

Developing

National Training Strategy

Family Planning Logistics

How Hard Can It Be?

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October

DEVELOPING NATIONAL TRAINING STRATEGIES
IN FAMILY PLANNING LOGISTICS:
HOW HARD CAN IT BE?

Presented at the 121st Meeting of the American Public Health Association
San Francisco, California
October, 1993

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For the past seven years, the Family Planning Logistics Management Project (FPLM) has provided training in contraceptive supply logistics to developing country family planning programs that receive contraceptive donations from the U. S. Agency for International Development. National training strategies have been developed with FPLM assistance in approximately 12 countries. There have been successes and failures, and many lessons learned. This paper describes five strategies developed and in different stages of implementation in five developing countries. Each strategy has its advantages and disadvantages. While there are as many variations as there are countries, certain characteristics and factors for choosing a strategy can be generalized beyond the specific country examples. We hope that our analysis will provide some insight for others when developing national training strategies.

The five training strategies discussed in this paper are:

- Trickle-Down Training Model
- Central Training Team Model
- Regional Training Teams Model
- Training Institution Model
- Tiered Training Team Model.

While the term Trickle-Down Training has been used widely in training literature, the other names we have given to our training strategy models are descriptive and may not have been used by or be familiar to others.

We would like to thank all the host country trainers with whom we have worked and who have helped in the development and continue to help in the implementation of these strategies.

Introduction

When faced with the challenge of determining how to train family planning personnel at all levels of the health care system in the area of contraceptive logistics, a number of issues come to mind:

Who has to be trained? Anyone who procures, orders, stores, distributes or dispenses contraceptives. In most developing countries with three or four administrative levels (central, regional, district, and service), there are usually no fewer than 400 potential trainees.

Who will provide the training? The area of contraceptive logistics is specialized enough that host country family planning personnel and trainers have not had much, if any, previous exposure to the topic. No curricula exist in-country. Assistance is usually required from international consultants to develop contraceptive logistics systems and institutionalize logistics training capacity within a country.

What resources are required? Often more scarce than the most obvious financial resources required to provide logistics training is a mechanism for institutionalizing this training within a family planning program. Institutionalization of logistics training, as with any type of training, demands that there be dedicated training staff and management and administrative support for their work. Local family planning trainers are usually already overwhelmed in their jobs providing service delivery training so alternate mechanisms may need to be sought.

How long will the training take? Unlike family planning service training where once an individual completes their training they are able to use the skills they have acquired, contraceptive logistics requires that all levels in the administrative structure be trained before the system is functional and individuals may use what they have learnt. This is because each level depends on the other levels for information and contraceptive supplies to do their jobs. Therefore, the time it may take to implement and complete a national training strategy may be quite lengthy, taking several years.

These factors were taken into consideration when the national training strategies described below were developed.

Trickle-Down Training Model

The Trickle-Down Training Model is probably one of the most common and least effective training strategies. In Trickle-Down Training central level staff who have received training in technical content, and possibly training methodology, train the next level of worker, who then train the next level of worker in what they have learned, and so on until everyone who is targeted for training is trained. Expert assistance in the technical area and training is usually

limited to training the central level. Curricula are rarely adapted for the various cadre of workers, and at best, a standard curriculum is used throughout.

The main advantage of the Trickle-Down Training Model is that it does not require an outlay of significant resources (human, material, and financial), often scarce in many developing countries. More specifically the advantages of the Trickle-Down Training Model are:

1. The program does not have to hire and support a separate team of trainers to do logistics training. It uses existing staff as trainers.
2. Costs are generally lower and decentralized as the training is conducted by existing staff, takes place near or in the trainer and participant work sites, and usually does not involve extensive needs assessment or curriculum development.
3. If successfully supported by management, the process empowers workers at all levels to plan and conduct training, expanding their own worth.

The disadvantages of the Trickle-Down Training Model are numerous and should really be given serious review by any trainer recommending this model for a national training strategy. The disadvantages of the Trickle-Down Training Model are:

1. Training is conducted by personnel who are not trained trainers and who themselves are new to the technical content of the training.
2. Training is usually an added responsibility for those who are expected to train the next cadre of personnel. Therefore there is little incentive to schedule training as it means additional work. Training is usually done when there is time, not on a specific schedule. Potentially it could be a very long time before everyone is trained.
3. Little attention is usually given to developing curricula appropriate for each level of personnel. There is inconsistency and dilution of the technical information and skills the further from the central level the training takes place.
4. Personnel need support from the center and resources to do training, both scarce.
5. Since training is an added responsibility given to already fully employed personnel, conducting training may significantly divert them from their usual jobs. Important services that personnel routinely provide may be neglected.

