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# Public-Private Partnerships for Establishing Training Systems for Family Planning and Maternal and Child Health



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## ACRONYMS

<b>BEmONC</b>	Basic Emergency Obstetric and Newborn Care
<b>BTL</b>	Bilateral Tubal Ligation
<b>DOH-RO</b>	Department of Health-Regional Office
<b>FP-CBT</b>	Family Planning Competency-Based Training
<b>FP-MCH</b>	Family Planning-Maternal and Child Health
<b>IUD</b>	Intrauterine Device
<b>LGU</b>	Local Government Unit
<b>MLLA</b>	Mini Laparotomy under Local Anaesthesia
<b>PPP</b>	Public-Private Partnership
<b>PPIUD</b>	Post-Partum Intrauterine Device
<b>PRISM2</b>	Private Sector Mobilization for Family Health-Phase 2
<b>TDMIS</b>	Training Database Management Information System
<b>USAID</b>	United States Agency for International Development

## ABOUT THIS DOCUMENT

This document is intended for use by Department of Health-Regional Office (DOH-RO) staff and local government units (LGUs) involved in implementing training courses on family planning and maternal and child health (FP-MCH). The document provides an overview of a training system which is a public-private partnership (PPP) led by the DOH-ROs and designed to improve availability of, and access to, quality training courses on FP-MCH. In essence, it describes: a) the processes involved in establishing and sustaining training systems for various FP-MCH training courses; b) the various elements involved in training systems; and, c) the PRISM2 project experiences in establishing systems in some of its project sites.

Specifically, this document provides valuable insights in developing the eight elements of a training system to improve availability and access to quality FP-MCH training starting with: 1) training curricula; 2) pool of trainers from the public and private sectors; 3) mechanisms to identify FP-MCH training needs; 4) DOH-RO annual training plan; 5) promotion and marketing activities for the training courses; 6) regular training schedules and venues; 7) tracker of training activities and participants; and, 8) post-training support activities.

A section of this document is devoted to the experience of the USAID Private Sector Mobilization for Family Health-Phase 2 (PRISM2) project in establishing these training systems, the issues and challenges facing this initiative and project recommendations to scale up and institutionalize the system throughout the country.

## THE TRAINING SYSTEM: AN OVERVIEW

*What it looks like...*

The training system referred to in this document is a cyclical series of activities or events whereby PPPs, led by DOH-ROs, result in Department of Health certified training courses on FP-MCH. During the year, regularly scheduled courses are offered to public and private health care providers in DOH-RO geographic catchment areas throughout the country's 16 regions. The courses are organized by Department of Health-certified public and private training institutions and are conducted by Department of Health-certified public and private trainers, generally from projects implemented by, but not limited to, development partners. The Department of Health national office provides policy, technical, logistical and funding support to this training system.

The system publically markets and promotes the training courses, similar to the way other training courses are advertised regularly by schools, hospitals and professional national groups. Public and private health workers directly involved in FP-MCH information, products and service provision who wish to benefit from these courses can sign up or enrol on-site. Various private and/or public financing or co-financing schemes may be proposed, pursued, legitimized, and if they are not yet, implemented, and later evaluated in order to facilitate trainees' access to the courses they need.

Trainers come from the regional pool of public (DOH-ROs, government hospitals, LGU health offices) and private (academe, training hospitals, professional associations, etc.) trainers who are currently Department of Health-certified or are recognized as trainers. Venues, public or private training institutions (hospitals, health offices, health-related schools or learning institutions, etc.) are recognized as such by the Department of Health. Successful trainees are certified and their certifications are signed by both DOH-RO and private training institutions.

The training courses to be offered include, but are not limited to, the following:

1. Family Planning Competency-based Training Level 1 (FP-CBT1)
  - Contraceptive technology and family planning counselling
2. Family Planning Competency-based Training Level 2 (FP-CBT2)
  - Skills training on intrauterine device (IUD) insertion and removal
  - Skills training on post-partum IUD (PPIUD)
  - Skills training on bilateral tubal ligation (BTL) using mini-laparotomy under local anesthesia (MLLA)
  - Skills training on no-scalpel vasectomy
  - Skills training on standard days method
  - Training on natural family planning
3. Basic Emergency Obstetric and Newborn Care (BEmONC) – including active management of the third stage of labor and essential newborn care
4. Basic Emergency Obstetric and Newborn Care (BEmONC) for Midwives

## RATIONALE

*Why we need to do this...*

Capability building, particularly training of service providers, has consistently been identified as a concern amongst health care providers and program managers at planning and management workshops. The reasons behind this include:

