

MCH III Module 1 Training VTT Drexel

Summary and Review (R. Smith)

March 10, 2019

Overall Summary

Wow.... I cannot have imagined 6 years ago when driven by Josaphat Byamugisha, Sam Luboga and Tusu to 7 – 8 Health Centers in Uganda that we can be at the place we are now... I am humbled that this MCH III VTT – Drexel has cemented the idea that “Regional (HC based) Training Centers for Training Midwives” using combinations of distance education and skills based training is possible. Many successes were experienced with all the dedicated Rotarians, Trainers and Trainees... but we also have a lot of challenges ahead. A lot was learned and as a whole VTT Drexel Feb 2019 was a great success!

As you can see in more details below, the Training Center model has been successfully started, over 25 midwives were trained (and many will become trainers themselves as they promised) and the resources are in place that make it possible.

The Rotary Foundation support will continue for 18 – 24 months as we roll out all the Basic Emergency Obstetrics and Newborn Care (BEmONC) modules. A plan is now being put together to make this happen, taking what has been learned by this inaugural VTT / MCH III Module 1. It will take a lot of support and dedication of ALL to make the full rollout of all Modules happen. For sure Dr. Rose and her team of Trainers (Mike, Scovia, Mariam, Musa and Violet) demonstrated their capabilities, commitment and dedication. RC Kampala North as always has demonstrated their commitment as a dedicated partner on this project. We look forward to our next VVT's... VTT Uganda (Jun-Aug 2019) and VTT Drexel 2 (Oct 2019)

Achievements (What Worked)

Trainers:

- Completed 5 days of Training on Drexel Blackboard / Module 1 online learning and Post-Partum Hemorrhage management skill training.
- Dr. Rose and five dedicated trainers (Mike, Scovia and Mariam (Makerere University), Musa (Mbarara University of Science and Technology) and Violet (Busitema University) participated in this training with the commitment that each of them in Weeks 2 and 3 would support HC training at St. Stephens HC and Namungalwe.
- Week 2 St. Stephens HC (near Kampala) with nine Midwives/medical center personnel attending, Rose, Mike, Scovia and Mariam along with VTT Drexel members (Gregg, Yanick, Sandy and Ron) Delivered 4 days of training... 2 days on knowledges and online learning support and 2 days of direct skill training with the simulator Mama Natalie
- Graduated 8 HC personnel and provided Certificates of Participation
- Week 3, Namungalwe HC (15 midwives from Namungalwe and 3 midwives from Namalamba attending) Rose, Musa, Violet and VTT Drexel (Sandy and Ron) Delivered 4

days of training... 2 days on knowledges and online learning support and 2 days of direct skill training with the simulator Mama Natalie. Class participation as 100%

- Graduated 18 HC personnel and provided Certificates of Participation and ceremony was attended by a local Health District Officer who commented on the success of our program.

Internet & IT Support

- The computer networks at both St. Stephens and Namungalwe sites worked well! No power or internet outages were experienced! Great IT support
- Bob John from MakCHS had travelled weeks prior to Module 1 training... these visits were essential in assuring that the IT systems and the midwives were ready (later at Namungalwe it was found more 5 midwives came to Module 1 training than had preregistered and trained with Bob John... we rolled with this and found the remedial computer training for most midwives at Namungalwe was needed. The midwives/learners at St Stephens seemed a bit more computer ready.
- Namungalwe had 8 computers operational with 18 students using, this was not optimal but worked. NOTE: 4 of the computers at Namungalwe were “old” computers and Bob John got them working with MakCHS provided keyboards. Etc.. But it was very obvious these older computers needed a memory upgrade to speed up the online experience (took ¼ - ½ hour to download 48 page .pdf document.

Trainees

- Wow! 24 altogether... they were all eager and dedicated, all participated nearly 100% over the 4 days, although there was demand on some of the trainees to serve their duties at the host HC. Despite the interruptions to their participation, it did not at the end of the 4 days to interrupt their overall learning.
- Most adapted well, some much better and faster than others to the computer portions of the learning... 3 – 4 “training champions” for each HC were easily identified... the Main Trainers and Rose should work to cultivate these champions
- All trainees seemed to interact with the online portion, the key will be how much they go back to the online learning, and how they interact with the Main trainers and how they access the upcoming content that will be available over the new internet learning tools.

