

MONITORING AND EVALUATION REPORT


COVID-19 THIRD WAVE PREPAREDNESS TRAINING

A USAID Supported Initiative SAMRIDH
A Project Implemented by Wipro GE Healthcare



ACKNOWLEDGMENT

The success of this project is constructed on a very strong foundation carefully built by support from various partners who ensured that the objective was duly met and the mission of covering the entire length and breadth of the nation was ensured. Spread across four months, the project is a testimony of the hard work and endless dedication of each member involved in its due execution. The USAID supported initiative SAMRIDH was implemented and executed by Wipro GE Healthcare. This venture took place in collaboration with multiple organizations specializing in various care areas to impart and share their expertise and was delivered by some of the finest professionals in the Indian Healthcare Industry.



We extend our humble gratitude to the Heart and Stroke Foundation of India (HSFI), a subsidiary of the American Heart Association, Laerdal Medical India Pvt Ltd, Institute of Medicine and Law, Max Healthcare Institute Limited, MIME- Max Institute of Medical Excellence, The Health Sector Skill Council; for helping us deliver the highest quality of training. While the robust and widespread coverage of the training was a result of the strong Wipro GE Healthcare network, we would also like recognize the effort and contribution of our mobilization partners such as FICCI and HLFPT helping us achieve maximum penetration in tier-2 and tier-3 cities and staying true to our commitment of strengthening the core foundation of the healthcare ecosystem. We proudly acknowledge that the training was hosted on a digital application, referred to as the Learning Management System (LMS) curated and customized specifically for this initiative by Imarticus Learning thereby making the conduct paperless, ensuring maximum data was captured in real time and that the beneficiaries had lifetime access to the modules imparted during the training and the developments thereafter. We sincerely appreciate the constant support offered to us by the team from IPE Global Limited; before, during and post the execution of the program.

Lastly, our thanks extend to the various governments and private entities that were kind enough to let us host the training programs at their facilities. We gladly share that not only was the target number of beneficiaries duly met before the committed time, the impact made from the training has been immense and the aim duly met.

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INTRODUCTION TO THE CONSORTIUM

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Wipro GE Healthcare

As a leading medical technology and diagnostics innovator, Wipro GE Healthcare enables clinicians to make faster, more informed decisions through intelligent devices, data, analytics, applications, and services, supported by its Edison Intelligence Platform. WGE is committed to fostering an inclusive culture of respect, transparency, and unyielding integrity. GEHC education was set up to carry forward this legacy making sure that innovative technology is met with equally well skilled healthcare professionals. GE's Healthcare Institute (HCI) Education portal is a robust assortment of courses developed and curated by leading experts across the globe. Apart from this, Wipro GE conducts the live online, onsite training and on-the-job practical training in healthcare facilities as per the designed curriculum under supportive supervision.







USAID
FROM THE AMERICAN PEOPLE

ABOUT USAID

USAID is the world's premier international development agency and a catalytic actor driving development results. USAID works to help lift lives, build communities, and advance democracy. USAID's work advances U.S. national security and economic prosperity; demonstrates American generosity and promotes a path to recipient self-reliance and resilience.





IPE Global Limited

IPE Global Limited (IPE Global) is an international development consultancy group providing expert technical assistance in developing countries. The group partners with multilateral and bilateral agencies, governments, corporates, and not-for-profit entities in anchoring the development agenda for equitable development and sustainable growth.

RESEARCH METHODOLOGY

This report analyses the information gathered through a research methodology that included collecting the data of the pre and post assessments that was captured on and generated from a standardized Learning Management System (LMS), curated and customized specifically for this project, following which a comparative study was done on the base level understanding on COVID-19 Management Protocols for each trainee before and after the training program. Therefore, to assess the outcomes for USAID supported initiative SAMRIDH, a primary quantitative research methodology was used for analysis.

To gauge the larger impact of the imparted training and to ensure the adoption of the methods taught during the training program in real time; a Monitoring and Evaluation round was hosted post 30 days of training. The M&E data was collected through telephonic interviews, administered by a trained research team, using a standardized protocol. The questionnaires were administered in English and Hindi based on the participants' preferences. Those eligible to participate were then asked for informed consent.

For the sample size calculation, the confidence level of the data set was considered as 95% with the margin of error of 1.5%. The total population of the trainees in the program were (n=6288). With the above number the sample size calculated for the study was (n=2495). The results of this report highlight the increase in the level of knowledge in the trainees post attending a two day robust upskilling workshop in regards to COVID-19 Management Protocols thereby preparing and enabling them in due time to better manage the Third Wave of COVID 19 faced by the subcontinent.



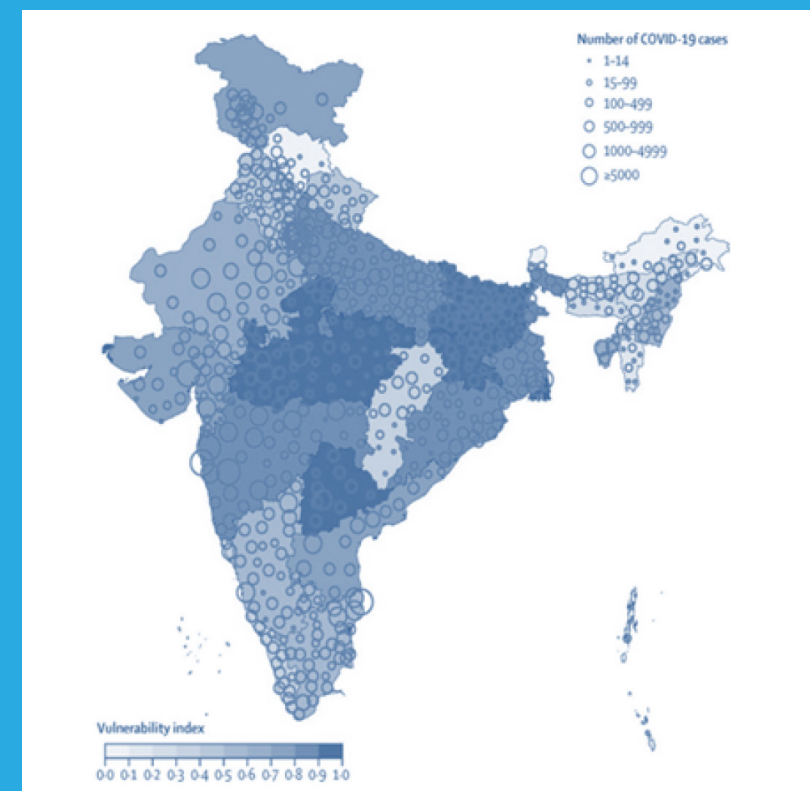


INTRODUCTION TO COVID-19

The coronavirus pandemic (COVID-19) has been a grave risk to global health security in the past two years. More than 40 million instances were reported in India alone, with the mortality rate being over 500,000. The number of cases reported was substantially lower than the reality. The reason for this discrepancy was attributed to weaker testing and reporting in India compared to the rest of the globe.

The COVID-19 pandemic was further pressuring an already frail health care system, with very limited health institutions fully operational across the country, and local authorities seemingly unprepared to deal with the severity of the issue.

The first COVID-19 case in India was reported on 27th January 2021. According to the Indian Council of Medical Research, by 31st January 2022, the number of confirmed cases in India had surpassed 40 million, with 0.5 million fatalities.



