CHAPTER - IV

DISCUSSION
DISCUSSION

A critical analysis of the results that flow out of the study will be attempted in this chapter, particularly with respect to factors earlier identified as crucial for the success of in-house training in the Department of Health and Family Welfare. Discussion will centre on the key results presented in various sections, viz. the training policy, structure and linkages of in-house training institutions, training infrastructure, the need for systematic approach to training in the department, pedagogical methods used in training, competencies of trainers, nomination system of training, and training manpower information system in the department. Suitable recommendations to strengthen the in-house training in the department have also been made to overcome the deficiencies in the in-house training identified in the study.

4.1 Training policy

Programmes, institutions, and systems work in the context of a policy, and within the framework of a policy. Training, a sub-system of HRD also needs the umbrella of a policy to make it more purposeful, coherent and consistent. Most of the large organisations do have a training policy-some clearly expressed, some rather wooly, some written, some unwritten, some assumed, some simply copied from another organization.

Need for a policy

In the present study, opinion of the trainees, trainers, administrators, heads of department and consultants, has been elicited about their perceptions on the existence of a training policy in the department in some form or other, and the need for a training policy for the department. Relevant documents have also been reviewed to know whether any training policy was formulated at any time in the department, independently or as a part of other policies related to health.

An overwhelming majority of the respondents from all categories stated that there is no training policy in the department, and strongly felt the need to formulate one for the department. They feel that the absence of a training policy makes in-house training ad-hoc to some extent, and non-systematic. An explicitly stated training policy they feel will give clear-cut direction and continuity to any training initiative in the department. They stressed the need for an explicit training policy to make in-house training more
systematic. The articulation of a training policy was also strongly recommended by several other studies, research reports and training experts.

Prof. Uday Pareek\footnote{an eminent HRD consultant in the country who has conducted a diagnostic study of the training system in H&FW Department in Rajasthan recommended formulation of ‘training policy’ for the department as a first and major step to improve the department’s in-house training system.}

In Andhra Pradesh, the DFID-supported ‘Andhra Pradesh Health Strategy Document'\footnote{which was prepared, and is available in a draft form, also strongly supports the need for a training policy to improve the in-house training in the Dept. of H&FW.} which was prepared, and is available in a draft form, also strongly supports the need for a training policy to improve the in-house training in the Dept. of H&FW.

Discussing how lack of a clear training policy in the department of H&FW in Andhra Pradesh has made training initiatives in the department an ad-hoc exercise,\footnote{Anand Reddy et al\cite{3} make this observation:}

"So far, training efforts in the department were mainly sponsored by international agencies. The interventions in these training programmes are determined by the perceptions and understanding of the concerned agencies. Further, strict time frames for completion of the projects by these donor agencies on one side and constraints in training infrastructure in the department on the other, have often resulted in non-completion of training targets and bunching of training at the fag end of the project period, with its consequent effect on the quality of the processes."

"From a long-term perspective, this approach truncate training activity in the department, and makes it ad-hoc to some extent. The presence of a clear-cut training policy in the department will provide easy direction to the frequently changing bureaucrats who head the health department. Further, donor agencies that sponsor training can also fine-tune their activity to fit in with the overall framework of the state’s training policy, providing it much-needed continuity and direction."

A status paper on training prepared for the ‘National Commission on Macro-Economics and Health’\footnote{(NCMH) which has studied different aspects of in-service training in the Department of H&FW in the state has devoted a separate section to detailing the need for a training policy. The document states: “Consistent and unambiguous training and HRD policies and strategies need to be formulated in the light of national health programmes. This is necessary to strengthen service delivery} which has studied different aspects of in-service training in the Department of H&FW in the state has devoted a separate section to detailing the need for a training policy. The document states: “Consistent and unambiguous training and HRD policies and strategies need to be formulated in the light of national health programmes. This is necessary to strengthen service delivery
operations catering to the 'supply' side of the RCH-FP programme; and to ensure attention to programmes oriented to demand-creating objectives in the community.”