EXAMPLE: Mali Family Planning Logistics Project

Consultant & central level family planning personnel design preliminary system.

Consultant trainers train central and regional level family planning logistics personnel in general logistics principles.

Selected central and regional level family planning personnel participate in 6 week Training of Trainers conducted by consultant trainers, preparing them to provide training in all aspects of family planning (clinical, counseling, supervision, and logistics).

Consultant trainers train central and regional level family planning personnel in 2nd logistics workshop at which time logistics system is finalized.

Central and regional level family planning logistics personnel train district level family planning personnel in logistics using central/regional level curriculum.

District level family planning logistics personnel train service delivery personnel in logistics with no specified curriculum.

RESULT: Evaluation showed central and regional level family planning logistics personnel knew the logistics system. District and service delivery personnel needed retraining.

Mali is an example of a country where we developed a national training strategy using the Trickle-Down Training Model. Our activities there span a period of four years. Why did we choose this model for Mali?

- The prime reason was that this model was one that the policy makers were very experienced using and therefore insisted on following.
- The emphasis in the beginning was on correcting the logistics problems between the regions and the central level.
- There was a policy maker assumption that all the supervisory personnel do on the job training, so that they were already skilled enough to undertake logistics management training for their respective subordinates and they would all be able to model how they were trained by their supervisors.
- This model offered the best opportunity to move quickly across the country and at the lowest cost.

What were the findings of our follow-up evaluation?

- * Most of the logistics problems between the central and regional levels were greatly reduced.
- * Those regional level personnel who had received training from the consultant trainers and who were still at their sites, demonstrated that they had retained the knowledge and skills imparted during their training.
- * A low percentage of the district level personnel appeared to have the necessary knowledge and skills to efficiently manage their logistics system.
- * Most of the service delivery personnel we interviewed had not received training in logistics and those that had, could not demonstrate the necessary competencies needed to manage the logistics system at their critical level.

What did we learn from the experience?

- In order for Trickle-Down Training to work, there must be central level or other technical expert support in curriculum development for each level to be trained and in training skills.
- The Trickle-Down model will not necessarily train personnel more quickly than other models if there is not a plan established that will be overseen by regional and/or central supervisory personnel.
- The national training strategy has been modified to include serious emphasis on curricula development and technical support by the central level trainers and a local FPLM resident advisor.

Central Training Team Model

The Central Training Team Model relies on a team of trainers, usually comprised of personnel identified from the central level of the system, or hired specifically for the team, and supported directly by central program management, to train all other personnel in the program in a particular field. Central level staff, including training team members, usually receive their training from consultant trainers.

We have worked with central training teams who also included regional program staff on the team, trained trainers and technical personnel with no previous training experience, and have had anywhere from 4 to 17 trainers on the team. Two universal, and very important, characteristics of the Central Training Team Model are that the team is recognized as a "training team" and that it receives direction from central program management. Many times members of the team have other programmatic responsibilities, but priority is given to their training tasks

when a training program is underway. Larger central training teams may form smaller teams within themselves to provide a particular training so that more than one training may take place at a time, or other trainers may attend to other responsibilities, or take a break from training.

The advantages of the Central Training Team Model include:

1. Training activities are more likely to receive the support and resources that are needed from central program management.
2. While the skills of the training team may vary at the onset, providing training to the the training team to improve those skills is facilitated by the limited number of members. The team's knowledge and skills generally improve over time as they have the opportunity to provide the specific training over and over again.
3. Generally there is more consistency in the knowledge and skills trained by the team and in the quality of the training.
4. As there is only one training team, changes to the curricula or training program are more easily communicated and implemented.

The disadvantages of the Central Training Team Model are:

1. Because there are a limited number of trainers providing training, it takes longer to train all personnel that need to be trained.
2. This strategy is generally fairly expensive due to the cost of employing additional staff to form the team and of transporting the team throughout the country.
3. As with all work teams, problems may arise should a trainer leave the team, or team members change their status as other programmatic needs arise. Considerable effort is usually given to developing and maintaining the team, and it may be difficult to introduce new trainers after a training program is initiated.

We selected Mexico as an example of the Central Training Team Model. The Central Training Team Model for Mexico was the second strategy adopted after it became clear that it was not going to be possible to create a Family Planning Logistics Training Unit. This newly revised strategy is in the beginning stages of its implementation.

CENTRAL TRAINING TEAM MODEL

EXAMPLE: Mexico General Directorate for Family Planning Logistics Project

Logistics workshop for family planning personnel from 20 of 32 states conducted by consultant trainers.

