs Assessment, RICPHI/RMC shall, in collaboration with the State Training Cell, initiate the preparation of training modules on topics that emerge as having the strongest need. This includes modules on health systems and adaptive project management with overlapping domains ranging from team building, leadership, ethics, and effective communication to general management principles including logistics and data management, to name a few, besides concepts of community engagement as a cross cutting training across most modules. Collaboratively with the MHSSP team, RICPHI shall develop a standard implementation manual with all necessary processes, workflows, FAQs etc. A sample of the same is attached as *Annexure 3*.

5.2 Training delivery

The **mode of delivery** will adopt the format of **Flipped Classroom** including ***in-person workshops along with pre-session modules available on an e-learning platform.***

We propose to set up a '**Training Committee**' composed of RMC/RICPHI team, Subject Matter Experts, and state representatives to review the modules and suggest changes/feedback on an ongoing basis. RICPHI and the Regional Health and Family Welfare Training Centre (RHFWTC), MHSSP will jointly work on the roles and responsibilities of the committee members. RICPHI shall work closely with the RHFWTC to initiate integration of these modules with the state training calendar to avoid any conflict with on-field activities of the healthcare staff and officials. Training experts from RICPHI in collaboration with the RHFWTC will map the trainings to be scheduled throughout the state for better execution.

The HRH within the health system include different cadres that have been identified for this capacity building exercise include:

1. Nursing Staff
2. Medical Officers
3. Quality Assurance Personnel
4. Block Program Officers and District Program Managers
5. District Training Co-ordinators
6. Paramedics

RICPHI's primary audience for training includes:

1. Nurses
2. Medical Officers
3. Quality Assurance Personnel
4. Block Program Officers and District Program Managers

RICPHI's secondary audience for training (indirect beneficiaries will include:

1.
2.
3.

Even though RICPHI will be directly involved in the training of the MOs, nurses and block and program managers, the indirect beneficiaries including…. Will be empowered in the longer run which will comprise of a larger audience of all healthcare providers at the state level.

It is proposed that RICPHI in collaboration with the RHFWTC will assist in identifying a local co-facilitator belonging to the RHFWTC/District Training Units (proposed to be set up in the state from April 2023 onwards) who will act as the **District Training Coordinator** for each district and will be trained on group facilitation for regular group-based workshops where training on the specific learning outcomes will be delivered. The District Training Coordinator will be the key resource person responsible for managing this group learning activity, under direct supportive supervision of the project team led by the RHFWTC and supported by RICPHI.

After the pre-session training modules are in place, both in print and e-learning platform, the actual training of all staff members will begin. The in-person sessions will be in the form of hands-on, face-to-face workshops on various topics identified cadre-wise. All the important theoretical lessons and knowledge-based information will be disseminated via these in-person workshops. Content around all the training topics will also be made available as a continuous learning opportunity via a virtual training on the e-learning platform, which will host among other things, **ready reckoner case vignettes, multiple choice questions, tests and video lectures** complementing the material covered in the face-to-face workshops and additional competencies which will be identified as good-to-know topics.

The e-learning platform known as SHARPEN Trainer, is a proprietary tool owned by Dr. Nayanjeet Chaudhury, the Team Leader of this project. This tool shall be made available for training delivery as an adjuvant tool to the participants of the project throughout the duration of the project, the cost for which has been already budgeted in the financial proposal. A sample of screenshots of the e-learning tool is attached as *Annexure 4*.

While working with different cadres, and in consultation with the State Training Cell, we shall also concomitantly recognize potential Master Trainers, during Year 2, who can assist the project team and act as a liaison between participants and facilitators from the project team. Master Trainers will have the opportunity to conduct some of these workshops along with the project team who will essentially provide hand holding and backend support on a continuous basis.

5.3 Inter-District Challenge

We propose to establish a culture of healthy competition among the districts by creating intra-district peer networks of MOs and nurses under the training and supervision of a group of Master Trainers in every district who will motivate and train the district MOs and other staff on various aspects of leadership competencies and TM skills as well as troubleshoot as and when MOs face any difficulty in implementing the newly acquired or reinforced knowledge and skills in their day-to-day work. The performance of the entire peer network will be assessed by comparing the balanced scorecards at inter-district and inter-facility level in consultation with the state training cell.

The overall process workflow plan is as below:

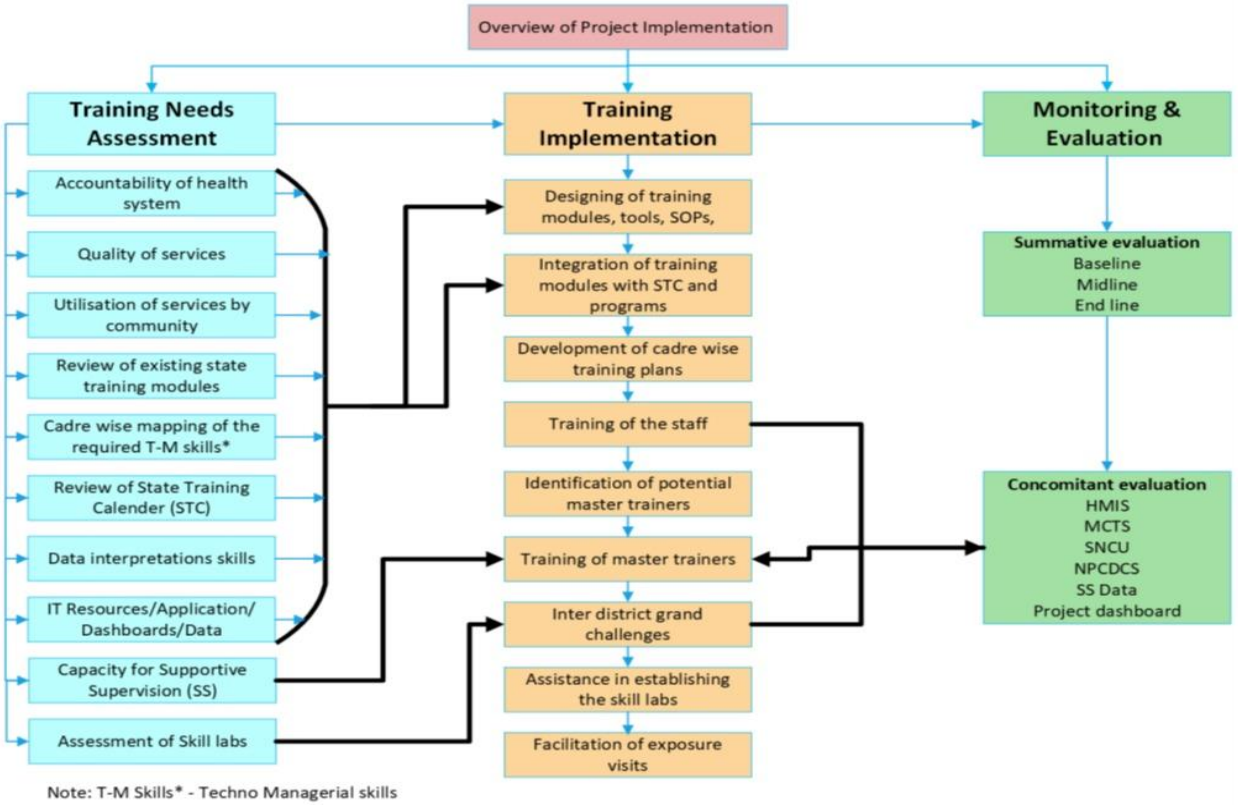


Image 2: Overall project implementation plan

6. Monitoring and Evaluation

The M & E plan will consist of 1. Baseline assessment, 2. Midline assessment, 3. Midline assessment for master trainers, 4. Endline assessment, and 5. Concurrent M & E.

An overall log frame matrix will be adopted for the M&E framework with a Balanced Scorecard approach considering perspectives from following four aspects:

- Beneficiary (Service quality assessment),
- Internal stakeholders learning and growth,
- Operations, processes and
- Health outcomes.

A Quasi-experimental study design shall be adopted for the program evaluation study, in consultation with the state training cell and other important stakeholders, considering perspectives such as a Balance Scorecard as a performance metric and potential attribution of the results of the study to the project intervention.

6.1 Balanced Score Card

We have proposed a modified Balanced Scorecard (BSC) framework in health facilities by combining output and outcome indicators from few already available datasets with addition of few de-novo indicators, especially around community satisfaction and engagement in healthcare access. We shall work closely with the State Training Cell and all other relevant stakeholders in the state to arrive at the performance monitoring indicators within the BSC framework. The proposed Balance Scorecard shall emphasize on the need to consider consumer perspectives including patients' satisfaction and community engagement as well as grievance redressal mechanisms to mitigate factors responsible for dissatisfied consumers of the healthcare services, primarily in PHC. In consultation with the State Training Cell, we shall develop detailed monitorable targets for regular monitoring as well as periodic evaluation of consumers' level of satisfaction with the services rendered by the health facilities.

Community Perspective 1. Patient Satisfaction 2. Community Engagement	**Health Outcomes** 1. HMIS Scorecard 2. % Immunization coverage 3. % Diagnosed NCD patients put on treatment
Learning & Growth 1. Scores in Monthly e-quizzes 2. No of providers completed new modules 3. No of providers scoring 80% or above in performance evaluation at facility level	**Internal Operations and Processes** 1. Utilization of funds 2. % staff trained in digital/data skills 4. Targets achieved under various national programs

N.B.: These are sample indicators only.

Table 3: Proposed Balanced Score Card with indicators.

A detailed plan for monitoring and evaluation of the entire implementation plan has been already submitted along with the proposal submitted against the RFP in November 2022. Going forward, RICPHI continues to have the same overall plan for monitoring and evaluation of the project. Kindly refer to section 3.2 of the Tech 4 component of the proposal for detailed reference.

7. Program Management Arrangements

7.1 Management Organization

The Meghalaya Health Systems Strengthening Project (MHSSP) is designed to enhance the health system performance and quality of services through strategic investment in the areas of program management, health insurance and quality

of service delivery. This project will also invest in iterative learning processes from small scale innovative services that can be meaningfully integrated in the local context. The learnings from the project are expected to shed light on the health systems in other northeastern states, India, and neighboring countries with similar challenges.

The Meghalaya Health Systems Strengthening Project was signed on 28th October 2021 between the Government of India and World Bank - International Bank for Reconstruction and Development and was declared effective from 26th Nov 2021 and is for a period of Five years.

The implementation agency is Ramaiah Medical College (RMC) as the lead applicant and Ramaiah International Centre for Public Health Innovations (RICPHI), Bengaluru as its executing partner. Ramaiah Medical College (RMC) was established in 1980 by the Gokula Education Foundation (Medical), Bangalore (GEF-M). Since August 2022, Ramaiah Medical College has become a constituent unit of Ramaiah University of Applied Sciences, Bangalore (RUAS), a private university established by the Government of Karnataka and sponsored by GEF-M. RMC is one of the best-known institutions of medical education in India with an NIRF ranking of 38 and NAAC score of A+ in 2022.

As an extension of GEF-M's activities in the field of applied research and innovation in the field of Public Health nationally and globally, Ramaiah International Centre for Public Health Innovations (RICPHI) was set up in 2019, which has now become a part of the University along with Ramaiah Medical College.

Together, RMC and RICPHI aspire to develop effective capacity building programs for healthcare providers across public and private sectors around clinical, managerial and leadership skills at national level and later at an international level. Since August 2022, Ramaiah Medical College, Ramaiah International Centre for Public Health Innovations (RICPHI), and several independent institutions of GEF-M have become constituent units of the Ramaiah University of Applied Sciences which is also sponsored by the GEF-M.