1. High turnover of skilled, trained health care providers in FP-MCH due to migration to other countries for higher paying jobs, new assignments in other parts of the country or even movement within an institution, rendering trainings received useless;
2. Service provider training is always needed because of the high demand for FP-MCH services and products among men and women of reproductive age; there is an inadequate number of skilled health workers trained to provide quality FP-MCH information, products and services to meet the demand.
3. Inadequate government resources to meet the training needs, including:
  - a. Lack of trainers – currently, most trainers come from government institutions, DOH-ROs and LGUs.
  - b. Few Department of Health-certified training institutions and facilities are offering the training courses. Presently, only the DOH-ROs and large Department of Health medical centers and regional hospitals provide training, and, for these it is only a few that do so.
  - c. Geographic access to such trainings is a major barrier to potential public and private sector FP-MCH providers.
  - d. Not enough time to conduct all the trainings because there are only a handful of trainers. It was noted by a Department of Health Under Secretary in 2011 that it will probably take seven years for the Department of Health alone to carry out BEmONC training for all public service providers and facilities (the private sector was not yet included).
  - e. As mentioned above, there is a large, unmet demand for both FP-MCH services and training courses. This is true for both public and private sector providers.

Currently training courses are offered at sporadic times throughout the country. There is no regularly scheduled venue for FP-MCH training courses at facilities across the country. More often than not, FP-MCH trainings are implemented smoothly when there are on-going FP-MCH-related projects funded by development partners. However these are only offered in their chosen project sites or catchment areas. When these projects end, so do the training courses, and potential trainees have to wait for the next project cycle to access training. When that opportunity arises, more often than not, public sector trainees are given priority over private sector providers.

*Why involve the private sector....*

An FP-MCH training system, with regularly scheduled trainings, involving partnerships between the public and private sectors, would minimize the constant need for ad-hoc training activities. This would ultimately lead to a reduction in the unmet need for FP-MCH information, products and services. Such PPPs would benefit everyone by tapping into the vast potential the private sector has to offer. The appropriate private sector partners already have:

1. Skilled, trained trainers, or master trainers/teachers, who are currently performing skills training and coaching, which may be for courses other than FP-MCH; however as they are already trainers, their learning curve will be short.
2. Recognition/certification from the Commission on Higher Education confirming their institutional credibility as experts or authorized learning institutions; the addition of FP-MCH training courses can therefore be considered as the institutions' expansion to other fields of health science;
3. Structures or systems in place that regularly and actively promote or market training courses being offered, and to which FP-MCH training courses can be easily added or incorporated; and
4. Evaluation or post-training monitoring systems in place, assuring trainees, and the program, that there will be continuing quality assurance and improved FP-MCH information, products and service delivery.

Without a training system that responds to the needs of health program managers, the needs of FP-MCH services among men and women of reproductive age will continue to be unmet. A training system that results in greater access to FP-MCH skills and knowledge development among public and private service providers can lead to an increase in the number of health workers – not just from public facilities as has been traditionally the case – that are empowered to meet the FP-MCH needs of men and women of reproductive age. Such PPPs are more likely to succeed in finally putting an end to unmet need for FP-MCH services.

The private sector potential to significantly contribute to helping bridge the unmet need gap is limitless and, more importantly, self-sustaining. The government will not have to worry about manpower or personnel services as the private sector will take care of its own for as long as a decent livelihood or margin of profit is realized or derived from rendering such information, products or services. As proven in the past, and even more so now with universal PhilHealth coverage, such livelihood is practically assured among the private sector.

## DEFINITION

*What this means...*

The training system is a PPP led by the DOH-RO that develops a pool of Department of Health-recognized/certified public and private sector trainers and training facilities capable of offering the various FP-MCH training courses regularly across the country. The training courses offered are open to both public and private health workers who intend to include FP-MCH in their menu of services in public and private practice settings. The mechanisms for funding such courses may be varied and is open to both public and private, or a combination co-financing scheme from both.

An FP-MCH training system has eight guiding elements that indicate functionality and progress. Completion of these elements indicates the establishment of a training system, while the continuing fulfillment or sustainability of the same indicates functionality.

The eight elements of a training system are:

1. Department of Health-recognized training curricula
2. Pool of trainers from public and private sectors
3. Mechanisms to identify FP-MCH training needs (of both public and private sector) carried out on an annual basis
4. DOH-RO annual training plan (that includes private sector)
5. Promotion of and marketing activities/strategies for the training courses
6. Regular training schedules and venues
7. Tracker of training activities and participants – database of training courses and trainees
8. Post-training support activities (post-training monitoring, follow-up and evaluation)

Please refer to [Annex A](#) for the Training System Framework.

