

Perceived Barriers Faced by Trainers in Delivering Essential Newborn Care (ENC) Training to Healthcare Workers in Nepal



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BACKGROUND

- Nepal has made significant progress in reducing the child mortality ratio but neonatal mortality declined only at a slow pace.^{1,2}
- The risk of a newborn death in Nepal is the highest in the early neonatal period during the first 7 days of life, following similar global trend.^{1,3}
- Newborn deaths could be prevented if skilled health workers perform effective neonatal care at birth and during the first week of life.³
- Effective training for health workers on the aspects of Essential Newborn Care (ENC) is particularly vital to ensure the survival and well-being of newborns.
- Mother and Infant Research Activities (MIRA) initiated the first ENC training programme since 1997 to train the health workers across 10 districts in Nepal in collaboration with National Safer Motherhood Project.
- However, the challenges faced by those who offer the ENC training to health workers often do not get enough recognition in the literature.

OBJECTIVE

The objective of the study is to explore the perceived barriers faced by trainers in delivering Essential Newborn Care (ENC) training to the healthcare workers in Nepal.

METHODOLOGY

- Semi-structured interviews were conducted with 16 trainers using a set of both open- and close-ended questionnaires developed in English.
- Purposive sampling was used where participants were required to be ENC trainers and able to communicate in English.
- Written informed consent for participation in the interviews and audio-recordings were obtained from participants before conducting interviews.
- Appointments were made with the trainers prior to the interviews, which were conducted in their workplace within the Kathmandu Valley.
- Interviews were audio-recorded, transcribed verbatim and then thematically analysed using the interview transcripts.



Figure 1a. Interview session



Figure 1b. Kathmandu Valley

RESULTS

ENC Trainer Demographics

Table 1. Summary of ENC trainer demographics (n=16)

	Trainer	n=16 (%)
Mean age	53 (SD=10)	
Gender	Male	8 (50.0)
	Female	8 (50.0)
Specialisation	Paediatrics	12 (75.0)
	Neonatology	3 (18.8)
	Nursing	3 (18.8)
	Midwifery	1 (6.3)
	Community Health Specialist	1 (6.3)
ENC training experience	< 5 years	5 (31.3)
	5 - 10 years	8 (50.0)
	> 10 years	3 (18.8)
Number of participants trained	< 100	4 (25.0)
	100 – 150	4 (25.0)
	150 – 200	2 (12.5)
	> 200	6 (37.5)
Type of training provided	Training of Trainers (TOT)	13 (81.3)
	Training of Facilitators (TOF)	8 (50.0)
	Basic Training	15 (93.8)

SD: Standard deviation

Barriers to effective ENC training

- The data achieved saturation at the point of 14 interviews when no new themes were observed to emerge in the data from the subsequent interviews.
- The interviews highlight key barriers to effective ENC training collated from trainers' perspective. The 6 key themes are shown in Figure 2.