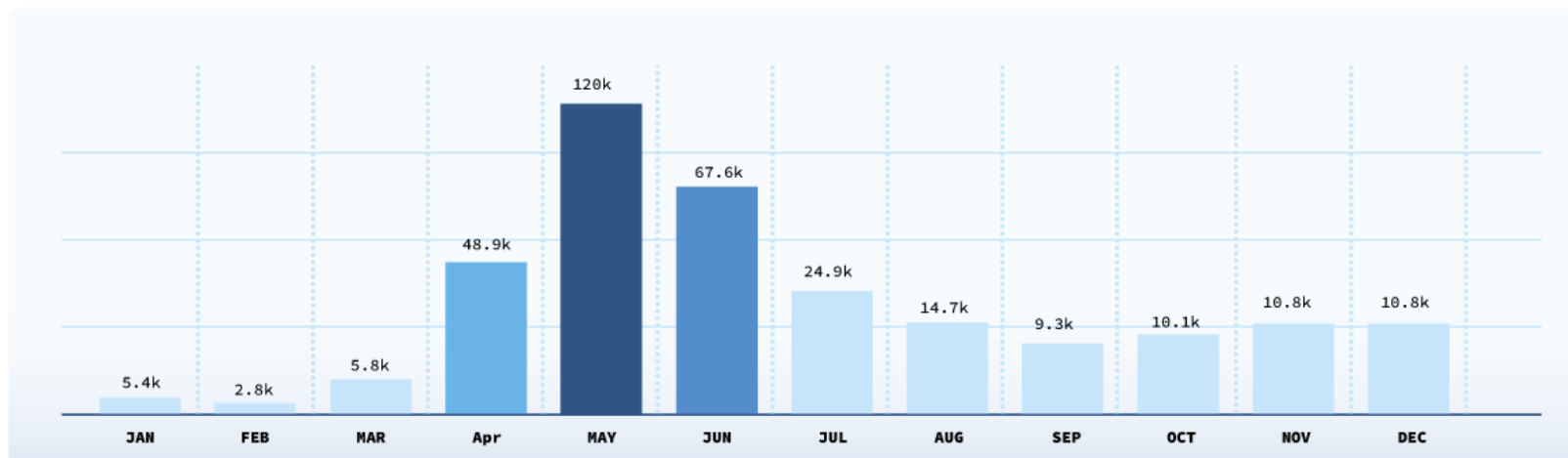
Spread of COVID-19 in India



PROJECT DESCRIPTION

IPE Global manages USAID-supported Partnerships for Affordable Healthcare Access and Longevity (referred to as “PAHAL”) which is a flagship ‘innovations in financing’ platform. The project focused on innovative financial models that enabled: Governments and Donors in supplementing traditional financing with new forms of conditional and catalytic support; and private investments and other non-donor sources of funding for generating social impact. The program promotes health financing models that aligned new pools of capital and provided catalytic support to proven innovations for improved access to quality, affordable healthcare solutions for poor and vulnerable populations.

Given the severity of the COVID-19 crisis and the urgency to act, the initiative had the provision to offer emergency funding to healthcare enterprises for rapid scale-up of high-impact solutions. This initiative was further complemented with strong technical assistance and capacity-building component, enabling augmentation of surge capacity for production and supply of life-saving solutions to meet the requirements of current and subsequent waves of the pandemic.



Date of monthly fatalities in year 2021 due to COVID-19 with highlight on April where the number of death due to COVID was more than 120k (Indian Express, Jan 2022)

Considering the above, IPE Global partnered with Wipro GE Healthcare to train healthcare workers on updated COVID-19 protocols with a focus on the states of Uttar Pradesh, Goa, and Sikkim and also covering other tier 2 cities in approximately 15 states/UTs covering 25 cities of India. With the persistent threat of upcoming waves of the pandemic, there was a pressing need to train doctors, nurses, paramedical staff, and Community Healthcare Workers (CHWs) on the new developments of the virus and its variants, initial treatment, staging of the diseases, ventilators, pharmacology of COVID-19 drugs, ICMR protocols, mental health, mucormycosis, etc. Therefore, the decision was made to initiate this project.

OBJECTIVE OF THE PROGRAM

The paramount objective of the program was to strengthen the present healthcare system of India which had been largely exhausted during the previous waves of COVID-19. In the light of the above, USAID Supported Initiative - SAMRIDH in collaboration with Wipro GE Healthcare, imparted COVID-19 preparedness training to more than 6000 healthcare workers across India to help strengthen India's fight against COVID-19 and has successfully imparted training to 6288 beneficiaries ranging from CHWs to Doctors covering the length and breadth of India.

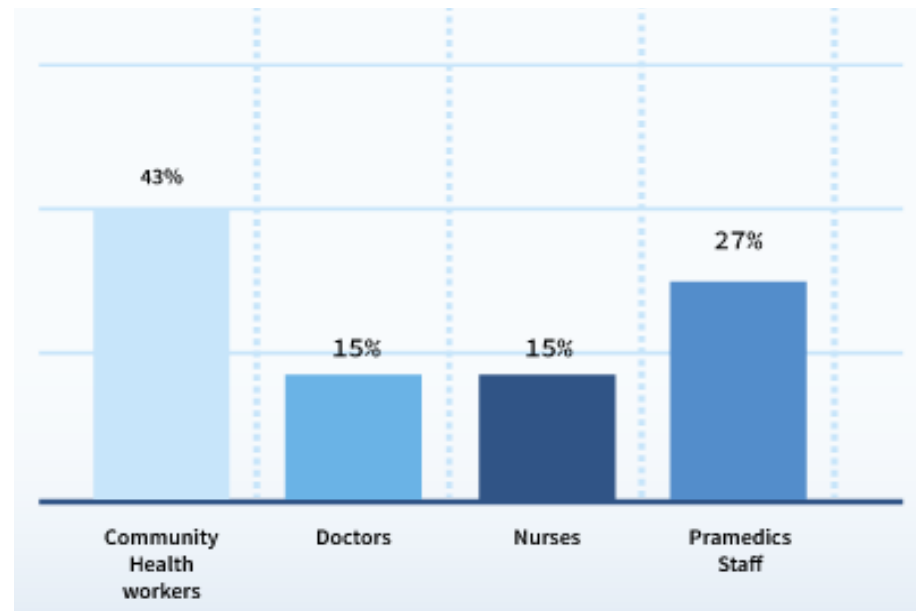


SCOPE OF WORK

- Wipro GE Healthcare along with the United States Agency for International Development (USAID) supported initiative SAMRIDH worked upon the upliftment of the existing healthcare workforce of our nation.
- This training was a Wipro GE Healthcare collaboration with USAID-supported initiative SAMRIDH and bore no financial cost for the attending beneficiaries.
- Wipro GE Healthcare hosted more than 1/3rd of the training onsite while the remaining beneficiaries were trained through an online platform.
- Wipro GE Healthcare ensured that the content of the training modules was curated with the latest information and was of the highest quality to ensure maximum benefit to the beneficiaries.
- Wipro GE aligned trainers- including clinicians and WGE employees along with leading key opinion leaders from across the nation to ensure the successful delivery of the project.
- A minimum of two trainers including clinicians were allocated for each batch having a strength of approximately 100 participants. Each batch of healthcare personnel was trained for two days, and one additional day of training was allocated for the doctors to train them on the medico-legal processes involved in the practice of telemedicine.
- The program ensured all the trainees underwent an online pre-assessment to gain a sense of their baseline knowledge. In the next step, allocated trainers imparted live session training on the designed curriculum for each category through a hybrid combination of online and onsite delivery to meet the proposed training plan.
- At the end of the training, a post-test was conducted for all the trainees to evaluate their learning outcomes.
- The feedback of the participants and trainers was captured on the Learning Management System (LMS) on parameters such as the project delivery, curriculum, and experience. Upon successful completion of the training, each participant was awarded a co-branded certificate highlighting SAMRIDH support.
- Post the training, Wipro GE continued disseminating the new information on ICMR protocols and COVID-19 management through a collateral distributed both in hard and soft copy.

