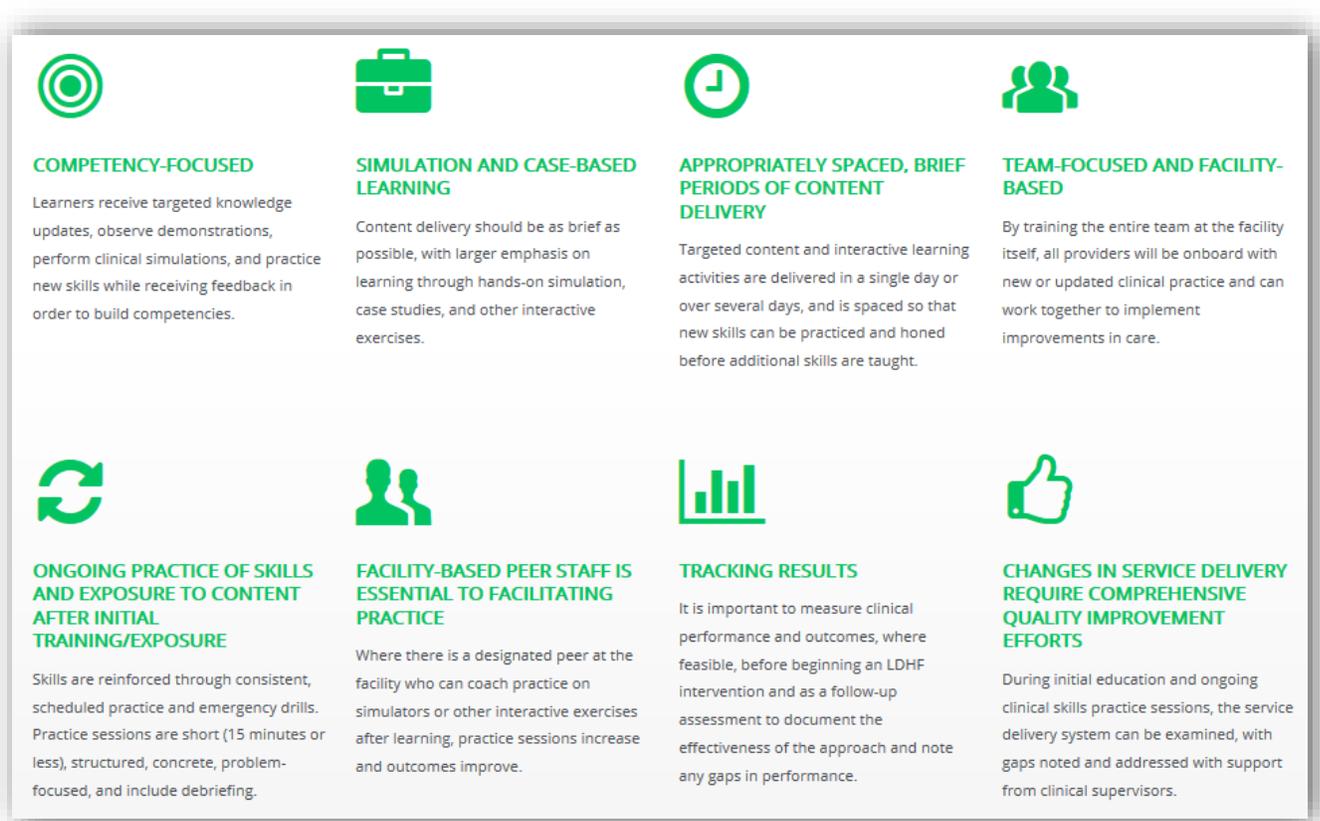


## An overview of a twinned approach to Capacity Building

### Guiding principles of Helping Mothers Survive and Helping Babies Survive

**Helping Mothers Survive (HMS) and Helping Babies Survive (HBS) learning modules** aim to increase essential obstetric and newborn care skills among midwives, nurses, doctors, and others who provide care during labor and birth. HMS and HBS modules consist of concise, single to-several day facility-based trainings, followed by short, frequent sessions to improve team performance. Often in low resource settings, the same provider cares for a woman and her newborn. By combining both training packages, health care providers are best able to provide high-quality, life-saving care to both women and newborns at this most critical time.