7.2 Training Advisory Group

The Training Advisory Group (TAG) will support the MHSS Project. The TAG acts as an advisory body to the project, providing budget accountability, project guidance, policy input and support. The TAG ensures project alignment to national priorities. The TAG will comprise of relevant national and global experts representing the Govt. of Meghalaya, the implementation agency, and the funding agency.

7.2.1 Roles and Responsibilities

The role and responsibilities of the TAG are to:

5. Provide direct operational overview of implementation and support the integration of various tasks associated with the project.

6. Provide feedback to the project management team on work plans, reports and project proposals including the monitoring and evaluation framework to support the project.

7. The TAG will provide overall strategic and policy guidance to ensure the successful implementation of the project. Specifically:
    - Review and approve programme plans and reports including audits, quality control, lessons learned and evaluations
    - Provide advice or support to the project team to ensure barriers and risks to successful implementation are resolved (e.g., conflict resolution, risk management profiles, barrier removal)
    - Provide guidance to ensure alignment to government and development partners policies, procedures and legislation
    - Provide feedback on all reports and any other relevant documentation

4. Support effective communication with key stakeholders (government, development partners, private, NGO's and communities) and decision-making mechanisms for the program

The organogram of the project management team is as follows:

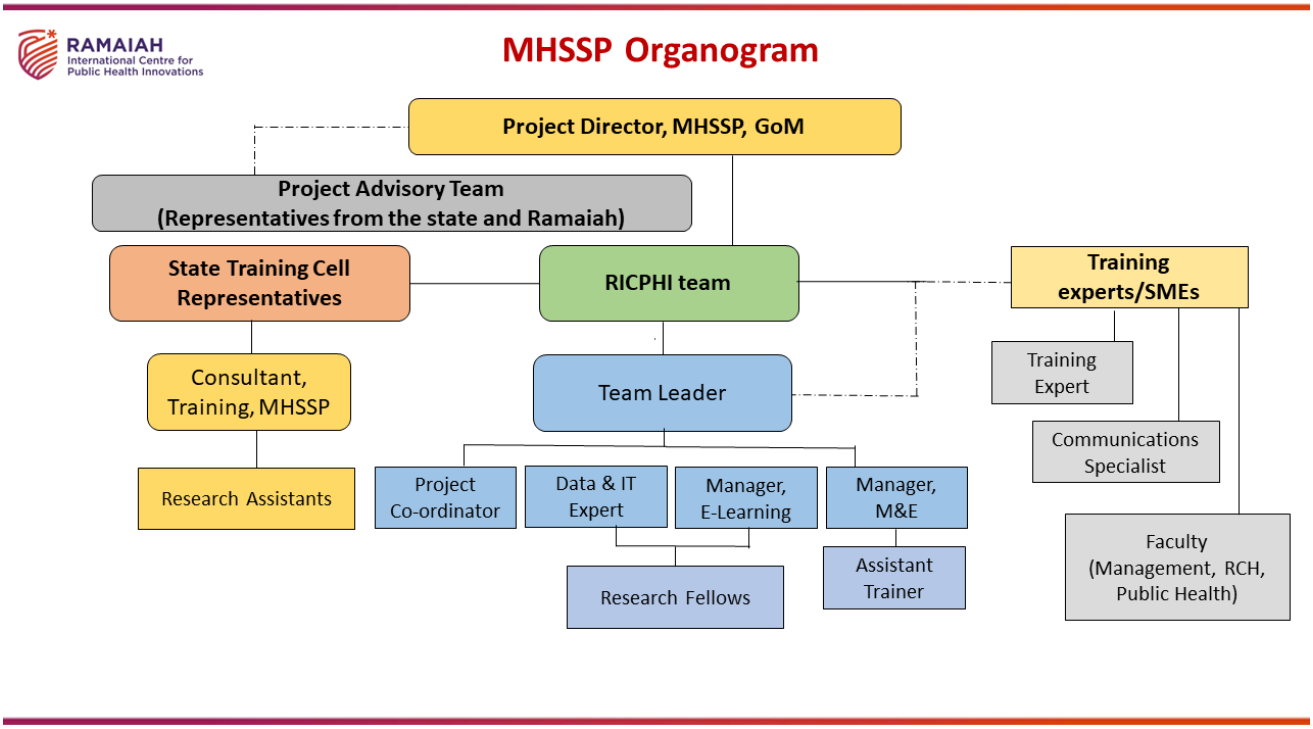


Image 3: Project team organogram

8. Risk Management

The risks and mitigation measures already identified within the technical proposal submitted to the World Bank are seen as relevant and have remained unaltered since the kick-off of the project.

9. Conclusion and Recommendation

The kick off of the project was a success with comments and recommendations given by MHSSP being incorporated into this Inception Report to ensure better coordination and implementation of project activities. It is recommended that both the MHSSP unit in Meghalaya and the Implementing Agency work closely together to ensure that identified project activities are executed at a timely manner to avoid delay.