TARGET BENEFICIARIES

The targeted beneficiaries of the training program were Community Healthcare Workers (CHWs), Paramedical Staff, Nurses and Doctors. The distribution target of 6000 trainees was bifurcated into 2600 CHWs, 1600 Paramedical Staff, 900 Nurses, and 900 Doctors.



Distribution of the 6000 Trainee for the COVID-19 Preparedness



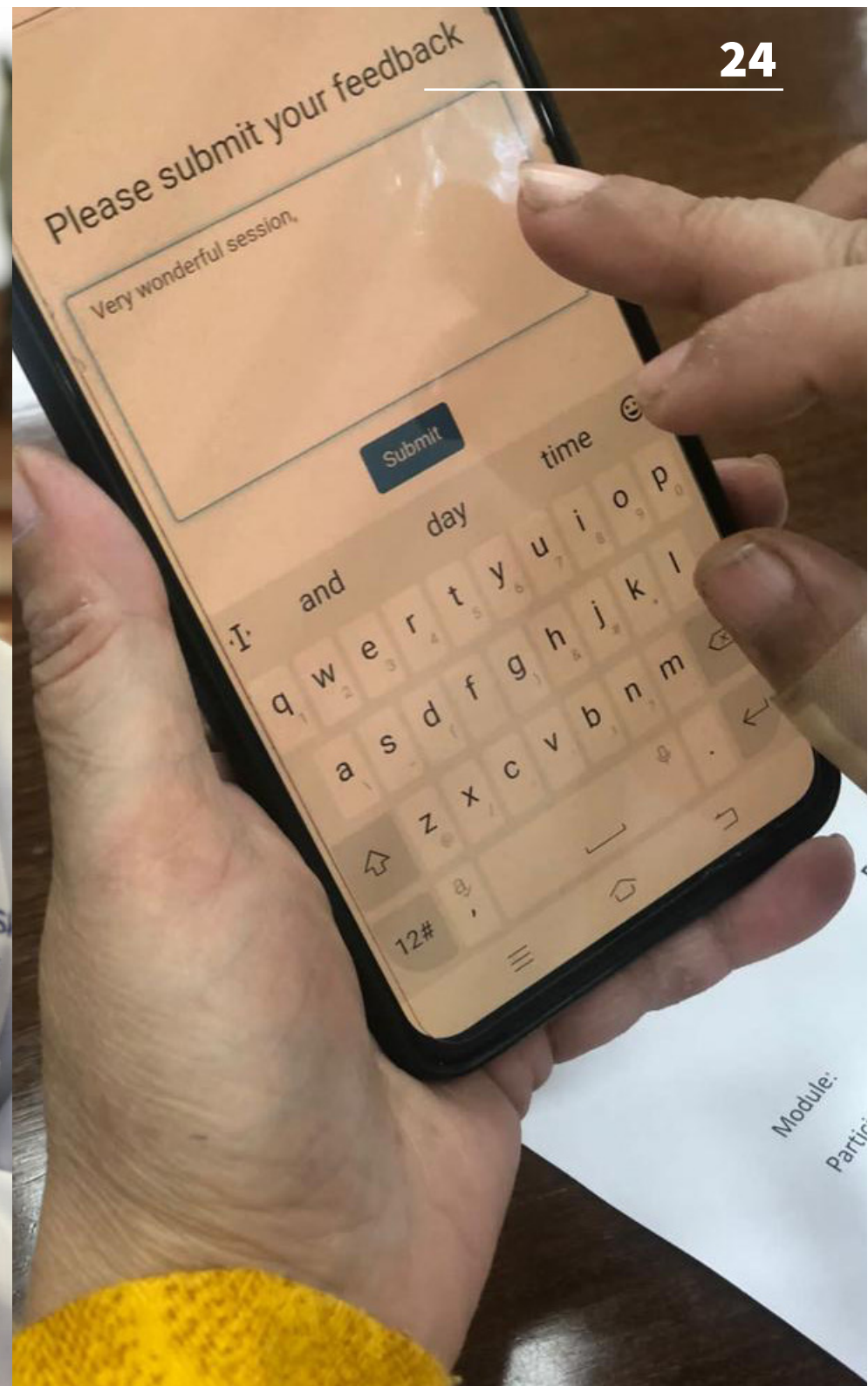
STRUCTURE OF THE TRAINING

The structure of the training program was developed in a way to cater to each of the categories of healthcare workers. This was centered around their roles and responsibilities in the healthcare segment. The agenda and curriculum of the training was customized for each category to ensure improved learning outcomes.



	Blended Model of Training	Online Model of Training
Registration of the Candidates	LMS	LMS
Pre-Test for Trainees	LMS	LMS
Training Delivery	Hybrid mode in classroom	Virtual/ Online mode
Post-Test for Trainee	LMS	LMS
Feedback Collection	In digital form integrated with the LMS	In digital form integrated with the LMS
Additional access to course resources on the COVID-19 Program	Access to the LMS was given to all the trainees	Access to the LMS was given to all the trainees

To further enhance the experience of the training a robust Learning Management System was curated by on-boarding Imarticus Learning. The LMS not only enabled the sharing of information, but also ensured the smooth conduction of pre-test, post-test and collection of real time feedback from all participants.



The LMS also ensured that updated information and additional learning modules were shared with students post the completion of their respective training schedules. The decision to collaborate with Imarticus Learning for this LMS was taken to eliminate the use of the traditional paper and pen method and make this a digital training. The LMS also enabled a real-time assessment of the answers shared by the trainees as a part of the training program.



COLLABORATIONS TO MAKE THE TRAINING MORE EFFECTIVE

For the successful delivery of the program, Wipro GE Healthcare collaborated with different organizations who bring varied expertise to the initiative to strengthen it across different parameters.

Onboarding of the following partners played a key role in ensuring the successful conduct and delivery of the program.



- HSFI, a subsidiary of the American Heart Association was brought on board to deliver training on child resuscitation
- Laerdal Medical India Pvt Ltd collaborated to deliver training on high-fidelity simulators
- Institute of Medicine and Law focused on delivery of practical knowledge of telemedicine, medical law, and good healthcare practices through technology dissemination.
- Max Healthcare Institute Limited, MIME- Max Institute of Medical Excellence, supported the initiative by engaging reputed faculty to deliver the training
- The Health Sector Skill Council conducted post tests and provided certifications for doctors who successfully completed the training.
- Mobilization partners such as FICCI and HLFPT ensured maximum reach in tier-2 and tier-3 cities
- Imarticus Learning curated the Learning Management System (LMS) for hosting the training program and capturing real time data.





HSFI (Heart and Stroke Foundation of India)

IML (Institute of Medicine and Law)

MAX Healthcare Institute

HSSC (Health Sector Skill Council)

HSFI is a subsidiary of the American Heart Association, a global leader in offering technical support, and has provided training for the participating healthcare professionals on helping child survival in remote areas and hands-on sessions on child and infant resuscitation with manikins.

It was observed that doctors and patients were not using telemedicine due to a lack of appropriate information and awareness although it was now legally permissible and regulated. The biggest factor for this lack of awareness among doctors due to the absence of any formal education on laws in medicine in their medical curriculum.

IML was responsible for conducting the medico-legal training session for doctors. The training was conducted by the advocates from IML. The focus was on safeguarding the doctors against legal cases filed by patients.

Max Healthcare Institute Limited is a hospital chain based in New Delhi, India. Max Healthcare owns and operates healthcare facilities across the National Capital Region of Delhi, North India, and the western port city of Mumbai.

MAX Hospital supported the program by allocating their most celebrated doctors from across the nation to impart the training sessions to the associated healthcare workers.