Policy makers & central level family planning personnel design family planning logistics system with assistance from consultant.

National training needs assessment conducted by central level and consultant trainers focusing on training and logistics.

Consultant trainers train central level family planning personnel in logistics system and in training, establishing a central level training team.

Central logistics training team adapts curriculum and trains state level family planning personnel from 11 priority states (1/3 of the states in Mexico) with assistance of consultant trainers.

Central logistics training team adapts curriculum for jurisdictional level personnel and conducts training. Consultant trainers observe initial trainings, provide feedback as needed, and phase-out thereafter.

Consultants with central level training team evaluate training impact one year after state training is initiated. Curriculum revised as needed.

Jurisdictional personnel train service personnel through on-the-job and on-going supervision.

Plan for training 3 additional priority states and other 18 states still to be determined.

RESULT (expected): Logistics training is institutionalized by the establishment of central logistics training team. Given the size of the country, however, the central training team is able to provide training to only one-third of targeted family planning personnel per year.

Why did we choose to go to a Central Training Team Model for Mexico?

- Although this model for such a large country could take 3 years, priority was given to improve the logistics management performance in 14 states first,

therefore it was possible to think of accomplishing this priority task in 1 1/2 years.

- There was great support from the policy makers to develop a large team of trainers to accomplish the task.
- There were several experienced and qualified trainers selected to be on the central training team.
- The technical assessment showed that the service personnel could learn what they needed about logistics through routine on-the-job training provided by their supervisors.

What are the possible issues for the implementation of the strategy?

- * How will the central trainers insure that the one-on-one training takes place at the service level?
- * How will the central team bring in new members as others leave?
- * Will the proper grouping of team members be made to do training in the field with at least one of the stronger trainers involved in each training activity?
- * Will the central team stay together long enough to complete the training for all 32 states?

Regional Training Teams Model

In the Regional Training Teams Model, a training team is developed in each region in a country. Team members are either hired specifically for the job or taken from the ranks of regional program staff. Regional training teams are responsible for training all relevant program personnel in their region in the specific field. Curricula are usually developed centrally and adapted for use in each region by the regional training teams, with support from the central level. Central level and regional level personnel usually receive training from consultant trainers in the field.

The advantages to the Regional Training Teams Model include the following:

1. Regional training teams are generally located close to where they will be providing training, thus reducing costs associated with transporting trainers or participants, and conducting training needs assessments. They are also more familiar with the work and situation of program staff to be trained.

2. Because there is one team usually assigned to each region, training can be conducted in many areas at once reducing the amount of time required to complete training nationwide.
3. Regional trainers often have supervisory responsibilities. They are more likely to do supervision and post-training follow-up.

The disadvantages of the Regional Training Teams Model are:

1. In order for regional training teams to be effective, they require support from central level program management for resources and authority to carry out the training. This may not be easily received when the teams are not actively pursuing it; "out of sight, out of mind." Central level management must be interested and active in the regional training activity.
2. Regional trainers conduct fewer training events than central level trainers and therefore do not necessarily develop the same level of training and technical expertise.
3. If changes are made to the curricula or in the training program design, it is more difficult to communicate with the different regional training teams and institute these changes uniformly.
4. As with a central training team, considerable effort is given to developing and maintaining the team, making the addition of new trainers problematic.
5. In most cases, regional trainers are not just trainers, but have a variety of responsibilities, including training responsibilities in a variety of fields. They may not be able to give each of their responsibilities the attention they need.

Niger is one of the countries where we have completed the implementation of the training strategy and have conducted follow-up evaluations.

Why the Regional Training Teams Model for Niger?

- The logistics training strategy as developed corresponded with the national family planning training strategy for the other sectors: clinical, counseling, and supervision.

- There was a resident training consultant (URC project) in the training unit at the central level who would insure that the central level would pay sufficient attention to the implementation of the training.
- The regional team members were all supervisors of the district and service delivery personnel which would assist them when training these same subordinates, as well as providing supervision and follow-up after the training.

REGIONAL TRAINING TEAMS MODEL	
EXAMPLE:	Niger Family Planning Logistics Project
	<p>Policy makers & central level family planning personnel design family planning logistics system with assistance from consultant.</p> <p>Regional training team members identified by central level.</p> <p>Regional level family planning personnel trained by consultant trainers in logistics system implementation and training, resulting in the establishment of regional training teams.</p> <p>Regional training teams are given revised curriculum to begin combined district and service level training with technical support from central level and resident and U.S.-based consultant trainers.</p> <p>Consultant trainers revise curriculum based on field evaluation and observation of trainings.</p> <p>Regional training teams continue and complete combined district and service level training unassisted.</p>
RESULT:	Logistics training institutionalized through regional training teams. Regional training teams network and act as resource persons for other regional training teams. Follow-up evaluation of the training indicated that it has been successful as indicated by a high percentage of family planning clinics following good logistics practices and the central level receiving 80% reporting.