A report of a study group on Strengthening Public Health Systems of Chhattisgarh State⁵, while recommending the need for a clear-cut training policy for its Health Department states: “The main problem with current in-service training programmes is their haphazard nature. It is haphazard in choice of trainees -some trainees having attended training programmes repeatedly, while others, not at all. Their choice of theme is dictated by current vertical programmes, their priorities, and the targets of expenditure they have been set... a clear training policy should be formulated to address all these issues.”

The discussion underscores the need for a ‘training policy’ to make training in the department consistent, purposeful and a planned exercise. Ideally a training policy for a public service like H&FW should state the objectives and scope of all training activities. These can be in terms of: approaches to training-needs assessment, type of training courses for persons in different cadres, the minimum length of service and other criteria that determine the eligibility of participants to different training courses, the priorities and financing arrangements, and the roles and functions of different sub-systems to monitor and evaluate training. Training policies need to be based on a careful assessment of future national tasks and departmental manpower requirements. Publicly declared policies help employees understand the development opportunities available to them. For those who manage training in government, policies provide a framework within which they can plan activities, seek resources, guide and evaluate performance of programmes conducted.

Training – a facet of HRD activity

However it should be realised that training is only one of the many facets of personnel or HRD policies. It is interlocked with the processes of manpower planning, recruitment policy, promotion and advancement polices, wage policies, compensation and incentive systems, education and training, human development, commitment, motivation, and a host of other HRD-related issues.

This calls for developing a comprehensive HRD policy that cuts across many disciplines and hence takes a much longer time to develop. However, from a long-term perspective, if training policy is to bear fruit, it should be integrated with HRD policies in
the department in a harmonious manner. This of course can be accomplished only as a long-term goal.

4.2 Structure of training institutions and linkages

The organisational structure of in-house training institutions, and the linkages between them, have important implications for effective performance of different aspects of in-house training function. Hence, an in-depth study of existing organisational structure and linkages between various in-house training institutions, the nature of linkages between line and training wings of the department was made in the present study. The aim was to find out the suitability of structures and adequacy of linkages for effective performance of the training function. Opinions of the heads of training institutions and line departments, study of records and observation of processes, and opinion of training experts form the basis for the present discussion.

The study reveals that the department of H&FW has created an elaborate network of training institutions over the years to provide training to in-service personnel. At present, in-house training infrastructure in the department consists of a three-tier structure with the Indian Institute of Health and Family Welfare (IIHFW) at the apex level, supported by Regional Family Welfare Training Centres (RFWTCs) at the regional level, and District Training Centres (DTCs) at the district level.

As these structures have been developed piecemeal under different projects over a long period of time, very little horizontal and vertical linkages exist between them. The apex training institution - IIHFW, functions as an autonomous institution accountable directly to the Secretary, Family Welfare in the state. It has no authority or even advisory relationship with the RFWTCs and DTCs at the regional and district levels. Similarly the second tier of training institutions - RFWTCs do not have any control or powers over the third-tier of training institutions viz. DTCs. Each of these tiers of training institutions function under different authorities, and have no direct reporting relationships.

Further, the involvement of line managers like District Medical and Health Officers in training institutions at all levels is weak and passive, and does not follow the systems approach advocated in training. The study found that the current structures and reporting channels of these institutions are leading to certain critical problems of control and coordination. They tend to lengthen the chain of command and communication between various tiers of in-house training institutions on one hand, and line and training wings of the department on the other.
This has also led to fragmentation and lack of unified approach in the functioning of different tiers of in-house training institutions. Further, it has also resulted in dilution of the role of IIHFW from that of an apex training institute to the department of H&FW, to that of an autonomous organisation with strong business approach. The issue of suitability of training structure and linkages in the department of H&FW was also subject of discussion in several other research studies in A.P. Studies in other states, also have arrived at similar conclusions. A few of them have been quoted below.

The Draft ‘Health Sector Reform Strategy’ states: “The State Institute of Health and Family Welfare should have been the apex training institute. It has been renamed the Indian Institute of Health and Family Welfare which may not have helped its state-level role. The IIHFW has no authority or even advisory relationship with the regional family welfare training centres. The regional institutes are limited to a minimal passive implementation of NIHFW-evolved training programmes, with almost no control or even advisory role over the district training teams”

The training policy report prepared for Rajasthan states: “The health training institutions have been developed in a piece-meal manner over the last 40 years, with few horizontal or vertical linkages with other training and service institutions within and outside the state. The issues in management of these institutions needs urgent attention in order to make them efficient and effective organisations which are seen by the ‘service sub-system’ as dependable & credible organisations to seek help in solving the problem of performance deficit. The management of the training sub-system will be reorganised with strong vertical and horizontal linkages to training institutions and service organisations within and outside the state.”

