





Training interventions to health care providers in mountainous provinces

TABLE OF CONTENTS

	Table of Contents	i
	List of Abbreviations	ii
	List of Tables	iii
	Preface	1
1	Executive Summary	2
2	Description of UNFPA's Sixth Country Programme	5
3	INTRODUCTION	6
	The Research Project	6
	Research Methodology	7
4	RESEARCH FINDINGS	9
	Staff Training	9
	Pedagogical Issues	11
	The Training Environment	12
	Language and Issues Concerning Provider Understanding of BCC	15
	Staff Travel Issues	20
	Village Health Workers/Population Collaborators	23
5	CONCLUSION	27
	Appendix: Training programmes in the Sixth Country Programme	28
	Bibliography	30

LIST OF ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
ARVs	Anti-retroviral drugs
BCC	Behaviour change and communication
CHC	Commune Health Centre
CP6	Sixth Country Programme
HIV	Human Immunodeficiency Virus
IEC	Information, education and communication
Pop/RH	Population/Reproductive Health
PC	Population Collaborator(s)
RH	Reproductive health
VHW	Village Health Worker(s)

LIST OF TABLES

Table 1: Percentage of SPs received retraining on RH
care in the last four years10

Table 2: Issues newly added for communication by
population staff (by trainee groups)15

Table 3: Issues newly added for communication by
population staff (by provinces)16

PREFACE

In December 2005, the government of the Socialist Republic of Viet Nam and the United Nations Population Fund (UNFPA) completed the Sixth Country Programme of Cooperation (CP6). To mark the end of 5 years of collaboration (2001-2005), UNFPA undertook a series of studies to draw lessons learned and best practices from the programme's implementation.

This research report is prepared by a social anthropologist, Dr. Graham Fordham. The report documents lessons learned relating to training interventions for reproductive health providers in mountainous provinces. It is the outcome of a short qualitative research project conducted in Hanoi and in the Hoa Binh and Ha Giang provinces of North Viet Nam between late October 2006 and early January 2007.

Critically, the report based on qualitative research, aims to move on from existing descriptive quantitative data by providing, within the limits of the research parameters, analyses that are as detailed as possible. Key issues discussed in the report include staff training, language and issues concerning provider understanding of BCC, staff travel issues, and village health workers/population collaborators, with a special focus on the context of mountainous provinces. The report contains valuable lessons for future application of reproductive health programmes by government, NGOs, United Nations agencies and other concerned stakeholders.

I would like to thank Dr. Fordham for his considerable efforts in completing this report. I would like to thank Dr. Duong Van Dat of UNFPA Viet Nam for his coordination in preparing and publishing lessons learned and best practices from UNFPA's country programmes. I also acknowledge the agencies, organizations and individuals who contributed to the success of the study. It is UNFPA's wish that the lessons learned and experiences gained from CP6 will be of use to policy makers, programme managers, health professionals and donors in designing and implementing reproductive health programmes aligned with the Millennium Development Goals (MDG) and the commitments made at the International Conference on Population and Development (ICPD) in Viet Nam.

Ian Howie
Representative
UNFPA Viet Nam

EXECUTIVE SUMMARY

Overview

This report discusses lessons learned and best practices following implementation of the Sixth Country Programme between UNFPA and the Vietnamese government. The report documents a short qualitative research project conducted in Ha Noi and in the Hoa Binh and Ha Giang provinces of North Vietnam between late October 2006 and early January 2007. Field research data, together with data contained in existing UNFPA/Government programme reports and evaluations and a selection of relevant materials from a broad corpus of scholarly publications, also contributes to assessment of conduct and outcomes of CP6.

The research team acknowledges the significant evaluation work already completed in relation to CP6. The intention of this report is not to replicate these works, but to cover areas that have not yet been addressed or addressed only superficially. Critically, this report is based on qualitative research, and aims to move on from existing descriptive quantitative data by providing, within the limits of the research parameters, analyses that are as detailed as possible and that support practical implementation of activities during CP7 and other programmes at both national and provincial levels.

Staff Training

- Staff training comprised a major component of CP6. However, this research suggests that although successful efforts have been directed to production of training resources, pedagogical issues require additional consideration. Optimally effective training is not possible if staff become bored by courses that are too long or if required to attend two courses consecutively. This field report recommends that long courses be broken into two components or, if this is impractical, incorporate a "skills training break" to refresh jaded students. Also, students should not be required to attend more than one course at a time
- Staff enjoy role-playing exercises during training sessions. However, relevant input would ensure these exercises project a greater aura of realism conducive to assisting trainees when faced with real situations encountered at village level. More realistic outcomes could be achieved by conducting some on-site training sessions in selected villages
- Staff identified men and youth as the two groups most "hard to work with". Village health workers and population collaborators require more skills if they are to work more effectively with these important groups. Their need is not for more RH information, but for practical "group handling" skills to equip them as public speakers. Exceptionally able village health workers and population collaborators should be drawn on as resources for this important training activity, and for the active mentoring of staff with lower levels of experience

Language and Issues Concerning BCC Activities

- The need to rote learn new technical terms presents a significant barrier to effective training and wastes time that could be better used for improving skills and conceptual activities. The production of pre-course primers would allow staff to learn new terms prior to undertaking training and increase the effectiveness of training activities
- Trainers identified the wide gap between the lesser able and more able students as a barrier to training, in as much as it slowed training activities considerably. The self-study primers recommended above would act to assist the weaker students by providing them with a foundation prior to commencing study, while simultaneously giving overall teaching and learning advantages as trainers will be able to move more quickly and not be held back by less able students
- Many staff identified the important area of BCC as an area about which, despite having undertaken training, they remain confused and feel that they need additional training. All identified their perceived lack of understanding as a barrier to the conduct of effective BCC activities. It is suggested that more attention needs to be paid to the BCC aspects of training, and that attention be focused on simplifying this issue and on providing staff with a simple "toolbox" of effective BCC strategies

Travel Issues

- In many provinces travel requirements prevent optimally effective staff training. Rough roads and long hours of travel to training courses can result in fatigue that impairs learning capacity. Course planners need to recognise that effective pedagogy requires staff to be fresh and reduced learning capacity of staff should be accommodated during the initial training period
- Quality supervision is crucial for achievement of positive CHC level outcomes. However, the lengthy travel requirements in remote provinces limit the amount of time supervisors spend at the CHCs. Consideration should be given to increasing the amount of time actually spent engaged in effective supervision activities at each CHC
- In remote provinces the time taken for travel magnifies the amount of time that village health workers/population collaborators are required to invest in RH activities. The remote nature of some provinces in concert with distance issues also increases the personal risk that female village health workers/population collaborators face if travelling alone. In recognition of these issues an increase in the compensation paid to village health workers/population collaborators staff may assist in the

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