REPORT

Adaptation/ Translation of Training Manuals and IEC materials and Facilitation of Training on the Revised Childhood Diarrhoea Management in Gujarat

Micronutrient Initiative
New Delhi

By
TRIOs Development Support (P) Ltd, New Delhi

October 2011

T 28, Manish Global Mall
Opp: Mount Carmel School
Sector: 22, Dwarka
New Delhi-110 075, INDIA
Landline & Fax: 91-11-456 94114
Email: trios@triosdev.org
Website: www.triosdev.org

support to sustainable development

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Abbreviations

ANM	Auxiliary Nurse Midwife
ASHA	Accredited Social Health Activist
AWW	Aanganwadi Worker
BHO	Block Health Officer
BRGF	Backward Region Grant Fund
CDPO	Child Development Program Officer
CHC	Community Health Centre
DAZT	Diarrhoea Alleviation through Zinc and ORS Therapy
DLHS	District Health and Facility Survey
FAQ	Frequently Asked Question
FGD	Focused Group Discussion
ICDS	Integrated Child Development Scheme
IEC	Information Education and Communication
IMNCI	Integrated Management of Neonatal and Childhood Illness
LHV	Lady Health Visitor
M & E	Monitoring and Evaluation
MI	Micronutrient Initiative
MO	Medical Officer
NGO	Non-Government Organization
NRHM	National Rural Health Mission
ORS	Oral Re-hydration Salts
PHC	Primary Health Centre
RCH	Reproductive and Child Health
ToT	Training of Trainers
UNICEF	United Nations Children's Fund
WHO	World Health Organization

Executive Summary

Though the global community has committed to the goals of reducing poverty and child mortality, millions of children die each year on account of malnutrition. One of the major causes of illness and death among children across the world is diarrheal disease. Hence, considering the intensity and magnitude of the problem, WHO and UNICEF has initiated a new strategy to strengthen the diarrhea management program world over since 2004. An important component of this approach is to promote the use of Zinc tablets/syrup & ORS Solution (Low-osmolality ORS) as first line of treatment of childhood diarrhea. The use of zinc supplements, in addition to oral rehydration, is an innovative and extremely effective method for reducing diarrheal disease among children.

Several research studies on the effectiveness of this method reflect substantial reduction in diarrheal disease. Even in Indian context, studies demonstrated that adding zinc to ORS treatment resulted in diarrhea being treated much more often than when treatment comprised ORS alone.

Even though 4 billion cases of diarrhea reports each year, the global coverage of ORS is only 38%. Therefore there is an urgent need to incorporate zinc supplementation in diarrhoeal treatment and mainstreaming the agenda in our national and international policy framework.

Realizing the need for scaling up the Use of Zinc and ORS combo packs for Diarrhea management (DAZT), **Micronutrient Initiative (MI**) calls for increased investment in all efforts to reduce diarrheal disease and is supporting Governments into adopting zinc supplementation policy and converts them into effective and sustainable programs. [1]

As a part of this initiative, MI is supporting capacity building of Health and ICDS care givers in India on Revised Childhood Diarrhea Management and Control and Use of Zinc and ORS combo packs for Diarrhea management (DAZT).

TRIOs Development Support has been selected by MI to conduct these trainings for Health and ICDS workers/ care givers in 4 districts of Gujarat, India.

The Project was divided into two phases for implementation purpose. The **Planning Phase** includes the Adaptation and Translation of Training Modules and IEC materials into Guajarati, Identification and orientation of partner NGOs, Training of Professional Trainers, and Developing training plans. The **Training Phase** started with State level Launch of the training, followed by orientation of State and Regional level Officers of Health & ICDS departments on DAZT. The field level training included training of district level officers, Block level supervisors and PHC level care givers.

For the **Adaptation and Translation Process** a Core team consist of Team Leader, IMNCI Expert, Pediatrician, Public Health Expert, Health systems Expert, Communication and IEC Expert and Designer, were involved. Active participation of the lead trainers in adaptation process helped them to broaden their perspective about the entire program and developed a shared understanding of the content and training processes. Then Modules were reviewed and refined through a 2 day Mock Training session, which helped everyone to actually see and internalize the translated Manuals and Materials and the presentations based on it in action. The

[1] http://www.micronutrient.org

IEC materials were adapted, pre-tested and reviewed by the lead trainers and the MI team for finalization. All these adapted Modules and Materials were shared with the Government counterpart for their concurrence.

The Lead Trainers conducted the Training of Trainers, State level Orientation and all District level Trainings. The Professional Trainers selected from NGOs conducted Block Level trainings with the back up from the Lead Trainers and trained Medical Officers. TRIOs partnered with 8 local NGOs to conduct the PHC Level trainings in all the four districts The Trainings were conducted in a cascade approach where the lead trainers trained 31 Professional trainers, identified from local NGOs, who conducted these trainings.

Out of the Total 17108 participants proposed, the training covered 91% care givers. A total of 540 batches were conducted in all four districts and three levels. L2-Block level trainings had the maximum coverage in terms of attendance (117% due to the attendance of Male Health Workers and Supervisors) and L3 had the lowest (88%). Mop rounds were conducted in all four districts for all levels.

The Monitoring of the Trainings was done at three levels:-

1. Joint Monitoring team consisting of the Lead Trainers and Team leader
2. State Training Coordinator
3. District Training Coordinators

The training sessions have significantly contributed to the overall awareness level among the stakeholders which is reflected in the pre and posttest analysis. The pre and posttest analysis of the training indicates that overall knowledge of the participants on DAZT has increased from 70 % to 93%. The highest increase was among ASHA and Aanganwadi workers from 46% to 81%. The highest change in awareness was perceived in Knowledge of symptoms and severity of diarrhea, proposed dosage and use of Zinc and ORS combo. A random survey done after the training has reflected that 93% in L1 and 85% in L2 felt that the Overall training Quality was Good.

The post training analyses and random feedback survey results indicates that the DAZT trainings of Health and ICDS workers played a vital role in building better understanding on the Revised Childhood Diarrhea management and the use of Zinc and ORS combo among the Health and ICDS cadres of the 4 districts in Gujarat. It is expected that the trainings would ultimately lead to conceptual clarity and thus help in better implementation management. It has also helped in building the institutional capacity of local NGOs who were a part of the trainings on DAZT. The local NGOs are now equipped with necessary skills to combat the childhood diarrhea with improved method. They can now multiply the effect through further programs and advocacy among the people. Moreover, the training has led to the creation of a pool of resource persons/trainers on Revised Childhood Diarrhea management in Gujarat. It is envisaged that this resource pool would enrich the training in future as well, through providing technical as well procedural guidelines on the DAZT.

In short, the training program has heralded a new path towards securing child nutrition through a collective strategy involving all stakeholders with a view to build up an enabling environment and commitment to combat childhood diarrhea.

Chapter 1: Preamble

1.1. The Context and Coverage

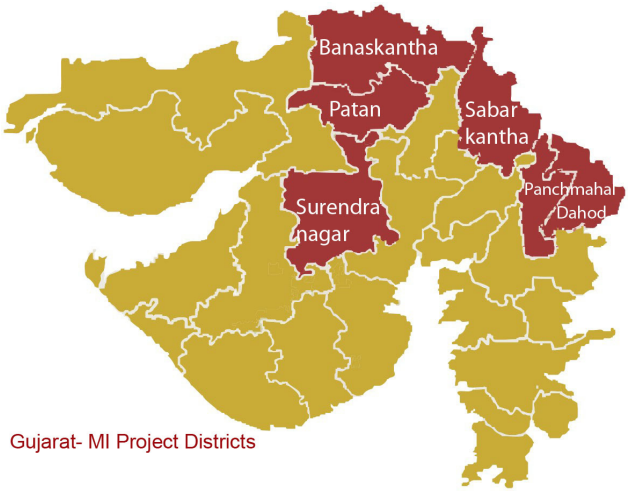
Micronutrient Initiative (henceforth MI), India which is working to eliminate vitamin and mineral deficiencies among vulnerable population, in collaboration with the Government of Gujarat is implementing a demonstration project to increase the coverage of zinc and ORS for the treatment of childhood diarrhea and improve compliance to the recommended course of treatment by caregivers in 6 districts in Gujarat.

To enable the above objective, MI proposed the training of the Health and ICDS personnel on the combined use of Zinc and ORS for Childhood Diarrhea Management.

MI selected TRIOs to organize the Revised Childhood Diarrhea Management Trainings in 4 out of its 6 program districts of Gujarat covering Health and ICDS care givers/ officials in the state.

The four program districts that were covered by TRIOs through these trainings were:-

- Banaskantha
- Sabarkantha
- Patan
- Surendranagar



Gujarat- MI Project Districts

The training of health and ICDS cadres involved two major phases:-

- Planning/ preparatory phase which involved Adaptation and Translation of Training Materials, Formation of a Core Team, Identification of a Team of Lead Trainers, Identification and Orientation of local NGOs as partners, and Identification and training of Professional Trainers.
- The Training phase which involved State level launch and orientation and Trainings of three levels of Health and ICDS care givers

The following report presents the ***process*** *adopted* in preparing/ planning for the trainings and the actual Trainings conducted at the three levels. It also highlights ***major qualitative and quantitative achievements***, ***key learning***, challenges and constraints, ***quality assurance and monitoring systems*** adopted and feedback from the participants.

Chapter 2: Process Adopted

2.1. The Process

TRIOs has undertaken the training programs in a cost efficient way without compromising on quality. Throughout the process, judicious use of resources was ensured. Apart from that the district administrations was involved in each and every step to make the training more effective and accountable.

TRIOS ensured the active participation of the MI National and State team in all stages of planning, implementation and monitoring. MI teams, both at Delhi and State levels have been providing timely support to the entire processes and conduct of the trainings.