The NCMH report also recommends building suitable and strong linkages between varies tiers of training institutions in the states, in an effort to strengthen the training function in the H&FW departments.

To sum up, in-house training structure in the department presents a disjointed structure, without proper unified control and reporting relationships. A systematic approach to training in the department can be adopted only if appropriate structures and reporting relationships are established. Many of the constraints in training highlighted by the trainees, trainers and administrators in the present study can be addressed only through building appropriate structures and linkages.
4.3 Need for systematic approach to training

To get the desired results, training efforts should be systematic. In systematic training, the process of training starts with identification of training needs, setting of training objectives, designing of training programmes, implementing the training, evaluation of training, and using the evaluation feedback to further improve training. Opinion of the trainees, trainers and administrators indicates that the approach to training in the department is anything but systematic. The following are the key findings concerning the department’s approach to training.

1. To a large extent, the training in the department is top-down driven; all levels of in-house training institutions in the department play a passive role in implementing the training design that is decided by donor agencies that sponsor programmes, or by the Government of India. The trainers, the apex institution – IIHFW, and department administrators, do not know if TNA is done for the training programmes they conduct.

2. No logical sequential link exists between TNA, setting training objectives, designing of training programmes, and other processes in the training cycle.

3. The nominations for training programmes were not based on any scientific training needs assessment of trainees.

4. Though response evaluation of training was reported universally in all the training institutions covered, intermediate evaluation and impact evolution was not done by any of the training institutions surveyed. Evaluation conducted was largely ritualistic, and not used as a tool to improve subsequent training activity.

Study reports of various other agencies also support the findings of the present study concerning this issue.

The ASCI report9 on evaluation of training for MOs states: “The PIP document of the project mentions about completion of a ‘Training Needs Assessment’ based on which the training of medical officers working in PHC’s will be conducted. None of the RFWTCs, who were involved in designing of the curriculum, are aware of this report. APERP also was not able to provide a copy of the report. The objectives, contents and methodology of the programme should have been based on the findings of the TNA study. It may be useful to conduct a systematic TNA before making changes in the present curriculum, and continuing with the ‘Induction Training’ in future’.
The same report mentions that evaluation of training programmes is generally done as a ritual, with the training reports containing minimum details like number of participants, distribution of participants, use of internal and guest faculty, and other official formalities. The pre-and post-test are merely designed to assess only the knowledge component, and devoid of any mechanism to test skill development. The report recommends that 'evaluation of training programmes by both internal and external agencies should be a part of the programme design; it should garner details regarding whom the programmes will address, how inputs will be used, and by whom'.

The 'Impact assessment study conducted by Academy of Nursing Studies (ANS), of the training conducted under APERP for PHC functionaries, while discussing noticeable mismatch between perceived training needs of the staff and the contents of the training programmes states: "This study shows clearly that training should be based on training-needs assessment. Objectives and expected outcomes of any training programme should be specified and laid down while planning for a training programme".

The report on ‘Functional review of health and family welfare department for Govt. of A.P’ states: “There is no systematic approach to training. The subjects are mostly supply-driven rather than being demand-driven. If there is a course available and some key functionary finds it useful, many may be asked to go through this training. ........in-service training is non-systematic and not based on regular training-needs identification exercise, or any kind of regular matching of job with incumbent knowledge and skill requirement.