*What we can gain out of establishing training systems ...*

Having a training system for each training course provides the following benefits:

1. As DOH-ROs spearhead the establishment of training systems, there shall be, as mentioned earlier, increased access to FP-MCH training courses throughout the country;
2. The following advantages come with having regular schedules and venues for each of the training courses:
  - a. Provides predictability and therefore guides program managers in their work and financial planning, including scheduling and budget allocations;
  - b. Trainers and training institutions themselves can be guided accordingly, as their schedules for hosting or conducting training courses are orchestrated by the DOH-ROs;
  - c. Interested and potential FP-MCH service providers/trainees will likewise be guided according to the given schedule and location of training courses.
3. Since the training system is initiated and spearheaded by the Department of Health, each trainee will be trained using only Department of Health standard training curricula, thereby standardizing FP-MCH clinical practices nationwide, in both public and private settings;

4. The pool of DOH-RO and LGU trainers will be augmented by trained trainers from the private sector who can be accessed to respond to regional training needs;
5. DOH-ROs no longer have to be doers of the training, but can now focus on being the manager of all the training issues, concerns, challenges and needs of the LGUs and the private health sector in their catchment areas;
6. The processes in establishing and sustaining the training system for the various FP-MCH training courses may be used to establish training systems for other health programs, or even for non-health programs;
7. Financing is more stable when a training system is in place as both public and private sectors work together to create financing schemes which may include co-financing mechanisms such as public sector grants, corporate social responsibility funds from the private sector, or the public (such as LGUs) may simply tap private trainers/training institutions in an outsourcing arrangement for their training needs;
8. The ultimate beneficiaries of the training system will be the men and women of reproductive age whose need for vital FP-MCH information, products and services have been largely unmet for the past few decades.

## DEVELOPING THE EIGHT ELEMENTS OF A TRAINING SYSTEM

*What this means, how we develop and document them...*

### 1. Department of Health-Recognized Training Curricula

One of the objectives of the training system is to standardize the quality of clinical care among health services providers, whether from the public sector or from the private sector. This ensures that high quality FP-MCH care can be expected by all patients or clients, whether they consult, or require services, products or mere information from private or public health service providers.

Since the Department of Health already has official training curricula and materials for the following training courses, this element will not be difficult to comply with:

1. FP-CBT 1
  - Contraceptive technology and family planning counselling
2. FP-CBT 2
  - Skills training on IUD insertion and removal
  - Skills training on PPIUD
  - Skills training on BTL-MLLA
  - Skills training on no-scalpel vasectomy
  - Skills training on standard days method
  - Training on natural family planning
3. BEmONC – including active management of the third stage of labor and essential newborn care
4. BEmONC for Midwives

The Department of Health, as manager of the training system, will ensure that public and private trainers and training institutions follow the training curricula and use the appropriate training materials.

*Documentation:* The official Department of Health training designs and materials are the documentation for this element.

### 2. Pool of Trainers from Public and Private Sectors

This is perhaps the most challenging element to be developed in the process of setting up the training system. The idea is to have a regular pool of trainers (and training institutions) that are certified, or at least recognized, by the Department of Health or DOH-RO and to whom the authority to conduct the training courses have been delegated. This involves the following:

#### a) For developing public and private sector trainers

- 1) Criteria for master trainers may include the following:
  - Have undergone training in two or three of the Department of Health standard training courses and is a Department of Health-certified service provider;
  - Proficient in providing FP-MCH services;
  - Have undergone a training-of-trainers course and is Department of Health-certified;

- Have conducted, or is regularly conducting, training courses on FP-CBT 1 and 2, or BTL-MLLA, for the past 3 years.
- 1) Criteria for identifying potential trainees:
    - Could be a doctor of medicine, a nurse or a midwife;
    - Must demonstrate willingness to support family planning and provide services;
    - Willing to undergo the training;
    - With permanent employment status;
    - With one or more years employed as FP-MCH related staff;
    - For BTL, should have a minimum of two years of surgical exposure.
  - 2) Master trainers conduct trainings to develop trainers of trainers of service providers.
  - 3) Upon completion of the training of trainers' course, the trainee-trainers conduct actual training of service provider, as their practicum, under the observation, supervision, coaching and mentoring of the master trainers.
  - 4) Trainee-trainers conduct post-training monitoring and evaluation of service provider trainees, with supervision from the master trainers.
  - 5) Upon completion of the training of service providers, successful trainees shall be recommended for certification as service providers by the trainee-trainers, after careful evaluation is done, together with the master trainers.
  - 6) Upon completion of the training of service providers, being the practicum portion of the training of trainers, the master trainers shall evaluate the trainees-trainers and shall recommend them accordingly for certification as trainers (or not).
  - 7) Successful trainee-trainers shall then be given a certification as trainers by the Department of Health or DOH-RO, making them eligible or qualified to conduct the training course for service providers in collaboration with the DOH-RO.