Some of the doctors who helped the training program were:

- Dr. Kishalay Datta: Considered to be one of the pioneers to develop emergency medicine in India.
- Dr. Kamal Preet Plata: MD Physician, MEM, MRCEM, AMPH (ISB), Senior Consultant and Head of Department.
- Dr. Sanjay Sachdeva: Principal Director, ENT – Head and Neck Surgery, Max Healthcare Super Specialty Hospital, New Delhi.

The Healthcare Sector Skill Council (HSSC) is a Not-for-Profit Organization, registered under the Societies Registration Act, 1860. The Council has been promoted by the Confederation of Indian Industry (CII), National Skills Development Corporation (NSDC) and Healthcare Industry Leaders representing both public and private sectors.



IMARTICUS LEARNING

The key objective of the Council is to create a robust and vibrant eco-system for quality vocational education and skill development in Allied Healthcare space in the country. In addition, the Healthcare Sector Skill Council aims to serve as a single source of information on the healthcare sector with specific reference to Skill and Human Resource Development in India.

Health Sector Skill Council (HSSC) conducted post tests for all the batches of participating doctors and awarded authentic certifications to doctors who successfully completed the program.

Imarticus Learning is a technology-driven educational platform that has immense expertise in transforming careers across industries such as financial services, analytics, AI, business analysis, and core technology. Imarticus has evolved into the preferred sourcing, training, and skill development partner that caters to the human capital and up-skilling needs of over 120 firms.

Imarticus helped the training program by curating a high-end robust LMS platform for the seamless conduct of the program. The LMS provided by Imarticus became a platform for the trainees to access the learning resources, training content, and updated information post the completion of the training as well. The LMS also enabled easy access to the pre-test, post-test, and the trainees' feedback by capturing data in real time.

A non-government, not-for-profit organization, FICCI is the voice of India's business and industry. From influencing policy to encouraging debate, and engaging with policymakers and civil society, FICCI articulates the views and concerns of industry. It serves its members from the Indian private and public corporate sectors and multinational companies, drawing its strength from diverse regional chambers of commerce and industry across states, reaching out to over 2,50,000 companies.

FICCI ensured mobilization for the project in region of West Bengal for Nurses, Paramedics, and Doctors.

Hindustan Latex Family Planning Promotion Trust (HLFPPT) is a national not-for-profit health services organization, working on the entire spectrum of RMNCH+A (Reproductive, Maternal, Newborn, Child & Adolescent Healthcare), including HIV Prevention & Control and Primary Healthcare. They supported the project in identifying and mobilizing the trainees in the category of CHWs (Asha workers, Meri Tarang Workers, and Anganwadi workers) in UP, Rajasthan, and Uttarakhand.



FICCI (Federation of Indian Chambers of Commerce and Industry)



HLFPPT (Hindustan Latex Family Planning Promotion Trust)



IMPACT ANALYSIS OF THE TRAINING

For CHWs, Paramedical Staff, and Nurses, the training was designed conducted over a two-day period for six hours each day. The training began with the registration process of each trainee. To gauge an understanding of their prior knowledge, baselining was done by conducting the pre-test. The training programs were inclusive interactive sessions and the training lectures were enriched with case studies and hands-on training on simulators. The training was concluded with post-tests and the feedback form submission. After the successful completion of the training, the LMS generated an E-certificate for each trainee. Whilst the process remained similar for the doctors as well, the duration of the training programs for the doctors was spread across three days.

BASE

For understanding the initial know-how of the trainees, a pre-test was conducted for each trainee in all the categories.

**LEARNING
OUTCOME**

A comparison was drawn between the post-test evaluation scores and the pre-test scores to understand the outcome of the program in terms of knowledge enhancement.

**IMPACT AT
THEIR JOB**

Post 30 days of the training, feedback was taken from each trainee to understand how they were able to apply the knowledge of the processes acquired in the training.

**IMPACT IN
WAVE-3**

The trainees were asked to share their feedback post the 3rd wave in India emphasizing the impact that they had created in their community and to draw references on how the training assisted them in achieving it.

EVALUATION OF PRIOR KNOWLEDGE OF THE TRAINEE AT THE START OF TRAINING

To know the outcome of the training, it is essentially important to baseline the prior knowledge of the trainee which can be compared to the post-test to understand the impact of the program.

The parameters selected for checking the baseline in each category were:

Community Healthcare Worker's:

- Introduction to COVID, Causes, mode of transmission & Clinical Manifestations
- Correct measure of Temp-Oral/Axillary
- Categorization of COVID- 19 and Basics of prone ventilation
- Detailed modules on Vaccination/ Types/ Myths/Side Effects
- Assessment Tools-Rapid bedside assessment
- Types of Tests Available and their use, adjuncts to COVID- 19 Treatment- 3 golden tests
- Use of SPO2 probe
- Health workers' safety in the community
- Third-wave preparedness and how to protect children
- Simulation Training by AHA
- Helping children survive

Paramedical Staff:

- COVID-19 – Introduction and Modes of Transmission
- Oxygen Therapy During COVID-19
- Difference between Oxygen concentrator and cylinder
- ICMR Protocols
- Concept of ARDS
- NIV Use and settings
- Early Intubation/ LMA
- Resuscitation Protocols
- Vaccination
- How to be safe during upcoming waves

Nurses:

- Identification of COVID-19 symptoms and patients
- Severity of COVID-19 in patients
- Oxygen level measurement and requirement of oxygen in patients
- Use of medicine on patients of COVID-19
- Know-how on prone position and CPR
- Basic hygiene to be maintained during COVID-19
- Child and infant resuscitation by HSFI

Doctors:

- Identification and severity of COVID-19 in patients
- Know-how on ventilation process
- Organ level impact of COVID-19
- Comorbidity and COVID-19
- Handling Children suffering from COVID-19
- Use of medicine on Patients with COVID-19
- Know-how on mucormycosis
- Basic hygiene to be maintained during COVID-19
- Medico-legal awareness in telemedicine by IML



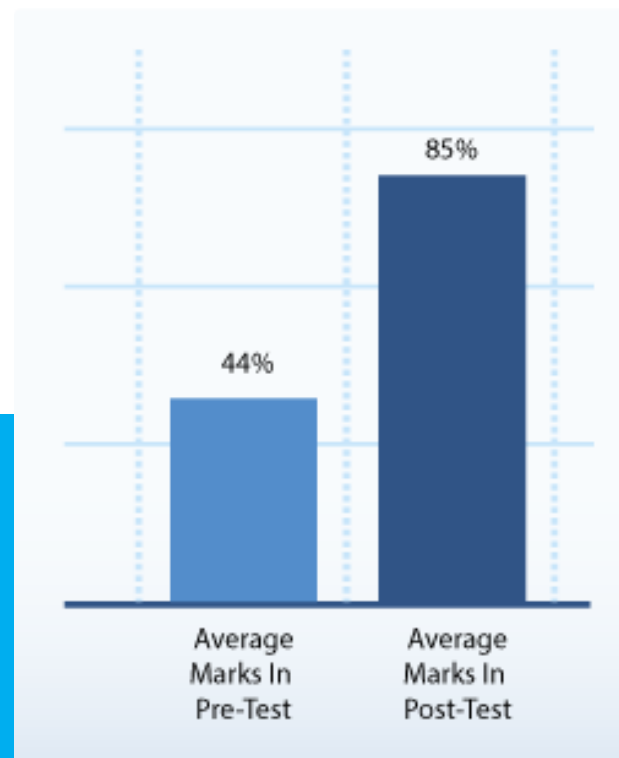


IMPACT OF THE TRAINING ON COMMUNITY HEALTHCARE WORKERS (CHWS)

The total number of Community Healthcare Workers (CHWs) trained in the program was 2613. In the pre-test, there was a set of basic questions asked on the initial treatment of the COVID-19 patients which are related to the requirement of oxygen in COVID-19 patients, target SPO2 in patients, high-risk groups for COVID-19, and basic hygiene in COVID-19 treatment. Post the training session, similar questions were asked in the post-test to evaluate the learning outcome of the trainees.