What were the lessons learned from the Niger experience?

- * In general the follow-up evaluations showed that this training strategy model worked well in Niger.
- * One of the keys to the success of the regional teams in doing training was that every team received strong central level and consultant support which included having someone from the central level or a consultant available for each team's first training workshop.

* Another critical factor to the success of this model was that the central training unit did not overload these supervisors functioning as trainers by having them be responsible for all areas of family planning training, rather there were different content area specialists throughout the regions.

* Even with well developed curriculum from the start, in order to maximize the impact of the training, the training consultants revised the curriculum twice based on training workshop observations and field evaluations (In both cases further detailing the curriculum to aid the neophyte trainers).

Training Institution Model

When training of program personnel is conducted by an organization or institution that is not under the direct management of the program, but is contracted separately, this is the Training Institution Model. The institution may be private, parastatal, or governmental. This model is used when the program itself does not have sufficient management and training personnel in-house to provide the needed training. While the development, management and conduct of the training program is the responsibility of the training institution, management staff of the technical program are still expected to provide some input into the training activity. This input should include approval of the curricula to be used, the timing of the training, and participants for each training workshop. Consultant trainers assist in the selection of the institution and in building its capacity to provide a specific technical training such as logistics management.

The advantages to using an outside training institution to provide training are:

1. The program does not have to either have or hire trainers to undertake the training. It does not have to divert existing trainers or staff from current responsibilities to do the specific technical training.
2. Responsibility for developing and conducting the training rests with the institution and therefore the program does not have to divert its own human resources to handle the day to day details of the training activity.
3. Training may be completed in a more timely manner as the institution is expected to undertake the training as a priority activity.

The disadvantages to the Training Institution Model are:

1. It is generally more expensive to hire an outside institution, with its own organizational costs. In cases where we have used this model, a donor organization has financed the activity.
2. Unless program management takes specific interest in the work of the institution, it may lose control over the quality and timeliness of the training being provided.
3. Institutionalization of the specific technical training capacity occurs in an organization that is not an integral part of the program. Should that organization determine that it is not lucrative to continue providing the technical training beyond the current contract, the investment of building that capability is lost.

The Family Planning Unit of the Ministry of Health of Tanzania will use a local Tanzanian institution to provide training to its regional and district level family planning personnel.

EXAMPLE: Tanzania National Family Planning and National AIDS Control Programme Logistics Project

Local training institution selected and contracted with assistance of consultant trainers.

Central level family planning personnel and training institution trainers trained in logistics by consultant trainers.

Training institution trainers participate in Training of Trainers and Curriculum Development Workshop conducted by consultant trainers. Regional/district level logistics curriculum developed during workshop.

Training institution trainers conduct training needs assessment in pilot region with assistance from consultant trainers.

Training institution trainers revise curriculum as needed and conduct logistics training in pilot region for regional and district level personnel with assistance from consultant trainers.

Training institution trainers conduct needs assessments and conduct logistics training on a region by region basis. After 20 workshops, all regional and district personnel will be trained.

Training impact will be evaluated approximately one year after training initiated by institution and consultant trainers.

RESULT (expected): Logistics training capacity established in local training institution and logistics training completed nationwide after 20 regional workshops. However, since logistics training is outsourced and not managed by family planning or government structure, local institution must be contracted for further logistics training. Institution may opt to no longer provide this training service.

Why has the Training Institution Model been chosen for the Tanzania logistics training?

- The newly created Family Planning Unit does not have the manpower or training expertise to undertake logistics training, yet a functioning contraceptive logistics system is needed.
- The few trainers that work with the Family Planning Unit are currently employed in providing service delivery training and it is estimated that it will be about 2 years before they could be free for logistics training. The logistics system has been designed and contraceptives are being distributed. Regional and district family planning staff need to know how to manage them now.
- While the family planning unit itself does not have the funds to undertake the training, donor organizations which supply the contraceptives are willing to pay for training in managing the contraceptives.

- There are several management institutes in Tanzania which have experience in providing short-term management training and are interested in providing logistics management training for the Family Planning Unit.

