



SSQH Case Study

National Training Centers

February 2019

www.mcsp-program.org

Background

The USAID Maternal and Child Survival Program (MCSP)'s Services de Santé de Qualité pour Haiti (SSQH) project is working in close conjunction with the Ministry of Health (*Ministère de la Santé Publique et de la Population* or MSPP) and all 10 of the country's health departments (*Direction Départementale de la Santé* or DDS) with the overarching goal of facilitating a sustainable health system. SSQH provides technical, financial, and material support to the DDSs and 164 MSPP- and non-governmental organization (NGO)-supported sites to strengthen health provider capacity, increase utilization of health services, improve the quality of health services and referral networks, develop managerial capacity, and support the formulation and implementation of national and departmental health policies.

In 2015 Haiti had a maternal mortality ratio of 359 per 100,000 births¹ and an under-five mortality rate of 69 per 1,000 births.² As Haiti's health system addresses these challenges, it struggles in particular with an unevenly trained health workforce. MCSP, prior to leading SSQH, conducted a needs assessment of providers working at facilities offering emergency obstetric and newborn care (EmONC); the assessment found that these providers frequently lacked training on the basic skills needed to provide reproductive, maternal, newborn, and child health (RMNCH) services to patients. At facilities in Southern Haiti, as many as 80% of providers had not been trained in skills like the use of forceps. In Central Haiti, 34% had not received training on neonatal resuscitation, and 47% were not equipped to screen for anemia. The assessment underscored that in order to end preventable child and maternal deaths, the capacity of health workers to provide RMNCH care would need to be improved nationally. Informed by this data and that of other needs assessments, MCSP established a system of National Training Centers (NTCs) which, now under SSQH, provide a wide variety of RMNCH trainings and post-training supportive supervision visits to health facility staff, usually at no cost to the health facility.



Health workers receive practical training on birth practices at the National Training Centre based at the Hospital Sacre Coeur of Milot. Photo credit: Neifide Antiope Phaton/SSQH

Methodology

Establishing the NTCs

Starting in the summer of 2014, MCSP worked in close coordination with the MSPP and USAID to identify three health facilities that, based on location and performance, could serve as ideal NTCs to provide both theoretical and practical trainings. The NTCs are located throughout the country: one in the North (Hospital Sacre Coeur of Milot), one near the Center (University Hospital of Mirebalais), and one in the South (Hospital of Saint Boniface). MCSP then supported each NTC to strengthen financial procedures and other systems to allow them to appropriately manage USAID funds as MCSP sub-grantees.

¹ WHO. 2015. Levels and Trends for Maternal Mortality: 1990 to 2015. Geneva: World Health Organization. <http://www.who.int/reproductivehealth/publications/monitoring/maternal-mortality-2015/en/>

² UN Inter-agency Group for Child Mortality Estimation. 2015. <http://www.childmortality.org/>

MCSP provides the funds for each NTC to host trainings free of charge to any health provider, meaning that MSPP and any organization wanting to send an employee to train in clinical RMNCH skills are only responsible for the transport and lodging of their participants. SSQH regularly sends health providers to attend these trainings from priority sites among its 164 supported health facilities.

Each NTC is staffed by a training coordinator, trainers, and a financial support team. SSQH technical staff and consultants provide the trainings-of-trainers for NTC staff and conduct supportive supervision visits to reinforce learning with the trainers. SSQH also provides materials to the NTCs to set up skills labs used to apply new techniques learned during training sessions.

Providing the Trainings

Trainings Provided at NTCs

- Biosecurity
- Contraceptive Technologies
- Day of Birth Best Practices
- Essential Care for Every Baby
- Outpatient Care: Antenatal and Postnatal Care
- Helping Babies Breathe
- Helping Mothers Survive
- Post-Partum Intrauterine Devices (IUDs)
- Long Active Reversible Contraceptives (LARCs)
- Kangaroo Mother Care (KMC)

Once the NTCs were established, the training coordinators conducted a needs assessment in the surrounding health facilities to determine the number and cadres of staff at each site who needed training and the types of training needed. Based on the assessment, the coordinators established an annual training calendar and shared it with the DDSs and the sites, and the coordinators continually send targeted invitations for individual trainings to key staff. The health facilities usually make the final decisions about which staff members will attend the trainings.

The NTCs offer trainings on a number of different RMNCH topics, shown in the table on the left. Between six and nine trainers, who also work as hospital staff, serve at each NTC and deliver the trainings on a rotating schedule. Twice a year, SSQH brings the NTC coordinators together to discuss their experiences, challenges, lessons learned, and best practices. These conversations lead to continued improvement of the NTC model in Haiti.