A. IMMEDIATE IMPACT OF THE TRAINING ON CHWs

Remarkable learning outcomes were observed from the performance outcomes of the Community Healthcare Workers. The pre-test revealed a lack of knowledge of COVID-19 protocols and symptom management. However, the post-test helped in discovering an enormous impact on the same.

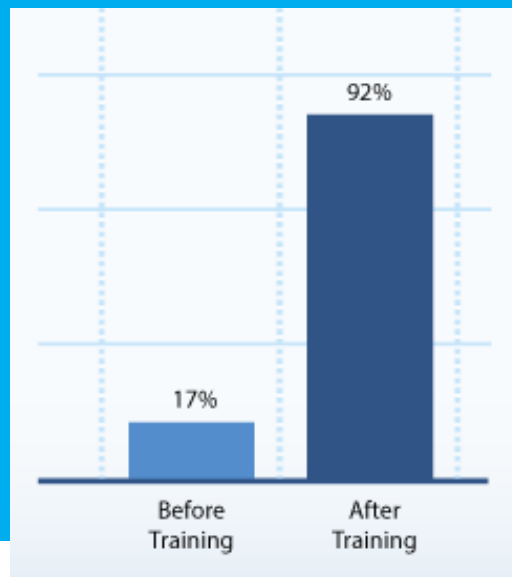


Comparison of learning outcome of the trainees of CHW in COVID Preparedness Training

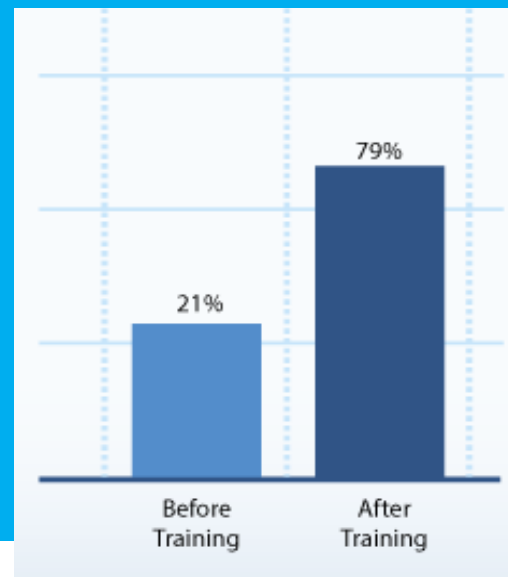
The differences observed in the evaluation scores of the pre, and post-tests were astonishing. The average score in the pre-test was 44% which drastically moved up to 85% in the post-test.

B. IMPACT OF THE TRAINING ON CHWS IN THEIR DAY-TO-DAY PRACTICE

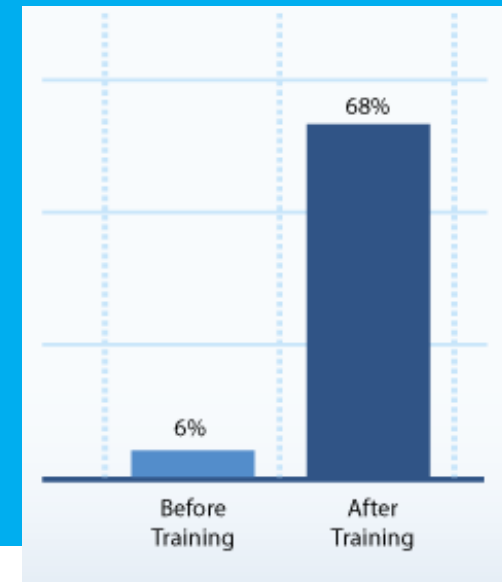
The learning of the trainees was enriched with another round of interaction post 30 days of the training. This helped in reviewing the efficiency of the trainees in the practical scenario. The objective of this interaction was to understand the magnitude of the impact of the training on the trainees' day-to-day work life and the following observations were made.



Percentage of CHW Trainees who were aware of the process to measure the oxygen level in patients



Percentage of CHW trainee who were aware about the prone position and the benefits associated



Percentage of CHW who were aware about how to give CPR to kids and Adults



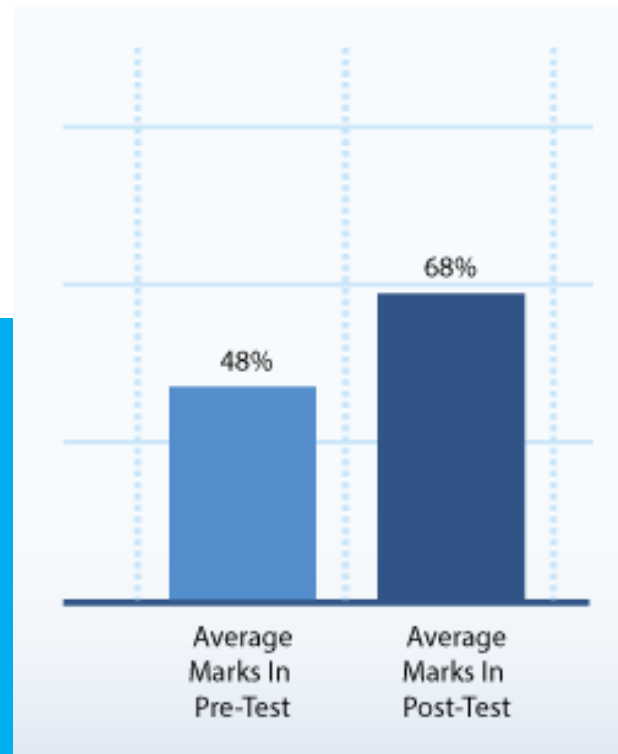
IMPACT OF THE TRAINING ON PARAMEDICAL STAFF

Sixteen hundred paramedical staff were a part of the training program. An approach similar to that of CHW's was adopted for impact analysis of the paramedical staff.



IMMEDIATE IMPACT OF THE TRAINING ON PARAMEDICAL STAFF

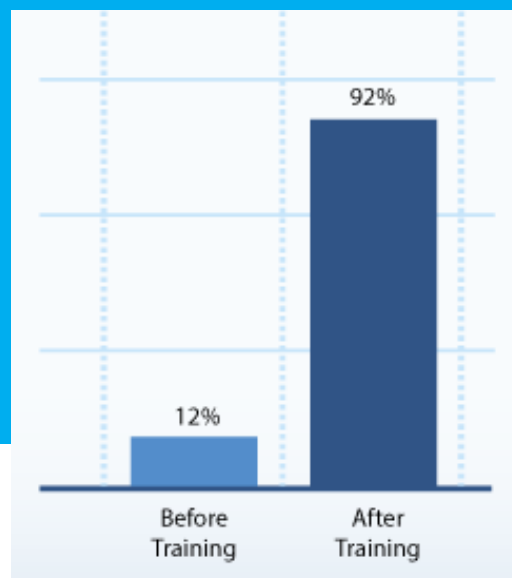
By comparing the pre-test and the post-test, the learning outcomes of the trainee were derived. This evaluation revealed that the paramedical staff performed better on the pre-test as compared to the CHWs because of their direct involvement in hospitals and acquired formal training.



