IAWG INTER-AGENCY WORKING GROUP ON REPRODUCTIVE HEALTH IN CRISES

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Sexual and Reproductive Health (SRH) Clinical Outreach Refresher Trainings (S-CORTs) Operational Considerations and Programmatic Guidance for SRH Trainers, Program Managers, and Coordinators

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Purpose of this guidance note

This programmatic guidance on Sexual and Reproductive Health (SRH) Clinical Outreach Refresher Trainings (S-CORTs) is intended for SRH trainers, program managers, and coordinators working in humanitarian settings. The considerations and recommendations presented are based on findings from qualitative research conducted during the pilot phase of these trainings. This research aimed to assess the contents of the modules from a programmatic standpoint, and determine the operational enablers and barriers related to the implementation of two S-CORTs: one on the clinical management of survivors of sexual violence and the other on manual vacuum aspiration.

The Inter-agency Working Group on Reproductive Health in Crises Training Partnership Initiative (IAWG-TPI) partnered with Institut Africain de Santé Publique and the Ministry of Health in Burkina Faso; the Family Planning Association of Nepal and a research consultant in Nepal; and the Juba College of Nursing and Midwifery and International Medical Corps in South Sudan to design, pilot, and evaluate the roll-out of the S-CORT modules.

This document shares findings and lessons learned to facilitate the use of the IAWG-TPI S-CORT materials, which are available at http://iawg.net/tpi-home/.

Introduction to the S-CORT model

What are S-CORTs and why are they needed?

At the onset of a crisis, there is limited time to train health service providers in the implementation of the clinical components of the Minimum Initial Services Package (MISP) for Reproductive Health, the standard of care for SRH in humanitarian settings.[1] [2] Those who remained in or are deployed to the area should be experienced and competent in the priority life-saving clinical services required in the MISP. The 2012-2014 IAWG global evaluation – which identified key gaps in the field of SRH in humanitarian settings – found that this may not always be the case.[3] [4] [5]

The IAWG-TPI developed S-CORTs to address the need for rapid clinical refresher trainings on critical SRH services in acute and protracted humanitarian contexts. This training model is designed for health service providers who were educated on the clinical intervention in the past and now aim to renew their knowledge and skills. S-CORT modules are intended for use as two- or three-day trainings at or near participants' clinical workplace, to minimize their time away from clinical practice. The modules can be delivered in a classroom or on the job, depending on the setting.

To date, the S-CORT series includes trainings on the following components of the MISP: the clinical management of sexual violence survivors, manual vacuum aspiration, vacuum extraction, and other signal functions of basic emergency obstetric and newborn care. Each module integrates the latest clinical evidence and adult learning techniques, and includes a facilitator's guide, sample agenda, and other supportive teaching tools (PowerPoint slides, activities, case studies, handouts, and instructive media). All content is focused on quality client-centered care.

Positive outcomes from the pilot phase

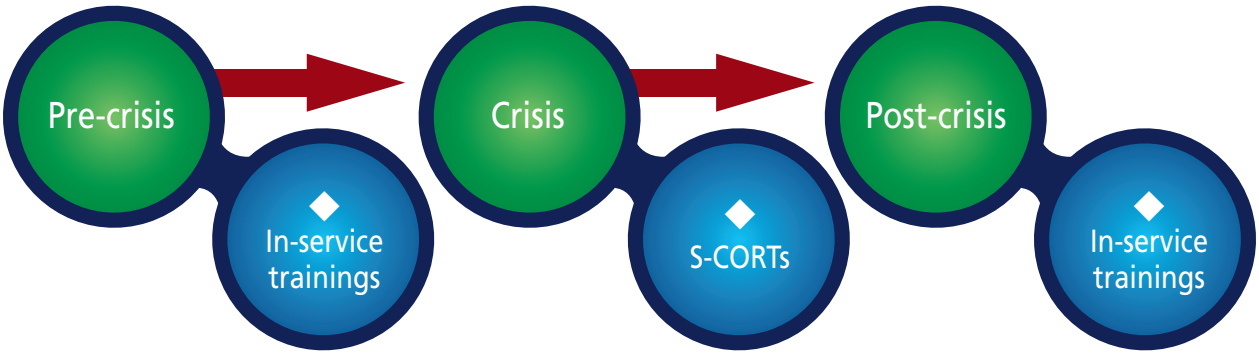
Qualitative research findings from nine focus group discussions with IAWG-TPI trained service providers, twelve in-depth interviews (IDIs) with health coordinators, and three IDIs with master trainers suggest that the S-CORTs on clinical management of sexual violence survivors and manual vacuum aspiration contributed to:

- **Changing health service providers' attitudes**, particularly regarding manual vacuum aspiration. For example, one manager noted that a few previously reluctant providers were willing to undertake manual vacuum aspiration procedures after the training. The trainings also generated dialogue between managers and NGOs about attitudes towards post-abortion care, and highlighted the need for intentional values clarification and attitude transformation through SRH working groups at the coordination level.
- **Increasing the knowledge and skills of health care providers**, who thought the trainings introduced new material as well as reviewed what was previously learned during pre-service or in-service trainings. This gain in knowledge was supported by pre- and post-test results.
- **Increasing the number of providers who can offer services to survivors of sexual violence** and, therefore, the availability of these services in participating health centers. Although S-CORTs are intended as refresher courses, many participants, such as in Burkina Faso, were never trained on the clinical management of survivors of sexual violence.
- **Increasing providers' awareness of patients' rights**, including confidentiality and privacy during service provision, and communication about the risks and benefits of services so that patients can make informed decisions about their own health care.
- **Fostering non-discriminatory and inclusive practices** among health service providers. Providers cited accounting for specific groups in humanitarian contexts as one of the guiding principles emphasized during the refresher trainings.

1 The MISP will be revised in 2017.
2 Lisam S. Minimum initial service package (MISP) for sexual and reproductive health in disasters. J Evid-Based Med. 2014 Nov 1;7(4):245–8.
3 Casey SE. Evaluations of reproductive health programs in humanitarian settings: a systematic review. Confl Health. 2015;9(1):S1.
4 Whitmill J, Blanton C, Doraiswamy S, Cornier N, Schilperood M, Spiegel P, Tomczyk B. Retrospective analysis of reproductive health indicators in the United Nations High Commissioner for Refugees post-emergency camps 2007–2013. Conflict and health 2016, 10(1):3.
5 Casey SE, Chynoweth SK, Cornier N, Gallagher MC, Wheeler EE: Progress and gaps in reproductive health services in three humanitarian settings: mixed-methods case studies. Conflict and Health 2015, 9(1):S3.

When to implement the S-CORT modules

During crises, when in-service trainings are not feasible, the S-CORTs serve as alternative capacity development tools for health care providers on the clinical services included in the MISP. After a crisis, and during the transition from MISP to comprehensive care, in-service SRH trainings, supervision, and mentorship should be resumed.



Limitations to the S-CORT model for consideration before use

- Master trainers – two are recommended – must be available in the country (preferable) or region to facilitate the timely implementation of the training.
- The situation must be safe enough for trainers, participants, and any necessary support staff to travel to the training location.
- As a refresher training model, it does not address the primary training needs of untrained clinical service providers in life-saving SRH interventions.

