Sustainability in Unstable Environments: Developing national capacity for training in FP methods

Dr Kamlesh Giri, MD, CARE USA (presenting author), Dr Martin Tshipamba, MD, CARE DRC, and Jesse Rattan, RN, MPH, CARE USA

Background

In 2011, more than 112 million people were targeted for humanitarian assistance by international humanitarian organizations (UNOCHA 2012). Of these, 28 million are women who may need family planning services in a humanitarian context. Qualified and well trained providers are required in order to ensure women in these difficult settings have access to quality family planning services. However, humanitarian crises displace health personnel, especially in rural areas, which exacerbates existing shortages of human resources for health (HRH), often well beyond the initial crisis (WHO Annual report 2006). Furthermore, poorly supported and regulated schools and training institutions in post-crisis settings are unable to produce sufficient numbers of graduates that meet international professional standards. Consequently, most health providers require additional in-service training in order to meet service delivery standards for family planning and related reproductive health services.

Country	Physicians per 10,000 population	Nurses and midwives per 10,000 population
Chad	<0.5	3
DRC	1	5
Pakistan	8	4
World	*14*	*28*

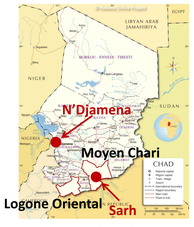
Source: World Health Organization 2010, World Health Statistics 2010,

Program intervention

Since July 2011, CARE has been implementing the Supporting Access to Family Planning and Post-Abortion Care in Emergencies (SAFPAC) Initiative in Chad, Democratic Republic of Congo, Pakistan and other acute emergencies to reduce unintended pregnancies and deaths from unsafe abortion. Given the shortage of skilled health care personnel and training resources in these settings, CARE is establishing a sustainable and cost-effective in-service training system for FP and PAC in each country. Healthcare workers based in government health centers and referral hospitals receive competency-based training in both clinical and counseling skills, including the insertion and removal of IUDs and implants, post-abortion care and counseling using Population Council's Balanced Counseling Strategy Plus methodology. Trained providers receive supportive supervision visits from CARE and MOH staff who assess competency using observation checklists and provide additional coaching and support as needed. At the same time, high-performing providers are selected and trained as clinical trainers. These newly formed trainers train and mentor providers through supportive supervision, one of the keys to building true mastery of skills. CARE is collaborating with the MoH in each country to establish national and regional training centers for FP/PAC, which will provide theoretical training, training in anatomical models and practical training in a clinical setting.

Methodology

The data presented here represent the period from July 2011 through June 2013. Catchment populations include refugees, internally displaced populations and local residents. As of June 2013, the program covered 21 facilities across 2 districts in southern Chad, 19 facilities across 3 zones in eastern DRC and 18 facilities in 1 district in Punjab Province in Pakistan. CARE tracks all trainings and follow-up assessments results by provider, which ensures they receive appropriate support.



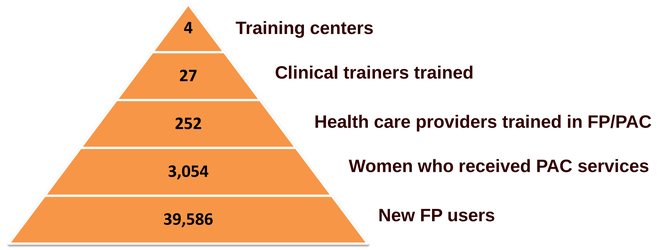
Chad

DRC

Pakistan

Results

Global achievements



Training Centers for FP/PAC

Country	Training center	City	Province
Chad	National MCH Hospital	Ndjamena	Chari-Baguirmi
	Sarh Hospital	Sarh	Moyen Chari
DRC	Goma Provincial Hospital	Goma	North Kivu
Pakistan	Regional Training Institute	Lahore	Punjab

Chad

CARE has established a national clinical training center in N'Djamena in partnership with the National Mother and Child Hospital and ASTBEF, Association Tchadienne pour le Bien-Etre Familial with strong support from the MOH. This initiative has received strong support from the MOH. In addition, CARE is upgrading a second training center at Sarh Regional Hospital, which is located in the SAFPAC intervention area. As of June 2013, 13 clinical trainers and more than 100 frontline health providers had been trained on FP/PAC. CARE's partner organizations also use the N'Djamena training $_{\text{center}}$ for their training activities.