**NOTE** that there is also an urgent need to develop a new batch of master trainers other than those current remaining ones who are either retired or retiring. This should take a shorter time and route but the process needs to be determined.

#### **b) For developing public and private training institutions**

There are specific criteria for certifying institutions as training sites or centers depending on the nature of the training course to be conducted in them.

Clinical training sites must<sup>1</sup>:

- Exhibit an exceptionally high quality of clinical service and serve as a model for the basic qualities of good clinical service delivery.
- Have a conference room spacious enough to accommodate the number of trainees for the didactic portion of the training.
- Have appropriate and relevant reference materials, training materials, teaching aids, sample job aids, etc.
- Have equipment required for training, such as projectors, screens, Zoe models or other models for practicing skills, sample instruments and equipment needed for learning the skills.
- Have at least two certified trainers who are official institution staff.

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<sup>1</sup> Adapted from the Voluntary Sterilization Monitoring Manual, 2000, Department of Health, Manila. Page 36

- Have regular caseloads of patients/clients sufficient enough to allow trainees to perform the required number of procedures to gain competency within the prescribed period of training.
- Have a good recording and reporting system on the actual training courses conducted by the institution kept on file and maintained for at least five years, with training accomplishments regularly submitted to DOH-ROs.

Non-clinical training sites (for example for FP-CBT I training) should meet the following criteria:

- Have a conference room spacious enough to accommodate the number of trainees including space for breakout groups for role plays, etc.
- Have appropriate and relevant reference materials, training materials, teaching aids, sample job aids, etc.
- Have equipment needed for training such as projectors, screens, models (such as penis models) for practicing skills (such as correct condom use), sample items, instruments and equipment needed for learning the skills.
- Have at least two certified trainers who are officially staff of the institution.
- Ideally, already be a learning institution such as a midwifery or medical school.
- Ideally, be a venue that provides the services (such as family planning counselling and methods provision) for which trainees will be trained.

### c) **Certification or recognition system**

Upon completion of the training courses and upon the recommendation of the trainers (master trainers for the training of trainers and trainee-trainers for the training of service providers) the certificates of competency or training shall be signed by the recommending trainers and likewise signed by the approving DOH-RO, specifically by the Regional Director.

In the case of training institutions, such certification follows rigid inspection and verification of the compliance to the list of requirements conducted by representatives of the DOH-ROs possibly together with the master trainers. Certification, or recognition as a training institution, has an expiration of two to three years depending on the Department of Health. Upon expiry, the institution shall seek re-certification from the DOH-RO.

Once certified, the institutions and the trainers may then schedule the training course, promote or market the same to potential trainees in both public and private institutions, and conduct the training course. The DOH-RO will participate in or observe the training courses to ensure they maintain high quality training and curriculum compliance.

*Documentation:* A directory of certified trainers and training institutions will be sufficient documentation for this element. Should supporting documents be required, the certificates of training or competency for trainers and the certificates of recognition as training institutions may be added as documentation.

### **3. Mechanism to identify FP-MCH training needs (of both public and private sector) carried out on an annual basis**

This element suggests that a regular training needs assessment should be conducted in the areas of responsibility of the DOH-ROs. This training needs assessment must include the needs of the

private sector. At the moment, there is no regular conduct of training needs assessments in the country.

Data from the training needs assessment will serve as a guide to the training system on what training courses to conduct and where, who the expected participants will be, and how the DOH-RO (as lead agency of the training system) shall manage the training needs in the region. A training plan will then be more informed, relevant, practical and doable since it will be based on actual TNA.

*Documentation:* The accomplished TNA forms will be the documentation for this element. If available, a summary report of TNA results would be helpful. Alternatively, since the element is about a mechanism, the documentation may be a plan or system of getting the training needs of the catchment areas on a regular basis.

#### **4. DOH-RO annual training plan (that includes private sector)**

This training plan will be based on the training needs assessment, as mentioned above. It maps out which training courses are needed, in what areas, and by whom. It can also include who (trainers and training institutions certified by the DOH-RO) can be tapped to conduct the course, and the projected expenses and income from the course. Financing schemes to support or sponsor such training courses can likewise be plotted out in this plan which ideally precedes the development of the DOH-RO and LGU annual plans in order to make budgetary allocations from government funds.

*Documentation:* DOH-ROs regularly prepare their work and financial plans before the end of the fiscal year. These plans should now include the training plan that has been prepared based on results of the training needs assessment, covering both public and private sectors for the entire region.