Annexure 1: Initial Field Visit

Place: District Ri Bhoi- Population: 3.5 lakh, 8 PHCs, 3 CHCs and 35 Sub-centres

Date: 31-01-2023

Team Members visited from RICPHI:

1. Dr. Santosh Kaza, Manager-Data and Analytics
2. Ms. Shailee Shah, Manager, Learning & People Management
3. Ms. Nisha Raghavan, Manager, Administration & Logistics

Members from MHSSP:

1. Ms Quinnie, Research Associate
2. Ms Anthina, Research Associate

Purpose of the visit:

- To understand the challenges faced by medical officers, staff nurses in discharging day to day activities.
- To understand the perceived skills required for improving the efficiency of program/facility management.
- To understand the service load at facilities

Facility: Civil Hospital, Nongpoh (Dist. Ri-Bhoi) (District Hospital)- Monthly 80-120 child births observed

Observations:

1. *Participant 1: District Medical Health Officer, Additional District and Medical Health Officer, Nodal officer*

- Late reporting of staff members staying in Shillong or other far-off places
- Difficult terrain- distance between villages and far off PHCs thus increasing patients' traveling time.
- Manpower issues- limited manpower or non-availability of human resources, high attrition rate owing to terrain and other constraints. Specialist doctors are available who end up doing general doctor duty. No departments in place except OB/GYN. Need for more general duty medical officers
- Lack of induction training for all staff- need for including modules on service rules, communication, finance guidelines, supply chain, ability to understand and decipher data available at their level. Knowledge needed on NCD management, critical care management. Training of trainers needed along with experienced trainers needed.
- General acceptability toward hybrid training with preference for initial live workshops succeeded by app-based learning.
- Staff nurses may have difficulty with e-learning because of connectivity and network issues in hard-to-reach areas.
- Request for fun and entertaining knowledge sessions was made.

Participant 2: Medical Superintendent and Matron

- Lack of adequate Human Resources
- Mental health services are needed for patients.
- Need training in equipment handling and maintenance/repairs.

- Infrastructural issues such as water shortage, poor infrastructure etc.
- Resistance toward sending healthcare staff to other facilities for training. Training is preferred in one's own facility.
- Total 38 nurses are available in the entire hospital under various programs.

Facility 2: Marngar PHC, Ri-Bhoi District Monthly deliveries- 13 to 15. Home deliveries and child deaths are prevalent.

Observations

Participant 1: Staff Nurse as the AYUSH Medical Officer was on leave.

- Well-maintained and clean PHC
- Appropriate display of schemes/protocols/ program specific information/treatment protocols
- Two delivery tables are available in the labour room along with Newborn Care (NBC) corner
- Biomedical waste management is good.
- 2 Sub centers are close to the civil hospital compared to the PHC, so patients prefer going to the civil hospital instead of the PHC.
- Inventory supply is poor. Procurement happens on an annual basis from the district stores.
- Megha Health Insurance Scheme (MHIS) is a major source of funding for purchase of consumables such as gloves, case records, IPD tickets, medicines etc.
- Team interacted with the IQVIA team present there who were implementing their ERP software for all facilities in Ri-Bhoi
- No standard patient management platform in place for any facilities
- Labor room expansion underway

Facility 3: Umsawnnongkharai sub-centre

Observations

Participant 1: Local ANM

- The Sub-centre is equipped for institutional deliveries. However, child deaths are prevalent.
- There is a felt need for NCD screening and counseling as more people are coming in for NCD related issues.
- There is a felt need for learning counseling skills to convert home deliveries into institutional deliveries.
- The volume of reports to be uploaded is high. However, she was well versed with the data from her own sub centre and regularly accesses the mother app.
- Local MHLP manages medication indenting and other tasks fairly well.
- The load of paperwork is high.

- Non-functional equipment in the sub centre
- Labour room was clean and well maintained.
- In case of multiple deliveries, labor room plus wardroom was utilized.

Key takeaways:

- Emphasis on need for soft skills and techno managerial skills-based training.
- Acceptance toward hybrid learning model provided offline access to repository is available.
- Lack of induction training
- Need for training on efficient use of available resources, both human, and others.
- Trainings to be conducted by experienced staff who can provide answers or at least help find the correct answers.
- General attitude of hospitality, warmth, and welcomeness inherently a part of the culture
- Clean, well-maintained facilities

Annexure 2A: RAPS workshop on training- challenges and potential solutions

RAPS Workshop for internal stakeholders in National Health Mission, Meghalaya in collaboration with the Meghalaya Health Systems Strengthening Project (MHSSP) on February 2, 2023

PIP:	Meghalaya Health Systems Strengthening Project (MHSSP)
Participants:	NHM staff, Regional training cell staff, UNICEF representatives and RICPHI stakeholders
Facilitators:	Dr. Nayanjeet Chaudhury, Shailee Shah and Nisha Raghavan
Date:	February 2, 2023
Time:	2:00 p.m. to 5:00 p.m.

Agenda:

Time	Activity
2:00 p.m. to 2:30 p.m.	Introduction and goal setting
2:30 p.m. to 3:15 p.m.	Performance issue analysis and gap analysis
3:15 p.m. to 3:20 p.m.	**Movement Break**
3:20 p.m. to 3:45 p.m.	Root cause analysis
3:45 p.m. to 4:00 p.m.	**Tea Break**
4:00 p.m. to 4:30 p.m.	Ideation
4:30 p.m. to 5:00 p.m.	Conclusion, prize distribution and feedback

Summary details of the workshop

The Risk Analysis and Problem Solving (RAPS) Workshops include multiple steps in the spectrum of problem identification to solution designing using group dynamics theories and design thinking principles among a heterogeneous group of people engaged with the problem or its solution or both.

Step 1: Introduction and Goal Setting
Objective: To list down specific goals and objectives to be achieved by the end of the workshop

Dr. Nayanjeet and Shailee Shah welcomed the participants to the workshop and set the context of the workshop along with a brief introduction of RICPHI and its assignment with MHSSP.

Step 2: Performance issue analysis
Objective: To identify the critical issues hampering training performance on the ground

In this section, the facilitator divided the participants into four random groups and discussed four thematic questions across them, which are as follows:

1. What are the content related gaps- competencies, skills, knowledge that play a role in imparting any training? Clinical/non-clinical

2. What are some challenges in accommodating with the training calendar? Whether you can access lessons learned even if you don't attend the training

3. What are the challenges in applying the lessons learned by the training?
4. What are the challenges related to the ecosystem for effective training?

