START CENTER | STRATEGIC ANALYSIS, RESEARCH & TRAINING CENTER
Department of Global Health | University of Washington

Training Considerations: Family Planning In Crisis Settings

KEY TAKEAWAYS

OPPORTUNITY: Family planning (FP) during crisis is a new global priority. There are few FP trainings designed for crisis situations, but existing trainings can be adapted for the crisis context.

INNOVATION: Technology can be leveraged to make traditional FP trainings more practical and impactful.

SYSTEMS STRENGTHENING: Efforts to strengthen the broader health system are needed to ensure that you can train the right people and that systems are in place to ensure supplies, supervision, and support.

CURRENT LANDSCAPE

Pre-Crisis

Most trainings occur before a crisis, often for preparedness. For example, the Inter-Agency Working Group on Reproductive Health in Crises (IAWG), implements the Training Partner Initiative (TPI), which partners with governments in crisis-prone countries to enhance reproductive health preparedness.

Acute

The acute phase takes place in the weeks to months following a crisis, and is often characterized by disrupted services, temporary camps, & mobile populations. There is minimal evidence of FP training occurring in the early part of disaster response.

Protracted

The protracted phase comes months to years after a crisis as a situation stabilizes. Family planning trainings may be introduced by organizations for whom FP is a strategic goal or as reproductive health services are established.

RESEARCH METHODS

12 Subject Matter Experts Interviewed from Development Organizations, Advocacy Coalitions, US Government & Academia.

40 Published and grey literature resources in family planning, emergency response, and training innovation reviewed.

WHAT TYPES OF TRAININGS TAKE PLACE?

Trainings for Pre-Crisis or Protracted Setting

- IAWG Reproductive Health Training Inventory
- General FP Trainings Adapted for Specific Programs

Trainings for Acute Setting

- Refresher Trainings (IAWG), for IUDs only
- UNFPA Reproductive Health Kit Training Materials

Relevant Training Not Yet in Use

- Innovative FP Training from other settings
- Trainings used in fragile states

Components of Effective Training

Long-Acting Reversible Contraceptives (LARCs) and Method Mix	Counseling
Mentorship and Supportive Supervision	Tailoring for Crisis Settings

KEY GAPS IN FP TRAININGS IN CRISIS SETTINGS

- Trainings that can be rapidly deployed in a setting where human and physical resources are scarce
- Trainings targeted for community health workers
- Trainings incorporating technology

WHERE ARE TRAININGS HAPPENING?

Trainings for FP services generally occur at the lowest-level of the healthcare system.

Primary Level
Primary Care, Outpatient

Secondary Level
Complex Cases

Tertiary Level
Complications

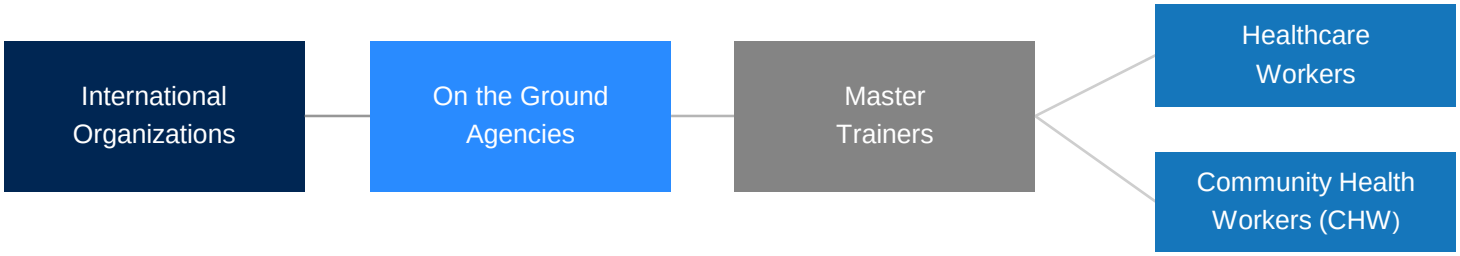
WHO IS BEING TRAINED?

Trainings for FP in crisis settings are predominantly developed by international organizations and administered through a Training of Trainers (ToT) model. The ToT is generally led by the international organizations in conjunction with local implementing partners and/or government, who identify master trainers and trainees.

Training recipients differ by country, based on the roles and responsibilities that healthcare workers can assume per local policy. Long-acting reversible contraceptives (LARCs) in particular may in some countries be used only by skilled health care professionals, and in others, may be administered by lay health workers, which impacts trainings.

TRAINING DEVELOPMENT

TRAINING IMPLEMENTATION



HOW ARE TRAININGS CONDUCTED?