Health Centers

- St Stephens: Went well. Computer network well taken care of... spot is tight but cozy and with the purchase of a circulating fan (Blue Bell Rotary Donation) the location of the computers provides a nice spot to study and access information. The Midwives / medical staff were available for much of the 4 days of training... The Administration was supportive of the 4 days and made the accommodations for allowing their staff to

attend much of the training. Upon “graduation” the Administration wholeheartedly showed their appreciation for Module 1 PPH training and, more importantly, accepted the responsibility to become a regional training center by permitting access and providing their own staff as trainers... Note there were several midwife trainees that showed the knowledge, skill and passion to be Training Center “champions” through which future training can be organized. Dr. Rose and the Trainer Cadre will propose these individuals to the Administration at St. Stephens.

- Namungalwe: Also went well and we were “overwhelmed” with the attendance... Five more than originally planned... Had 18 midwife trainees ... Super! But we to adjust and only with 8 computer stations, adjustments were made and there was a bit more ‘remedial’ computer support provided. The Administration was extremely supportive and provided their staff as much time as possible to attend the 4 days of training. The computer location is secure but with the dust that circulates in the area, there needs to be a constant effort to keep the computer area clean and operational. Upon graduation, the Regional District Medical Officer sent an assistant and expressed the Health District’s support for Namungalwe to become a regional training center. Although the midwife trainees understood that in the future they would be expected to support the training, the local Administration was not forthcoming in any discussions about their support for being a regional training center... Dr. Rose with RCKN should explore this more and make sure there is the Administrative support there to continue as a regional training center based upon the MoU that has been executed.

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- Namalembe: we did not visit or conduct training at this site. The plan was that the Namalembe staff would attend training at Namungalwe... and they did. Three midwives from Namungalwe attended all 4 days of training in Module 1. It is recommended that Dr. Rose and RCKN follow up with Namalembe HC administration to make sure they understand and support Namalembe being a regional training center along with the commensurate responsibilities of access to the online learning resources and the trainer’s resident at Namalembe.
- Future Mbarara Site: We are hoping with Dr. Musa’s support, a HC in the Mbarara area along with a Rotary Club there, can set up our 4th BEmONC Midwife Training Center. VTT Drexel visited Dr. Musa and saw the Regional National Referral Hospital there and discussed how to develop this 4th site.

Course Delivery

- Course “Knowledge” delivery was over two days (could have been one, but it worked out fine). Day one was getting online, presenting the online learning platform (Blackboard Learn) getting everyone on line and for them all to take the Pre-Tests. (Note some were not preregistered and took the pretest manually)
- Skill training went well... Mama Natalie’s and OSCE’s went over well and all midwives trainees were well engaged in the training scenarios
- Overall Observations
 - o BOTH sites training was very effective but differed... see comments below
 - o St. Stephen’s trainees adapted to the online knowledge component well and the computers all worked quite well... despite the room being a bit cramped. Their overall skills knowledge was not as strong as the Namungalwe group, most likely due to the fact Namungalwe has more births and midwives are more experienced in a range of delivery scenarios
 - o Namungalwe trainees were less experienced with computers and with such a large group and some REALLY old but working computers that resulted in long download times, the online knowledge training took a bit longer. As indicated above, the Namungalwe group was much more experienced with deliveries and various scenarios and adapted quickly to the Mama Natalie simulators. Also with very large trainee group (18) and with less experienced BAB / HMS Trainers, the Trainer group in Namungalwe deviated from the more standard HMS protocol and resorted to more discussions with Dr. Musa and Sandy and more group demonstrations... which the Namungalwe group seemed to really enjoy and learn from

Accommodations & Logistics

- Urban City Blue Hotel... excellent choice and should be used again. Only issues were the variability in internet quality... Very good location and access to places in central Kampala and at Mulago. Excellent food and service.
- MUMS Resort: was “ok” but when we checked out early, the management did not refund the last day and was uncooperative.
Food and service was marginal but rooms were clean and satisfactory.
- Transportation worked out well... between the MakCHS van and a local Taxi driver (Collins) we hired for the two weeks for local transport, all worked well. Would recommend Collins for other transportation work.
- RCKN volunteers were GREAT! Thanks to all that chipped in!