Some of the Key Points of the Process adopted by TRIOs in this initiative are

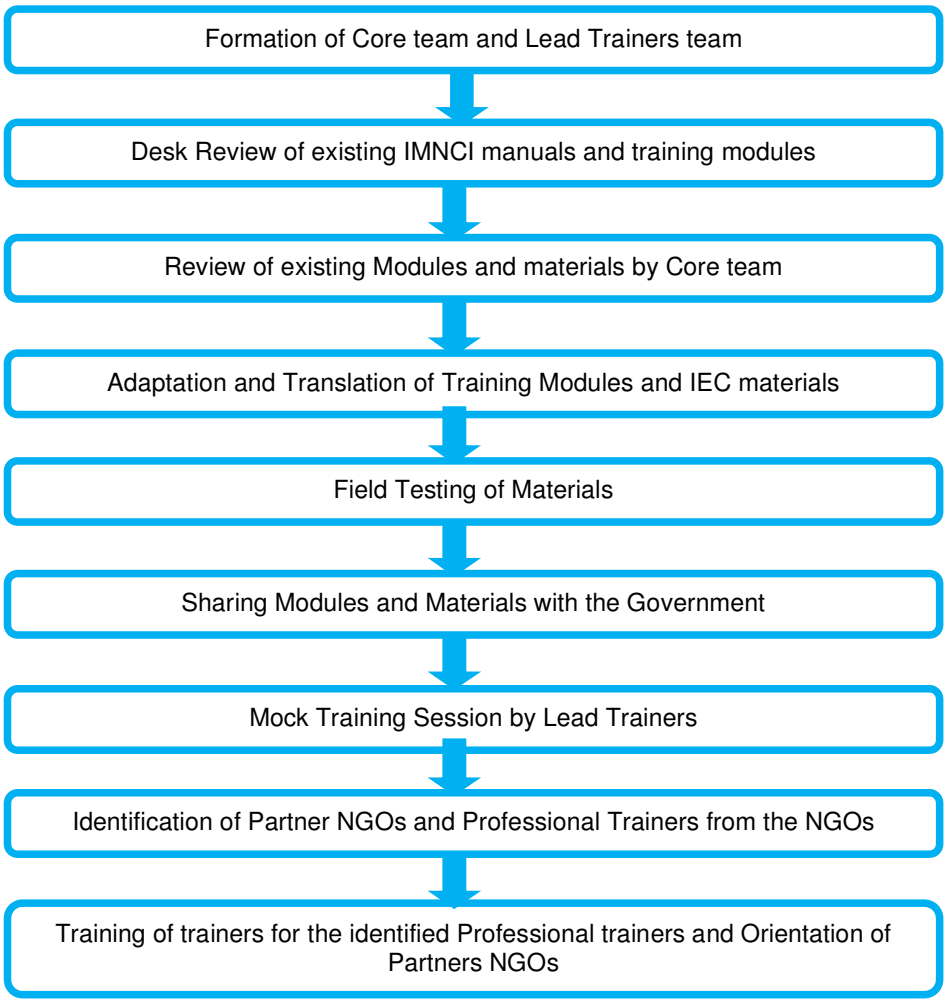
- Skilled and experienced core team including Lead trainers for managing the training and related tasks
- Formation of a pool of Resource Persons with a view to avail the service of extra Trainers for sustaining continuous and uninterrupted training schedules
- Partnership with Civil Society Organizations who have profound understanding of the local systems, processes and dynamics and above all sound experience at the ground level
- Adaptation of modules and materials in concurrence with IMNCI and other Child health programs of the State, and local context
- Constant adaptation of the process as a response to changing situations and emerging needs with regard to Adaptation process, Resource base, Training plans and Facilitation processes
- Quality and coverage focusing on the entire processes and trainings
- Strong Monitoring of the Trainings on three levels- State Training Coordination Team, Joint Monitoring Team and State and National Office and Team of TRIOs
- Strong backup team and support from the TRIOs State and National Office
- Close coordination and Interaction with Government authorities
- Close Coordination and interaction with MI team and regular updates

Preparatory/ Planning Phase

The Preparatory/ Planning Phase was marked by the involvement of Lead trainers consisting of IMNCI experts, Public Health experts, Pediatrician and IEC/ Communication experts in the Adaptation and Translation of the Training materials. This approach has provided a good connect between the Materials and the trainings. It also ensured that the adaptation and translation was technically sound and the language, illustration and messages were culturally sensitive. The Trainers were well versed with the content and processes of the training.

The Key steps in the Preparatory/ Planning Phase are given in the flowchart below. They are described in detail in **Chapter 3** of this report.

Fig 1: Steps of Preparatory/ Planning Phase



The selection of core team members and Lead trainers were carefully done to meet challenging as well as emerging needs of the project.

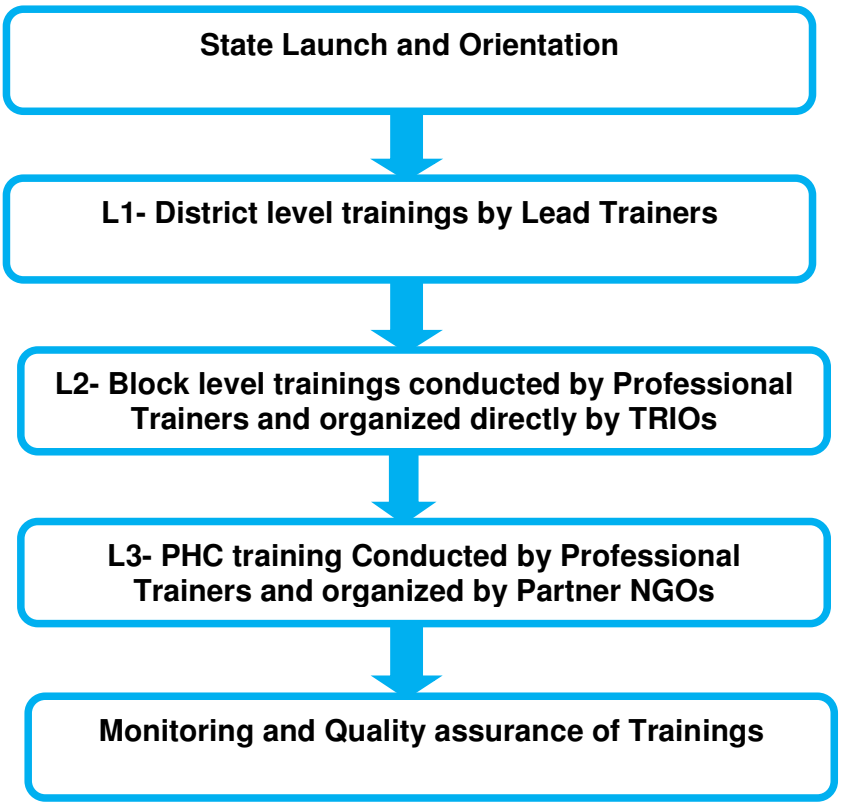
Training Phase

The Training Phase is marked by the involvement of Local NGOs as partners in organizing the L3-PHC level trainings and also in providing the Professional Trainers for the L2-Block and L3- PHC level trainings in all the four districts of Gujarat. The L1 and L2 trainings were organized by TRIOs directly, while the L3 trainings were organized by the Partner NGOs with the Monitoring and Supervision of TRIOs.

The Trainings were conducted by two sets of Trainers. The Lead trainers conducted the ToTs, the State Level orientation and the District Level trainings. The 31 Professional Trainers conducted the Block and PHC level trainings.

The Details of the Cadres trained, Professional Trainers, lead trainers, training methodology and key achievements are given in **Chapter 4** of this report.

Fig 2: Steps of the Training Phase



Chapter 3: Preparatory /Planning Phase

The Preparatory/Planning Phase has been divided into three parts in this report.

3.1 Adaptation and Translation of Training Modules and IEC materials
3.2 Selection of Partner NGOs and Development of District Plans
3.3 Orientation of Partner NGOs and Training of Trainers for Professional Trainers of L2 and L3

The Preparatory/ Planning phase laid the foundation for a smooth training phase. The Coordination with the State and district authorities helped to channelize good mobilization of the participants for the trainings and the use of more Government facilities as training venues.

3.1. Adaptation and Translation of Training Modules and IEC materials

The task was to review the materials, identify areas for adaptation/modification, translate the adapted modules into Gujarati and provide print ready versions to MI. The materials had to be adapted to suit the local Gujarat context and be culturally sensitive to the local needs and specificities.

Core Team- Reviewing Modules for Adaptation

Given below is a description of the Materials Adapted and Translated, Process of adaptation and Translation, brief of the team involved and key highlights of the process.

Table 1: Materials for Adaptation and Translation

Training Levels	L1	L2	L3
Materials for Translation and Adaptation	Facilitator's Guides	Facilitator's Guides	Facilitator's Guides
	Participants Manual	Participants Manual	Participants Manual
	Power point Presentations	Power point Presentations	Job Aids, Power point Presentations
	Video Clips	Video Clips	Video Clips
	Radio Jingles	Radio Jingles	Radio Jingles
	Reporting formats for PHC	Reporting formats for ANM	Reporting formats for ASHA and AWW
	Reporting formats for PHC	Reporting formats for ANM	Monitoring formats for ASHA and AWW

TRIOs set up a dedicated Lead Trainers Team consisting of ***IMNCI expert, Pediatrician, Public health experts and Communication/IEC experts.*** This team was led by the Team leader and supported by the Documentation expert.

3.1.1. *Planning Meeting:*

Planning meeting was organized in June 2011 with the Lead Trainer's team to formulate a project execution plan and set timelines for the Translation and Adaptation process. The Areas for adaptation and gaps in the existing materials were also identified after a quick review by the Lead trainers. Each Lead Trainer was assigned with a session and task from the Modules and IEC material to review and adapt. The overall coordination of the Adaptation and Translation process was over seen by Dr. Aravind Pulikkal, Team Leader and Dr. Vikasben Desai, the IMNCI Expert.

3.1.2. *The Desk Review:*

Desk review was done in two stages. The first stage was review of existing IMNCI Training modules and IEC materials already available with various organizations and Government departments in the State.

The second stage was an in-depth review of the available Training Materials from MI, mentioned in Table 1.

The Lead Trainers Team divided the sessions for review based on their area of expertise. The overall coordination and quality control of the Adaptation and Translation was done by Dr. Aravind Pulikkal (Team Leader) and Dr. Vikasben Desai (Lead Trainer).

The Adapted and Translated sessions in the modules were shared with MI regularly to gather feedback and identify areas for further improvement.

3.1.3. *Review of IEC Tools:*

The Audio-Video tools consisting of the Radio Jingles and Video clips were reviewed by the Lead trainers Team to identify gaps and to explore areas for adaptation. The IEC expert developed scripts for the radio jingles and video clips in Gujarati which was reviewed by the Lead Trainers for technical soundness. The scripts were also shared with MI state and National Team for feedback and further refinement through creative suggestions. Professional voice-over artists were hired to dub and record the Gujarati version of the Radio Jingles and Video clips.

The Board Games and Flash Cards were reviewed by the IEC expert and Lead trainers for content, illustrations, messages and color codes. The draft translated materials were Pre-tested by the IEC expert and MI Communications officer.

Based on the pre-testing the materials were refined and developed in a ready to print format.

The Training Materials were designed by a professional designer from National Institute of Design (NID, Ahmedabad) with support from the Operations Manager, TRIOs.

3.1.4. *Mock Training Session:*

Once the draft version of the adapted and translated Guides and modules were developed, the Lead Team conducted a Mock session. This two day workshop was organized at Infocity Resort, Gandhinagar from 20- 21 July 2011 and was attended by the Lead Trainers and MI State Team.