Key outputs:

Group 1 Content related challenges	Group 2 Schedule related	Group 3 Application of knowledge related	Group 4 Eco system challenges
Lack of knowledge among trainers	Same candidate on repeated training	Inadequate numbers of trained trainers	Long distance to commute to attend training
Inadequate training skills	Lack of follow up and feedback post training	No review of training plans	Lack of Equipment / devices/ machines for practice post training
Insufficient time for training	No documentation of the training reports	Lack of induction and refresher training	Deficiency of equipment necessary for training
Right trainer not in right place	Multiple training at the same time	Inadequate balance between theory and practical	Absence of dedicated trainers
Training delivering methodology inappropriate	No substitution of staff going for training	Lack of motivation among trainees	No dashboard on training
Missing connect between trainer and trainee	No annual training calendar	Lack of confidence among trainers	Absence of resource mapping for training/ skills
More theory less practical		Lack of accountability (Trainers/Trainees)	
Contextually not relevant content		Language of training at respective levels not appropriate	
		Quality of training lost during cascading down different levels	
		Hierarchical pressures	
		Training skills and competencies missing among trainers	
		Training materials not updated	

		District level human resource department and function missing	
		Large batch sizes	

Table 3: Challenges identified in the first RAPS workshop.

Upon completion of the clustering of various challenges identified by the four groups in a consolidated list shown in Table 3, participants voted the top 2 issues in each of the four theme areas.
Each participant was given 8 votes (stickers) and he/she accordingly voted for what one felt were the top 2 issues to be taken up on priority from all the 4 clusters. The highest votes were received for the following:

Cluster 1:
- Lack of a Training Needs Assessment
- Lack of training skills

Cluster 2:
- Missing annual training calendar
- Repeat candidates
- Missing post training follow up and feedback mechanism

Cluster 3:
-Missing induction/refresher training
-Inadequate balance between theory and practical

Cluster 4:
-Shortage of equipment for practice
-Dashboard for training is missing.

Step 3: Root Cause analysis
Objective: To narrow down on the most critical causes behind the performance issue

Due to paucity of time, this step was skipped, though the facilitator gave an example of how root cause analysis is done.

Step 4: Ideation
Objective: Brainstorm on potential solutions to address the Performance Issues

In this section, the three groups discussed probable ideas to combat the challenges highlighted earlier and presented their ideas theme wise.

Some of the ideas pitched were:

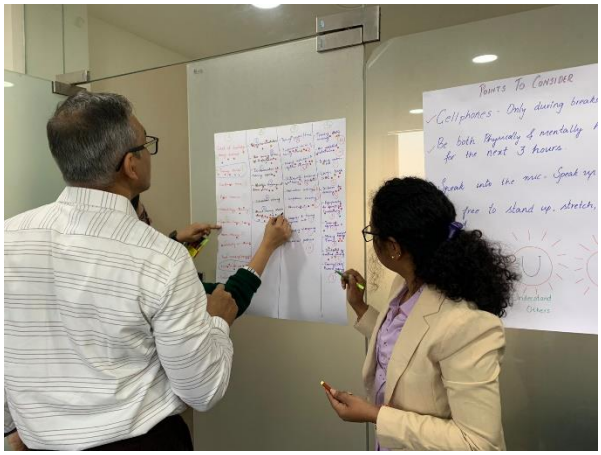
Group 1	Group 2	Group 3
Ensure uniformity in content of training	Content based training	Mandatory induction training for freshers before joining
Constant availability of up to date, calibrated, functional equipment for training	Trainers to establish a connect with trainees	Mandatory induction for managerial cadre at the state training centre
Contextually relevant and locally specific content	Use interesting and out of the box training methods	Mandatory refresher training every 2 years
Proper training for documentation and filling of relevant forms	Simple and clear take home message	Balancing theory with practical training while placing equal emphasis on both
Clear cut content for managerial tasks	Encourage multiple trainings at the same time	Recognition of skilled service providers for career growth
Soft skills training	Resolve logistical issues faced by the training centres	Program wise and month wise training
Need for dedicated training centre and infrastructure	Come up with a dashboard for tracking trainings	Mix of clinical and non-clinical trainings
Annual training calendar to be prepared	Front end of the dashboard to have information and the backend to have information plus allow monitoring	Developing a software for skill mapping of trainee and trainers
	Dedicated website having content, updates, training sessions, skills, feedback, and a helpline	IT based knowledge management
		Individual performance-based tracking of trainees

Verbatim Testimonials:

"Not only exciting, but mind blasting session"- **Dr. H.W. Laloo, ENT Specialist, Ganesh Das Hospital**

"…and I am really sure that with these series of workshops and trainings, we will be able to come up with a better and dignified centre of training for the state and for the district as well."- **Dr. Flourish Lyngdoh, RKSK Programme Officer**

"So many trainings are happening at the district level also, so the next time we participate, they are also our stakeholder, so we need to understand their challenges also and their point of view also. And sometimes, the trainer perspective also you should understand, so we can call some of the trainers from Ganesh Das so we can understand their perspective also so their side perspective also we can understand."- **Dr. Keshav Sharma, State Consultant, RMNCH+A, UNICEF**