Challenges (Areas for Improvement)

Better use of time:

- Training meetings had a lot of “wait time”.... folks getting to training more timely and the training facilities being set up beforehand could have compressed our training schedules by 40% or so.... going into future VTT’s we should plan shorter times and folks will accommodate.
- We got done in 3 weeks what could have been done in 2. Not complaining, but accommodating busy folks does have its challenges, along with the challenge of “moving people” to and from training at Mulago, St. Stephens and Namungalwe alike.

IT Equipment:

- Mulago: the internet was intermittent and was the source for some stress and one afternoon lost power... we made up for it and still made good use of time
- St. Stephens: All worked well and no issues once the “social media tax” was paid. Drexel folks (me especially) relied on WhatsApp... and the tax was needed to be paid for WhatsApp use.
- Namungalwe: Internet mostly worked quite well. The computers were the most of the issue.... only four of the 8 were new and had enough hard memory and speed to support the online learning... the four other computers were “resurrected” by Bob John and they were limited by speed/memory in download. Needed the 6 – 8 computes to support the large class of 18 trainees. Despite the lower computer performances overall, the online training was completed and was sufficient. Going forward, not sure if these 8 computers will be used or just the four more up to date ones. The computer needs / capacity/performance at this Training Center should be

Administration Support:

- MakCHS:there are concerns the MakCHS admin is not fully engaged in support of MCH 3 and its goals and objectives... We had NO substantive meetings this trip with Dean or Principals of MakCHS. We do not believe MakCHS admin really understands the time and commitment of resources that are needed to support MCH-3’s online learning needs. The project needs to have the Trainers (Rose/Mariam/Mike) and the IT support (Bob John) have release time from regular duties to adequately support the online learning needs for supporting the trainees / learners and the curriculum time to put “content” online for the MCH3 / BEmONC training. I was suggested that the best way to get the “release time” was for the faculties’ time to be directly funded with MakCHS... something the Rotary MCH funding is not doing. Looking ahead to “sustainability”, a solution to funding salaries/ release time for MakCHS / Busitema / Mbarara University and now even the HC training staff time must be found.

- St. Stephens: 8 – 9 midwives/HC staff were engaged in 4 days of training for Module 1 on Post-Partum Hemorrhage Management... overall attendance was 88 – 90 % with some staff being “pulled away” for supporting the HC’s operations. Facilities were moved around to support the skills training and the computer space although tight was secure and supported online learning of 6 trainees at any one time. The HC administration was 100% behind this Module 1 training and voiced support for the staff participating on training for future modules and for making the HC and its staff open to being a regional training center / a resource for training the area’s midwives (not just the ones that support their center)...
- Namungalwe: 18 midwives (3 from Namalemba HC) 8 – 9 midwives/HC staff were engaged in 4 days of training for Module 1 on Post-Partum Hemorrhage Management... overall attendance was 75 - 85 % with some staff also being “pulled away” for supporting the HC’s operations. Adequate Facilities were provided support the skills training and the computer space although tight was secure and supported online learning of 12 - 14 trainees at any one time. The HC administration was also 100% behind this Module 1 training and voiced support for the staff participating on training for future modules and for making the HC. There was not specific discussions of its staff open to being a regional training center / a resource for training the area’s midwives (not just the ones that support their center)... but in general the feeling was that both Namungalwe and Namalemba Administrations understood and would support their responsibilities in being Regional BEmONC Midwife Training Centers

M&E: Other than before / After Training Self Assessments, no Measurement and Evaluations were conducted. There were discussions about how and when to conduct M&E and furthermore what to evaluate... the status of Training and Skill Building vs actual maternal and newborn mortality and morbidity statistics in the catchment areas of these training centers.

Concerns

Content Development:

- There is a lot of curriculum content development to be done. Module 1 was put up quickly from the Jpheigo materials and it was adequate and useful for this last VTT... BUT improvements are needed and new modules are needed
- Module 1: Post-Partum Hemorrhage needs some restructuring... arranging reading into topic areas... it has been broken up but needs to be posted
- BEmONC
 - o It was agreed that the “basic elements” of Basic Emergency Obstetrics and Newborn Care would be the core of MCH3 course content.