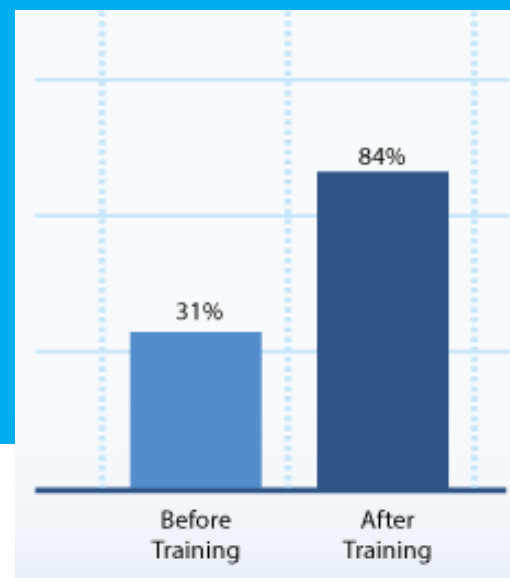
Percentage of CHW who were aware about how to give
CPR to Kids and Adults

IMPACT OF THE TRAINING ON PARAMEDICS STAFF IN THEIR PRACTICE

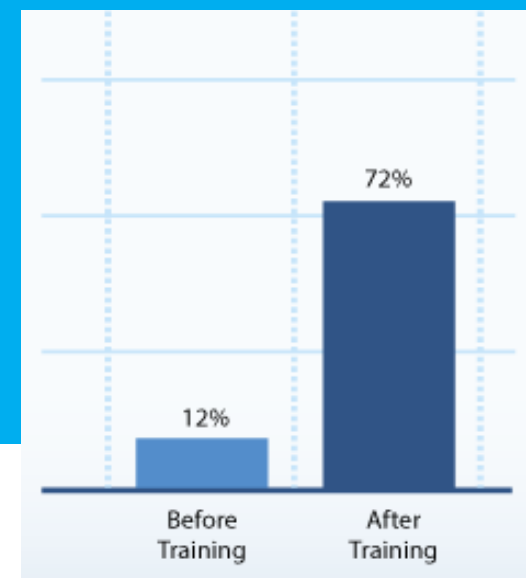
With the objective of checking the understanding of the trainees on topics covered in the training, they were called telephonically after 30 days, post the 3rd wave in the country. The findings were interesting. It was overserved that before the training session, 88% of trainees were not aware of the measurement of oxygen levels. This drastically improved after the training and the number reduced to 8%. Ninety-two percent of the trainees were now aware of measurement oxygen levels and had started using this in their daily practice.



Percentage of Paramedical Stafftrainee who are aware about oxygen level measurement



Percentage of Paramedical Staff trainee who are aware about the prone position and the benefits associated

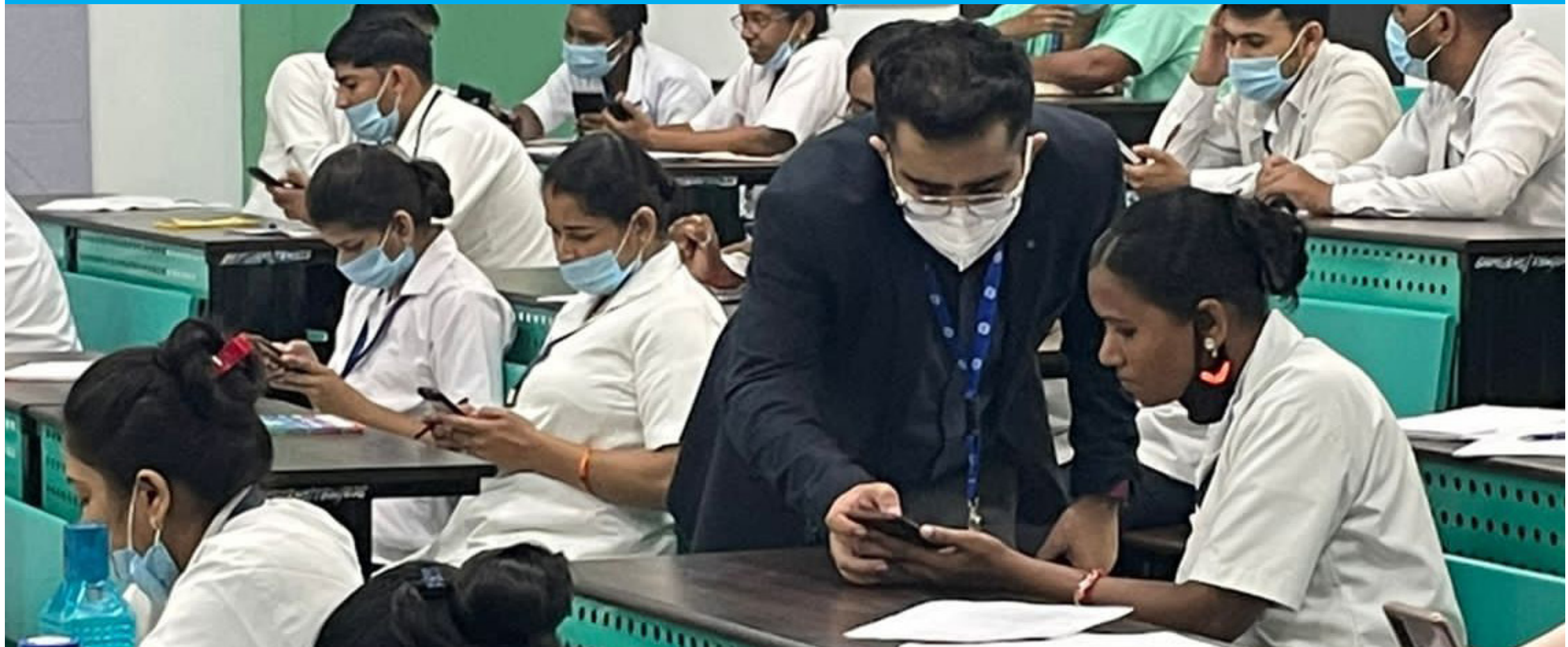


Percentage of Paramedical Staff who were aware about how to give CPR to Kids and Adults



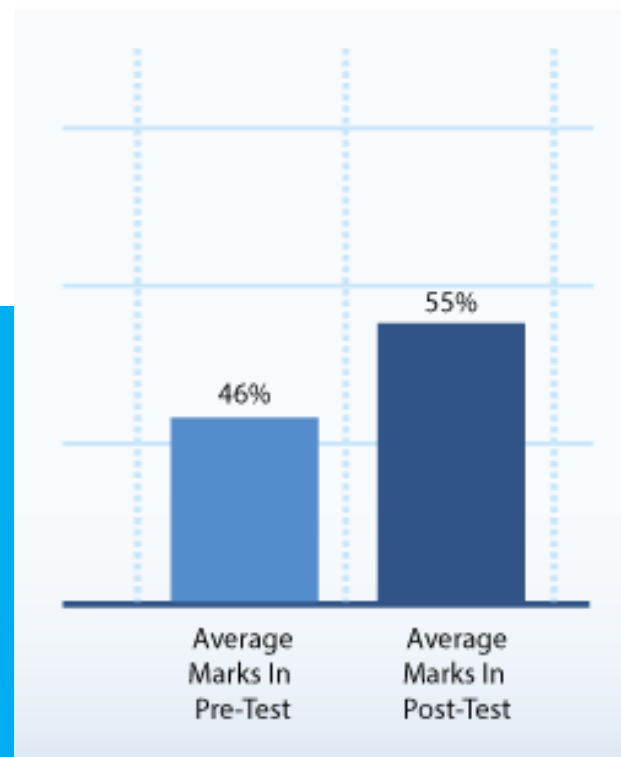
IMPACT OF THE TRAINING ON NURSES

The total number of nurses who were trained in the project was 1067. For Nurses, in the pre-test, the questions posed focused on the initial treatment of COVID-19 patients, target SPO2 in patients, high-risk groups for COVID-19, ECG reading, prone position, etc.