Operational challenges identified through qualitative research during the pilot phase

- **The S-CORTs' two-day training model was perceived by trainers and participants as too short** to allow for sufficient hands-on practice for both the manual vacuum aspiration and clinical management of sexual violence survivors modules.
- **Some participants were not previously trained in the SRH interventions**, particularly the clinical management of sexual violence survivors, in the three participating countries. This could be due to non-adherence to the participant criteria during recruitment, or to a larger policy or training factor.
- **Some participants had concerns that bringing providers to a central location would be difficult in acute crisis settings** where security and staff availability can pose serious obstacles to implementation.
  - ▼ ***Please note:*** *The recommended setting for trainings is at or near participating health providers' workplaces. Due to logistics constraints and security concerns, some trainings were held at a central location during field testing of the modules.*
- **Trainers reported that not all participants were familiar with the MISP**. As the courses are based on the clinical components of the MISP, it would be constructive for participants to take and become certified in the MISP Distance Learning Module prior to attending a refresher course, when possible. The MISP Distance Learning Module can be accessed online, or printed as a hard copy and distributed to participants beforehand.

S-CORT operational considerations and programmatic guidance

Before and during the training

- **Selection of participants.** Program managers who oversee trainings for health staff should:
  - immediately determine whether the refresher training modules will meet the training needs of clinical staff, or if more comprehensive trainings are required.
  - if the S-CORTs are appropriate, carefully abide by the participation prerequisites and criteria listed in each of the S-CORT facilitator's guides when selecting trainees.
  - engage with other local and international health organizations and institutions, as well as the local SRH coordination group, to help identify and recruit eligible participants for the training.
  - select as many participants as the resources of the local setting and the capacity of the master trainers allow. Since the S-CORTs are hands-on refresher trainings, which require the trainers to effectively supervise participants as they demonstrate their clinical competencies, the IAWG-TPI recommends a maximum of six participants per master trainer.
- **Assessment of learning needs.** Program managers or trainers should:
  - assess the selected participants' learning needs, either by using the pre-tests in each S-CORT module or conducting brief interviews. This allows for advance preparation of strategies to best address identified knowledge gaps.
  - based on identified needs, provide additional training resources to expand the training as necessary.
- **Advance access to training materials.** When the logistics are feasible and time allows, program managers or trainers should:
  - provide participants with the training materials and encourage them to study the contents in advance. This self-directed pre-study time (using hard copies if online versions of the documents are not accessible) could help maximize the impact of the face-to-face training. This inverted classroom model has been studied for advanced training in medicine and may be well-suited for the S-CORT model.[6]
- **Knowledge of the MISP.** When feasible, program managers should:
  - ensure that participants become certified in the MISP Distance Learning Module available at http://iawg.net/minimum-initial-service-package/ as a foundation prior to the training. This enables participants to understand how each skill is part of a minimum set of life-saving services that must be prioritized at the time of crisis, as well as which other services they are expected to provide as the situation and resources allow. In settings where internet access is limited, the MISP module can be downloaded and printed for use.
- **Budget.** Program managers should:
  - ensure that adequate funding is available for the implementation of these trainings, considering the direct training costs, as well as any travel, accommodation, and per diem needs of participants and trainers. Careful budgeting would facilitate the roll-out of the training and reduce barriers to attendance for participants and trainers. To help with planning, a S-CORT budget template is available on the IAWG website for use: iawg.net/tpi-home/resources/.

[6] Tolks D, Schäfer C, Raupach T, Kruse L, Sarikas A, Gerhardt-Szép S, et al. An introduction to the inverted/flipped classroom model in education and advanced training in medicine and in the healthcare professions. GMS journal for medical education. 2016; 33(3).

- **Setting.** Whenever possible, program managers should:
  - plan for trainings to take place at or near where health service providers work. This helps to limit their time away from clinical practice, which is particularly important in settings where conflicts or natural disasters have likely taken a toll on human resources for health,[7] and addresses concerns that travel to a central training site may not be possible during an acute humanitarian crisis.
  - if trainings must be held off-site, provide participants with travel logistics and security information, the agenda, contact information for the staff organizing the training and the venue, and other relevant information to ensure the training starts on time and that participants are at ease in an unfamiliar setting.
- **Time management.** Trainers, with the support of program managers, should:
  - use the course materials, advance preparation checklists, and other implementation guidance provided in the S-CORT facilitator's guides to guarantee that all needed materials and support will be available in advance of the training. In locations where S-CORT trainings will often take place, a trainer recommended having a center where training materials and equipment can be safely stored and readily available for use when needed.
  - modify the sample agenda's contents and time allotments for each training session according to participants' learning needs, as identified during the initial assessments.
  - try not to exceed the amount of time designated for each S-CORT activity and session during the training. Two trainers should be present at all trainings and can help one another stay on schedule.
- **Teaching methods.** Trainers should:
  - apply the diverse and dynamic teaching methods included in the S-CORT modules; they were reported to have worked well by participants and trainers. These include interactive techniques designed to engage participants, such as role playing, skills practice sessions, case studies, clinical simulations, and constructive feedback mechanisms.