The Lead Trainers conducted Mock sessions for L1, L2 and L3 sessions. The Lead Trainers used Training aids such as Job Aids, Audio Visual presentations and different training methods such as Role Plays, lectures, Power point Presentations, Demonstrations, open discussion, FAQs etc.
The Key Points of Discussion and deliberations were:-

- Sequencing of the sessions in the modules and guides
- Timing of the sessions
- Training methodology/ Facilitation techniques to be used for each session/ overall training
- Training aids that would be needed for the trainings- Job Aids, Power point presentations, Demonstration kits

The discussions brought out the need for a change in the sessions on Communication and IPC. The IEC experts were asked to connect it to the issue of diarrhea management so that the participants are able to relate to it and also retain it. It was decided that the IPC skills and Using IPC materials sections would be merged with the Diarrhea control and management- Session 5, 6 with session 2 to focus on the aspects of applied IEC.

The need for a customized template for the power point presentations was brought up by the Team leader and a common template was sent out to all the Lead trainers to customize their respective presentations.

The Mock session was a useful exercise as it helped everyone to actually see the adapted and translated Training Manual and the presentation based on it in action. The team was able to assess the time required for each session, the best method and information that needs to be highlighted in the presentations and sessions. This also helped develop a common understanding about the training sessions.

3.1.5. *Key* Learning and Challenges:

- The Modules and IEC materials were adapted and translated by the Core team themselves to ensure quality standards, sound terminologies, local context specific illustrations and messages.
- The whole process of adaptation was coordinated by the Team leader and Lead Trainers to provide consistency to the adaptation and translation and to ensure quality control. Through this participatory process, the trainers got an opportunity to connect with the training materials and training process to be adopted.
- Regular updates to MI at all stages of adaptation and translation of the modules ensured that feedback was regular and timely, reducing chances of major modifications at the last stage
- Mock Sessions helped in identifying the loopholes in the draft modules and helped understand the actual timing, best possible training method, training material and aids required for each specific session.
- The Mock sessions also brought up the need for combining the Communication session with the Diarrhea management sessions to make it more contextual specific.

- The adaptation and translation phase was process oriented and time consuming. The proposed timeline for the whole process proved to be short for the process that was adopted for maintaining quality materials and modules.

3.1.6. *Achievements:*

- Ready to Print Participants Modules and Facilitator guides for all three levels submitted to MI
- Ready to Print Monitoring and Reporting formats submitted to MI
- Ready to Print IEC materials submitted to MI
- Regular documentation and sharing of Reports with MI (List of submitted reports given as Annexure)

3.2. Selection of Partner NGOs and Development of District Plans

Two key highlights of the Project was the active Involvement of the local NGOs in the trainings and the close coordination with the State and District authorities in the planning of the trainings. This section will discuss the selection and orientation process of the partner NGOs and development of the District Plans.

3.2.1. *Selection of Partner NGOs:*

The State Training Coordinator identified the NGOs working in the 4 program districts through a series of meetings and consultations. The NGOs were identified based on criteria which consisted of:-

- Years of Operation of the organization in the area
- Experience in the field of health, preferably child health
- Experience of working with District Health Administration
- Infrastructure & Logistic Facility
- Adequate Human resource- both technical and support staff
- Willingness to Work with TRIOs

13 NGOs were identified by the State Training Coordinator from the 4 districts. The NGOs were then further shortlisted based on their experience in health and availability of Professional Trainers on health.

8 NGOs were finalized out of the 13 identified. The List of Partner NGOs with their respective training loads and districts are given as **Annexure 2.**

3.2.2. *Selection of Professional Trainers:*

The State Training coordinator along with the partner NGOs identified and shortlisted 5-6 trainers from each NGO. The trainers had previous community training and health issues related experiences. A total of 35 Trainers were selected for the ToT process where they were further shortlisted based on their performance and ability. List of Professional Trainers is attached as **Annexure 2.**

3.2.3. *Development of District Plans:*

TRIOs with the facilitation of MI state team obtained necessary permission letters from the state authorities and also ensured that directives were sent out to District and Block level authorizes for mobilization of the staff/cadres for the trainings. This helped in organizing the trainings at the district and block level using PHC, CHC, Government schools etc as venues.

The State Training Coordinator and the District Training Coordinator in coordination with the District authorities developed **District level plans** with dates and batches per district and block for all the three levels of trainings. Involvement of the NGOs was ensured in this scheduling process.

The State Training Coordinator and the District Training Coordinators also worked out the **Logistics plan** in coordination with MI state team and District and Block authorities. The Logistic plan provided the details of the venues for the trainings and other logistics like food, water and audio-visual aid.

3.2.4. *Key Learning and Challenges:*

- Close Coordination with State and District Authorities in the planning phase itself helped to mobilize the participants for the trainings and to use government facilities as venues for the trainings. This proved to be cost effective, though, at times few venues were changed at the last minute. At the same time, this facilitated increased involvement of PHC/ CHC and Sub center authorities in training.
- The NGO partnership has ensured the local specific, culturally suitable facilitation of L3 level training process.
- Logistics arrangements for trainings were relatively good and easy with the involvement of NGOs
- The Professional Trainers were selected from the NGOs which indirectly build capacity of these institutions to address the issue of Childhood Diarrhea through DAZT program in the community.
- The partner NGOs would continue to work with the Health and ICDS care givers for a much longer period and would be able to ensure the emphasis on this issue. This would ultimately contribute towards sustainability of the intervention.

3.2.5. *Achievements:*

- 8 NGOs selected and finalized for organizing the L3 trainings in 4 districts of Gujarat
- 31 Professional Trainers Identified from the existing resource pool of NGOs
- District level plans and Logistic plans developed

3.3. Orientation of Partner NGOs and Training of Trainers for Professional Trainers of L2 and L3

This section presents the details of the One day Orientation given to the selected Partner NGOs on the DAZT training, their responsibilities and Deliverables and the 5 day Training of Trainers given to the Professional Trainers identified for the L2 and L3 trainings.

3.3.1. *One Day orientation to the Partner NGOs:*

The One day orientation was organized with the partner NGOs in Gandhinagar on 22 July 2011 to provide guidance to the selected NGOs on their roles and responsibilities for conducting the L3 Trainings.

The meeting started with a brief introduction of the Organization, the Project, its coverage, objectives and the processes completed so far.

The key responsibilities and deliverables discussed with the NGOs are as follows:-

Table 2: Roles and responsibilities

Roles	Deliverables
Identify and Arrange Venue for trainings- schools, health centers, community centers • Ensure proper seating arrangements • Ensure audio-visual aids wherever necessary • Ensure safe drinking water facility and clean toilets for participants • Display materials and Job Aids to be put up at the Training venue	• List of the training venue to be shared with TRIOs
Prepare Training calendars in consultation with Professional Trainers and TRIOs	• Final Training Calendar submitted to TRIOs
Identify Professional Trainers from within their existing resource pool	• Final list of Professional Trainers to be submitted to TRIOs
Conduct the sessions and Administer Pre and Post training assessment questionnaires	• Attendance/ registration sheets with signatures of the participants • One Photo for the each training session • Original bills/ vouchers with statements submitted to TRIOs • Duly filled in questionnaires • Training reports

Budget and budget norms were shared with the partner NGOs and the need for transparency in accounting systems was emphasized by TRIOs.

District wise training load of each NGO and district was discussed and each NGO developed a training load plan with their selected districts and number of batches. The deliverables, timelines and financial/ budget norms were shared with them.

3.3.2. *Training of Trainers for Professional Trainers-L2 and L3:*

To conduct the trainings of approximately 15000 health and ICDS workers at the block and PHC level, a cascade approach of training was adopted.
A pool of 30- 32 Professional Trainers was decided to be developed to cover the trainees in the one day field trainings. The Professional Trainers would be a long term resource at the State level for Revised Childhood Diarrhea management. A 5 day residential Tot was organized at the Infocity Resort, Gandhinagar from 30th July 2011 to 3rd August 2011.

Lead Trainer Dr Vikas Desai explaining Childhood morbidity and mortality issues during ToT Gandhinagar

The Lead trainers prepared a training agenda and methodology for the ToT**.** The focus was on imparting the participants with technical knowledge of the use of Zinc and ORS combo as a Childhood Diarrhea Management and control method, and developing facilitation skills. The sessions were a mix of classroom sessions, power point presentations, games, role plays, use of Job Aids and mock sessions. On the final day the teams were asked to make mock presentations of different sessions using job aids, charts, games, role plays etc

The ToT was initially planned to be conducted for L3 Professional Trainers, but with the changes in the situation, it was decided in consultation with MI that the Professional Trainers would be conducting both L2 and L3 trainings.

The Lead Trainers modified the sessions and facilitation to adapt to both L2 and L3 trainings.

Day 1- The first day was focused on giving an overall orientation about the project to the Professional Trainers and providing them with skills on introduction and ice breaking. Dr. Nilesh Budhha took the session on Revised Childhood Diarrhea Management Program- systems and Policies and enlightened the participants with the National and International perspective of the issue. The session was a mix of power point presentations, lectures, Q&A sessions and ice breaking games. Mock sessions were conducted by dividing the participants into groups and asked to recap and present the sessions.

Day 2- The focus of the second day was on Revised Childhood Diarrhea Management and Control Program, identifying signs of diarrhea and the use of Zinc and ORS combo in Childhood Diarrhea treatment. Dr. Nehal Patel and Dr. Vikasben Desai conducted the day's session and were supported by Mr. Paresh Vyas, IEC expert. Demonstration of ORS and Zinc solution, role plays, power point presentation and Q&A session were conducted to enrich the participants with technical knowledge and facilitation skills. Mock sessions were conducted for the participants in the latter half of the day.

Day 3- The focus of the third day was on IEC and Communication. The sessions were conducted by Mr. Paresh Vyas and Mr. Harsh Vasnani, IEC experts. The overall coordination was done by Dr. Vikasben Desai, IMNCI expert. The sessions explained the need and use of the IEC materials, importance of inter-personal communication in community mobilization and awareness building. The Lead Trainers used audio-visuals, role plays, interactive games, Job Aids in the sessions.

Training of Trainers- Professional Trainers during ToT- Gandhinagar

Day 4- This day's session was focused on Monitoring and Evaluation of the program. The ASHA/AWW reporting registers and Monitoring formats were explained in detail through power point presentation and Mock exercises. Frequently asked questions were also discussed during this session. Dr. J D Gajjar under the overall supervision of Dr. Vikasben Desai conducted the session

Day 5- The last day was kept exclusively for Mock sessions. The participants were divided into teams of 2 and were given separate session to prepare and present using different training methods such as role plays, demonstrations, lectures etc. the teams were divided in such a way that it consisted one Main facilitator and one Co-facilitator. The first half of the day was for L2 trainings and the second half was for L3 sessions.