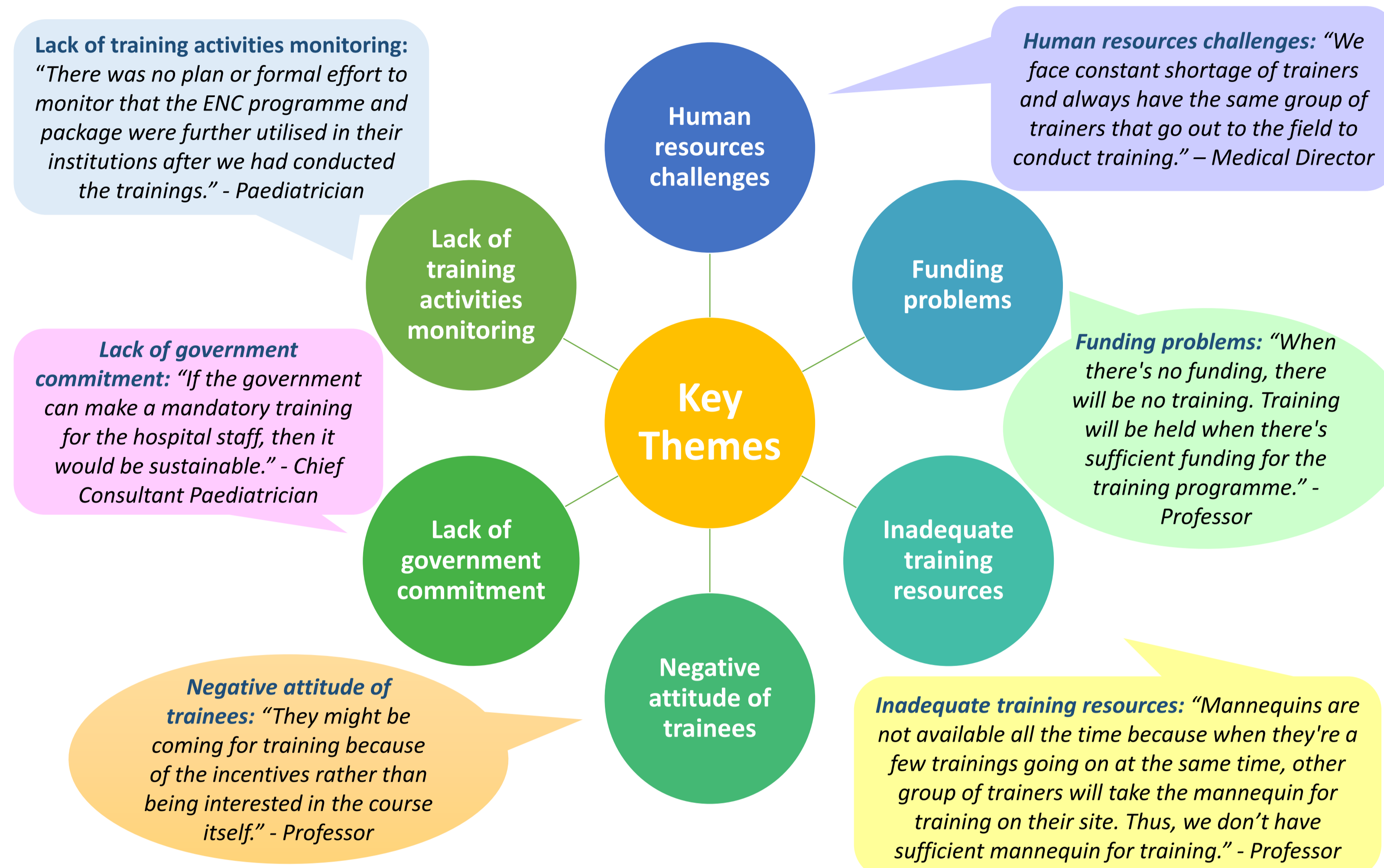


Figure 2. Barriers to effective ENC training

Table 2. Summarises the 6 key barriers to effective ENC training

Key themes	
Human resources challenges	<ul style="list-style-type: none"> Shortage of trainers Difficulty obtaining leave to attend training Removing healthcare workers for training puts strain on healthcare system Disruption to daily clinical routine of healthcare workers Frequent inter-departmental transfer of staff compromises value of providing training Inappropriate trainee selection for training
Funding problems	<ul style="list-style-type: none"> Insufficient funding for training Donor-driven trainings make training unsustainable
Inadequate training resources	<ul style="list-style-type: none"> Insufficient equipment for training Insufficient training materials Unavailability of facilities and infrastructure for training Constant power-outage problems
Negative attitudes of trainees	<ul style="list-style-type: none"> Trainees are uninterested Many attend training only for monetary incentives Unreceptive to training due to strong traditional beliefs and practices that conflict with training recommendations
Lack of government commitment	<ul style="list-style-type: none"> Lack of government commitment towards mandatory training for healthcare workers
Lack of training activities monitoring	<ul style="list-style-type: none"> No post-training follow up Irregular refresher courses to keep knowledge and skills up-to-date

CONCLUSIONS

- This study highlights a multitude of barriers which recognised trainers' perceived problems in the ENC training provision in Nepal.
- Strengthening government partnerships and addressing resource constraints will go a long way towards improving the stability and ensuring the continuation of the ENC training programme.
- The findings of this study can be used to further facilitate improvements of the programme's integration into the health system and motivate modifications to the structure of the ENC training programme in Nepal.

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