IMMEDIATE IMPACT OF THE TRAINING ON NURSES

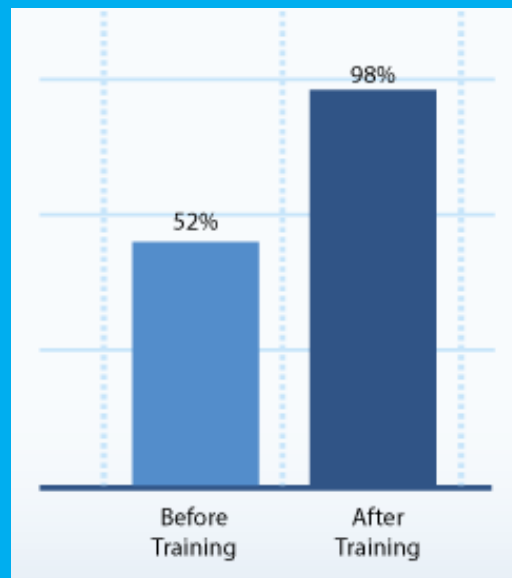
In nurses, it was observed that the initial understanding of parameters like ECG reading, child and infant resuscitation, and medication of COVID-19 patients was limited but post the training, their knowledge was enhanced. The average score of the pre-test for nurses was 46% and this improved to 55% in the post-test.



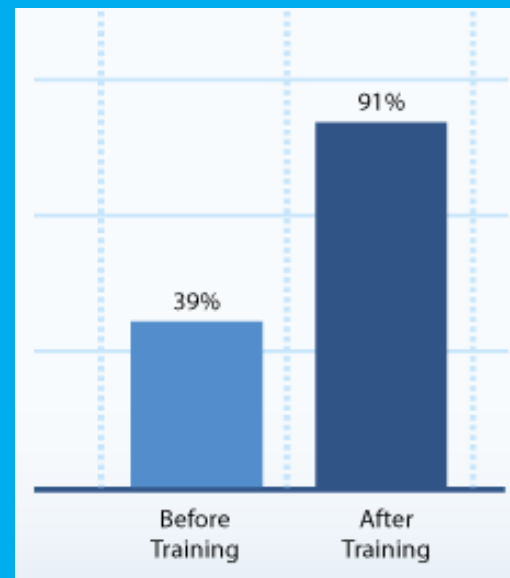
Comparison of learning outcome of the trainees of nurses in COVID Preparedness Training

IMPACT OF THE TRAINING ON NURSES IN THEIR PRACTICE

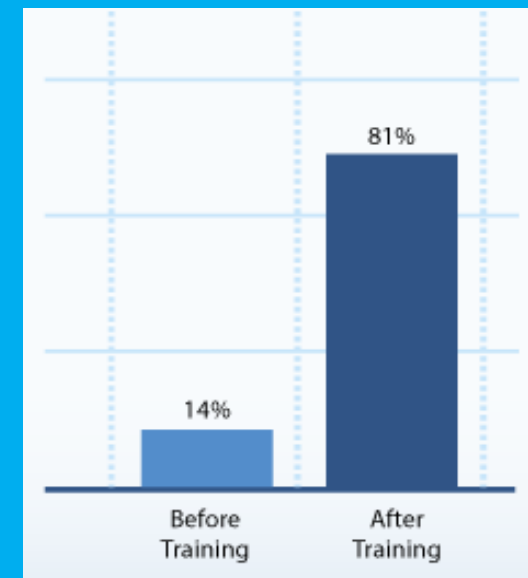
To check the efficiency of the training, another round of interaction was established with nurses after 30 days of the training. The bar graphs indicate observation of the interaction.



Percentage of Nurses trainee who were aware about oxygen level measurement

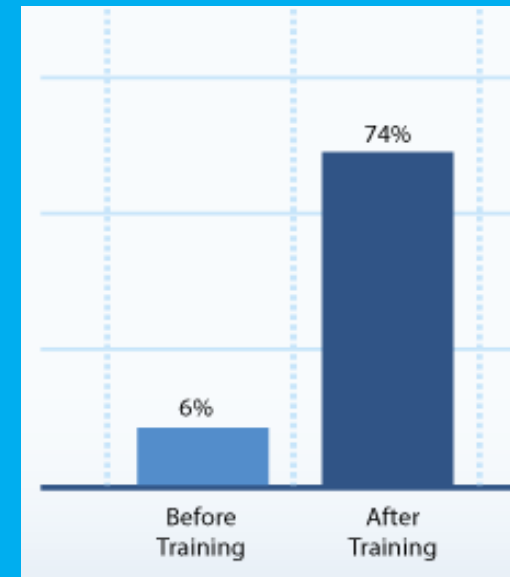


Percentage of Nurses trainee who were aware about prone and it's benefits



Percentage of Nurses who were aware about how to give CPR to Kids and Adults

Percentage of Nurses who
were aware about how to give
mechanical ventilation and NIV



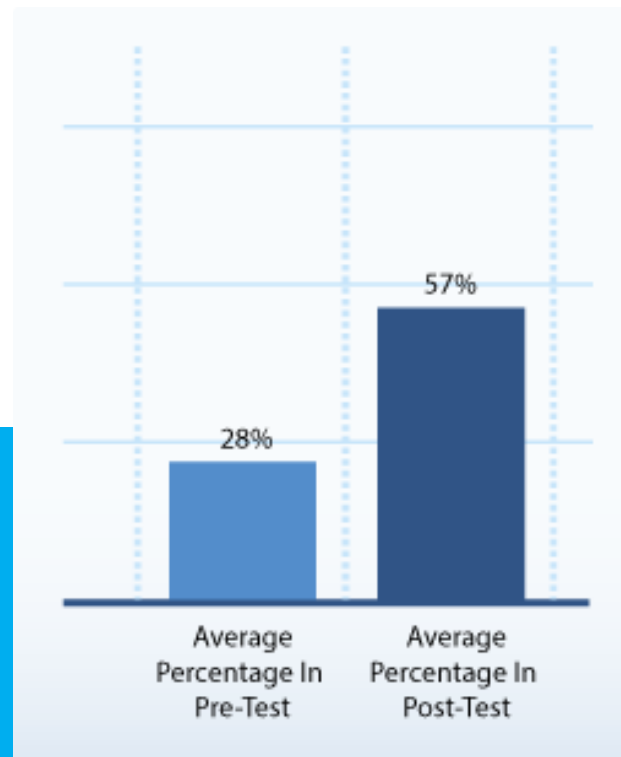
IMPACT OF THE TRAINING ON DOCTORS

A total of 948 doctors were trained in the entire duration of the project. For doctors, in the pre-test, a set of basic questions were asked related to COVID-19, ECG reading, mechanical ventilators, pediatric resuscitation, medico-legal issues in practice, etc.



IMMEDIATE IMPACT OF THE TRAINING ON DOCTORS

The learning outcomes in doctors showcased an enhanced level of understanding on the topics covered during the training.