The documentation of the 5 day residential training was done by the Documentation expert who was present during the entire program. The ToT was appreciated by the State Coordinator and Program Manager of MI.

3.3.3. *Key Learning and Challenges:*

The initial plan was to use Medical Officers for L1 trainings. However, on reviewing the field situation and seniority of the trainees, it was decided to use Lead trainers for District level trainings. This helped in securing increased participation of district officials and higher level of acceptability of the trainings among stakeholders.

3.3.4. *Achievements:*

- 8 partner NGOs were finalized who organized the L3 trainings in 4 districts of the state
- 31 Professional Trainers were finalized out of 35 Trained based on their ability and facilitation skills
- Institutional capacity building of 8 local NGOs in Revised Childhood Diarrhea Management.
- The NGO partnership has ensured the local specific, culturally suitable facilitation of L3 level training process.

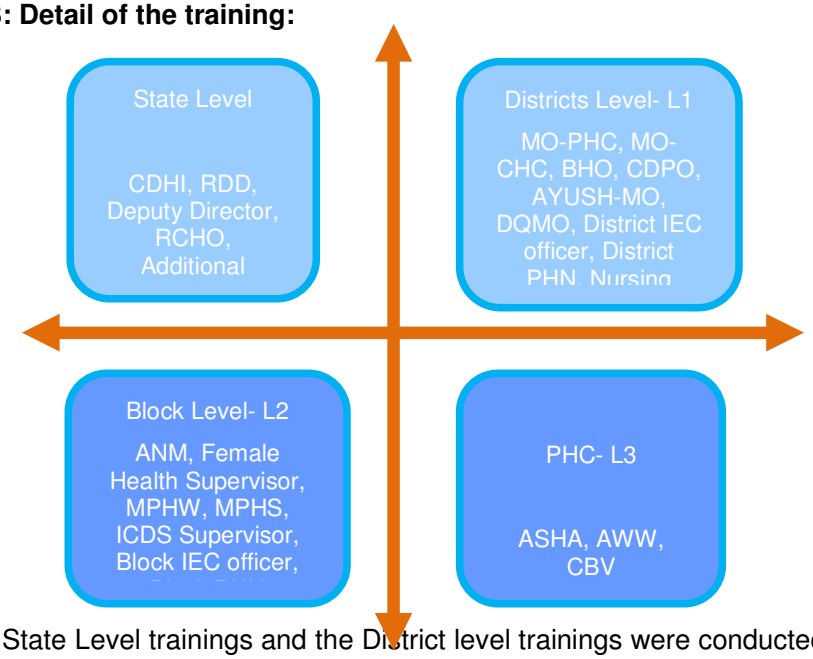
Chapter 4: Training Phase

The Trainings of Health and ICDS workers were organized in 4 Districts of Gujarat with 15578 personnel from all levels of the health and ICDS departments.

TRIOs set up dedicated Team of Lead trainers and built a resource pool of 31 Professional Trainers from the available trainers in the state. A cascade approach was adopted for these trainings.

The Trainings were conducted at Four levels- State, District (L1), Block (L2) and PHC level (L3). The details of the trainees are given in the figure given below:-

Fig 3: Detail of the training:



The State Level trainings and the District level trainings were conducted by the Lead Trainers themselves and the Block and PHC level trainings were conducted by the Professional Trainers. This section describes the four levels of trainings conducted and the achievements.

4.1. State Launch and Orientation

This was a combined one day program. The first half of the day was taken up by the launch of the Trainings and the second half was the Orientation of State Health and ICDS officials on Revised Childhood Diarrhea Management. Principal Secretary & Commissioner of Health & Family Welfare launched the training program in the presence of the Country Director of MI. Program Manager from MI and Senior Officers from the Commissionerate of Health and family Welfare attended the progra forenoon launch

MI State Coordinator Dr Shoba presenting the DAZT during the State Launch- Gandhinagar, Commissioner and Principal Secretary H&FW and Officials along with MI Country Director

The State level orientation of the State level Health and ICDS officers was combined with the State launch.

Lead Trainer Dr Nehal Patel explaining Zinc Therapy benefits to State Level Officers during Orientation- Gandhinagar

Thereafter, TRIOs- Lead trainers along with the Team Leader (Dr Vikasben Desai, Dr Nehal Patel, Dr Nilesh Buddha, Mr. Paresh Vyas, Mr. Harsh Vasnani and Dr. Aravind Pulikkal) conducted state and regional level orientation program for 19 health and ICDS officers, where in DAZT program was orientated and training strategy and plans were discussed.

4.2. Training of District Level Health and ICDS cadres- L1

The District level trainings-L1 were conducted in the 4 program districts- Banaskantha, Sabarkantha, Surendranagar and Patan with 444 participants in 16 batches which included CDPOs, CHC and PHC-MOs, Block Health Officers, District IEC Officers etc.

4.2.1. *Training Coordination and Logistics:*

The State Training and Coordination Team (STCT) consisting of the State Training Coordinator and District Training Coordinators were responsible for the planning and organizing the Trainings at the District levels. The STCT organized the logistics, transportation and distribution of the training material, registration and payment of TA/DA for the participants.

Lead Trainer Dr Vikas Desai explaining DAZT to the District level Officers in Sabarkantha

Most of the Trainings were organized using Government facilities such as Training halls of District Panchayat offices, Nursing schools, District Hospitals, Government college buildings, District Training Centers etc.

4.2.2. *Training Methodology:*

The District level trainings were conducted by the Lead Trainers themselves. The Lead trainers were divided into teams of two with one IMNCI expert/ Pediatrician/public health Expert and one IEC expert.

The one day training was divided into 6 sessions:-

1. Introduction of Participants and overview of the Training
2. Revised Childhood Diarrhea Management and Control program- Policy, Guidelines and roles
3. Childhood Diarrhea Management-Use of combined Zinc and ORS therapy
4. Inter-personal Communication and use of IEC tools
5. Monitoring and Evaluation systems
6. Summary of the Day's sessions

Lead Trainers Sunil Kurup and Dr Nilesh Buddha- Demonstrating IEC Materials in District level Trainina- Sabarkantha

The Lead trainers used a mix of Lectures, Power point presentations, Demonstration, Question and Answer sessions and Role plays. The Pre and Posttest questionnaires were also administered by the Lead Trainers.

4.2.3. *Achievements:*

The Trainings covered 444 participants against the proposed 477 participants which show 93% participation. The highest participation was in Sabarkantha district with 151% coverage and lowest participation was in Patan and Surendranagar with 73% coverage.

The high attendance in Sabarkantha was due to inclusion of all CHC doctors in the district in the trainings. This was done as per the request of the District Health Department.

A total of 16 batches were completed by the Lead trainers in the 4 districts with highest number of batches in Banaskantha district, 6 batches and lowest number of batches in Patan, 2 batches.

Table 3: Summary of L1 Training Status

Level of Training	No. of Trainees as per Proposal	No. of Batches Conducted	Attended	% Attendance against Proposed
District: Sabarkantha				
	102	5	154	*151
District: Surendranagar				
	102	3	74	73
District: Banaskantha				
	163	6	137	84
District: Patan				
	110	2	79	73
All District				
	477	**16**	**444**	**93**

Note: One MO from each CHC attended L1 training in all districts, except Sabarkanta. L1 Cadre includes- MO CHC/ PHC, EMO, DIECO, PO-ICDS, DPHN, etc. In Sabarkanta, the originally planned target for training was 102 district level

officials and MOs was due to under estimation of the training load. More so, the training was originally planned for all MOs from PHCs and one MO from each CHC, where in due to the demand from the District Administration, the training covered most of MOs of CHCs. Where as in Surendranagar and Patan the L1 training coverage was 73 % which was due to over estimation of the training load. However, as per the available district records during the training period, the training coverage found to be 95% average as against the district records.

4.3. Training of Block Level Health and ICDS cadres- L2

Professional Trainers explaining the use of IEC Materials in Block level training- Surendranagar

The Block level trainings of the Health and ICDS cadres were conducted in 4 program districts with 1905 participants in 56 batches consisted of ANMs, ICDS supervisors, Female health Supervisors and workers, Block IEC officers etc.

Professional Trainer demonstrating Combi Pack in Block level training- Banaskantha

Training Coordination and Logistics:

The District Training Coordinators organized the logistics including venue, food, water, transportation and distribution of Training Material to the participants. The District Training Coordinators were supported by Logist the Partner NGOs.

The trainings were organized at CHC, PHC, Government schools, Block Department offices etc.

4.3.1. *Training Methodology:*

The Block level trainings were conducted by the Professional Trainers and were organized by the STCT. The Professional Trainers were divided into teams of two with one Main facilitator and one Co-Facilitator.

The Trainings followed the same session plan as that of the L1-District level Trainings. The Trainers used a mix of Lectures, demonstration, role plays, Q&A sessions, Job Aids, Power point presentation (wherever possible).

The Pre and Post Test Questionnaires were administered by the Professional Trainers.

4.3.2. *Achievements:*

The Trainings covered 1905 participants against the proposed 1631 participants which reflect 117% participation. The highest participation was in Sabarkantha district with 160% coverage and lowest participation in Surendranagar with 92% coverage.

In Sabarkantha the batch also included the Block Information and Education officers as per the request of the District authorities. This was a modification in the original cadres proposed for the training.

A total of 56 batches were completed by the Lead trainers in the 4 districts with highest number of batches in Sabarkantha district, 17 batches and lowest number of batches in Surendranagar, 9 batches.

Table 4: Summary of L2 Training Status

Level of Training	No. of Trainees as per Proposal	No. of Batches Conducted	Attended	% attendance against Proposed
District: Sabarkantha				
	367	17	589	160
District: Surendranagar				
	303	9	278	92
District: Banaskantha				
	561	17	572	102
District: Patan				
	400	13	466	117
All District				
	1,631	**56**	**1905**	**117**

L2 Cadre includes- ANM supervisor, Pharmacist, ANMs, ICDS supervisors, etc. Here also the Sabarkanta training load was under estimated in the original proposal. The variations in the coverage in the districts are also due to the participation of Additional ANMs in the trainings.

4.4. Training of PHC Level Health and ICDS cadres- L3

The PHC level trainings of the Health and ICDS cadres were conducted in 4 program districts with 13299 participants in 468 batches which consisted of ASHA, AWW and CBVs

4.4.1. *Training Coordination and Logistics:*

The PHC level Trainings were organized by Partner NGOs in all the four districts. TRIOs partnered with 8 local NGOs. The NGOs were responsible for organizing the venue, food, water, transportation and distribution.
The State Training and Coordination team was responsible for monitoring the trainings and provided the necessary support and feedback to the organizing NGOs and Professional Trainers.

The trainings were organized at PHC, Government schools, Block Department offices etc.

