IMPROVING EFFICIENCY, EFFECTIVENESS, AND SUSTAINABILITY OF IN-SERVICE TRAINING IN SWAZILAND

Background

In-service training (IST) represents a significant proportion of investments made by the Swaziland Ministry of Health (MOH) and development partners in building the capacity of health workers to provide quality health services in a competent, safe, and efficient manner and to scale up health services. Despite this enormous investment, IST programs are rarely evaluated, and there is growing demand for more effective, efficient, and sustainable health worker training.

IST in Swaziland has contributed greatly to the enhancement of knowledge and skills of the health workforce but has been faced with immense challenges, including: poor coordination with no training calendar resulting in duplication of trainings and/or the same health workers receiving multiple trainings while others have none; an inability to track trainees and training programs; and ad hoc non-standardized trainings and service disruption.

In response to these challenges, the MOH, with support from the USAID Applying Science to Strengthen and Improve Systems (ASSIST) Project, started the IST improvement project in January 2014 to improve the effectiveness, efficiency, and sustainability of training systems in Swaziland in order to help address the epidemic of HIV and TB in the country.

IST in Swaziland falls into four categories, each with different challenges and improvement needs:

- **Training beyond six months, also referred to as long-term training:**
  Under this category, government employees are given scholarships for diploma, degree, masters programmes, and other professional courses. The number of trainees in this category are few (10 for the entire MOH), hence this form of IST is easy to track and coordinate.

- **Training organised by programmes and their partners for healthcare workers lasting between one day and two weeks:** These trainings are many and are the cause of the coordination challenges.

- **Training planned and conducted at facilities:** These are facility specific, and while they may have coordination challenges, those can be improved within the facility.
Training conducted in the communities by healthcare workers (HCWs) during outreach: There are not many of these types of trainings in the country. Most are planned and executed without problems since they involve few HCWs—mainly trainers in specific areas.

Interventions

In Swaziland, ASSIST is using the USAID Global Health Worker IST Improvement Framework to strengthen the capacity of the MOH training unit to improve the quality and effectiveness of IST for health workers through enhanced design, delivery, coordination, and tracking of all in-service training. The framework was developed by a global process implemented by ASSIST’s predecessor project—the USAID Health Care Improvement Project—that engaged training program providers, professional and regulatory bodies, Ministries of Health, development partners, donors, and experts to develop and reach consensus on a set of practice recommendations to improve in-service training effectiveness, efficiency, and sustainability. The interventions supported by ASSIST to strengthen in-service training are described below.

Laying the foundation

- Sensitised stakeholders about the IST project, including Human Resources for Health Technical Working Group (TWG), Nursing Council, MOH programs, PEPFAR partners, and nurse managers.
- Formed a TWG that addresses IST issues.
- Formed an IST operational team that works on IST issues. The team consists of staff from ASSIST, the MOH, the Ministry of Public Service (MOPS), and a representative from the Strategic Information Department.
- IST baseline survey

Between April and June 2014, a baseline survey was conducted by the MOH training unit with technical support from ASSIST to better understand the current IST practices in the country. The survey was carried out in all four regions of Swaziland, targeting IST providers working for MOH public health programs, training institutions, and the USAID technical assistance partners. A cross-sectional study design using both qualitative and quantitative methods was used. The survey had six objectives: 1) to map IST provided between January to December 2013, including the locality of training, timing, trainees, category of training provider, and funding sources; 2) to assess training institutions and systems to provide IST; 3) to assess trainer provider practices regarding coordination of IST; 4) to assess training provider practices in relation to pre-service education providers to ensure consistency in approaches, methods, and content of training; 5) to assess IST practices with regard to training needs assessments and design, delivery, and evaluation of training; and 6) to assess IST practices with regard to post-training support and follow-up.

The survey findings from 47 respondents’ showed the following:
- More than half of in-service trainings (53%) between January 2013 and March 2014 were provided by health facilities and programs, while the remaining 47% were provided by local and international organizations that work in partnership with the MOH. There were remarkable efforts to engage professional bodies, regulatory bodies, and local training institutions while planning and conducting the trainings.
- However, these efforts were focused on making individual training encounters a success, but not focused on building sustainable systems to strengthen IST.
- IST coordination was the major challenge for all stakeholders, including the MOH and its partners at both regional and facility levels. More than half (53%) of the 47 training providers reported that they did not track trainees. Determining who has been trained and on what topic was a big challenge that sometimes resulted in training the same health care workers on the same topic multiple times.
- Over half (65%) of the 47 IST training providers reported that they rarely engage pre-service training institutions to ensure consistency in content, approach, and methods. Health facilities reported that the recent graduates they received needed more training beyond ordinary orientation to be able to provide quality health services.
- One-third (34%) of the training providers indicated that they rarely do a training needs assessment, which implies that a sizeable percentage of trainings are not needs-based.
- Mentorship and/or supervision visits were reported as best practices done by only 56% of the training providers surveyed. This included follow-up of trainees after training to support the implementation of their action plans and quality improvement plans.
**IST coordination**

In an effort to develop an IST coordination mechanism, ASSIST conducted a review of grey and published literature during October – December 2014 with the objective of learning from other countries how best to coordinate IST. The review yielded only two examples of country-level IST coordination mechanisms, neither of which had been evaluated. This prompted ASSIST to write a commentary highlighting the need to prioritize the development, study, and evaluation of IST coordination mechanisms to build a body of experience, expertise, evidence, and opportunities for shared learning to catalyse future efforts. The IST coordination commentary was submitted to the journal Human Resources for Health for peer review.