#### **5. Promotion and marketing activities/strategies for the training courses**

This element involves disseminating information about the scheduled training courses and active recruitment of enrollees to the different courses. The trainers and training institutions identified by the DOH-RO to conduct of these training courses shall be mainly responsible to ensure adequate marketing and promotions in order to have a sufficient number of trainees that will result in a decent non-exorbitant profit. Strategies may include posters, flyers, free advertisements through local cable channels, information dissemination through professional groups of midwives and doctors, schools and LGUs.

*Documentation:* Marketing plans or actual information dissemination materials promoting the training courses will serve as documentation for this element.

#### **6. Regular training schedules and venues**

In a particular geographic catchment area of a particular DOH-RO, it is ideal that all the FP-MCH training courses be offered at least once a year, depending on the training needs assessment. Once the needs are assessed and analyzed, the training plan that emanates from the DOH-RO should include the training schedule and venues together with the identified certified trainers and training institutions that are most qualified to conduct these courses.

The potential trainees' mother agencies, such as LGUs, private or public hospitals and other institutions, will then get used to a regular schedule which will help them in their own planning and budgeting to meet their training needs.

*Documentation:* A simple schedule, preferably issued by the DOH-RO or alternatively by the training institution, showing the training courses, the dates of the training events and venues, with or without the training fees printed/published shall be the documentation for this element.

## **7. Tracker of training activities and participants – database of training courses and trainees**

The Training Database Management Information System (TDMIS) was designed by the USAID PRISM2 project precisely for the purpose of having a database that records the dates, venues and titles of training events, names of trainers, names of trainees and their addresses or mother agencies (as applicable). When updated regularly (i.e., monthly) by program unit heads and centralized at the DOH-RO by the Health Human Resources Development Unit head, this same database serves as a tracking mechanism for all training activities in the region. The system itself and directions for installation and use are available from PRISM2 partners in the Philippines, including DOH-ROs, provincial and city health offices, and other USAID health projects. Other databases serving a similar function may also be utilized.

*Documentation:* Confirmation of the use of the TDMIS, or equivalent database.

## **8. Post-training support activities (post-training monitoring, follow-up and evaluation)**

Trained trainers and trained service providers are expected to perform according to the training they received. This element ensures that the investment of human resources, funds and energy does not go to waste by institutionalizing a mechanism for regular post-training follow-up and monitoring of the trained individuals. It also ensures their continuing competencies and eligibility for renewal of certification as applicable. The challenge here is that the current number of master trainers and trainers to conduct these post-training activities is inadequate to cover all the trainees trained.

*Documentation:* The documentation for this element is the schedule of post-training activities from the DOH-RO or the training institution, including who to follow-up, where, when and for what training course. In addition, the completed post-training monitoring and evaluation checklist (where available) can serve as documentation for this element.

## THE EXPERIENCES

*What were the experiences in initiating this system...*

### DOH-RO VII

An FP-CBT I training system was initiated in DOH-RO VII through a grant project implemented by the UHA ZaNiVIV Caregiver School based in Cebu City. The grantee collaborated with seven other participating private sector organizations and worked with the DOH-RO in developing trainers from both DOH-RO and the private organizations. This involved getting master trainers in FP-CBT I to conduct training of the potential trainers, follow-up monitoring of these potential trainers as they conducted training of service providers, and evaluating them as they conducted the post-training monitoring of their trainee service providers. The master trainers then recommended these trained trainers to the DOH-RO for certification as trainers and their mother agencies as training institutions. This resulted in 15 new trainers for FP-CBT I and eight private sector organizations being certified as training institutions for the same training course. After the training, these trainers conducted FP-CBT I courses in collaboration with one another and each other's institutions to meet the training needs of their locality.

### DOH-RO V

The experience in DOH-RO V was quite different. The DOH-RO initiated the process of formalizing the partnership between public and private training institutions by signing a memorandum of agreement that awards them certificates of cooperation for training as partner training institutions. With this expanded pool of trainers, the DOH-RO was then able to manage the training needs of the LGUs and others in the service delivery network by asking the consortium partners to prioritize the training courses that each one will focus on conducting. The Naga College Foundation, Isarog Family Health and Training Inc., and Family Planning Organization of the Philippines, for example, prioritized the conduct of FP-CBT 1 and 2 (IUD), while the Bicol Regional Training and Teaching Hospital and the Bicol Medical Center focused on BTL training.

A compilation of documentation of the eight elements of the training system in DOH-ROs 5 and 7 are given in [Annexes B](#) and [C](#), respectively.

### Other experiences

In developing a pool of public and private trainers, in relation to the technical initiatives on expanding hospital-based FP-MCH service provision, USAID-PRISM2 provided direct technical assistance for trainers in BTL. The approach was initiated by building the capacity of service providers in the public sector, focusing on Department of Health-retained hospitals that use the draft BTL-MLLA training manual. This training manual was used to assess the previously trained providers and trainers to validate their potential as service providers and/or trainers using the standard Department of Health technique for BTL, which is MLLA. Most, if not all of these trainers and consultants were proficient in BTL using either spinal or intravenous general anaesthesia.