There is no one part of the sub-department concentrating on tracking training requirements and coordinating training inputs. Consequently, there is no specific training calendar or career plan addressing systematic training needs of the employees. Most training is ad-hoc”

Commenting on the training processes in the department, the draft report of ‘Health sector reform strategy’ of A.P states "Training programmes occur as part of national initiatives with little focus on state-level annual training plans, and no training strategy’. The ‘stakeholders report’ and the Strategic review report prepared by the ‘Centre for Good Governance’ Government of A.P. for the Department of H& FW also identified lack of systematic training processes in the department as a major bottleneck in capacity-building of employees.
Systematic element missing

The results of the present study and evidence from other studies reveals that though the staff of PHCs are exposed to training under various projects, the systematic element seems to be missing in the whole training initiative. It may be argued that programmes sponsored by the central government and external agencies, adopt programme-specific systematic training process, which may be true. But even if one agrees with this view, results indicate that in-house training institutions and other stakeholders are often not involved in these processes, and only play the role of implementing agencies.

This is likely to result in duplication of efforts, mismatch between actual needs and training content, wastage of resources, and ad-hocism in in-house training. Any training initiative -either externally sponsored or an internal effort - should address the macro-level training needs of the department as well as micro-level individual training needs of employees.

In the department of H&FW, in-house training is a mammoth exercise and calls for a clear-cut state-level training policy initiative, workable strategies, and appropriate training structures & linkages. There is need to clearly identify tasks for various agencies, with adequate provision for funding activities. This exercise should address key processes in the training cycle, viz., conducting TNA on regular basis, designing training programmes based on TNA, and systematic evaluation of training conducted in the department. Various stake-holders in training - like trainers, programme managers, and top level administrators - should be involved in institutionalising and implementing these key processes.

4.4 Use of pedagogic methods

Training methods or instructional technology is the most critical component in the training process, and form the core of the training event. The reaction of respondents was therefore elicited in respect of the most popularly used methods like lectures, role play, group discussions, hands-on training and community-based training. The relevant information on these methods used was collected from three different sources: Monitoring reports of consultants, trainees, and the trainers. A brief summary of results will facilitate discussion on the topic. The summary follows.
1. Monitoring reports indicate that lecture method is a predominant method of instruction, followed by hands-on training. They indicate very little use of other methods like field observations, role plays, exercises and case studies.

2. Trainee perceptions (extension group) indicate adequate use of lecture method, role play method and group discussion method, and inadequate use of Exercises, hands on training, and community based training methods. However the clinical group among the trainees felt adequate use of all the relevant methods. However even this group felt the number of cases dealt by them in hands on training is inadequate though the time spent on it is adequate.

3. The views expressed by trainers also indicate a predominant use of lecture method, followed by bedside teaching, exercises, and field observations.

   The use and suitability of a method depends to a large extent on the objectives of the course and the type of knowledge or skills to be imparted. The job functions of functionaries working at PHC's are largely skill-based and community-based, and knowledge-based to a limited extent. It is in this context that hands-on practical training, community-based training, and other trainee-centered methods become important.

   Lecture as a method of instructional technology is better suited to impart knowledge. However, results indicate the use of lecture as a dominant method. This has been a major point of criticism in several studies conducted on the subject. The report on 'Functional review of health and family welfare department for Govt. of A.P.'15, the 'Stakeholders report'16 and the Strategic review report'17 prepared by the 'Centre for good governance' Govt. of A.P. state that the methodology used to train personnel is too theoretical, and there is little use made of hands-on practical training and case methods.

   The ASCI evaluation study18 also states that the training programmes the department conducted, which were either knowledge-based or skill-based, were found to be effective with respect to only knowledge improvement. The study found trainees asking for more field visits and practical demonstrations to improve the quality of training. An evaluation study conducted by ANS on staff nurse training in the state also suggests more stress be laid on using training method that help in solving practical field problems.

   Commenting about the methodology of training in the impact assessment study that ANS19 conducted, the report says: "They (the trainees) needed more demonstrations
and interactive sessions with the facilitators. They want to have more focus group discussions to make the training more interesting. Staff nurses felt that the training was good but opined that more practical and clinical training should be included in order to make them more practice-oriented, and fulfill their duties with more confidence.

The Evaluation report of RCH-I training by the nodal agency NIHFW states the trainees' perceptions on the use of training methods: "Most of the trainees felt that the course contents were quite relevant to their working, but practical hands-on exposure was inadequate. The recommended time schedule for practice sessions /exercises /demonstrations / field visits etc. was not followed. This may be due to operational difficulties such as inadequate case load, transport facilities, boarding and lodging facilities at hospitals etc."

