Technical Brief

Save the Children

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INNOVATIVE PATHWAYS TO BUILD PROVIDERS' SKILLS IN HUMANITARIAN SETTINGS

Save the Children supports reproductive health services in humanitarian settings by training and mentoring frontline health providers, providing commodities and supplies, strengthening supply chains and supporting communities to mobilize to increase awareness and use of reproductive health services. Our reproductive health programs increase access to basic health services for the most vulnerable in the hardest to reach areas. Through long-standing partnerships with ministries of health and organizational capacity in over 100 countries, we can deploy quickly and build capacity long-term to meet needs and deliver family planning and postabortion care services in any setting.

A significant component of Save the Children's Reproductive Health in Emergencies Initiative is to build the capacity of clinical staff to deliver quality family planning (FP) and postabortion care (PAC) services. Capacity building, a long and complex process, involves increasing knowledge, building skills, and applying that knowledge and skills to deliver quality services and counseling. To ensure our capacity building efforts address the individual needs of providers, Save the Children developed an approach that creates individualized training paths for service providers. Our programs provide strong evidence that health providers can successfully build clinical skills in humanitarian settings. Between 2011 and June 2018, we have trained nearly 500 providers in 10 countries who have provided services to 321,645 new family planning clients and managed 28,622 PAC cases.

FOUR LEVELS OF COMPETENCIES

The capacity building approach for the Reproductive Health in Emergencies Initiative has four components: 1) Self-learning including e-learning; 2) Competency-based training; 3) Supportive supervision and individual coaching; and 4) On-the-job training. Individual competency is determined on a tablet-based supervision tool (see box on right). Four levels of competencies (**START**, **MEDIUM**, **ADVANCED**, and **EXPERT TRAINER** - see Figure 1, next page) are defined based on a knowledge test, skills assessment checklist scores, and regular observation of practice at the health facility.

Tablet-Based Supervision Tool

The trainer enters the individual trainee scores into a tablet-based supervision tool that creates color-coded dashboards. The dashboard allows the supervisor to prioritize who to supervise and on which topic area. Providers may only provide unsupervised services in areas where they scored "Good" or "Excellent" and require supervisory support in the areas where they scored "Fair" or were not assessed.

Figure 1: Overview of levels and progression for individual providers

Level 1: Start	Level 2: Medium	Level 3: Advanced	Level 4: Expert Trainer
At the **START** level, the new provider acquires basic knowledge and skills on FP and PAC, regularly practices each procedure and develops a positive attitude. Once the objectives are reached, s/he advances to **MEDIUM**.	At the **MEDIUM** level, the provider deepens specific knowledge and skills on counseling and postpartum family planning (PPFP), regularly practices PPFP and develops a positive attitude for specific clients (adolescents, people living with HIV, unmarried women, etc.). Once the objectives are met, s/he moves to **ADVANCED**.	At the **ADVANCED** level, the provider delivers quality FP and PAC services to clients with a range of needs, and s/he can be considered a model and receives a certificate. Then, if s/he wishes, the providercan complete a training of trainers (ToT) to become an **EXPERT TRAINER**.	(OPTIONAL) At the **EXPERT TRAINER** level, the provider is able to train others in FP and PAC.

Training and supervision plans are individually tailored based upon competency levels and gaps identified during supervision visits. Each provider must attain a predetermined score in knowledge, skills, practice and attitude on a set of topics defined in the competency framework (see Figure 2) before advancing to the next level.

1. SELF-LEARNING

Prior to any face-to-face trainings, service providers learn basic content through e-learning modules and/or completing a workbook at the health facility. The workbook provides theoretical knowledge and allows the provider to begin to reflect on their personal values and attitudes about providing FP and PAC services. The self-training lasts five weeks with short exercises that take 10 to 20 minutes per day. The self-learning empowers providers to initiate learning at their own pace and prepares them to gain more from the face-to-face trainings.

2. COMPETENCY-BASED TRAINING

Competency-based, in-person trainings are generally three weeks and include:

1. Theoretical training and discussion in a classroom setting;
2. Demonstrations, practice on anatomical models and role plays in simulated settings; and
3. Supervised practice on clients in a clinical setting.

Figure 2: Competency Framework for Knowledge, Skills, Practice and Attitude for MEDIUM and ADVANCED Levels

	MEDIUM	ADVANCED
Knowledge	• Family planning • Postabortion care	• Postpartum family planning
Skills	• History taking • Family planning counseling • Male & female condom • Pills • Injectable • PAC family planning counseling • Emergency contraception counseling • Implant insertion • Implant removal • IUD insertion • IUD removal • PAC with MVA • PAC with Miso	• Tubal ligation • Family planning counseling for HIV+ woman • Postpartum counseling • Postpartum IUD post placental • Vasectomy • Family planning counseling for adolescents • Postpartum tubal ligation • Sexual and gender-based violence family planning counseling
Practices	At least three months of regular practice on: • Injectable • Implant insertion • Implant removal • IUD insertion • IUD removal • PAC with MVA	• Postpartum IUD post placental • Tubal ligation • Vasectomy
Attitude	• Positive attitude toward family planning and PAC in general	• Positive attitude toward family planning and PAC for specific clients

For example, during a level one FP and PAC training, the providers must demonstrate the ability to insert and remove implants and intrauterine devices (IUDs), and perform manual vacuum aspiration (MVA) on anatomical models before being able to work with clients. Trainees are assessed on their knowledge, skills and attitude at the end of the training.