DOH-RO	DOH Retained Hospital	Number Trained	Remarks
2	Cagayan Valley Medical Center	3	As certified providers
3	Paulino J. Garcia Memorial Research and Medical Center	3	As certified providers
5	Bicol Medical Center	2	As certified providers
	Bicol Regional Training & Teaching Hospital	2	As certified providers
6	Western Visayas Med Center	3	As certified providers
7	Vicente Sotto Memorial Medical Center	2	As certified providers
	Saint Anthony Mother & Child Hospital	2	As certified providers
	Gov. Celestino Gallares Memorial Hospital	3	As certified providers
8	Eastern Visayas Regional Medical Center	2	As certified providers
	Tacloban Doctors Hosp	2	As certified providers
9	Zamboanga Medical Center	3	As certified providers
12	Cotabato Regional Med Center	3	As certified providers
NCR	Dr. Jose N Rodriguez Memorial Hospital	2	As certified providers
		<b>32</b>	

The above table summarizes the number of such consultants from Department of Health hospitals that were initially validated as BTL-MLLA service providers and were assessed and certified as service providers with the DOH-RO Regional Director and master trainers as signatories.

In DOH-RO I, at the Region I Medical Center which is a previously developed BTL-MLLA training center, the two certified trainers are providing regular BTL services and have been conducting BTL-MLLA training to ob-gyne residents and other service providers. These certified trainers were oriented on the draft BTL-MLLA facilitator's guide.

As a follow-on activity, the PRISM2 project continued to organize the schedules and arrangement for the training-of-trainers courses on BTL-MLLA for the certified BTL-MLLA service providers who are ob-gyne specialists and potential trainers in the Department of Health-retained medical centers or regional hospitals. Part of the process of developing potential trainers is for them to conduct actual training

courses on BTL-MLLA for potential BTL-MLLA service providers who have been identified from the provincial and district hospitals within the region.

The following table summarizes the result of this training-of-trainers and the number of certified service providers who were then certified as trainers in BTL MLLA:

Regional Office	DOH Retained Hospital	Number Trained	Remarks
1	Region I Medical Center	2	Previously certified Trainers
2	Cagayan Valley Medical Center	2	Certified as Trainers
3	PJGMRMC	3	Certified as Trainers
5	Bicol Medical Center	2	Certified as Trainers
	BRTTH	4	Certified as Trainers
	Ago General Hospital	2	Certified as Trainers
6	Western Visayas Medical Center	3	Certified as Trainers
7	VSMC	1	Certified as Trainer
	SAMGH	1	Certified as Trainer
	GCGMH	3	Certified as Trainers
11	Davao Regional Hospital	1	Certified as Trainer
	Southern Philippines Medical Center (previously Davao Medical Center)	1	Certified as Trainer
		25	

## ISSUES AND CHALLENGES

*What significant factors became barriers in initiating this system...*

1. Other than the guidelines on BEmONC training fees, the DOH and DOH-ROs do not have clear guidelines on how to charge training fees for other training courses. It is important that training fees are not prohibitive because training courses will then remain inaccessible – the precise issue that the training system sought to address in the first place.
2. Likewise, there are inadequate guidelines clearly defining how government funds can be used in paying for private sector-organized/conducted training courses as in an outsourcing arrangement that is compliant with Commission on Audit rules.
3. Some individuals resist the idea of private sector being tapped as trainers for public sector training courses.
4. Some Department of Health hospitals do not comply with Department's standards of quality care. For example, most Department of Health-retained medical centers and regional hospitals do not perform BTL under local anaesthesia and sedation but rather prefer spinal anaesthesia or general intravenous anaesthesia.
5. There is inadequate policy support for empowering the private sector to be actively engaged and involved in the training activities of government.

## RECOMMENDATIONS

*What recommendations will address these barriers and likely contribute to success...*

### **1. The issuance of a national Department of Health training system policy**

There is a need for central Department to come up with a strong policy statement encouraging support for private sector involvement in all Department of Health-related training activities that need to be scaled up immediately. This includes clear guidelines on the certification processes, financing and co-financing schemes for both public and private trainees, regular training needs assessment surveys, needs assessment-based training plans, mandating all DOH-ROs to manage training systems nationwide, delegating authority to conduct training courses to DOH-certified/recognized trainers and training institutions, etc.