Commenting on the methodology used in training in the state’s H&FW department, the NCMH report succinctly states: "The method of ‘training’ is mostly dominated by lectures by faculty or resource persons, with little respect to continuum of the theme or the overall perspective of the programme. Random simulation exercises are developed and used. Group work, which is now a commonly used approach, is unstructured and unguided, and is used as a time filler. The focus is on knowledge rather than on competencies for action."

Broadly, there seems to be consensus that training technology being used in the department is obsolete and needs to be changed in favour of trainee-centered methods. In place of the didactic lecture method that still occupies a predominant place in training pedagogy, other participatory methods should be introduced. The question arises as to why desired methods are not being used and what factors hamper their use in the training the department conducts.

The answers to these questions are not difficult to find. Most of the trainers working in in-house training institutions in the department are line functionaries who are not training professionals. As reported by the trainers, in the absence of knowledge about use of these methods they take recourse to using ‘lecture’ as a training method which is easier. The use of trainee-centered method like demonstration and coaching skills, use of case studies, and the use of community settings for training calls for special skills on the part of trainers which can be learnt in a ‘training of trainers’ course.
Another reason for not using practical hands-on training is faulty design of the training programmes, which do not incorporate the plan for use of specific methods. The trainer is often allotted a short-duration session with a clinical topic. Use of hands-on training or other trainee-centered methods for a large number of trainees in such a short span is virtually impossible. Seen in its broader perspective, the whole problem boils down to mismatch between training objectives, training budget, duration of training, facilities at the venue of training, and the trainee-trainer ratio. To accommodate some or most of these aspects, something needs to be sacrificed – and that is often the right method in which training needs to be imparted.

The discussion highlights the fact that pedagogical methods used in training cannot and should not be viewed in isolation from the whole training cycle. Unless all the processes in the training cycle are viewed collectively, piece-meal solutions like training of trainers, alone, will not help improve the training pedagogy used. In a broader perspective, this issue is related to training policy, training strategies and training structures, which often determine training processes.

4.5 Competence of trainers, and faculty development

In-service training requires able and experienced trainers. The competence and self-esteem of these trainers will lend credibility to the training institutions and training programmes they conduct. This study made an effort to assess the competencies of trainers. Other issues pertaining to trainers like procedures adopted to recruit trainers, creating avenues for faculty development etc. were also explored. A majority of the trainees rated the training skills of the trainers as ‘average’ and good. The faculty at IIHFW received a higher ranking.

Trainers at IIHFW were recruited directly by a selection board. At RFWTC, and DTTs, their selection was based on seniority and stipulated qualifications. In none of the training institutions, experience in training and aptitude for training was considered a criteria for selection. Given the system of recruitment of trainers, faculty development forms the key to building competencies of trainers. Stressing the need for training of trainers, Anand Reddy et al. state “Training technology is a science by itself. Possessing requisite knowledge and skills and field experience alone do not make one a good trainer though these are certainly key ingredients. Specific training skills for in-service training like the ‘principles of Andragogy’ (principles of adult learning) are scientific and need to be taught to trainers to make the training participatory.”
Results of the study indicate that though a large number of 'training of trainers' courses are organised by IIHFW for trainers, there are no concerted efforts to develop trainer skills in a systematic manner. Just like other training activity in the department, the 'TOT's are also programme-specific and sporadic. No induction training in training skills is given to trainers immediately after they are posted as trainers. The present study indicates that 14% of trainers did not attend any TOT since being posted as trainers, and 37% attended a single TOT programme four years ago, or earlier.

Stressing the need for periodical TOTs, Anand Reddy et al, 23 state the following. "Though they have rich field experience, they are found to be deficient in training techniques and methodologies. Often, trainer's needs differ, depending on his/her specialty and experience. A 'trainer's needs assessment study' can be conducted periodically to assess their needs, and they can accordingly be trained in techniques relevant to their area of specialization. This aspect is often forgotten in the general 'training of trainers' (TOT) programmes organised for trainers under various projects like IPP VI and RCH-I. Further, the promotional policies of the department also often result in quite a high turnover of trainers in training institutions. In the light of the above, regular periodic refreshers training should be conducted for the trainers to build up their competencies." The administrators interviewed also favoured an overhaul of the recruitment procedures for trainers, and suggested a minimum fixed tenure for them at the training institutions.