RAPS attendees- Workshop 1

Sr. No.	Name of Participants	Designation
1	Karen Kshiar	Research Fellow, RICPHI
2	Dr. Santosh Kaza	Manager, Data and Analytics, RICPHI
3	Dr. Marag	-
4	Joy Pathow	Executive Member, Grassroot and National Health Mission, Meghalaya
5	Dr. Anindita Bhowmick	Consultant, RBSK and CPHC, NHM, Meghalaya
6	Jayakrishnan Bhaktavatsala	Consultant, IPE Global
7	Dr. H.W. Laloo	ENT Specialist, Ganesh Das Hospital, Shillong
8	Quinnie Nongrum	Research Associate, MHSSP
9	Anthena Sangma	Research Associate, MHSSP
10	Dr. Mary Debbarma	-
11	Dr. P. Manners	Jt. Director, MCH &FW, NHM
12	Dr. Keshav Sharma	State Consultant, RMNCH+A, UNICEF
13	Dr. Indrani Roy	Professor and HOD, OB & GYN, Nazareth Hospital
14	Dr. Flourish Lyngdoh	Programme Officer, RKSK
15	Heavenly	-
16	Lanula	-
17	Dr. C. Iangrai	RHFNTC, Shillong
18	Rida Dkhar	Project Consultant, HRH and Finance
19	Dr. Mylliem Umlong	Consultant, OB & GYN, NHM
20	Dr. Damien	-

Annexure 2B: RAPS workshop on competency and skill mapping- current scenario, challenges, and potential solutions

RAPS workshop for doctors, nurses and program managers, Meghalaya in collaboration with Meghalaya Health Systems Strengthening Project (MHSSP) on February 23, 2023.

PIP:	Meghalaya Health Systems Strengthening Project (MHSSP)
Participants:	MHSSP staff, Ganesh Das hospital & nursing college staff, DHS MI, RHFWTC staff, and RICPHI staff.
Facilitators:	Dr. Nayanjeet Chaudhury, Dr. Ananth Ram
Date: **Time:**	February 2, 2023 2:00 p.m. to 5:00 p.m.

Agenda:

Time	Activity
2:00 p.m. to 2:30 p.m.	Introduction and context setting
2:30 p.m. to 3:15 p.m.	Listing of professional roles by doctors, nurses & program managers
3:15 p.m. to 3:25 p.m.	Tea Break
3:25 p.m. to 4:30 p.m.	Competency/ skill mapping for the professional roles
4:30 p.m. to 5:00 p.m.	Concluding remarks & feedback

Summary details of the workshop

Step 1: Introduction and context setting

Objective: To apprise the participants of the takeaways from the meetings, previous RAPS and field visits.

Dr. Nayanjeet welcomed the participants to the workshop and initiated a brief round of introductions, where each participant mentioned the most enjoyable role they perform in their personal or professional lives. He then gave a prelude on the takeaway from the meetings, previous RAPS (content-related, schedule-related, application of knowledge and ecosystem challenges) and field visits. He also mentioned the sporadic training happening at present.

Step 2: List professional roles by doctors, nurses & program managers.

Objective: Role assumptions and enumerate them based on professional activities.

The participants divided themselves into three groups based on their professional affiliations: program managers, doctors, and nurses. After Dr. Nayanjeet's briefing, each group had ten minutes to list their professional roles. One participant from each group then presented their list in detail, and the other participants and facilitators actively engaged and applauded each other.

The following is a list of the roles identified by the three groups.

Table 1 depicts the list of the roles identified by Doctors, Nurses, and Program Managers.

Group 1: Doctors	Group 2: Nurses	Group 3: Program managers
Junior level: In a hospital set-up:	Caregiver	Leadership skills & motivation
Performing clinical duties in an emergency, labour room, OPDs, wards, OT, & counselling.	Teacher, educator, trainer	Team management & HR
In a PHC and field level	Manager • HR • Logistics • Finance	Finance management & accounting
In addition to clinical duties, caring for the community	Communicator Documentation	Performance assessment
Program Manager	Decision-maker	Documentation & report writing
People manager	Liaison officer	Planning & designing program implementation
Finance manager	Mentor	Data management & evaluation
Inter-sectoral coordination	Advocate	Implementation & facilitation
Planning & Reporting	Researcher	Policy & Advocacy
Trainer	Leader	IT skills
Senior level	Administrator	
Administrator	Supervisor	
HR manager		
Planning & finance		
Trainer		
Managing Legal aspects		
Framing & updating policies		
Monitoring & evaluation		

Individual groups listed roles on a chart paper. Afterward, they took a 10-minute break for tea and snacks.

Step 3: Competency/ skill mapping for the professional roles

Objective: To narrow down the critical skills required for doctors, nurses & program managers

After the break, Dr. Nayanjeet instructed the group to map skills and competencies to the roles listed in step one for effective and efficient healthcare delivery.

Table 2 depicts the list of Competencies/skills identified by Doctors, Nurses, and Program Managers.

Group 1: Doctors	Group 2: Nurses	Group 3: Program managers
People management at the facility & community level	Empathy, patience, kind, considerate	People management
Frugal Innovation	Good listener	Communication
Self-directed learning	Speaking skills-IPC, counselling & public speaking	Leadership skills
Leadership skills	IT skills	Decision making & problem-solving
Communication: interpersonal relationship & counselling	Teaching, learning skills & regular refresher training	Accountability
IT skills	Confidence	Ethics
Crisis management	Leadership skills	Financial skills: Accounting Budgeting Auditing
Teaching & training skills	Problem-solving	Supply chain & logistics
Mentoring		Self-directed learning
Planning, implementation & evaluation of different programs		Performance assessment-self & peers
Finance management		Technical skills: IT skills
Legal knowledge		Data management & evaluation
		Program Planning &design
		Implementation
		Documentation & reporting
		Public health & health systems knowledge
		Facilitation skills: training & mentoring
		High-level skills: Advocacy & policy Innovation R & D Design thinking

The participants from each group briefed the entire workshop on their consensus mapping of competencies/skills. Dr. Nayanjeet gave highlights on a five-point-competency framework proposed by the Healthcare Leadership Alliance Competency Directory and alluded to Agile systems as referred in Project Management Institute's PMBOK7 guidebook. Finally, he expressed his gratitude and concluded the workshop.