### **2. Immediate recognition of existing master trainers and authorization for them to conduct training-of trainers nationwide**

Most master trainers are already retired or close to retirement. It is important for the Department of Health to activate these trainers now in order to develop the next generation of master trainers that will continue the task of ensuring competent FP-MCH service providers for many years. These master trainers should be recognized and provided with the authority to conduct the training courses they have mastered.

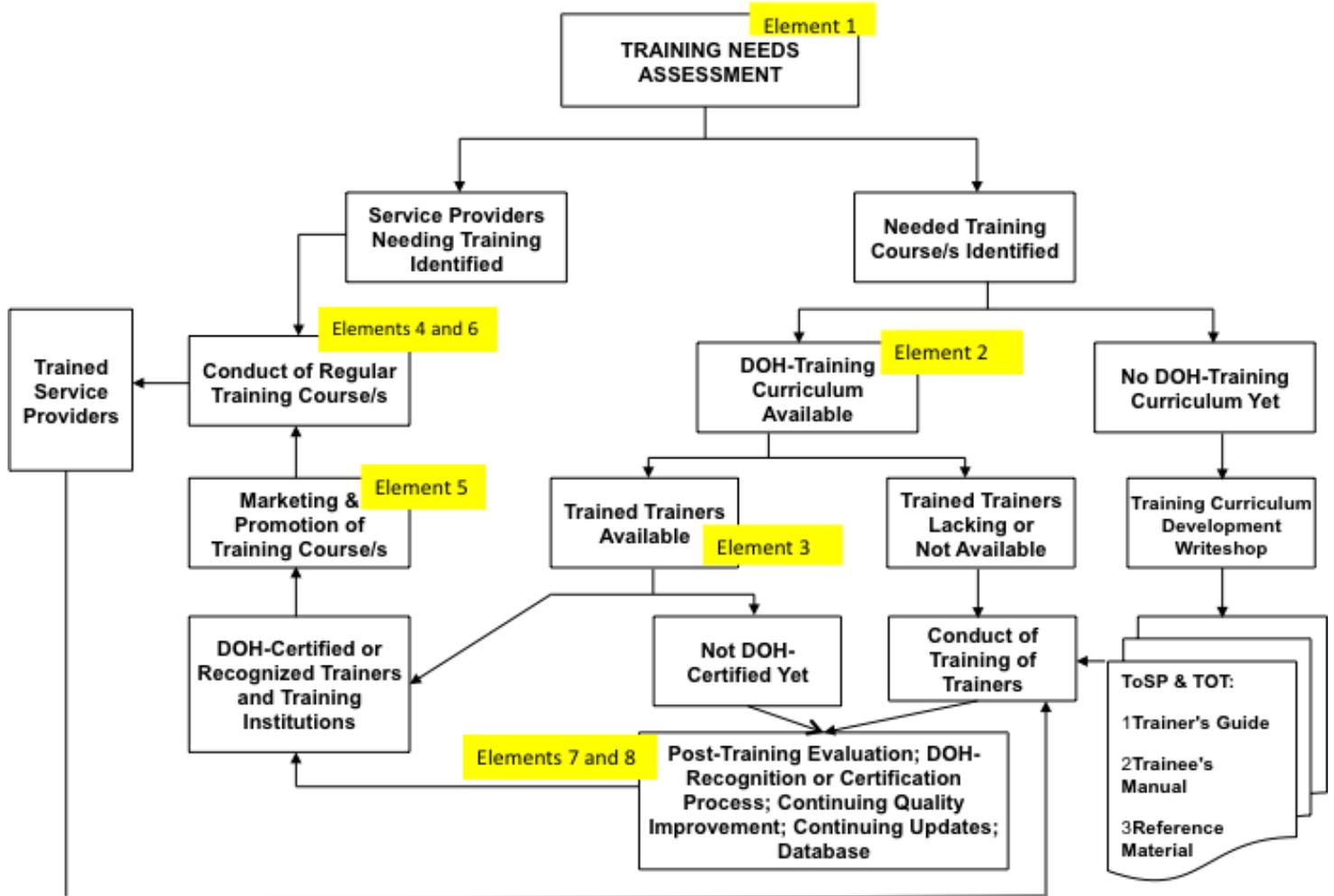
### **3. Department of Health national office funding support for nationwide scaling up.**

With funding available from the national budget as well as from the sin taxes, the Department of Health must invest now in capability building activities nationwide if any serious significant impact is to be made on the Millennium Development Goals.