4.4.2. *Training Methodology:*

The PHC level trainings were conducted by the Professional Trainers- one Professional Trainers for one Batch. The Professional Trainers were supported by ANMs, Block health officers wherever possible.

The Trainings followed the same session plan as that of the L2-District level Trainings with a special focus on the Inter-personal Communication, preparation of ORS and Zinc and the Reporting and Monitoring forms for ASHA and AWW.

The Trainers used a mix of Lectures, demonstration, role plays, Q&A sessions and Job Aids for the Trainings. The focus was on interactive exercises and question answer sessions making the training highly participative. The Pre and Post Test Questionnaires were administered by the Professional Trainers.

Professional Trainers Conducting session for ASHA/ AWW – Patan District

4.4.3. *Achievements:*

The Trainings covered 13229 participants against the proposed 15000 participants which is 88 % coverage. The highest participation was in Sabarkantha district with 102% coverage and lowest participation in Patan with 63% coverage.

The ICDS caregivers mobilized in Patan was low as compared to other districts due to their involvement in the Chalo Taluke program. The District ICDS department also insisted on a separate letter from the State ICDS department for the training. This created some problems in mobilizing the ICDS care givers for the trainings

A total of 468 batches were completed by the Lead trainers in the 4 districts with highest number of batches in Banaskantha district, 157 batches and lowest number of batches in Patan, 70 batches.

Table 5: Summary of L3 Training Status

Level of Training	No. of Trainees as per Proposal	No. of Batches Conducted	Attended	% attendance against Proposed
District: Sabarkantha				
	4,380	141	4,451	102
District: Surendranagar				
	2,610	100	2,565	98
District: Banaskantha				
	5,010	157	4,318	86
District: Patan				
	3,000	70	1,895	63
All District				
	15,000	**468**	**13,229**	**88**

L3 Cadre includes- ASHA, AWW, CBVs, Additional ANM, etc.

4.5. Consolidated List of Trainings conducted

The table below gives the consolidated list of trainings conducted. Non availability of correct data from the districts for calculating training load resulted in under estimation or over estimation of the training load.

Table 6: Summary of the Trainings Conducted

Level of Training	No. of Trainees Planned	Attended	% Attendance	Batches Held	Department wise Attendance			
					Health	ICDS	% Health Staff	% ICDS staff
District: Sabarkantha								
L1	102	154	151	5	140	14	91	9
L2	367	589	160	17	470	119	80	20
L3	4,380	4,451	102	141	1,839	2,612	41	59
Total	**4,849**	**5,194**	**107**	**163**	**2,449**	**2,745**	**47**	**53**
District: Surendranagar								
L1	102	74	73	3	62	12	84	16
L2	303	278	92	9	221	57	79	21
L3	2,610	2,565	98	100	1,105	1,460	43	57
Total	**3,015**	**2,917**	**97**	**112**	**1,388**	**1,529**	**48**	**52**
District: Banaskantha								
L1	163	137	84	6	124	13	91	9
L2	561	572	102	17	503	69	88	12
L3	5,010	4,318	86	157	1,961	2,357	45	55
Total	**5,734**	**5,027**	**88**	**180**	**2,588**	**2,439**	**51**	**49**
District: Patan								
L1	110	79	72	2	70	9	89	11
L2	400	466	117	13	427	39	92	8
L3	3,000	1,895	63	70	880	1,015	46	54
Total	**3,510**	**2,440**	**70**	**85**	**1,377**	**1,063**	**56**	**44**
All District								
L1	477	444	93	16	396	48	89	11
L2	1631	1905	117	56	1621	284	85	15
L3	15000	13229	88	468	5785	7444	44	56
Total	**17,108**	**15,578**	**91**	**540**	**7,802**	**7,776**	**50**	**50**

The overall attendance stands at 91% with 15,578 participants attending the trainings against the proposed 17,108. The SMS reporting for the overall participation stands at 16,038 which also include 1-2 CHC/PHC officers/ L3 training who attended the trainings held there.

The Highest participation in terms of attendance can be seen in L2 trainings with 117% coverage against the proposed and lowest are in L3 with 88% coverage against the proposed. The Highest attendance was seen in Sabarkantha District with 107% coverage and the lowest was seen in Patan with 70% coverage.

Chapter 5: Quality Assurance and Monitoring Systems

TRIOs believes in integrated approach involving the collective efforts of all stakeholders and has, thus, worked in close coordination with District Administration and the national and state team of MI in all stages of planning, implementation and monitoring of the program. MI teams, both at Delhi and State level office have been providing timely support to the entire process and conduct of the trainings which played a key role in the successful implementation of the project. Moreover, TRIOs set up Monitoring teams at the State and District level for ensuring quality and efficiency at various stages of the process.

5.1. Quality Assurance Systems

As mentioned above, TRIOs was always committed to maintain high quality throughout the process. Some of the key features of its Quality assurance systems are:-

- ***Resource Pool:*** TRIOs has a pool of empanelled experts and resource persons of National and International standards who are capable to undertake various assignments related to development projects. For this project, the Lead trainers with different skill mix and experience were carefully chosen and engaged to ensure high quality of the training. TRIOs kept a pool of 8 Lead Trainers as a back up to ensure that even if a Lead Trainer fails to undertake the planned training on that specific day; another Lead Trainer can be used for conducting the training. The Lead Trainers included a National level Expert of IMNCI, Pediatrician with specialization in Zinc therapy, Public health expert with specialization in Policy and program, Public Health Expert with a strong background in Child health program Monitoring and IEC& BCC Experts. This resource pool and their availability played a vital role in conducting all the planned trainings as per the Government approved schedule and date.
- ***State Training and Coordination Team*****:** TRIOs set up a State Training Coordination Team (STC) to facilitate the coordination and implementation of the Trainings. Under the overall direction of the Team Leader, the State Training Coordination Team (STC) consists of 1 State Training Coordinator and 4 District Training Coordinators. The District Training Coordinators are further supported by 1-2 Logistic supporters from the partner NGOs.
- ***State Level support Team and Back up:*** TRIOs has a State Office with an Operations Manager and Operations Assistant who provide the required support in terms of logistic support, finance, updating of training status, maintenance of monitoring reports, coordination with NGOs with regard to supplies and other logistics.
- ***Mop up Trainings***- These training were conducted for L1 and L3 levels with 2 batches each in the four districts for L3 and 2 batches in Banaskantha for L1 trainings.
- ***Receipt, storage and supply of training manuals and materials***: This was a huge task. The entire manuals and materials were received; packets were counted and stored in the TRIOs office. Thereafter the materials were distributed to the districts and field training sites as per requirement. This has resulted in timely availability of modules and materials for field training
- ***Close Coordination with the District and Block Authorities by*** the State Training Coordination team ensured detailed planning, mobilization of participants and identification and use of government venues for trainings.
- ***Close and timely Coordination with MI*** in terms of regular reporting and feedback helped in incorporating their comments and avoid last minute changes in the modules or training design and plans.

5.2. Monitoring of the Trainings

The Monitoring of the Training was done at three levels. The first one was done through the District Training Coordinators, followed by State Training Coordinator. The next level of Monitoring was done by the Joint Monitoring team consisting of the Team Leader, Documentation Expert and Lead Trainers. The third level of Monitoring was done through the State and National offices of TRIOs. TRIOs monitored 100% of the L1 and L2 Trainings and approximately 36% of the L3 Trainings to ensure quality and coverage.

The District Training Coordinators directly monitored the L2 and L3 level of Trainings organized in their respective districts through visits and interactions with the participants and trainers. The number of participants was recorded through the registration sheets and photo documentation of the actual trainings was also done. The District Trainers gave feedback and inputs to the Professional Trainers based on their observations.

The District Training Coordinators provided information on the number of participants, trainings conducted, venue and other logistics to the State Training Coordinator and Operations Manager over phone (through SMS) after the completion of every training day. This information is updated regularly by the State Training Coordinator and Operations Manager, finally sent to Team Leader on a daily basis. The Team Leader and TRIOs Delhi and Gujarat State Office provided regular support and monitoring of the trainings to ensure good coverage and quality.

The State Training Coordinator conducted field visits and attended selected trainings in each district. He also interacted with the participants and the trainers to get direct feedback on the trainings conducted.

The Joint Monitoring team consists of the Team leader, Lead trainers and the Documentation Expert. The JMT members have conducted spot checks and interactions with the participants in L2 and L3 level trainings.

Based on the first two days of L1 trainings the Lead trainers and Team leaders conducted a Joint review Meeting to assess the training methodology, participation and other logistics in order to improve on the problems.

Based on the feedback from the first two days of L2 trainings the District Training Coordinators, State Training Coordinator, Documentation Expert and the Team leader conducted a Review meeting.

5.3. Pre and Post Test Analysis

In order to assess the changes in awareness and understanding on Revised Childhood Diarrhea the participants were administered pre and posttest questionnaires. The State Training Coordination team analyzed the pre and posttest questionnaires.

The questionnaires have been analyzed to see the overall change in awareness among the participants and the change in awareness in particular sessions within the trainings.

The change in awareness is calculated taking the difference between the total correct answers in Pre-test and total correct answers in posttest by the participants. For the percentage of change in awareness the N has been taken as Number of questions X Total number of participants. The highest change can be seen in Awareness on Signs of diarrhea and Usage of Zinc and ORS combo among all the three levels.

There has been an increase in awareness about new ZINC and ORS combo as a treatment of childhood diarrhea and also about its proper usage and benefits.

Table 7: L1 Training- Analysis Table

Questions	Pre test	Post test	%Change in awareness
Q -1 Can ORS and Zinc be mixed?	272 (62)	425 (96)	35
Q -2 How many children under 5 die due to diarrhoea ever year	225 (51)	399 (90)	39
Q -3 According to SRS data what is the IMR of Gujarat in 2009	210 (48)	411 (93)	46
Q -4 What is the other name for Dysentery?	394 (89)	422 (96)	6
Q -5 Why are children more affected by Diarrheal?	396 (90)	424 (96)	6
Q -6 What are the 4 rules of Plan A	325 (74)	425 (96)	23
Q -7 What is the difference between old and new ORS	306 (69)	413 (94)	24
Q -8 Use of IEC tools in community mobilization	381 (86)	419 (95)	9
Q -9 Correct Zinc dosage in diarrhoea treatment	304 (69)	421 (95)	27
Q -10 Completion of Rehydration course	412 (93)	417 (95)	1
Q -11 Indications of antibiotics therapy in diarrhoea?	343 (78)	399 (90)	13
Q -12 When should a child with diarrhoea not be given anti-motility drugs?	289 (66)	400 (91)	25
Q -13 Definition of IEC, IPC, BCC	340 (77)	410 (93)	16
Q-14 Can behavior be changed/ modified	345 (78)	409 (93)	15
Q-15 Results of Zinc deficiency in children	287 (65)	416 (94)	29
Q-16 ORS and Zinc combo stock and supply	276 (63)	424 (96)	34
Total	**5105 (72.3)**	**6634 (94.1)**	**21.67**

The figures in the parenthesis are percentages.
N= 16*441 with 441 being the total number of participants and 16 being the total questions. Overall change in awareness calculated – (posttest-pretest)*100/N

The overall change in awareness is 21.6% with 94.1% participants choosing the right answers after the training. The maximum change can be seen in the sessions on Use of Zinc and Diarrhea combo pack and Childhood Diarrhea Statistics- State and National perspective. Change in awareness can also be seen in Question 16 on ORS and Zinc Combo supply and stock with 34% increase. This was also one of the frequently asked questions in the training. The least change in awareness is seen is Question 10 on Rehydration course where the post and pretest awareness levels are equally high.