Conducting Follow-Up Supportive Supervision

Four to six weeks after each training, the NTC trainers travel to the sites where the trainees are based for supportive supervision visits. SSQH has prepared all trainers to conduct these visits effectively using MSPP- approved checklists associated with each training curriculum. Trainees based in designated EmONC facilities receive two visits, while staff at other facilities receive one. These two-day visits allow the trainers to see whether trainees are using the skills acquired at the NTC and to determine whether there are barriers to implementation (e.g., trainees not having the supplies needed to provide services, supervisors not understanding new procedures). Trainers meet with facility managers to determine their satisfaction with the trainee’s performance and monitor the improvement of services. Trainers are then expected to follow up on their findings, resolving issues where possible and raising concerns with the facility, DDS, SSQH, and other key stakeholders.

Planning for Sustainability

NTCs are linked to SSQH as sub-grantees, allowing them to operate independently. MCSP and SSQH supplied the NTCs with guidance for set-up, trainings-of-trainers, and supportive supervision tools that will remain useable in Haiti even after the close of SSQH. As a result of this model, NTCs will continue operations to ensure that the skills of Haiti’s health workforce are consistently reinforced.

Results

	# of Unique Participants	# of Trainings	# of Sites Receiving Supportive Supervision
Milot	148	18	18
Mirebalais	250	22	20
St. Boniface	116	13	11

The above chart reflects the trainings and supervision visits accomplished by the three NTCs between October 2016 and September 2017. Saint Boniface is located in a region hit hard by Hurricane Matthew in late 2016 and became involved with recovery efforts, delaying scheduled trainings.

- **Ensured that NTCs are becoming sustainable and integrated into Haiti’s public health system:** NTCs operate separately as SSQH sub-grantees; SSQH works to ensure that they have the tools and expertise to continue after the conclusion of the project. SSQH also lobbied successfully for the integration of NTC activities into annual MSPP work plans to ensure that coordination between these sites and the government is well-maintained.
- **Conducted 53 trainings on RMNCH topics reaching 514 health providers between October 2016 and September 2017:** Of these trainings, 41 were part of the Day of Birth Package, which includes modules on Helping Babies Breathe, Essential Care for Every Baby, and Helping Mothers Survive. Seven trainings focused on family planning and IUD insertion, and five focused on biosecurity in laboratory work.
- **Conducted follow-up supportive supervision visits at 49 sites:** These visits reinforce trainings, ensuring that health providers are able to implement what they learned. They also allow facility leadership to provide feedback on how the training has impacted their results.

Analysis

Challenges

Despite the success of the NTC model, the system has faced challenges, including the following:

- **Non-specialized workforce:** In Haitian health facilities, personnel are not specifically assigned to maternity wards, so the number of health providers involved in maternal care who need to be trained is significant.
- **Workforce turnover:** Haiti faces a great deal of turnover in its health workforce. Trainees often do not stay in their sites for long after the trainings. Qualified health workers frequently leave the country, leading to a significant problem with “brain drain.”
- **Lack of equipment and supplies in facilities:** The lack of materials makes it difficult for trainees to implement their new skills fully and effectively.
- **Distance between health facilities:** Distance between health facilities and problems traveling between facilities create logistical problems for trainers when conducting supportive supervision visits. Trainers are also health care providers in the training hospitals, so their available time for significant travel is limited.

Lessons Learned

Through implementation, the SSQH team has learned the following:

- **Supportive supervision visits are essential to the training model’s success.** These visits ensure that trainees are able to work with trainers to address issues with practical implementation in their own health facilities. They also allow the trainers an opportunity to understand the situation in more rural facilities, identify barriers to care, and provide support and encouragement to trainees.
- **Trainers should continue their regular clinical work in addition to training facilitation.** When trainers remain practicing in hospitals, they are able to maintain their skills and retain knowledge of the realities facilities are facing.
- **Facility leadership needs to be involved in supportive supervision.** When included in these activities, medical directors and administrators can ensure the continuation of knowledge in the case of employee turnover. They are also key to motivating trained staff who are struggling to put their new skills into practice with limited resources.

Recommendations

Recommendations for future or similar programs include the following:

- **Prioritize health facilities to ensure that resources are targeted and effectively used.** Especially in settings where resources are limited, identify the sites on which to focus resources and build significant capacity. Major hospitals at the center of referral networks should remain primary beneficiaries of NTCs, but small sites with limited resources that refer challenging cases would also benefit from extra focus.
- **Build the partnership between NTCs and the DDSs.** The DDSs should be engaged with the NTCs through joint work plan activities, including data reviews and supportive supervision visits. This coordination will ensure that progress can be sustained following the close of the SSQH project.
- **Request detailed monitoring and evaluation plans from the NTCs.** Plans should collect information, including number of interventions introduced as a result of trainings, that will demonstrate impact at the health facility level. Plans can also track participant feedback to determine which sections of the trainings may need improvement.