Potential issues for the implementation of the Training Institution strategy in Tanzania:

- * Expert consultant trainer assistance to the selected local institution is limited to training of trainers, curriculum development, and assisting with the pilot needs assessment and training. Local institute trainers may require more assistance in early trainings.
- * While it is planning to hire additional staff who will work in logistics, the Family Planning Unit does not currently have the manpower to sufficiently monitor the local training institute and assure the quality of the training provided.
- * Several donor organizations are involved in family planning and have expressed an interest in funding local training costs through the local institution. However, no one organization has agreed to pay for all the costs, so funding may continue to be an issue.

Tiered Training Team Model

The Tiered Training Team Model is characterized by having a team of trained technical trainers at each administrative level in the system. The training teams already exist at each level and only require technical training before undertaking a training project. A detailed curricula is developed for each administrative level by the central level in an effort to assure that the various training teams are providing the same technical information and skills. Regional level trainers train provincial level which in turn train district level trainers.

The advantages of the tiered training model are:

1. Trained trainers are available to provide the training, therefore others do not need to be diverted from their current responsibilities. Resources are not required to develop training teams.
2. Training may proceed at a more rapid pace as each administrative level has a training team per administrative unit.

The disadvantages of the model include:

1. Training may proceed so rapidly that no time is given to evaluation and fine tuning of the training.
2. The model depends on having trained trainers. While in many countries there are existing teams of trainers throughout a program, the quality of their training skills, experience in adapting curricula, and ability to manage training activities may vary greatly.

Morocco is one of the countries with a large family planning program with basically five administrative levels. The development of this Tiered Training Team Model was the result of a lot of negotiation between the training consultant and the central level policy makers.

Why the Tiered Training Team Model for Morocco?

- Implementing the changes in the family planning logistics system as quickly as possible was of utmost importance to the MOH policy makers.
- Assurances were given that the regional and the provincial level trainers are all experienced and qualified "stand-up trainers," and therefore did not need methodology training or support at the workshops from the consultants nor the central level personnel.
- With the heavy emphasis on providing the regional and provincial trainers detailed curricula tailored for each level, there is more control over content and methodology.

EXAMPLE: Morocco Family Planning Logistics Project

Consultant trainers conduct national training needs assessment and develop national training strategy with Ministry of Health.

Policy makers & central level family planning personnel design family planning logistics system in logistics design workshop conducted by consultant trainers.

Curriculum for training regional and provincial trainers developed by central level family planning trainers and consultant trainers.

Training in logistics for regional level trainers conducted by consultant trainers, and assisted by central level family planning trainers.

Central level family planning trainers develop curricula for district and service level personnel with assistance from consultant trainers.

Nine regional training teams conduct logistics training simultaneously for provincial level trainers with sample observation by central level family planning trainers and consultant trainers.

Provincial training teams train all district level personnel simultaneously in logistics with sample observation by regional or central level family planning trainers and consultant trainers.

Provincial training teams train service level personnel soon after district level training completed with sample observation by regional or central level family planning trainers and consultant trainers.

Evaluation of training impact by central level staff and consultant trainers.

RESULT (expected): In one year, logistics training will be provided to approximately 4 central, 27 regional, 180 provincial, 600 district, and 1140 service level family planning personnel. Logistics training will be institutionalized through training teams at the regional and provincial levels, *En Sha Alla*.

Potential issues for the implementation of the Morocco strategy:

- * There is no time allocated for evaluation during the nationwide training, so if the curricula are not on target, there is no time to revise them to improve the impact of this training intervention.
- * If the regional and provincial level trainers are not as experienced and qualified as assumed, their execution of even the best written curricula may not achieve the stated training objectives.

* The provincial level trainers will do the greatest portion and the most important part of the nationwide training without receiving their training from the logistics experts themselves: this model employs a partial trickle down strategy.

Summary

The chart below shows a comparison of the different models with five different characteristics based on the example countries discussed earlier.

Model	Time	Cost	Institutionalization	Consultant Level of Effort	Training Impact
Trickle- Down	moderate	minimal	minimal	minimal	minimal
Central Training Team	high	high	high	moderate	high
Regional Training Teams	moderate	minimal	moderate	moderate	moderate
Training Institution	high	high	moderate	high	high
Tiered Training Team	minimal	moderate	moderate	moderate	moderate

There is no one strategy presented that is right for all countries. When developing national training strategies the program policy makers and the consultants have to consider different factors including the five listed above as they relate to country program priorities. Each of the models presented has characteristic trade-offs. While the highest level of training impact is a hope for all training interventions, the program may not be able to allocate the high level of funds, including consultant level of effort, nor the time.

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