Supporting this view, the ASCI consultancy report24 states: "Sometimes, persons with little or no experience in training are posted as the principal of the RFWTCs. Some faculty felt that it is detrimental to the quality of training, as such persons have little aptitude or interest in training". What was said about the principal is equally applicable for selection of faculty at RFWTCs and DTTs. Not surprisingly, many other studies conducted by the Centre for Good Governance, also report lack of specialised and competent faculty as a problem with in-house training in the department.

The above discussions shows that there is an urgent need to have a re-look at the recruitment procedures of trainers, consistent policies for training newly posted trainers, and adopting strategies to retain good trainers. Unsuitable individuals who are recruited just because posts are vacant in training institutions also tend to weaken training institutions. In staffing training institutions, recruiters need to realise that a well-trained and competent trainer is an asset to the training institution. In this context, they
could explore the setting up of a separate training cadre to scale up the quality of trainers, and attract quality personnel to trainer positions.

4.6 System of nominations for training

The manner in which participants are selected plays a pivotal role in making training purposeful. To get maximum return from investments in training, it is essential to identify individuals or groups of individuals, for whom training must receive the highest priority. This training need must be met most effectively, so that results - in terms of better performance - become quickly visible. According to Mathur\(^{25}\) in many organisations "Those most in need of training often do not get an opportunity, while others unlikely to gain anything from training, get to attend the training courses. Sometimes, the same person is sent to training over and over again. He represents, as it were, the training reserve and is to be seen in all training programmes - whether or not these are relevant to his job requirements. Unless nominations are made in a planned manner with a view to benefiting from the opportunity, in-service training is unlikely to create a significant impact on the overall efficiency of the organizations."

While the selection should be made based on 'identified training need', those making the selection should ensure that the trainee possesses the capacity to make a meaningful contribution to the organisation after training. Selection made on 'identified need' of the individual as well as the department will go a long way to making training fruitful. The opinion of trainees and administrators was elicited, and records verified to identify the 'basis of nomination' for training in the department.

Results indicate that a majority of respondents state that 'availability of the trainee' (the employee being relatively free) as the important criteria for nominating employees for training. It was also found from the responses of administrators, and verification of records that no scientific regular training needs assessment system was at place to form the basis for nomination to training programmes.

Further, the study also found that a number of trainees were being sent repeatedly for training programmes they already attended. Employee responses and circulars from state headquarters to the district administration give us an indication of this problem. A study on 'Functional review of medical and family welfare department'\(^{26}\) also strongly supports this finding when it says:
"As there is no proper training calendar developed, prior information on training is not provided to employees. Training were often conducted to address sudden programme demands, budgetary concerns and other such reasons. Where training programmes are conducted, selection of trainees is not done rationally. In the discussions held with respondents on selection of trainees, the following important issues were elicited.

- No training plan/calander for the department was developed to select functionaries for training.
- Training programmes were planned at the state-level without consulting the district officials/team
- As a consequence, in a majority of cases, personnel who were not 'working' and could be spared, were sent to training programmes. Other potential/hard-working staff were not nominated so there is no hindrance to the performance of existing, on-going or emergency tasks”.

The Stakeholder report also echos similar views when it says that selection of trainees is not done rationally, as there is no formal method to select nominees to training programmes. The HRM structural Options Report is more critical on this aspect when it says "It has been seen on account of improper methods of selection nomination to training programmes, sometimes the same person is attending the same training programme for three years continuously. Apparently since training is not properly planned in advance; when the DCHS has to forward nominations, the person who is relatively free is often the one chosen to attending the programme. Also, it is sometimes seen that a few favourites are selected so that they can avail of travel and other allowances.”

Lack of coordination between district-level officers - who are the nominating authorities for training, drafting training calendars without consulting them, absence of a consultative process between line managers and training managers, are major obstacles to timely nomination of trainees and sending of suitable candidates for training.