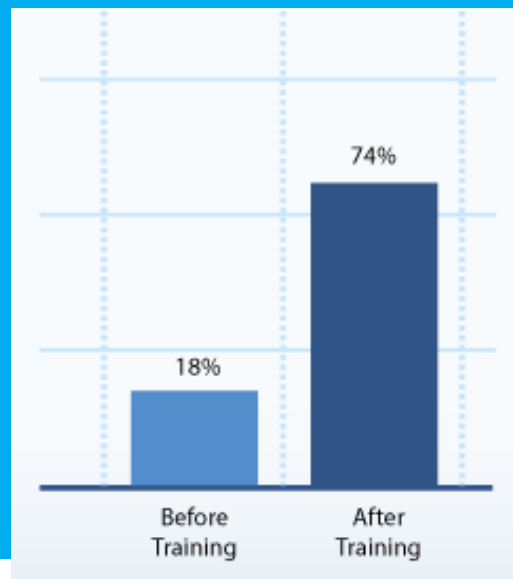


Comparison of learning outcome of the trainees of doctors
in COVID Preparedness Training

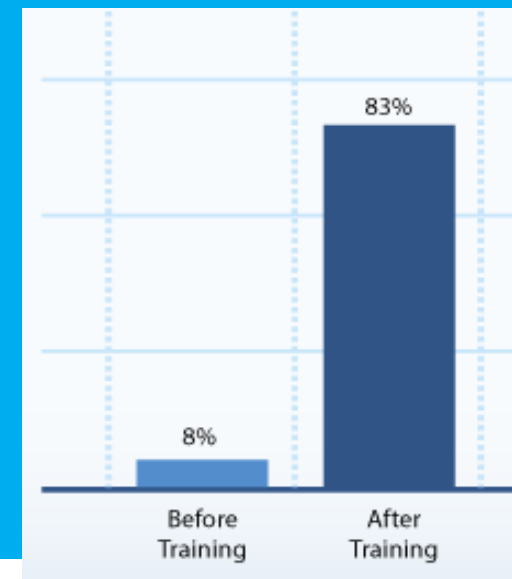


IMPACT OF THE TRAINING ON DOCTORS IN THEIR PRACTICE

The doctors were also contacted after 30 days of the training to check if they were able to use the knowledge gained during the training in their day-to-day practice. The responses were as follows:



Percentage of Doctors trainee who were aware on the process to handle children suffering from COVID-19



Percentage of Doctors who were confident on using the telemedicine process and medico-legal aspects



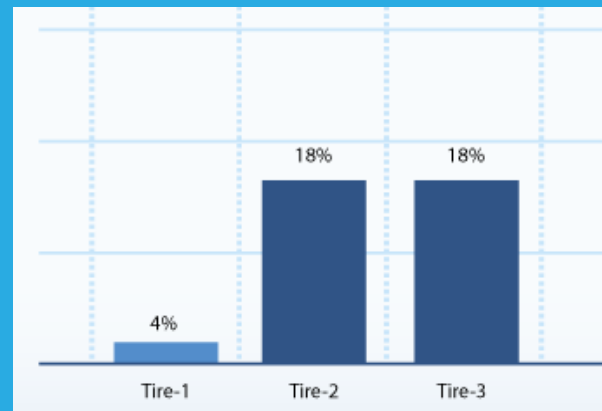
KEY LEARNING FROM THE PROGRAM

The training program was conducted for 6288 healthcare workers across the Indian Subcontinent, focused on upskilling the workforce so as to prepare them for meeting the deadly onset of the third wave of the Coronavirus pandemic and to help India combat the approaching third wave. The workforce trained included Community Health Workers, Paramedical Staff, Nurses, and Doctors over a 4 month spread, the following observations were made;

- Community Health Workers lacked access formal education and were not actively involved in the standard healthcare trainings and practices. Consequently, a gap in their level awareness of the COVID-19 treatment and protocols was evident.
- CHWs were observed to have limited digital literacy and mobile internet penetration. As a result of these discrepancies, conducting online training for the Community Health Workers was more challenging than the other three categories of beneficiaries. Hence, the trainings were conducted on hybrid mode, mostly in an offline setting; especially for our batch of CHWs
- During the onset of the first two waves, the Paramedical staff was seen to be closely associated with patients. However, in tier-2 and tier-3 cities, their initial awareness of treating COVID-19 was limited. The pre-test scores reflect the limited treatment awareness and the two-day upskilling workshop ensure that the gap was reduced and basics were strengthened ensuring a more confident approach towards real time patient handling.
- In the nursing community - especially in tier-2 and tier-3 cities – the adoption of prescribed processes to treat COVID-19 was clinically insignificant. The basic know-how of a SpO2 measurement result; where a course of treatment has had genuine and quantifiable effect, was limited to just 52% of prospective trainees. However, the post-training figure improved significantly.
- Both; nurses, and doctors have very-high digital know-how, and internet usage but the knowledge levels observed were dangerously low. This observation can be used as an opportunity to train these nurses and doctors, at continuous intervals on critical healthcare issues and reduce the knowledge gaps that evidently exist to strengthen the healthcare ecosystem from the foundation upwards.
- Doctors were significantly informed about the COVID-19 treatment protocols due to the heavy doctor to patient ratio that the nation witnessed but as mentioned previously, the foundation of medical know-how was observed to be weak. Their knowledge of telemedicine and the medico-legal systems was limited. Ensuring that the doctors, through this medium of upskilling, confide in telemedicine; ensured an enhanced reach to beneficiaries. Further, enabling comprehension of medico-legal knowledge led to great confidence in their approach to treatment.

KEY ACHIEVEMENTS

- A major achievement of this program was higher female participation. The outcome of the project revealed that out of the 6000+ participants, there were more female participants as compared to males which is a testimony to national development.
- The project is testimony to overachievement of target numbers as an additional number of 288 beneficiaries were trained during its due course.
- The program when proposed was scheduled to take place across a span of one year. However, it was successfully completed in a period of four months, just before the nation was engulfed by the third wave.
- The emphasis of the training was to cover the healthcare workers from tier-2 and tier-3 cities. The target defined was to host the training in 25 cities across the country. By the end of implementation, trainings were delivered across a total of 40 locations in 13 states ensuring maximum reach to targeted beneficiaries.



Number of the training in Tier-1, Tier-2, Tier-3 Cities

- This initiative received great acknowledgment from associated stakeholders and attending beneficiaries. MGMH, Warangal; Government of Telangana has duly recognized the value of this project and has been kind to provide a letter of appreciation for this project, while the Hon'ble Health Minister of Goa, Shri Vishwajit Rane took to his social media to express his appreciation for training more than 250+ CHW's and inaugurating the USAID supported initiative SAMRIDH in his state.

GOVERNMENT OF TELANGANA
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Ref. _____

Date : _____

LETTER OF APPRECIATION

To
 M/s. Wipro GE Health Care Pvt. Ltd.,

Sir


Sub:- Letter of appreciation to M/s. Wipro GE Healthcare in collaboration with the
 USAID - Supported initiative Samridh on the successful conduct of Covid-19
 Preparedness Training at MGM Hospital, Warangal.

** **

MGM Hospital, Warangal would like to express their sincerest appreciation to M/s. Wipro GE Healthcare along with the United States Agency for International Development (USAID), supported initiative SAMRIDH initiative under the PAHAL Project being implemented by IPE Global for successfully conducting the training of 273 Doctors in our state. We along with many other states faced the drastic impact left by the second wave of the pandemic and feel very privileged that organizations such as USAID and M/s. Wipro GE Health Care Pvt. Ltd., have taken upon themselves to impart training and up-skill our healthcare workforce.

We are sure of the positive results that, this up-skilling program will have in a time of need and are now looking at creating an even larger impact with your support of your esteemed organisation through this programme.

With regards


 (DR. V. CHANDRASEKHAR, MD)
 SUPERINTENDENT
 MGM HOSPITAL, WARANGAL.
SUPERINTENDENT
 (Addl. DME)
 MGM HOSPITAL, WARANGAL.



A group of healthcare workers, including doctors and nurses, are posed for a group photo. They are all wearing white lab coats and face masks. Some are wearing blue surgical caps. They are standing in several rows in front of a green chalkboard. The image is dimly lit, and a large blue banner with the text "THANK YOU" is overlaid at the bottom.

THANK YOU