Table 8: L2- Trainings

Questions	Pre test	Post test	%Change in awareness
Q -1 Four Rules of Plan A in Childhood Diarrhea Treatment	727 (40)	1545 (86)	45.3
Q -2 Signs of diarrhea	1366 (76)	1691 (94)	18.0
Q -3 Should glucose be given during diarrhea?	1165 (64)	1578 (87)	22.9
Q -4 Dosage of zinc during diarrhea as per age group	855 (47)	1533 (85)	37.5
Q -5 Advice to mothers whose child has been advised hospitalization?	1018 (56)	1525 (84)	28.1
Q -6 Behavior of Health worker toward the child and her/his mother	1619 (90)	1760 (97)	7.8
Q -7 ORS and Zinc stock and supply	862 (48)	1520 (84)	36.4
Q -8 Signs of Diarrhea	1652 (91)	1755 (97)	5.7
Q -9 What is Zinc?	1005 (56)	1608 (89)	33.4
Q -10 Use of ORS solution	1603 (89)	1726 (96)	6.8
Q -11 Inter-personal communication	1391 (77)	1653 (91)	14.5
Q -12 Use of IEC tools- Flash Card	1242 (69)	1608 (89)	20.3
Q -13 Sign of Diarrhea	934 (52)	1575 (87)	35.5
Q -14 Childhood diarrhea treatment	1294 (72)	1638 (91)	19.0
Q -15 Can Zinc and ORS be mixed?	1062 (59)	1576 (87)	28.4
Total	**17795 (65.7)**	**24291 (89.6)**	**23.97**

The figures in the parenthesis are percentages
N= 15*1807 with 1807 being the total number of participants and 15 being the total questions
Overall change in awareness calculated – (posttest-pretest)*100/N

The overall change in awareness in L2 trainings is 23.97% with 89.6% right answers in the post test a, compared to 65.7% rights answers in the pretest. The highest change in awareness can be seen in Question 1 of Childhood Diarrhea treatment plan with 45.3% change in awareness and Identification of signs of childhood diarrhea in question 13 and ORS and Zinc supply and stock in Question 7.

Table 9: L3-Training

Questions	Pre test	Post test	%Change in awareness
Q -1 Identifications of signs of diarrhea in a child	833 (63)	1227 (93)	30
Q -2 What is Zinc?	569 (43)	1129 (86)	42
Q -3 Should breastfeeding continue during diarrhea?	1124 (85)	1151 (87)	2
Q -4 identify the signs of diarrhea and severity of diarrhea based on the picture given	847 (64)	996 (75)	11
Q -5 Measure of water for ORS solution	1019 (77)	1198 (91)	14
Q -6 Can the ORS solution be used upto 48 hrs after it is made?	952 (72)	1217 (92)	20
Q -7 Number of days the Zinc tablet has to be given to child with diarrhea	714 (54)	1198 (91)	37
Q -8 Can ASHA and Aanganwadi give the Zinc and ORS combo to a child with diarrhea?	873 (66)	1298 (98)	32
Q -9 Qualities of a good communicator	212 (16)	864 (65)	49
Q -10 Use of IEC tools- Flash cards	146 (11)	1139 (86)	75
Q -11 Benefits of the ORS and Zinc combo	159 (12)	1012 (76)	64
Q -12 What is the percentage of child mortality due to diarrhea?	463 (35)	661 (50)	15
Q -13 Child mortality due to diarrhea under 6 months of age	423 (32)	595 (45)	13
Q -14Identify Signs of diarrhea-dehydration	585 (44)	1270 (96)	52
Q -15 Role of ASHA and AWW in diarrhea management	278 (21)	1131 (85)	64
Total	**9197 (46)**	**16086 (81)**	**35**

The figures in parenthesis are percentages

N= 15*1323 with 10% sample of the total participants and 15 being the total number of questions
Overall change in awareness calculated – (posttest-pretest)*100/N

The overall change in awareness is 35% with the 81% participants choosing the right answers in posttest as compared to the 46% in the pre-test.

The highest change in awareness can be seen in Question 15 (64%), Question 14 (52%) and Question 9 (49%). These pertain to the roles and responsibilities of ASHA and AWW, signs of diarrhea and knowledge of Zinc.

5.4. Feedback

The feedback has been given in three forms here:-

5.4.1. *Random survey of participants:*

Random survey of participants from L1 and L2 trainings using Exit Interview forms by State Training Coordinator. 1-2 participants were chosen randomly from each training in L1 and L2 trainings from all the four districts. The Exit interview forms were developed by the State Training Coordination team to assess the quality of the sessions, training materials and trainers.

Table 10: Exit Interviews: L-1 District Level training from the BHOs, MOs & CDPOs

Type of Feedback		% Responses (n = 29)
How well this Training covered the learning Objective?	Very well Covered	50
	Adequately Covered	42
	Needs Improvements	8
How was duration of the % 5½ Hours Training?	Sufficient	62
	Can be less in Duration	38
	Not Sufficient	0
How helpful were the Training Materials?	Very Helpful	52
	Adequate	45
	Inadequate	3
How knowledgeable were the Trainers?	Knowledgeable	100
	Not Knowledgeable	0
How well the Trainers did Answers the Questions of the Trainees, specific to the Topics?	Very well	55
	Satisfactory	45
	Unsatisfactory	0
How would you rate the Trainers?	Excellent	48
	Good	45
	Average	7
	Poor	0
How was the Team's Approach and Competency in organizing and Conducting the Training Program?	Very Good	54
	Good	34
	Satisfactory	12
	Needs Improvements	0
How do you rate the Overall Organization and Quality of the Training conducted?	Very Good	59
	Good	34
	Satisfactory	7
	Poor	0
Would you Recommend such Trainings for other Districts?	Yes	100
	No	0

59% of the respondents in L1 trainings felt that the Overall training quality was Very Good and 34% felt that it was good. 52% of the Respondents felt that the Training Materials were Very helpful while 3% felt that they were Inadequate.

Table 11: Exit Interviews: L2 -Block Level Trainings from the FHWs, LHVs ICDS Supervisors

Type of Feedback		% Responses (n = 73)
How well this Training covered the learning Objective?	Very well Covered	64
	Adequately Covered	30
	Needs Improvements	6
How was duration of the 5 ½ Hours Training?	Sufficient	81
	Can be less in Duration	7
	Not Sufficient	12
How helpful were the Training Materials?	Very Helpful	51
	Adequate	44
	Inadequate	5
How knowledgeable were the Trainers?	Knowledgeable	92
	Not Knowledgeable	08
How well the Trainers did Answers the Questions from the Trainees, specific to the Topics?	Very well	52
	Satisfactory	37
	Unsatisfactory	11
How would you rate the Trainers?	Excellent	34
	Good	48
	Average	18
	Poor	0
How was the Team's Approach and Competency in organizing and Conducting the Training Program?	Very Good	33
	Good	41
	Satisfactory	18
	Needs Improvements	8
How do you rate the Overall Organization and Quality of the Training conducted?	Very Good	40
	Good	45
	Satisfactory	14
	Poor	1
Would you Recommend such Trainings for other Districts?	Yes	100
	No	0

45% of the respondents in L2 have marked the overall training quality as Good and 40% have marked it as Very Good. 51% of the respondents feel that the training materials have been Very Helpful while 5% feel that they have been inadequate

5.4.2. *Training Evaluation:*

Training Evaluation forms used during the Monitoring visits of the State Training Coordinator for L3 trainings in the four districts. Compiled table of Overall Training Quality from the 55 visits has been given below.

The Table is on a scale of 1-5 with 1 representing highly dissatisfied and 5 representing Highly Satisfied.

Quality Points	Results % (n=55)				
	1	2	3	4	5
Overall Training	2	5	25	40	27
Trainers	0	2	7	73	18
Question Answers sessions	0	0	18	27	64
Training Materials	0	0	0	45	55
Stationery	4	7	25	40	25
Training Hall	4	2	76	15	4
Seating Arrangement	4	4	71	15	7
Drinking Water facility	0	2	42	40	16
Toilet facilities Female	0	4	44	38	15
Toilet facilities Male	0	4	33	44	20
Food/Lunch	0	2	5	71	22
Transportation (TA/DA)	0	0	0	0	100

5.4.3. *Feedbacks in the form of testimonials from participants:*

Mrs. Chandrikaben Patel- Female Health Worker- Vadgam, Banaskantha

"I have worked in the Kodram Sub Centre for the past 15 years as the female health worker. I have been transferred two-three times but have come back to this sub-center and have been working here continuously for the past 9 years.

This training was very helpful for me and the trainers explained the use of Zinc as a treatment for Diarrhea thoroughly in the short time.

We are all involved in a lot of programs and this has increased our paperwork and reporting considerably. However in spite of this heavy workload we will work on promoting the use of Zinc and ORS among the community. We have understood the importance of this program and realize the gravity of the issue and the pain if a mother loses her child.

One new thing we learnt here was the importance of Zinc in treatment of Childhood Diarrhea. We were aware of Zinc but this training helped us in understanding its benefits and how to administer Zinc to children.

Also this was the only training where we got our Training allowance right after the Training was completed. We usually have to wait for weeks."

Mrs. Sushilaben Patel- ICDS Supervisor- Radhanpur, Patan

"I have been working in the ICDS department for the past 11 years and am working as the ICDS supervisor in Radhanpur, Patan.

I have attended many training but this is the first time that we have attended a training that was done so well and gave so much information in a short time. We had received Zinc tablets in our Kits a few years back but were not briefed about its benefits or use.

It is in this training that we were able to get the required details about the use and benefits of Zinc. We have understood how diarrhea can be controlled and treated using Zinc and ORS.

If the supply of Zinc remains regular from the department then I can assure you that we will take this forward with all enthusiasm and sincerity.

Motivating the community is a tough task and will not be easy considering that our program area is a backward area. However with the new Zinc and ORS which have a new taste we are hopeful that the community will accept this product better."