Democratic Republic of Congo

CARE is leading a consortium of partners to coordinate efforts to develop Goma Provincial Hospital in North Kivu as a clinical training center for FP/PAC. The consortium includes the National Reproductive Health Program, the Provincial Health Department, the Provincial Hospital, SAVE, Merlin, IRC, and UNFPA. An MOU will soon be signed that that assigns specific roles and responsibilities for funding and managing the training center. While the new training center is being constructed, a temporary training center has been established in another hospital supported by SAVE. As of June 2013, 84 providers had been trained on clinical and counseling skills for FP/PAC and 12 high-performing providers had been trained as trainers for counseling skills and 2 had been trained as trainers for implant insertion. Once the training center has been established and service delivery has been standardized, training activities will be scaled up across the intervention area.

Pakistan

CARE and its local partner, the Family Planning Association of Pakistan, upgraded the Regional Training Institute (RTI) in the Maternal and Child Health Hospital in Lahore to a fully functioning clinical training center for FP/PAC. One cohort of counseling trainers has been trained while one batch of clinical trainings was conducted by FPAP trainers for the SAFPAC initiative. Several batches of clinical trainings were conducted for other organizations working in FP/RH in Pakistan. By the end of Dec 2012, there were 65 trained providers in FP/PAC serving the district of Muzaffagarh.

Program Implications

In post-conflict settings, ordinary shortcomings pose even greater challenges to capacity building than in stable situations. As a result, organizations must plan for a longer intervention timeframe and prioritize getting the basics right to serve as building blocks. Long-term funding is key to being able to develop a sustainable, in-service training system that will not only meet immediate service delivery needs but also will meet the long-term needs of the national health system at an affordable cost, thereby helping to increase access to FP and PAC at a national level sustainably.

Building a robust community of skilled national trainers is essential to ensure that each country can sustainably and cost-effectively train providers in the long term. National trainers will be able to provide timely follow-up supervision and support to newly trained providers—an essential element in the mastery of skills. High-quality training, practice, and follow-up support for providers will help insure that women living in some of the most difficult conditions in the world, have access to high quality, responsive and effective family planning and reproductive health services.

Political instability, poor access during rainy season, remoteness of many facilities and low client case loads in some areas posed significant obstacles to follow-up supervision and coaching in Chad and DRC. In order to surmount the barriers to frequent practice post-training posed by low human resource availability of supervisors and low client case loads, CARE has developed "mobile learning labs" as part of its supportive supervision approach. A team of supervisors including one with clinical skills travel to each health facility to conduct supportive supervision regularly. The team travels with training mannequins and other training equipment (e.g. IUD and implant insertion/removal kits, MVA equipment, etc) to facilitate practice of clinical skills. If no clients desiring these procedures present during the visit, clinical supervisors can observe the providers' clinical skills and provide clinical coaching using the mannequins. Although supervisors prioritize observation of skills with actual clients over training mannequins, training mannequins help to reinforce clinical training when clients are not available.

At least in the initial stage, training may need to be conducted outside the country/region in order to ensure a cadre of skilled providers and trainers to build adequate client-load for the practical component of training. However, third-country training is not sustainable in the long-run because the costs of such trainings are high and trainers are unable to conduct follow-up supportive supervision of providers. Furthermore, it may delay service provision in clinics. Counseling skills took time to develop, as some providers perceived counseling to be superfluous or less important than clinical care.

Essential elements for a sustainable in-service training system

1. Standard curriculum for each of the clinical trainings
2. A didactic training venue
3. Clinical practicum site for competency-based training
4. Training of trainers/facilitators
5. Strong supportive supervision
6. MOH collaboration for provider certification and program buy-in

Acknowledgements

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