- Dr. Mike K highlighted the content and skills needed to be incorporated into the MCH3 planning for the various modules
 - A restricting of modules from the original GG plan is needed / R Smith has drafted an outline and has sent it to Mike K, Rose and Gregg for comment
 - NOTE: some modules will be online knowledge only/ resources with no need for skill training, hence no reason for a VTT training session
- The task of getting more content up on line needs to be shared... someone needs to “coordinate” this effort and have members of the Training Team share in this.
 - A Content Development plan and schedule is needed
 - Content needs to get up to support the learners interest and to support the next VTT’s to Uganda (October 2019 / February 2020)
 - Next Content needs to go up onto Moodle platform... we all agreed the Drexel Learn was the interim fix for Module 1’s February VTT. Need not to move Module 1 and future Modules to Moodle
 - Will Trainers be getting content to Bob John and he creates the online course / format?

Continuing Engagement with online Midwife learners:

- Online learning and supporting the learners as they use and practice the knowledge and skills requires Trainer / Trainee mentoring and support
- Post Course Online discussion groups... can they be done and if so who and how often
- Skill assessments / continuation of skill training with simulators
- Preparations for next course modules
- How much time and interaction can Trainers (Rose/Musa/Violet/Mariam/Scovia/Mike) find... and what now that Module 1 is done is this group’s responsibilities.

Inventory of Training Items

- 12 Mama Natalie’s, 12 solar head lamps and about 90 provider guides were provided to St. Stephens / Namungalwe / Namalemba HC’s Need to have each HC provide a receipt statement along with a plan on storage and maintenance of these.
- Remaining are... 5 Mama Natalie’s, 5 solar head lamps and about 100 provider guides. What is the plan for these? Where will they be stored and taken care of? Note 4 sets are reserved for the other future Training Center (maybe Mbarara area) leaving one remaining set for MakCHS.
- Also for this VTT 17 Mama Birthies and HMS Flip Charts and HMS Posters were ordered... The Mama Birthies are a simulator for a future module, maybe next October of February skill training module. NEED to know who is responsible for this equipment/publication set and where they will be stored.
- In the next VTT it is likely Non-pneumatic AntiShock Garments (NASG’s) and NeoNatalie resuscitation tools (penguins and masks) will be added to the growing inventory... Need a way to assure this training inventory is managed.

Development of Training Centers:

- With the general agreement that each HC will become a regional training center there has to be specific plans at each HC to take on that role.
- The other Modules (3 more with skills and perhaps 2-3 more modules that are only online knowledge/resource modules) need to be rolled out, say over the next 18 months of MCH3.
- The decision needed to be made is “when will the St. Stephens / Namungalwe / Namalemba run Modules 1, etc... and who will coordinate these future training programs, it will take health district mobilization to get other HC midwives to attend, it will take coordination and administration of the registrants and coordination of the trainers along with the logistical support for the trainees when the Training Center is running.
- The development of a 4th Training Center in the Mbarara area needs to be coordinated. MUST is committed to supporting, but as host Rotary Club in the area and a host Health Center needs to be developed. RC Kampala North is working on this. A Grant will be needed eventually to provide the IT resources and training space at the selected HC.

Trainer Availability:

- For MCH3 and its planned Modules, the Rotary grant will fund the coordination and engagement of trainers to provide the online training contents and engagement.
- The MCH3 project coordinator, Rose, will work with Rotary, MakCHS, Mbarara, and MUST for Trainers’ time for the balance of MCH3 project
- Going forward to when the Training Centers run their “own” training, how are the Trainers needed for the Modules’ training are engaged and how much of the “Master Trainers” and how much of the HC’s staff will be responsible
- An effort to develop the HC staff to become Training Center trainers needs to be coordinated
- “Release Time” for Master(University based) and HC based Trainers is needed to
 - o Develop contents for modules
 - o Coordinate getting the content into online “platform” such as Moodle
 - o IT support to get content, as it is available, into Moodle
 - o IT support for computer maintenance at Training Centers
 - o IT support for basic computer skill training for midwives as a prep for the online learning
 - o Online support of HC staff after courses are run. For following up and reinforcing and following up on the knowledge and skill retention.
 - o Training time for the Master Trainer to mentor and support the development of trainers at the Training Centers.
 - o “Audit” time for Master Trainers to

- It is clear that some “release time” will be needed for IT and Training Coordination as MCH3 rolls out... the MCH3 project stakeholder, including University participants, Project coordinator and Rotary need to meet with University and HC Administrations to educate them and to seek their support for release time.
- Also consistent release time will be needed for IT, Training Coordinators, Master Trainers and HC based Trainers as these Regional Midwife Training Centers become operational over the next 24 months.