## ANNEXES

**Annex A: Training System Framework**

**PRISM2 TRAINING SYSTEM FRAMEWORK**



## Annex B: Fulfilment of the Eight Elements of a Functional Training System in DOH-RO V

Name of Partner: Bicol Regional Training and Teaching Hospital  
Bicol Medical Center

Training System Established for: FP-CBT 1 and FP-CBT 2 (BTL)

Elements	Means of Verification/Documents	Regional Training Hospital and HHRDU Documentation
1. DOH-recognized training curriculum for FP-MCH	<ul style="list-style-type: none"> <li>Printed or electronic copies of the DOH approved BTL-MLLA</li> <li>Training design reflected in Facilitator's manual</li> </ul>	Available in PDF format; Training Design Printed and available at the region
2. Pool of trainers from public and private sectors	<ul style="list-style-type: none"> <li>Copy of the master list of public and private trainers</li> <li>Copies of their individual training of trainers' certificates</li> <li>In lieu of these individual certificates, a certification from the training institution attesting to the trainers' completion of the training of trainers</li> </ul>	Master list is available at the BRTTH/ BMC/ DOH-RO  Copies of Certificates signed by the RD on file available at DOH-RO
3. Mechanism to identify FP-MCH training needs carried out on an annual basis;	<ul style="list-style-type: none"> <li>Copy of the write-up describing the mechanism on how to conduct TNA</li> </ul>	HHRDU/ DOH-RO
4. DOH-RO annual training plan	<ul style="list-style-type: none"> <li>Copy of the DOH-RO annual training plan for BTL-MLLA</li> </ul>	<ul style="list-style-type: none"> <li>Available at BMC and BRTTH with submitted copy to DOH-RO</li> </ul>
5. Promotion of training courses	<ul style="list-style-type: none"> <li>Copies of the marketing plans developed by the partner or consortium of partners</li> </ul>	<ul style="list-style-type: none"> <li>Marketing plan to be developed yet</li> <li>DOH-RO announces to LGUs during meetings</li> </ul>
6. Regular training schedule and venue;	<ul style="list-style-type: none"> <li>Calendar of scheduled training activities for the training course for which the training system was established</li> </ul>	DOH-RO announces to LGU in meetings
7. Tracker of training activities and participants	<ul style="list-style-type: none"> <li>Database of trained public &amp; private health providers (Copy of accomplished Training Database Management Information System (TDMIS) for UHA training activities and trainees)</li> </ul>	<ul style="list-style-type: none"> <li>To be trained on the use of TDMIS</li> <li>Temporary Excel file/ listing is available</li> </ul>
8. Post-training support activities	<ul style="list-style-type: none"> <li>Copy of written report on the post monitoring activities conducted</li> </ul>	Training hospitals (BRTTH/ BMC) to prepare report after each batch of training. Part 2 of the report is the post training monitoring and their recommendation to DOH-RO for certification

## Annex C: Fulfilment of the Eight Elements of a Functional Training System in DOH-RO VII

Name of Partner: UHA ZaNiVIV Caregiver School  
 Training System Established for: FP-CBT I

Elements	Means of Verification/Documents	Documentation
1. DOH-recognized training curriculum for FP-MCH	<ul style="list-style-type: none"> <li>Printed or electronic copies of the DOH approved FP-CBT (Level I) Basic Course Materials: Facilitator's Manual <i>and</i> Participant's Manual</li> <li>Proxy: Training Design lifted from Manual</li> </ul>	Available in pdf format; Training design printed, available
2. Pool of trainers from public and private sectors	<ul style="list-style-type: none"> <li>Copy of the Master List of public and private trainers</li> <li>Copies of their individual training of trainers' certificates</li> <li>in lieu of these individual certificates, a certification from the training institution attesting to these trainers' completion of the training of trainers</li> </ul>	<p>Master list is printed, available</p> <p>Scanned copies of certificates submitted 7-9-2013</p>
3. Mechanism to identify FP-MCH training needs carried out on an annual basis	<ul style="list-style-type: none"> <li>Copy of the Write up describing the mechanism of how TNA is conducted</li> </ul>	Printed, available
4. DOH-RO annual training plan	<ul style="list-style-type: none"> <li>Copy of the DOH-RO annual training plan for FP-CBT from MNCHN funds</li> </ul>	Available – DOH-RO VII action plan for reducing unmet need
5. Promotion of training courses	<ul style="list-style-type: none"> <li>Copies of the Marketing plans developed by the partner or consortium of partners</li> </ul>	Available in PDF format and may be printed
6. Regular training schedule and venue	<ul style="list-style-type: none"> <li>Calendar of scheduled training activities for the training course for which the training system was established</li> </ul>	Printed, available
7. Tracker of training activities and participants	<ul style="list-style-type: none"> <li>Database of trained public &amp; private health providers (Copy of accomplished Training Database Management Information System (TDMIS) for UHA training activities and trainees)</li> </ul>	Available in pdf and may be printed
8. Post-training support activities	<ul style="list-style-type: none"> <li>Copy of written report on the Post monitoring activities conducted</li> </ul>	Printed, available