Development of Instructional Practice in Village Health Worker Training at the Comprehensive Rural Health Project in Jamkhed, India

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ABSTRACT

This year, I worked as the Mabelle Arole Fellow at the Comprehensive Rural Health Project (CRHP) in Jamkhed, India. In this role, I investigated the pedagogy, tools, and strategies of Village Health Worker (VHW) training in the past and present with the goal of improving instructional practice in the future. Participants shared their experiences through interviews, group discussions, and/or survey activities. Results demonstrated that some teaching methods were conserved over time, while others emerged in recent years. VHWs shared that they preferred diverse instructional practices that were appropriate, engaging, and relevant. Moving forward, I hope to continue to support patients, families, and communities through non-formal health education programs that are adapted to meet their specific needs.

BACKGROUND INFORMATION:

- **The Comprehensive Rural Health Project (CRHP):** A non-governmental organization (NGO) in Jamkhed, India that "empowers people and communities to eliminate injustices through an integrated effort in health and development"
- **Jamkhed Model:** A comprehensive approach to community-based healthcare where communities drive the development process.
- **Village Health Worker (VHW):** A woman, typically illiterate and lower caste, who is selected by each community to act as a health worker, midwife, and health educator.
- **VHW Training:** VHWs attend classes twice per week to address immediate concerns, review material, acquire new skills and improve their health literacy. The program is *non-formal* because it falls outside of the formal government educational programs and offers fluidity in terms of the content and pedagogy. The instructors use *culturally-relevant pedagogy* that is selected by the learners themselves.

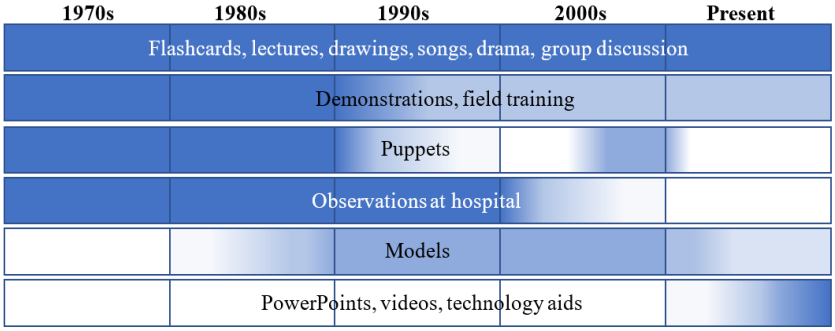
RESEARCH QUESTIONS

(1) How have the instructional practices used in VHW training evolved over CRHP's 47-year history?
(2) What are the perceptions of current instructional practices and topics in VHW training?
(3) How can the instructional practices and content in VHW training be altered to increase VHW knowledge and efficacy in her community?

METHODS

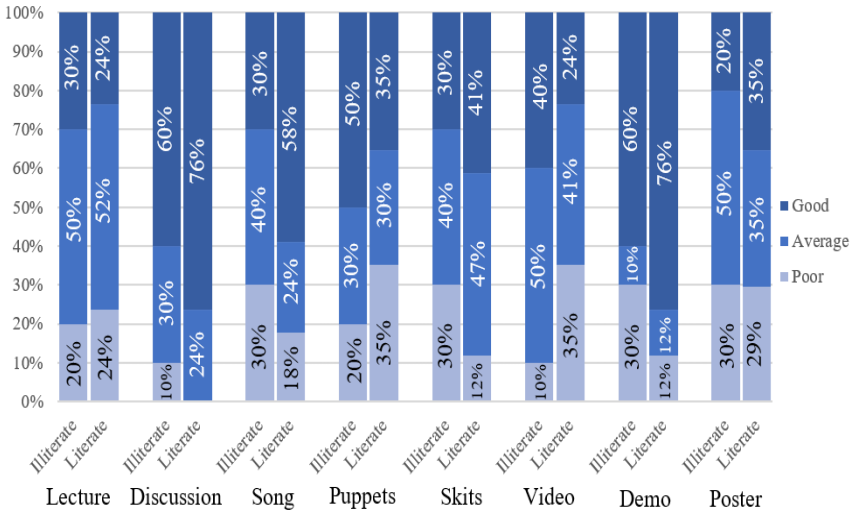
Data Type	Participants	Question Examples
One-on-one interviews	6 VHWs 5 trainers	• How has VHW class changed since you began as a VHW/trainer? • What teaching methods do you think are most effective for learning? • How can we improve VHW class in the future?
Focus group discussions	3 groups of community women	• What are some of your earliest memories of your VHW? • What changes do you suggest for the VHW program?
Focus group discussions	2 groups of VHWs	• Why do you think that (instructional practice) was rated so highly/poorly?
Large group discussion	1 discussion with VHWs	• What topics would you like to learn about in upcoming VHW classes and why?
Likert-like survey	27 trainers	• Please categorize each teaching method by the effectiveness for learning.

FINDINGS



Instructional practices for the VHW training program at CRHP has grown and developed over the organization's 47-year history to reflect the ever-changing village environment. Some instructional practices remained relatively constant in their volume but may have changed in format or implementation. Some instructional practices declined over time while new instructional practices emerged. The changes in methods reflect local changes in health, literacy, technology, hospital patient volume, and disease burden.

Preferences and aversions for specific instructional strategies, regardless of literacy level, were due to perceptions of relevance and access to pedagogy. The women preferred methods that were transferrable to their health education programs within their village. For example, some women complained that they did not like learning with videos because they are unable to share that video with others in their village. Women also preferred material that was engaging and accessible for them. For example, some of the illiterate women claimed that posters were challenging for them because sometimes the posters include words that they are unable to read.



IMPLICATIONS FOR FUTURE PRACTICE

Next Steps for CRHP

Overwhelmingly, the results pointed to a need for increased collaboration between stakeholders. The trainers, VHWs, and community members would benefit from identifying a communication system that is simple, streamlined, and culturally relevant. With increased input from the community members and VHWs, the trainers can identify topics and pedagogical strategies to effectively support the health of each village.

Next Steps as a Healthcare Leader

Moving forward, I will continue to support patients, families, and communities through non-formal health education programs that are adapted to meet their specific needs. I believe that good doctors must be good teachers, both at the bedside and in the communities. With appropriate, responsive health education programs in a non-formal and comfortable setting, health can be transformed in my community and beyond.