Mr. Urmi Vyas- ASHA worker, Sayala, Surendranagar

"I have been working for the past 4 years as the ASHA worker in the Sayla Taluka of Surendranagar Block. I have already received training on the 3 modules for ASHA worker and have been trained on Diarrhea management and Use of ORS.

However here I learn about use of Zinc in Diarrhea Control and treatment. The trainers explained the benefits and use of the Zinc tablets thoroughly.
I also learn about things like how glucose can be harmful during diarrhea. Before this I used to give my children glucose whenever they had diarrhea.
I also learnt about the new ORS and Zinc combo packs in diarrhea management.

I will promote the new ORS Zinc combo in my work area and also ensure that its usage increases. Will the ASHA worker get any incentive for promoting this new product?

This is the first time we have received the Training allowance right after the Training was completed."

Chapter 6: Key Learning and Challenges

This specific program under MI to address childhood mortality through diarrheal management send the message that governments, civil society organizations and health experts can make strides in delivering cost effective solutions provided they work collectively. The training program is the first step towards this goal. The investment-both technical and capital- will be beneficial for future as the enthusiasm among the trainees reflect their commitment and zeal to own the program. These success and enthusiasm if further scaled up present excellent opportunities in the state. The specific learning and challenges include the following:

- The Adaptation and Translation included review of IMNCI manuals, programs and various modules in the state. This process helped to identify the gaps in the existing materials and to explore potential areas for adaptation and modification.
- Adaptation and Translation process took more time than planned as it involved the Lead Trainers and Core team at all levels. However, this involvement was instrumental in providing a good connect to the field training and ensured that the adapted materials were technically sound and culturally sensitive.
- Initially the L1 trainings were planned to be conducted by Medical officers-Trainers. However, we learned that the organization of ToT for MOs for conducting district level trainings was not acceptable to the district level officers. Accordingly all L1 trainings were conducted by the Lead Trainers which ensured higher acceptability and had spill over benefits for other cadre trainings
- The NGO partnership has ensured the local specific, culturally suitable facilitation of L3 level training process. The Professional Trainers were selected from the NGOs which are indirectly involved in building capacity of these institutions to address the issue of Childhood Diarrhea through DAZT program in the community. These NGOs would continue to work with the Health and ICDS care givers for a much longer period and would be able focus on this issue in future as well. This process will indeed contribute towards the sustainability of the intervention as the highly motivated and trained leadership at local level is essential for advocacy and scaling up.
- The training period clashed with Gujarat Government's event called 'Chalo Taluke' due to which the ASHA and Aanganwadi workers were occupied for few days. This disturbed a few pre-planned training schedule and venues. However timely re planning and continuous field interaction helped to reschedule the training sessions.
- Local festival in Banaskantha affected the adjacent District of Patan, affecting the training schedule. The Trainings had to be postponed for two weeks. Nevertheless, the training period affected due to festival season was utilized effectively through mobilizing professional trainers from the districts where the trainings were already completed.
- In some of the areas government orders for L3 trainings were delayed. This was effectively managed with the close coordination with the government and support from MI State team. During the entire process regular interaction with MI program Manager of the Country office helped to clarify strategic issues for the smooth conduct of training.
- The most remarkable part of the training is the spirit of partnership, high level of coordination and participation of stakeholders in each and every stage of planning and implementation. The 'top-down approach' was completely absent and this has resulted in better involvement and wholehearted cooperation from the government, trainees and MI offices.

ANNEXURES

Annexure 1: Core team- Brief Profile

1. Dr. Aravind Pulikkal PhD,MBA**– Team Leader**

Aravind has a unique background in Public Health, Economics and Management with over 25 years of experience in health sector. He is an expert in health policy, program planning and management. His work experience combines the international donor sector, private sector, and the NGO sector. Currently, he is the Managing Director, TRIOs.

He was the State head of United Nations Population Fund (UNFPA) in Gujarat and Rajasthan. As India Representative of the HIV/AIDS Alliance UK, he set up the operational base in India, and supported NGO partners for country operation. He was also the General Manager Aga Khan Health Services in India, wherein he planned and managed sustainable community health programs. He is an International Resource person for Primary Health care Management Advanced program.

Aravind's key areas of work include Health Policy-Planning, Management and Capacity Building, Reproductive & Child Health, Primary Health care Developing Gender Sensitive Health Sector Plans and Programs. He has participated and contributed to several national and international workshops and conferences, and has several publications to his credit.

Aravind holds an MBA in Operations Management and PhD in Health Policy, Planning & Management (Sustainable Health Systems) from the Birla Institute of Technology and Science, Pilani, India. He has done certificate courses and specializations in Hospital management from Boston University, USA and Health Management from Mahidol University, Thailand.

2. Dr. Vikasben Desai MD, MSc **– Lead Trainer (IMNCI Expert)**

Dr. Desai has over 38 years of experience in the health sector and specifically in child health area. She has held senior positions as the Additional Director (FW) for the Government of Gujarat and Head of the Department PSM department, Surat Medical College. Her key area of expertise in State level health & Nutrition programs administration, Urban health system development, GO-NGO partnership development for outreach and home based IMNCI services, Community level trainings and advocacy process, National level expert in IDDCP and Fluorosis control, Member of editorial board of a Text book on "Environmental Epidemiology" WHO, Scientific writing and presentation of National and International standards, Planning, organization and management of trainings of National and International standards, Designing and implementation of preventive and Promotive outreach and home based care services for Child health programs.

She has a Professional s degree (M.D.) in Preventive & Social Medicine and M.Sc. in Applied Nutrition. Currently, she works as a Senior Consultant, TRIOs.

3. Dr. Nehal Patel- Lead Trainer MD **(Pediatrician)**

Dr. Nehal has over 9 years of experience in Child health specialist. She has done research on Effect of Zinc Supplementation in Children with Acute Diarrhea using Randomized Double Blind Controlled Trial.

She holds a position as Associate Professor Department of Pediatric Cardiology-GMERS Medical College**.** Dr. Nehal has a Professional s degree in Pediatrics and MBBS from Government Medical College & New Civil Hospital**.**

4. Dr. Nilesh Budhha- Lead Trainer MBBS, MSc **(Public Health Expert)**

Dr. Budhha has over 17 years of experience in health sector and working in all major areas of public health including communicable diseases, non-communicable diseases, health promotion, health systems, reproductive and child health. He has worked in public health across India, Caribbean, Europe, Middle East and North Africa;
He has worked with national NGOs, state & central governments, UNDP and WHO and worked in all major areas of public health including communicable diseases, non-communicable diseases, health promotion, health systems, reproductive and child health

Dr. Budhha has been involved in training, supervising, managing and leading teams of professionals for specific projects supported by international funding agencies in India and abroad in very diverse settings

Dr. Buddha is currently working as Consultant with TRIOs. He has an MBBS degree and Professional s of Science in Public Health from Rochville University, Florida, USA

5. Dr. J.D. Gajjar- MBBS, DPH **Lead Trainer (RCH and Monitoring Expert)**

Dr. Gajjar brings 32 years of work experience with the Government of Gujarat in the area of Public Health. He has worked at a vast band of being a health service provider as well head of several health programs and brings in expertise in the area of planning, training, research monitoring and innovations. During his span in the Directorate of Health, he led programs of the UN agencies, European Commission and the World Bank and was the key person for initiating population policy formulation, planning and monitoring of RCH programs.

He was the team leader for developing curricula for various training and successfully organized training for trainers of ISM Dept. in Health and Family Welfare department and has designed several trainings for medical officers on HMIS, quality assurance etc. His academic training and experience with various government functions has given him acumen to look at public health in a holistic manner.

He has MBBS degree from Goa Medical College and Diploma in Public Health from All India Institute of Hygiene & Public Health, University of Calcutta.

6. Mr. Sunil Kurup MDC **– Communication Expert**

Sunil has over 5 years of experience in Communication development and project management and implementing in development based projects. He has worked with organizations like Tata Institute of Social Sciences, Indicorps Inc and Claris Life sciences Ltd. He has also worked on Freelance basis with Blind Peoples Association and Mushrooms Communications. He has varied experience in managing various types of events across India.

As Program officer (Leh/Ladakh) for TISS, he was responsible for Planning, and Implementation of the Development support program carried out by the TISS. As a Communications Manager for Indicorps Inc he was responsible for developing a communication strategy for Indian Diaspora. His specialization is developing communication strategies for corporate and Non-Governmental organizations.

Sunil holds MA in Development Communication from Centre for Development Communication of Gujarat University and a Diploma in Events Management from NAEMD. Currently, he works as a Communications Consultant, TRIOs

7. Mr. Paresh Vyas MDC**- Communication Expert**

Paresh has over 9 years of experience in Communication Development in social development based projects. He has worked with organizations like World Food Program (WFP, United Nations), DARSHAN- a voluntary organization, Water and Sanitation Management Organization (WASMO) and Radio Mirchi, Ahmedabad.

He has also worked as a Coordinator for World Food Program (WFP, United Nations) for monitoring of Aanganwadi under ICDS project during Earth Quake Relief Operations.

As a Dy. Coordinator (Documentation and Communication) with Water and Sanitation Management Organization (WASMO), Government of Gujarat he was responsible for developing communication material for Panchayat, Sub-committees and rural community

Paresh holds Professional Degree in Development Communication from Gujarat University. He works as a Communication Consultant, TRIOs

8. Mr. Harsh Vasani MDC**- Communication Expert**

Harsh has over 5 years of experience in communication development in development based projects. He has worked with organizations like The Times of India Group and Karuna Kare Foundation Gujarat.

As a Field Coordinator with Karuna Kare Foundation he was responsible for Recruitment of the grass root level Communicators, Script writing for the performances, Focused Group Discussion after the performances and Identification and analysis of the issues (Infant Mortality) for Training of using street theater for awareness capacity Building of the Communicators. He works as a Communication Consultant, TRIOs

9. Dr. Saroj Kumar Mohanty MD – Lead Trainer- Public Health

Dr S K Mohanty an Associate & Senior Consultant of TRIOs, is a medical professional with more than 36 years of experience in Health Development sector that ranges from conceptualization, project designing and implementation, providing technical assistance, quality assurance, monitoring and evaluation. He has worked with international governments and authorities/ development partners such as USAID, EU, GFATM, UNICEF, WHO, WB, ECHO and UNDP at various levels. He was the Country Director/ Country Health Director of Merlin in Afghanistan supporting international efforts in post war health sector rehabilitation. He has also worked as Merlin Country Health Director in Somalia and Myanmar for developing post Tsunami health sector rehabilitation project. He was part of the Technical Advisory Committee (WHO/Merlin/UNICEF/ GoM) to support Global Fund Malaria Projects in Myanmar.

Dr. Mohanty's skills include Capacity Development, Developing training modules on health, Planning and Monitoring, Health Sector Reforms and Partnerships in Health.

