

# Capacity Building

Nepal Safer Motherhood Project

Issue Sheet 4

## The Challenge

When NSMP first began in 1997 there were no standardised clinical and non-clinical courses related to emergency obstetric care, either for nurses, doctors or support staff at pre-service or in-service level. Thus there was no consistency in the services provided at different facilities, and staff lacked support and guidance about what constituted good practice. This in turn impacted on the quality of services available for women.



## Key Issues

A wide range of clinical and practical needs were identified at facility level, including interventions to address poor infection prevention practices, outdated delivery management, inappropriate newborn care, and poor maintenance of equipment leading to frequent breakdowns or equipment being out of use altogether. Linked with this, management systems were hierarchical and disempowering for lower cadres of staff. At national level many of these training courses needed to be integrated through the National Health Training Centre of the Department of Health Services, to ensure standardisation of content and access of all public health staff to appropriate training to enable them to fulfil their jobs effectively.

The shortage of standardised training sites and lack of capacity for followup after training poses a significant challenge in the effort to increase the amount and quality of training provided for public health facility staff. While most of the clinical training site capacity was developed through the National Health Training Centre, NSMP often implemented non-clinical training courses, such as repair and maintenance of equipment, management and organisational development and some aspects of infection prevention, through established private agencies.

NSMP experience shows that changing the confidence of staff to use new skills in the working environment is more difficult than changing their skill competency in a controlled training environment. Without effective, supportive and facilitative supervision it has been observed that newly trained staff often do not feel able to “risk” using their new skills, and thus may quickly lose their competency. Early performance based monitoring (within three months of training) has been found to be an effective tool for raising staff confidence to use newly acquired skills.



Since working with partners has been a key aspect of the work of NSMP, there was also a need to build their capacity and provide training in some of the technical aspects of health related work, as well as organisational development and communication skills. At local level, many of the partners were relatively small organisations, with a limited field of experience, and thus needed support to enable them to develop and grow into the roles required of them.



## Achievements and Lessons Learned

In collaboration with other national level safe motherhood partners, NSMP worked with the National Health Training Centre to enhance and to increase government training capacity. A range of competency based training curricula was developed for midwifery and basic essential obstetric care (in-service and pre-service), and an anaesthetic assistant’s course. Infection prevention practices and operation room management guidelines were also agreed.

Hospital based training sites were extended and improved, in partnership with the National Health Training Centre and the management team of the individual facility, with infrastructural additions and supply of equipment for classrooms, including appropriate training aids, learning materials and furniture. In the interests of long term



sustainability, training management mechanisms were introduced through the hospital management committees. Before supporting the development of a training site for midwifery and basic essential obstetric courses, NSMP ensured that the facility provided standardised quality of care, in line with government agreed stipulations. It is important that a facility meets an agreed national standard before expanding its role as a training site, since it must provide an exemplary model for student clinical practice.

At facility level NSMP has used a whole site approach to identify needs and provide on-site training and followup to develop staff capacity and confidence, generate a team spirit and sense of collective responsibility for services, and to improve management and organisational systems. With the support of district based staff, facilities were encouraged to take responsibility for identifying and fulfilling their own development needs, and to develop a team approach to management. This collaborative approach and use of appreciative enquiry techniques has been successful in changing attitudes and confidence as well as improving skills among staff, by generating an enabling environment at facility and community level. This has resulted in more effective

identification and use of local resources to address needs, and the development of a “can do” attitude.

The use of private contracted agencies, through public/private partnerships, proved to be a practical and cost effective supplement to limited public capacity for the provision of in-service training. This often entailed first developing the private partner’s capacity in order to meet health facility needs in the delivery of non-clinical whole site training courses. The use of local agencies for these types of training was more practical, since frequent site visits were needed over a relatively long period, which are difficult and expensive to provide from central level.



## Questions Remaining

The undoubted achievements at facilities within the project districts have demonstrated how much is possible with an enabling environment. However, scaling up activities based on such human resource intensive inputs will be a major challenge. Post training followup in particular remains a gap, due to lack of staff capacity at training sites and national level. There is still a need to institutionalise the contracting out of training to private sector agencies in order to meet the demands of public health facilities across the country, and to enable the National Health Training Centre to use its scarce resources more effectively for the development and design of new courses, accreditation, monitoring the quality of training courses and evaluating service providers’ performance.

There remains a gap between the standards and content of pre-service and in-service training institutions. Currently in-service training courses are updated according to the latest evidence based technology while pre-service courses (MBBS, Nursing) have yet to be updated.

The involvement of communities in identifying local training needs has proved successful in generating a sense of ownership and mutual responsibility between facilities and the communities they serve, and this needs to be scaled up.

A performance based monitoring system is needed at facility and central level, to identify and address gaps between post training objectives and practice, and the standards achieved at facility level.

The Nepal Safer Motherhood Project (NSMP) was initiated in 1997 as a collaboration between the Nepal Ministry of Health and the UK Department for International Development (DFID).