3. SUPPORTIVE SUPERVISION AND INDIVIDUAL COACHING

Supportive supervision is a continuous process to assess provider performance in their work environment and to provide individual support.

As reflected in Figure 3 below, the supportive supervision cycle contains four steps: 1) prepare for visit; 2) assess provider during visit; 3) coach provider during visit; and 4) monitor progress.

The supervisor uses the tablet-based supervision tool to prepare the visit and select the provider(s) for supervision based upon pre-set criteria. During a visit, the supervisor will assess the provider's knowledge and skills in priority areas using tests and checklists. Scores are automatically generated from the checklist and updated on the tablet's dashboard. Following the assessment, the supervisor and supervisee discuss the results and jointly agree on a plan of action. The supervisor can improve performance by providing on-the-job training and coaching using e-learning modules and videos that are available on the tablet or demonstrate the correct procedure using anatomical models.

The tablet-based supervision tool allows the supervisor and the program manager to monitor individual progress over time, but also to have an overview of providers' skills and knowledge in a health zone or at country level. It simplifies the selection of providers for refresher training.

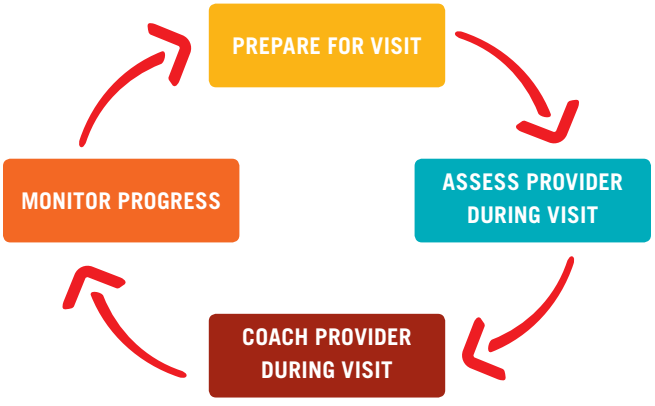
Follow-Up and Refresher Training

Training follow-up is a formal visit or workshop conducted three to six months after the initial training for an in-depth assessment of skills, knowledge and attitudes. Refresher trainings are optional, formal face-to-face trainings completed six to twelve months after the initial training with the aim to refresh and improve knowledge, skills and attitudes.

Photo: Susan Warner / Save the Children

Violette, a nurse at the Virunga Reference Hospital in the Karisimbi Health Zone of North Kivu, Democratic Republic of the Congo, received training from Save the Children: "The training taught me everything I know about family planning and PAC. Family planning is important because it allows couples to plan for their future. It's our responsibility to ensure we are sharing the correct information." She provides family planning services to approximately 100 clients per month.

Figure 3: Supportive Supervision Cycle



4. ON-THE-JOB TRAINING

On-the-job training is another way to initiate learning prior to a face-to-face training. A new provider will observe procedures performed by an **ADVANCED** level colleague at a health facility until s/he attends an initial face-to-face training.

Kashmera, a midwife in Cox's Bazar, Bangladesh, counsels a Rohingya refugee.

SUMMARY OF BLENDED LEARNING APPROACH

Each service provider follows **a training path that is tailored to his/her specific needs**. The goal is for each provider to attain a certain score in knowledge, skills, practice and attitude before advancing to the next level. The supervisor has an important role in ensuring the provider's success. S/he will detect areas for improvement and develop a plan for improvement through coaching, on-the-job or refresher training. At the **ADVANCED** level, the provider no longer needs supportive supervision as they have reached the level of competency to provide quality family planning and PAC services.

CONCLUSION

The blended learning strategy successfully addresses the competency gaps of providers. As a result, **we see an increase in access to and uptake of contraception and PAC services at the health care facilities nearest communities**. Between April and August 2018, we assessed 159 providers in eight countries on family planning counseling and service provision who had gone through our training process. 144 (91%) providers scored good or excellent on family planning counseling assessments, and similar competency was found on implant insertion (84%, 90 out of 107) and IUD insertion (84%, 83 out of 99).

Task-sharing requires that each provider has the knowledge, skills, and enabling environment for continued learning. **Individual learning pathways are critical to ensure that quality services are available at scale**. The blended learning approach has the potential to be scaled-up in humanitarian contexts where there is a shortage of skilled health workers. The tablet-based supervision tool that includes e-learning modules, teaching aids, and an online database system to generate analyzed data regularly is one way to empower clinical supervisors and managers to better prioritize and tailor training and supervision, and ultimately improve service delivery and task shifting.

Save the Children believes every child deserves a future. In the United States and around the world, we work every day to give children a healthy start in life, the opportunity to learn and protection from harm. When crisis strikes, and children are most vulnerable, we are always among the first to respond and the last to leave. We ensure children's unique needs are met and their voices are heard. We deliver lasting results for millions of children, including those hardest to reach.

We do whatever it takes for children – every day and in times of crisis – transforming their lives and the future we share.

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