The Status paper on Training for NCMH, also elaborately discusses as to how the nominations for training is ad-hoc and haphazard due to differences in priorities between the DM & HO's and state-level officers. It reports a complete absence of
consultative process between the stakeholders, and persons involved in nominating employees to training programmes the department conducts.

An overwhelming majority of district-level officers covered in the present study opined that they should be consulted when training programmes are designed and training calendars are prepared, so that mutually convenient time for conducting them can be chalked out. They opined that they were neither consulted, nor is there a mechanism to facilitate or coordinate the process. In state-level meetings they attend, the issues pertaining to training are rarely discussed. Ironically, even the state-level officers who issue directives to district level officers asking for nominations feel they do not have much discretion in deciding the timing of training programmes. They say that these are dictated by the availability of funds and deadlines set by funding agencies to meet ambitious training targets. This often makes the schedule of training programmes inflexible, and beyond their capacity to change.

The discussion highlights the need for systematic efforts to streamline the nomination process in the department. Systems should be built, and processes evolved to make the nominations more rational and scientific. One such measures could be the creation of a comprehensive ‘training status’ database of employees in the department.

4.7 Transfer of learning to job situation

One of the objectives of training is to effectively use skills, knowledge, concepts and attitudes learnt in training in on-the-job situation; training becomes meaningful only when the transfer of the same takes place at the work situation. Training per se cannot do much unless opportunities are provided to trainees to put into practice what they have learnt during training. There are situations where employees (after being trained), could not apply their newly acquired skills in their work situation. The reasons for this could be: training given not being applicable to the work situation; the employees not being given proper placement; pressure of routine work; and, the absence of infrastructural facilities and equipment to use the acquired skills.

Employee reactions to the above situations are analysed to find out the extent of use of training inputs in the work situation. The study found that lack of infrastructure and equipment at PHC as a major stumbling block to implement things learnt during training. The highly theoretical nature of training and pressure of routine work were also found to be contributory factors, but to a lesser extent. Infrastructural facilities include
buildings with adequate facilities, and the basic equipments - like BP apparatus, weighing machine, and foetoscope - required to perform day-to-day job functions by the PHC functionaries.

Lack of some of these facilities may create frustration among employees who feel handicapped in the performance of their duties. To quote an instance, ANM's were taught how to take BP in a number of training programmes but were not supplied with a BP apparatus. As a result, they virtually forgot the skill they learnt. The status paper on Training for NCMMH also quotes a larger number of cases where trainees have been imparted a specific skill but could not use them either due to inappropriate posting, lack of equipment, or other reasons.

The functional review document by CGG also cites multiple reasons for non-utilisation of skills learnt during training when its states: "A majority (of respondents) had also reported that the skills attained during training were not utilised due to lack of hands-on practice. Ex: The skills provided on counseling are not utilised as they do not not deal with patients who need to be counselled. Similarly, a person trained to operate computers is not using these skills as he has no access to computers."

This discussion brings to the forefront the accountability of different wings of the health and family welfare department in linking service delivery to training. This calls for adoption of a systems approach to the entire training process. Apart from viewing the training as an inter-linked sub-system of the organisation, the systems approach specifies the accountability of different sub-systems in using the inputs provided during training.

Often, criteria like achieving the target rate of expenditure, number of training courses conducted, number trained, and such other indicators are used to assess the performance of the training department. However they should not be the only indicators to assess the performance of training department. What needs to be done is a comprehensive 'audit' of training, to find out the efficacy of training and its impact on the organisation. The training audit should focus on the extent of change that has been brought about in the knowledge, skills, and attitudes of the personnel working in the department as a consequence of training.

It should also examine if there has been any significant application of this learning at the work place. It should identify weak links in the department's strategies, systems,
and methods, and suggest measures to improve them. A training audit will also bring in much needed accountability to the training department.

4.8 Training infrastructure and constraints

Training infrastructure includes physical, manpower and financial resources needed to carry out the training function. The need to provide reasonably adequate training infrastructure in terms of men, money and equipment warrants no justification or elaboration. Constraints in infrastructure have a bearing on the quality of training imparted. It is not the shortage or inadequacy of training infrastructure that makes it the subject of discussion, but factors and processes that lead to such a situation.