After the training

- **Opportunities for practice and continued learning.** The S-CORTs serve as one method to improve knowledge and skills. However, evidence indicates that such "boosters" should be repeated at regular intervals to improve learning outcomes and health staff performance.[8] To reinforce and improve skills, program managers should:
  - discuss and possibly organize a log book and calendar of opportunities for trainees to practice their clinical skills at their institution.
  - regularly schedule ongoing supportive supervision for health service providers as soon as the security situation allows.

Ongoing efforts

- **Further inter-agency collaboration.** The S-CORTs should be implemented in conjunction with other tools to ensure that quality SRH services are available in humanitarian settings. To promote the availability of critical resources and services, SRH coordinators and program managers should:

[7] Ghobarah HA, Huth P, Russett B. The post-war public health effects of civil conflict. Social Science & Medicine 2004, 59(4):869-884.
[8] Bluestone J, Johnson P, Fullerton J, Carr C, Alderman J, BonTempo J: Effective in-service training design and delivery: evidence from an integrative literature review. Human resources for health 2013, 11(1):1

- implement S-CORTs within a framework of strengthening inter-agency collaboration, using a holistic approach based on disaster risk reduction, emergency preparedness, and crisis response principles. This entails the establishment of:
  - effective referral systems,
  - collaborative information dissemination channels,
  - community mobilization mechanisms, and
  - forums to share experiences.

- **Further collaboration with training institutions.** In countries where clinical pre-service education curricula do not include essential MISP components, such as the clinical management of sexual violence survivors, SRH coordinators and program managers should:
  - advocate to policymakers and collaborate with professional schools – such as midwifery and nursing schools – to integrate the missing topics and adapt the training course(s) into national curricula.

- **Integration into the broader human capacity development framework.** The S-CORT model addresses a specific gap in humanitarian settings, but cannot replace a comprehensive national capacity development strategy. SRH coordinators and program managers should:
  - engage the responsible national authorities, professionals, and regulatory bodies in the planning, implementation, and evaluation processes for a national capacity development strategy in which the S-CORT model could play a specific role. This should be advocated for and implemented as soon as the situation allows.

Conclusion

S-CORTs are a promising tool for global and local inter-agency collaboration to maximize the capacity of clinical service providers to deliver the high quality, life-saving clinical interventions included in the MISP. Qualitative research from the pilot phase suggests that the S-CORT approach is potentially effective, efficient, and respectful of human rights and quality of care principles, but further evidence from humanitarian contexts is required to support initial findings. SRH trainers, program managers, and coordinators should apply the considerations and guidance noted in this document to the training's preparation, execution, and follow-up phases, to optimize the effectiveness and efficiency of the S-CORTs.

About the IAWG & IAWG-TPI

The IAWG was established in 1995 to ensure that crisis-affected populations have access to life-saving SRH services. The IAWG-TPI promotes this objective by developing the capacity of local stakeholders, including health staff and service providers, to respond to SRH needs in an emergency. Through the endorsement of local ownership and SRH stakeholder involvement by partnering with health organizations and training institutions, the IAWG-TPI aims to strengthen access to and the quality of SRH services in humanitarian settings.

For more information about the IAWG and IAWG-TPI, please visit www.iawg.net and http://iawg.net/tpi-home/.

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