Coordination of IST has been the greatest challenge to the MOH and its partners. An IST coordination mechanism was developed by ASSIST and is currently being piloted for six months (January–June 2015) among three national programs that focus mostly on high-volume training on HIV and TB: the Swaziland National AIDS Programme; the National TB Control Programme; and the Sexual and Reproductive Health Unit in the MOH. The IST coordination mechanism includes:

- A procedure for developing a training calendar for all MOH training providers
- Standard operating procedures for approval of national and regional level trainings
- A system for tracking trainees and trainings

**Training information management**

A standard training register and an off-site facility feedback form have been developed by both ASSIST and the MOH and are being piloted in 19 PEPFAR-supported facilities to capture training data to inform decision-making. The MOH will be able to determine the number of trainings conducted, the staff trained, the costs involved, and other data that can be used to improve health services. A computerised training information management system is currently being developed to assist in the generation of reports for decision-making.

**Development of a monitoring and evaluation framework**

A monitoring and evaluation (M&E) framework was developed by the ASSIST M&E team to help monitor and report on IST coordination to improve the efficiency of trainings. The M&E plan articulates the intended outcomes and national level indicators for improved IST coordination (i.e., reducing disruption of service delivery, and duplication of training and improved tracking of training).

**Development of national IST standards to improve the quality and effectiveness of trainings**

The IST operational team is currently developing national IST standards to guide the planning, design, coordination, delivery, follow-up, and evaluation of IST. The standards will lead to accreditation of courses for continuous professional development and improved quality and effectiveness of training—hence increasing the efficiency and return on investment/impact of training. The national IST standards are still under development.

**Technical assistance to MOH programmes and departments**

The ASSIST IST improvement advisor has provided technical assistance to several MOH programmes and departments in training-related areas. Technical assistance was provided to the Southern Africa Nazarene University while they incorporated the HIV, TB, and MDR-TB module into their curriculum. In addition, recommendations were provided to improve the Ministry of Health Quality Assurance Programme’s training-of-trainers programme. In addition, ASSIST is currently supporting the Environmental Health Programme in the development of the health care waste management training curricula for pre-service, in-service, and community training and providing technical assistance to the Swaziland Health Laboratory Services to conduct a training needs analysis to build staff skills to deliver their strategic plan.

**Quality improvement trainings**

Two IST quality improvement trainings for facility managers, matrons, nursing sisters, and hospital administrators have been conducted by the ASSIST IST improvement advisor. The key objectives of the trainings were to: 1) orient participants on the national IST policy and identify areas for review; 2) orient participants on the IST improvement framework; and 3) equip participants with IST quality improvement knowledge and skills and facilitate the development of quality improvement plans. Quality improvement plans were developed and are currently being implemented, mainly to improve training information management, training needs assessment, and evaluation of training at facility level.

**Challenges**

- Most IST coordination mechanisms have not been evaluated, hence evidence-based solutions do not exist. This hinders efforts like Swaziland’s in implementing evidence-informed strategies to improve in-service training coordination.
- The focal person in the MoPS who was on the IST operational team was transferred to another department, resulting in a gap in the progress of some activities, such as the planned orientation of health care workers on the IST policy.
- Not all facilities have IST coordinators or focal persons, and those that exist are not full time staff attending to IST issues but nurses who work on IST issues as a part-time assignment.
- Some IST improvement themes have not yet been addressed because the top priority is given to what is currently being implemented. The pending themes include: continuum of learning from pre-service to in-service, and strengthening training institutions and systems.
Lessons and Next Steps

ST continues to form the mainstay of human resources development assistance provided to health facilities and thus represents a timely opportunity to take stock of existing practices and identify strategies by which IST can be improved to ensure sustainability, effectiveness, and efficiency. With consensus across stakeholder groups and regions, the IST improvement framework provides a global vision for improvements in training that result in more competent workers and better healthcare. Coordinating IST is a complex process. For it to be successful, there is need for consulting and involving all stakeholders in order to achieve sustainability, effectiveness, and efficiency of training investments.

IST coordination has been a major challenge for the Swaziland Ministry of Health for some time. The challenge is complex due to the many training interventions in the country to address the HIV and TB disease burden. Consultations and involvement of all stakeholders has been critical in defining the problem and developing the IST coordination mechanism to address it. Although time-consuming, we found that seeking buy-in is a pre-requisite to success. The coordination mechanism now being piloted is expected to end in June 2015 after which it will be scaled up.

Lessons
- All hospitals and health centres should have an IST coordinator, and other smaller health facilities should have an IST focal person. The coordinators/focal persons should be trained and prepared to take up the role of managing IST.
- The MOH should consider strengthening other “learning” interventions to address capacity gaps rather than just “training courses”. These include mentoring, on-the-job training, coaching, attachments to sites with best practices, site visits, and collaborative learning sessions, among others.
- There is a need to develop a platform where pre-service training and IST providers dialogue and create a sustainable plan to support a continuum of learning from pre-service education to in-service learning and development.
- IST committees were reported to be an effective structure at facility level and should be strengthened. This will involve reviving those that are dysfunctional, creating them where they are lacking, and monitoring their performance.
- IST improvement should be prioritised by all stakeholders as acquisition of knowledge on best practices will lead to more efficient, effective, and sustainable outcomes.
- Strengthening pre-service training institutions requires a well-planned intervention with additional funding. Issues of curriculum review, reviewing teaching capacity and approaches, improving skills labs and clinical practice programmes, etc. cannot be addressed within the current IST project design.

Next steps
- Focus on improving training systems at facility level to improve clinical and community-based health services and results
- Finalise the development of the national IST standards
- Finalise the development of the computerised training information management system. The project is planning to develop an IST system that can be integrated into existing systems, such as the Human Resource Information System
- Collect feedback on the IST coordination mechanism pilot and improve training coordination
- Begin to identify areas of IST improvement for community-based health services.