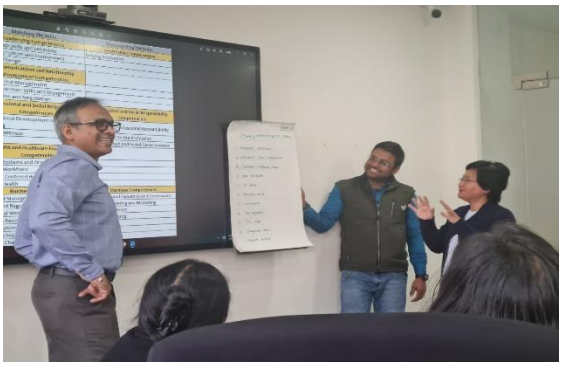
Verbatim Testimonials:

Dr. V.G. Momin, Deputy Director, Health Education Bureau *says, "I was thinking it will be training where I can come out anytime because I have a very busy schedule with lots of files waiting on my table. But what happened!! I am still here….it was so interesting and very interactive. It was a good process for me."*

Dr. Suparna Pal, Health Economist, MHSSP*, "I am a non-medical person but this kind of interaction with doctors and nurses broadens my knowledge. It is a value addition for me to be a part of this team and understand the perspectives of doctors and nurses."*

Ms. Markordor B Kharshiing, Nursing Superintendent *says, "It was a very interesting session, and I hope we will get a chance to develop all these skills."*

Glimpses of RAPS workshop



RAPS attendees- Workshop 2

Sr. No.	Name of Participants	Designation
1	Shivendra Prakash Sema	IT Expert, PMA, MHSSP
2	Dr. Suparna Pal	Health Economist
3	Smt. Malynda Marbaniang	Principal, Nursing School
4	Smt. Gloryful Sungoh	Principal Nursing Officer
5	Smt. Makordor Kharshiing	Nursing Superintendent
6	Dr. V.G. Momin	Deputy Director, DHSMI
7	Dr. R.S. Lyndem	Medical Lecturer cum Demonstrator, RHFWTC
8	Dr. C. Iangrai	RHFNTC, Shillong
9	Dr. Silginelu Monak	Medical and Health Officer, Ganesh Das Hospital
10	Dr. Shaibya Saldanha	Training Consultant, MHSSP

Annexure 3: Sample workflow from implementation manual

Process 2: Desk review of the CRM report, internal review reports, program reports, PIP

The basis of the Training Needs Assessment (TNA) will arise from the secondary data already available with the State. Studying the various programs and reports on the on-going programs within the state will give a reasonable understanding of the health system in place and gaps/loopholes that need to be addressed by the implementation agency. Hence, the next step would be conducting an in-depth desk review of multiple reports including the CRM report, internal review reports and the program implementation plans (PIP) for the state of Meghalaya.

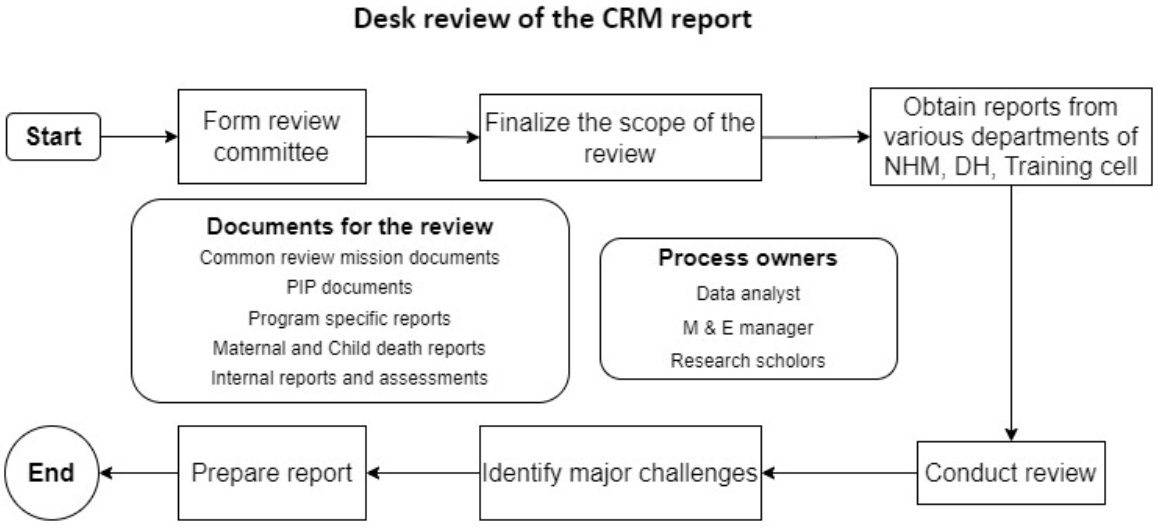
Purpose:

1. Understand the state health system including the multiple training programs already underway.
2. Use the reports as a base for culling out gaps in the system (if any)

Responsible parties:

- Manager, M&E
- Data analyst and IT expert
- Research Fellows

Flowchart:



Detailed process:

1. Ask for reports/data from the state training cell (Dr. Saldanha/STC)
2. Simultaneous activity- train Research Fellows in desk review-RFs to have knowledge and understanding of the health systems. Previous exposure (minimal) to be beneficial.
3. Identification of documented challenges (overall issues), if any from the reports- challenges could be delays in admissions, data entry is slow, delay in referrals, incomplete case sheets, delay in lab investigations. Documented challenges in care delivery and program implementation
4. Categorize into program specific challenges/implementation specific challenges. E.g.: Referral management- referral to higher facilities, care delivery, data updation, quality of data related challenges, stock and supply, adherence to protocols- e.g., Labour room protocols for MCH, neonatal resuscitation, waste management, vaccine management, people management.
5. Summary report/Compiled report
6. Discuss the findings with the state co-ordination committee.