The views of different stake-holders were elicited on the quality of training infrastructure in the department. Results indicate significant constraints in terms of manpower shortages, and physical infrastructure, and to limited extent - financial constraints. Constraints of manpower stated in the study include large number of vacancies of faculty positions, and high turnover of faculty at certain levels. Since faculty form the core of any training function, their availability in inadequate number results in training targets not being met, or and poor quality of training.

It was observed that except for IIHFW, where there is provision for direct recruitment of faculty, persons for faculty positions are recruited on deputation-basis from the pool of field health functionaries. There is no scope for lateral entry into the training department at these levels. Much has been written about the relative advantages of direct recruitment vs selecting trainers on deputation from the department. It can be argued that suitability of a particular method for selection of trainers depends on the area of specialisation, skills that need to be imparted, and a host of other factors. Discussions with trainers, training managers and administrators in the study population indicate the need for complete overhaul of the system of recruitment of trainers.

To overcome the problem of a large number of vacancies in faculty positions, a short-term measure is suggested: that heads of training department be given the discretion to recruit trainers on contract basis from the pool of retired trainers, or other suitable persons. In the long run, a suitable recruitment policy should be formulated with scope for both direct recruitment and posting to faculty positions on deputation.
The policy should also contain measures to ensure stability of tenure for the trainers and to make training as a profession an attractive option. This is important as the post of trainer or head of training institution is often seen as a sort of redundant post. The strategy paper on health sector reforms in A.P.32 is more vocal on this issue. It states: “A district training team consists of a district training officer, a health education officer, and public health nurse. The district training officer is seen as a redundant post and little sought after, and “to utilise his services effectively” the system gives him other monitoring tasks. At any rate, 6 of the 23 officers posts lie vacant; 18 of the 23 health education officer posts and 21 of the 23 DPHNOs posts are also vacant. This signifies the abandonment of training as a strategy of sustaining performance”. The training policy that needs to be evolved - of which recruitment policy will be an essential component – should address this perennial problem in the department.

The next important constraint pertains to physical and financial constraints. Physical infrastructural constraints include location of training centres far away from work locations, poor maintenance of structures & facilities, and lack of equipment like photocopying machines, lab facilities, transport vehicles, fuel budgets and other training related equipment.

Here again, the issue is not only of providing these facilities, but instituting mechanisms that allow for their repair and maintenance. Financial problems faced basically pertain to inadequate funds to procure and maintain these facilities. In that sense, they refer to the same problem. Efforts were made in various project periods to strengthen the physical infrastructure in various training institutions. However, after the project period, the problems seem to recur time and again, with no provision being made in project budgets for maintenance of facilities created. Given financial constraints facing the state and the department, no regular training or maintenance budget is sanctioned. If there is a cut in budget allocation, often it is the allocations for training activity that take a hit, and not the line departments.

Providing regular enhanced budget for training is the only long-term solution to solve these problems. But to maintain the infrastructure created and procure minor training related equipment (which are often the major stumbling blocks in the conduct of training), the experiment in RCH-I of providing ‘institutional overheads’ is worth emulating. Under RCH-I, related training, unto a certain percentage (15% of course
budget) in a particular course, is given to training institutions conducting the training, and this amount is to be spent for institutional development.

Many training centres have used this budget to improve facilities at their centres. The training managers had lot of discretion in spending the money on this account, and, they spent in on things they deemed essential. The decision-making was quick and spending was need-based. This system may be institutionalized for all the training programmes in the department. Further, this will ensure that more funds are available to those centres that conduct more training programmes, and are active. This was found to be a more workable solution to tackle the problem of poor maintenance of physical infrastructure in the training institutions. Monitoring reports of consultants in RCH – I also strongly support this view; they list a large number of instances where training managers could improve things to a considerable extent at their training centres.

Another possible method to garner funds for improving and maintaining infrastructure on a sustainable basis, could be renting out the facilities of RFWTCs and DTTs to outside agencies, during periods when there are no in-house training programmes. Similarly, freedom could also be given to undertake health-related training activity for other departments, on payment basis. These are being done at IIHFW and the results are good. However, sufficient autonomy should be given to the training institutions to undertake these activities at their own discretion. They should also be given the freedom to spend funds so mobilised for institutional development.

References


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