Dr. Mohanty has done his MD (Community Medicine), DPH AIIH&PH from Calcutta University. He has been trained in Epidemiology and Medical Statistics in LSHTM, London, a Certificate Courses in Development Studies (with Specialist Options in Health and Population) from the University of Birmingham and Solid Waste Management from University of New Castle.

10. Ms. Mary Mathew MSW – Documentation Expert

Mary has over 8 years of experience in the field of Documentation, Capacity Building, Program management, Partnership management and Monitoring and Evaluation. She has worked with Action Aid as a Program Officer-Woman's Rights and with CASA, Delhi as Field Officer-Monitoring and Evaluation. She has also been a part of the Domestic Workers Forum working on the rights of Domestic Workers in Delhi.

As a Program officer-Woman's Rights with Action Aid she was responsible for the development of a perspective plan for "Khilti Kalian Project", a child rights project supported by Action Aid Jaipur and Railway Children, UK.

Mary's areas of specialization are Documentation, Secondary data review, and Capacity Development Education and Child rights.

At present she is working in TRIOs as Manager- Projects where she is involved in Proposal development, documentation for projects, capacity building and monitoring and evaluation. She is also a certified Whole Person Process Facilitator, a training technique developed by Briggette and Ward Williams under their genuine Contact program.

Mary holds a Professional degree in Social Work from the Department of Social Work, Delhi University and a Bachelor's degree in History from St. Stephen's College, Delhi.

11. Dr. Nayan Kumar PhD- State Training Coordinator

Dr. Nayan Kumar is a Field Management expert with 24 years of experience is Senior Manger- Field Operations with TRIOs. . He has done extensive work in the areas of Reproductive Health, STI and HIV/ AIDS, Adolescent health, Gender issues,

Child Labor, Alcoholism and substance abuse. He has been involved in capacity building, community mobilization and development of MIS for various health and social development programs. His prior experience includes organizations such as Aga Khan Health Services, Operations Research Group (ORG), Centre for Operations Research and Training (CORT), Vadodara.

Dr. Nayan Kumar has an excellent hold in Quality assurance and conducting qualitative research e.g. FGDs, PRA, Body mapping, and developing field related training modules. He also has excellent linkages with State and District level NGOs in Gujarat, Bihar and Orissa.

Dr. Nayan Kumar holds a Doctorate degree in "Socio-Economic Conditions of Child Labor" from Patna University.

12. Ms. Hetal Ravalji MBA**- Local Coordination, Operations and Logistics Support**

Hetal, the Operations Manager of TRIOs in Gujarat has more than 10 years of experience in Government and Private sector. She has vast experience in Operations Management, project/ program planning and management including work flow planning and monitoring, networking and co-ordination, field monitoring and evaluation, budgeting and budget controls, project administrations and reporting, administration of Regional and State level offices. She also has one and half years of overseas working experience in U.K.

Hetal has worked with National Rural Health Mission in Gujarat as Regional Project Coordinator and United Nations Population Fund- (UNFPA) supported Integrated Population and Development Project. During her tenure in IPD, RCH/ NRHM, she was also involved in capacity building of ANMs, ASHA, AWWs, and project management units. She has good understanding about the development programs, resource planning and management and administration.

Hetal holds a Professional degree in Business Administration from Gujarat University and Diploma in Computer Applications.

Annexure 2: List of Partner NGOs and Professional Trainers

Sr No.	Name of NGO and District covered	Batches Allotted	Sr. No	Name of Professional Trainers	Educational Qualification	For
1.	Aga Khan Rural Support Program (AKRSP) Surendranagar	38	1	Ms. Surekhaben Patel	MSW	L-2 & L-3
			2	Ms. Vinaben Jadav	PGDRM	L-2 & L-3
			3	Mr. Naranbhai Mataliya	MRS	L-2 & L-3
2.	Sambandh Society Surendranagar	35	4	Ms Lata Katadiya	BRS	L-2 & L-3
			5	Mr. Rashmikant Dabhi	BA	L-3
			6	Ms. Hetal Sutaria	BA	L-3
3.	ANaRDe Banaskantha	60	7	Mr. Karshan B Prajapati	BRS	L-2 & L-3
			8	Ms. Prahladbhai Rajput	BRS	L-2 & L-3
			9	Mr. Ashishpuri Gosai	BRS	L-2 & L-3
			10	Mr. Narayanbhai Dave	BRS	L-2 & L-3
			11	Ms. Chandrika Panchal	BRS	L-2 & L-3
4.	Vanita Shishu Vihar Banaskantha	43	12	Mr. Rameshbhai	MSW	L-2 & L-3
			13	Ms. Jayaben Dodiya	BRS	L-2 & L-3
			14	Ms. Kalpanaben Raval	B.Com	L-2 & L-3
			15	Ms. Nikunja	MSW	L-2 & L-3
5.	COHESION Foundation Trust Banaskantha and Patan	85	16	Ms. Purvi Goswami	MSW	L-2 & L-3
			17	Ms. Pinky Patel	BRS	L-2 & L-3
			18	Mr. Devabhai	BRS	L-2 & L-3
6.	Naisargik Foundation Banaskantha and Patan	31	19	Mr. Bharatbhai Solanki	BRS	L-2 & L-3
			20	Mr. Kirtibhai Parmar	MA	L-2 & L-3
			21	Mr. Bharatbhai Gothi	BPEd.	L-2 & L-3
			22	Mr. Shanti Logchand	BA	L-2 & L-3
7.	Centre for Rural Employment & Development	86	23	Ms. Kantaben Panchal	MSW	L-3
			24	Ms. Komal Prajapati	BA	L-3

Sr No.	Name of NGO and District covered	Batches Allotted	Sr. No	Name of Professional Trainers	Educational Qualification	For
	Support (CREDS) Sabarkantha		25	Ms. Chhaya Patel	BA	L-2 & L-3
			26	Ms. Vijaya Chouhan	MA	L-3
			27	Ms. Dipika Jappi	MA	L-2 & L-3
8.	Manav Kalyan Trust Sabarkantha	106	28	Mr. Chetan Gadhvi	MSW	L-2 & L-3
			29	Mr. Kavjibhai Dodha	LL.B.	L-3
			30	Ms. Kodiben Rabari	B.P.Ed.	L-2 & L-3
			31	Mr. Natvarbhai Kataria	BA,B.Ed.	L-3
	Total	**484**	**31**			

Annexure 3: List of reports/ documents Submitted

1. Minutes of Meeting- First Planning meeting with Lead Trainers and MI
2. Translated material, Ministers' messages
3. Note on Mock Training Session with Lead Trainers
4. Note on One day Orientation of NGO Partners
5. Five day ToT session Plan
6. District level Training Plans- revised and final
7. Periodic Progress Updates/ reports and Issues for modification
8. Interim Report
9. Summary of Training Status
10. Photo documentation
11. Final report

Annexure 4: Frequently Asked Questions

L1 Trainings

Sr#	Question	# of Participants asked Question
1.	Is the DAZT program a pilot program or will it be continued?	27
2.	Can the Zinc Tablet be given to children above 5 years of age?	41
3.	Zinc stock for how many months?	53
4.	Can Zinc tablets be given to adult women?	24
5.	Why is it advised to dispose the half tablet of zinc?	63
6.	Can Zinc only be administered during Diarrhea?	54
7.	Why wasn't a 10 mg of Zinc Tablet produced instead of having to administer a half tablet?	37
8.	Why can't Zinc be given to children below 2 months of age?	12
9.	Should Zinc be given only once or every time during diarrhea to a child. For e.g.:- If a child has diarrhea two to three time in a year should he/she be given the 14 days of Zinc treatment every time?	68
10.	Does zinc tablet have any side effects on children?	73
11.	If Zinc is such an important nutrient then why isn't it being given to adults as well?	27

L2 Trainings

Sr#	Question	# of Participants asked Question
1.	Can mothers also be given Zinc tablets along with the children?	79
2.	Does zinc tablet have any side effects on children?	114
3.	ORS preparation- Should we put water or ORS in the bowl first?	73
4.	Should Zinc be given to children on a non-vegetarian diet?	42
5.	If a child has diarrhea at least 2-3 times in a year, should he/she be given the 14 day zinc course each time?	137
6.	Can Zinc Tablets be given to children who do not have diarrhea?	33
7.	Who will be responsible for the supply of Zinc Tablets and when and how much will be supplied?	72
8.	Who will supply Zinc tablets to ASHA and AWW?	87
9.	Can pregnant women be given Zinc Tablets?	69

L3 Trainings

Sr#	Question	# of Participants asked Question
1.	Can we (ASHA/AWW) give Zinc directly to children with diarrhea?	289
2.	Is the Zinc and ORS combo harmful to children in any way?	407
3.	If the child vomits after taking the Zinc tablet should s/he be given another dose immediately?	69
4.	Can Zinc tablet be given with powdered milk/ formula or any other form of milk?	75
5.	Who will be responsible for resupplying the Zinc/ORS combo stock?	83
6.	Can pregnant women be given Zinc Tablets?	154
7.	We don't understand why the rest half of the Zinc tablets needs to be disposed of?	297
8.	Should we provide the child with 14 day Zinc dose every time s/he has diarrhea?	176

Annexure 5: Training Feedback Form for L1 and L2 Trainings

Training Feedback Form
on the District (L1) and Block (L2) Level Trainings
By the District Nodal Officer

REVISED CHILDHOOD DIARRHOEA MANAGEMENT IN GUJARAT
(Micro-Nutrient Initiative Project)
Facilitated by
TRIOs Development Support

District:
Name & Designation

1. How well this training covered the learning objective of your staff in implementing Revised Childhood Diarrhea Management through the use of Zinc and ORS?
   (1. Very well covered 2. Adequately covered 3. Needs improvement)

2. How was the duration of the 5 1/2 Hours training? Any suggestions?
   (1. Sufficient 2. can be less in duration 3. Not sufficient)

3. How helpful were the training materials? Any suggestions?
   (Very helpful, Adequate, Inadequate)

4. How knowledgeable were the trainers? (Very knowledgeable, adequately
   (1. Knowledgeable 2. Not knowledgeable)

5. How well the trainers did answer the questions from the trainees, specific to the topic? (1. Very well 2. Satisfactory 3. unsatisfactory)

6. How would you rate the trainers?
   (1. Excellent 2. Good, 3. Average 4. Poor)

7. How was the Team's approach and competency in organizing and conducting the training programs?
   (1. Very Good 2. Good 3. Satisfactory 4. Needs Improvement)

8. How do you rate the overall organization and quality of the training conducted?
   (1. Very Good 2. Good 3. Satisfactory 4. Poor)

9. Would you recommend such trainings for other districts?
   (1. Yes 2. No)

10. Any other feedback/ Comments:

Signature and Date:

Thanks for taking your time for giving us your sincere feedback.