FAQs:

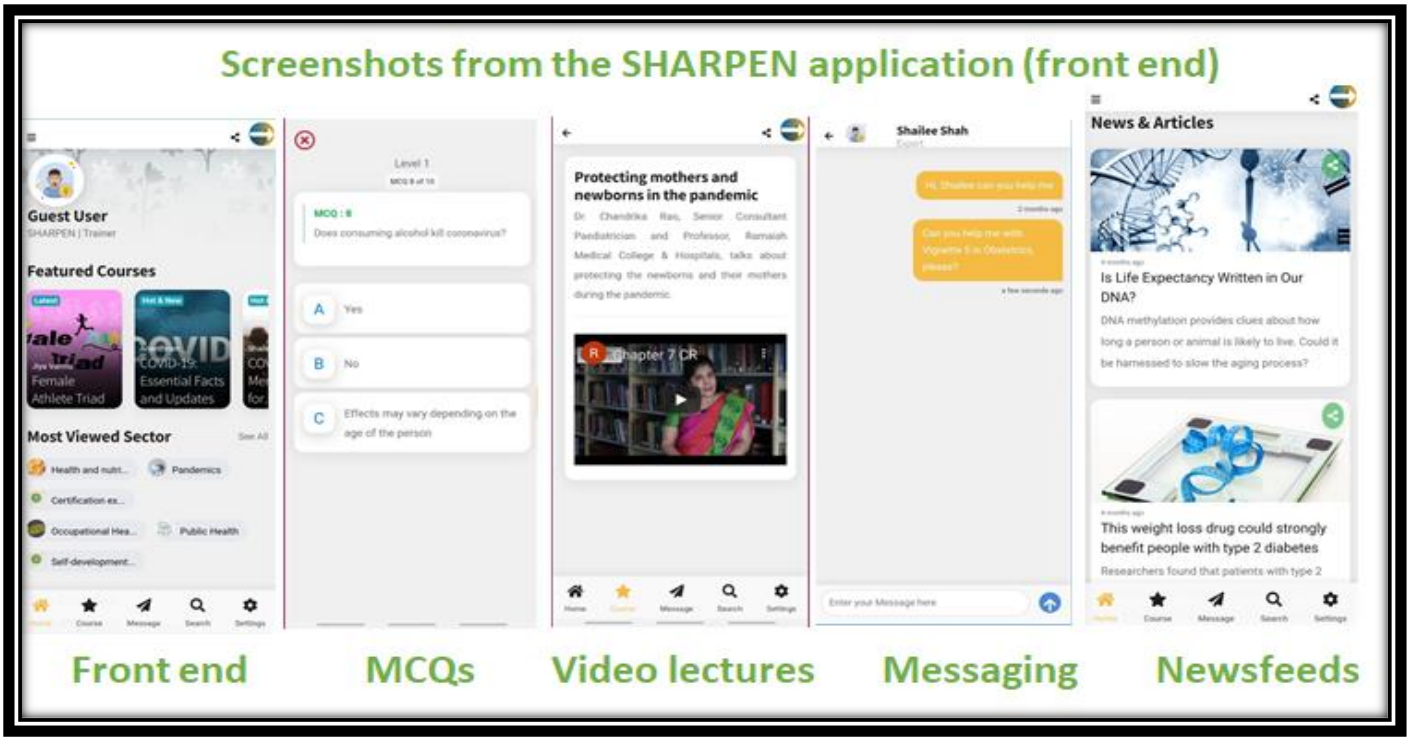
Q1. Who do I get in touch with for accessing the reports?

Ans: The reports are made available for the research fellows/research scholars on the MHSSP Sharepoint folder which is accessible to anyone with a ramaiahgroup.org id and/or has been made available according to the expressed interest of the scholar in covering any particular report. In case you still have trouble accessing the report(s), please reach out to Ms. Shailee Shah, Manager, Learning and People Management, RICPHI for request to access. You can write to her on Shailee.shah@ramaiahgroup.org.

Q2: What kind of tools will I have access to for analyzing the report?

Ans: Dr. Santosh Kaza, Manager, Data and Analytics, will take a complete induction session for research fellows/ scholars who consent to help in desk review for this project. The induction session will cover all salient points including the background of the project, scope of work and the results/outcomes solicited from the review documents. During the induction session, Dr. Kaza will also cover the workings of different tools to be utilized for the desk review including granting access to them. In case you still have trouble accessing the tools or using them, please reach out to Dr. Santosh Kaza, Manager, Data and Analytics, RICPHI on santosh.kaza@ramaiahgroup.org.

Annexure 4: SHARPEN Trainer screenshots.



Front end: Dynamic front end for choosing from a variety of courses and accessing your profile information.

MCQs: Flipped classroom delivery via problem solving which is delivered by multiple choice questions and case vignettes.

Video lectures: Live and recorded video lectures for ease of learning and hands on demonstration

Messaging: In-person messaging available to chat with the course expert and/or course administrator via the same application

Newsfeeds: Dynamic and constantly updating newsfeeds for getting up-to-date relevant information on fingertips.

Annexure 5: Gantt chart

Sl. No.	Macro Deliverables	Months											
		1-3	4-6	7-9	10-12	13-15	16-18	19-21	22-24	25-27	28-30	31-33	34-36
D-1	Consultative meetings with the state health and training departments												
D-2	Training Needs Assessment (TNA)												
D-3	Curriculum and Content development												
D-4	Integration of training modules with the state training calendar												
D-5	Workshops to orient the co-facilitators from the state in delivering the training												
D-6	Training implementation (Completed 108 batches of TI)												
D-7	Periodic updation of techno-managerial training content												
D-8	Midline assessment -1 of the health system												
D-9	Identification and capacity building of the master trainers to conduct future training												
D-10	Facilitating the national and international exposure visits of master trainers and selected candidates for improvement of skills												
D-11	Midline assessment - 2 of the MTs												
D-12	Refresher training by the MTs												
D-13	End line assessment												
D-14	Analysis and report preparation												