Current State

While organizations are working hard to bring FP into crisis settings, administration of trainings has thus far followed a very traditional approach.

- Centralized, multi-day “one-off” trainings
- Classroom setting with static tools, such as PowerPoint and PDFs
- Didactic, with limited opportunities for hands-on practice

Ideal State

Experts identified ways in which these training methods could be improved:

- Shorter, more frequent trainings to increase learning and mentorship
- Bring training to healthcare workers to minimize disruption to services and support peer-to-peer and facility-wide learning
- Use of technology to support remote trainings, to create opportunities for practice and support continual post-training learning.

CONTEXT CONSIDERATIONS

FP is a Human Right: Broad consensus that provision of FP in crisis settings is a fundamental human right. Supports a choice of short- and long-term methods of contraception, access the same types and quality of contraception that they accessed pre-disaster, and the ability to make informed decisions free from violence, discrimination, and coercion.

Prioritization of FP: Provision of FP not prioritized at the outset of a crisis. Delayed delivery could lead to high number of unplanned pregnancies.

Changing Needs for FP: Women may develop new needs for contraception due to changes in family structure, security risks, and challenges accessing their usual method.

Method Mix: Heterogeneity in preferred contraceptive choice highlights need to offer a wide variety of contraceptives post-crisis.

Community Engagement: Critical for promoting acceptability of FP programming in a unstable context, and addressing health care worker shortages

OPPORTUNITIES TO INTEGRATE TECHNOLOGY: EXEMPLARS

IntraHealth's Interactive Voice Response

Tool: Low-tech but innovative training platform providing FP refresher trainings to health workers on their mobile phones
Current Use: Delivers effective and affordable trainings to health workers through short questions delivered through interactive phone calls.
Opportunities: Curriculum already covers FP and reaches more health workers than a traditional in-person training can.
URL: https://www.intrahealth.org/resources/use-interactive-voice-response-system-deliver-refresher-training-senegal

Maternity Foundation's Safe Delivery App

Tool: A smartphone & tablet application providing skilled birth attendants rapid access to clinical guidelines on basic emergency obstetric and neonatal care.
Current Use: Presents traditional curriculum in an accessible & interactive modular format through videos and action cards. User can customize experience and call supervisors for more tailored tips through the app.
Opportunities: App has been deployed in over 40 countries. A similar application can be created to deliver FP trainings.
URL: https://www.maternity.dk/safe-delivery-app/

UCSF's Innovative Reproductive Health Education Platform

Tool: A hub for cutting edge curricula to teach abortion and family planning to health professionals at all levels, with over 50 trainings on contraception.
Current Use: Provides creative solutions to teaching new family planning methods, including the use of hands on tools for simulation and practice.
Opportunities: Brings hands on experience and innovative methods to traditional training especially in low resource settings.
URL: https://www.innovating-education.org/

Family Health International's Family Planning Screening Checklists

Tool: A collection of screening checklist to help healthcare workers assist women in choosing the FP method most appropriate for them.
Current Use: Checklists have been adapted to align with various national family planning guidelines and local language.
Opportunities: Facilitates task shifting as it enables persons without medical training to still engage in family planning delivery efforts.
URL: https://www.fhi360.org/resource/service-delivery-tools-and-job-aids-family-planning-providers

MOVING FORWARD: OPPORTUNITIES TO OVERCOME CHALLENGES

CRISIS CONTEXT

Crises lead to **high mobility**, which makes it hard to retain staff and volunteers. **Training up to 5-times more people** than needed can increase likelihood someone will be available to deliver response.

Interruptions to normal operations are also inevitable but using offline technologies, prioritizing LARCs, and integrating supply chain management into training curriculum can bolster success of trainings.

TRAINING LOGISTICS

Traditional trainings have **high economic and financial costs** and there are **limited opportunities to practice** skills. There are **technologies** we can use to (1) reduce training costs by bringing trainings to healthcare workers and (2) provide opportunities for hands-on practice and learning.

Local entities, even in fields outside of FP, can support adaptation of trainings to fit local context.

HEALTH SYSTEM

National policy determines who can deliver family planning. Working with Ministries of Health pre-disaster to adopt policies supporting task shifting for FP provision can increase the available workforce who can be trained.

Trainings are also needed at **multiple levels in the health system** to ensure capacity to respond to adverse events and remove complicated LARCs.

STRATEGIC DIRECTION

Communities affected by and organizations responding to disaster are not likely to prioritize FP at same level as food, water. By **integrating FP trainings** into programs that are top priority, you can increase acceptance and reach of work.

Emphasizing counseling and decision support in trainings can prevent breeches in **human rights** and **improve FP provision**.