Institutional Support:

- MCH 3 has grown from the bottom up and has made amazing progress with the dedication and support of the ground-level stakeholders
- As MCH3 rolls out the various modules (at least 3 more with skill training content) will require more “release time” for IT support, Master Trainers and HC trainees
- Looking to future, University and Ministry support and funds will be needed to continue the running of Training Centers and coordinating and providing the training.
- It is recommended to
 - Make some promotional materials to present to Admin/Ministry
 - Meet with University/Ministry/ HC Admin to educate, inform, seek their support (Suggested that in Oct 2019... Owen accompany Yanick on VTT Drexel # 2 to meet with University Admin / Ministry / HC Admin)
 - Renew the Drexel / Makerere Agreement...
 - Perhaps extend the agreement to MUST and Busitema?
 - Prepare a proposal for funding the following
 - Support for MCH3 completion
 - Support for continuing training at HC’s as Regional Training Centers
 - Seek Institutional support to go out and develop external funding, as needed.

Next Steps

VTT-Uganda Visit to Philadelphia

- Need dates... options are June / July / August (Rose to look at)
- Need to know who is coming (Rose is coordinating)
- Elements of this visit are...
 - Module content development
 - Online learning training
 - Ant-Shock Garment Training
 - Rotary club engagement
 - Visit to Jpheigo
 - “Perhaps” visit possible funding sources for post Rotary funding of Training Centers

Move to Moodle

- Module 1 needs to be moved to Moodle/ Bob John indicated he would be able to do this, indicated could be done by end of March... IF time was made available for him to do this.
- Module 1 needs to break up the knowledge topics (draft was completed) as if moves to Moodle
- Future content and resources need to be moved to Moodle
- MakCHS staff need to take responsibility of adding content to Moodle and time has to be made for this

Module Content Development

- Mike K / Gregg outlined BEmONC module revisions
- R Smith provided draft on 3/3/19
- Final decisions to Content needs to get made
- Get content from various sources
- Breakup the content and organize as “topics” for online learning environment
- Load modules to Moodle, based on an agreed upon roll out schedule (see below)
- For Skill base Modules

The Roll Out of Modules (What/Who/When)

- Once modules designed and content scheduled, load the content on Moodle
- Decide on Roll out schedule for Modules with and without Skill components
- MCH3 Roll Out plans
 - o Jun - Jul 2019, select a Non skill / Resource Module and release and engage online learners at HC's
 - VTT Uganda #1 to Philly
 - o October 2019 (VTT Drexel)
 - Neonatal resuscitation and newborn care (NeoNatalie)
 - NASG training
 - o February 2020: (VTT Drexel)
 - Normal and Abnormal Birth (Mama Birthie)
 - Preeclampsia / Eclampsia
 - o May-Jun: Final Non-Skill based content
 - VTT Uganda # 2
 - o October 2020: VTT Drexel
 - Supervising TC's own Module Training
 - M&E visit
 - o May 2021 (D-9211 District Conference??)
 - Commissioning of Training Centers

Revisions to Budget for Training Supplies

- The ~ \$32,000 in training and equipment budget needs to be re-cast
- NeoNatalie is part of Mama Natalie (17 were purchased), only need to purchase penguins and resuscitation masks (will save ~ \$3,000). These items are going to be needed for October 2019 VTT Drexel visit.
- Need to purchase about \$4,000 in AntiShock Garments, may also be needed for October 2019 VTT Drexel
- Other modifications to this budget will be made once the Module development is complete...
- May want to look at this budget item as a possibility to outfit the planned Mbarara Training Center with IT equipment... Need a budget from Bob John

University / Ministry of Health & Education Buy-in

- Promotion of MCH3 to University Admin and Ministry
- Need their support for resource allocation (release time, etc.)
- Need to look longer term at Certification of these BEmONC courses for CPE
- MCH3 meeting with MakCHS Admin / Ministry of Health (Oct 2019)

Seek Funding for Permanently Supporting BEmONC / online based Training Centers

- Drexel to Brainstorm / speak with Jpheigo for funding ideas
- MakCHS to look at other sources
- Ministry of Health to be a partner in this...