#### Guiding principles:



#### Learning modules include:

HMS Bleeding after Birth Complete  
 HMS Pre-Eclampsia & Eclampsia  
 HBS Helping Babies Breathe  
 HBS Essential Care for Every Baby  
 HBS Essential Care for Small Babies  
 Improving Care of Mothers and Babies: A guide for Improvement Teams

You can learn more and download materials and programming aids for HMS at: [Helping Mothers Survive \(www.helpingmotherssurvive.org\)](http://www.helpingmotherssurvive.org) and for HBS at: [Helping Babies Survive \(http://hbs.aap.org\)](http://hbs.aap.org). The Quality Improvement materials are available at: [Quality Improvement Guide](#).

### *How it's different from traditional training and how to plan for the unexpected*

Helping Mothers Survive (HMS) and Helping Babies Survive (HBS) activities are designed to take place in or near the workplace in order to address local barriers and improve competency and confidence of the entire health care team. This includes both initial training and structured weekly practice sessions, which are facility-based, hands-on simulation to continue developing skills and improve clinical decision making. **Facility-based support for ongoing practice is vital to success of the program and is initiated by staff in the facility and may have various titles: Clinical Mentors or Peer-Practice Coordinators are two examples.** These are clinically active providers who facilitate and participate in weekly practice sessions. For the purposes of this brief we are using the term Practice Coordinator, but the term may change depending on the local context. Below are some points to keep in mind when planning for facility based training.

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#### ***Facility-based Trainings***

HMS and HBS provider courses generally occur at the health facility with the labor-ward team including skilled birth attendants, those who assist and those who are called to manage complications. After the initial course, Practice Coordinators arrange weekly, repeated practice sessions, simulations or other quality improvement activities with individual providers or small groups. A simulator must be left at the facility or easily shared between nearby facilities to allow for simulations and ongoing practice. If the simulator is left at the facility, practice should occur weekly. At the end of the 6-8 weeks, simulators can be rotated to other project facilities for further training roll out.

#### ***Practice Coordinator***

**Practice Coordinators are the key to promoting ongoing practice and skills retention in the HMS and HBS approach.** Be sure to discuss beforehand that a Practice Coordinator is someone who is a clinically active peer (neither a supervisor nor the least experienced member on a team) and their role is to facilitate ongoing practice. Due to their importance, care should be taken when introducing this concept at the health facility. Have facility heads choose two candidates. Stress that if Practice Coordinators are supported by the facility, they will be more successful in coordinating practice after training and quality of care will improve.

#### ***Policy***

It's important to follow country-specific protocols and to be aware of any unique practices or sensitivities. Make sure implementers understand the culturally-appropriate norms at the national and district level, and have engaged with the appropriate government Ministries ahead of time. Know who you need to contact before scheduling training and what processes to follow. Is it required to invite a local leader or officials to a launch event? Should they speak at this event? Can you start an event before they arrive? Also, be sensitive to the workforce dynamics at the facility. Providers may prefer to use a randomly assigned, confidential number instead of names on learning assessments if they are concerned about being penalized.

#### ***Timing***

Trainings usually take longer when held in facilities rather than in a workshop setting. The cost in time is worth the better outcomes that occur when people learn at their workplace. Keep in mind that English (or French or Spanish, etc.) may not be the provider's first language. Therefore, knowledge and skills assessments may need to be translated or read aloud in the local language. Some providers may already be competent in the skills you are covering, while content may be new to others. Be flexible during the training day and adjust timing accordingly. Do not skip topics to make up time; *it is important to cover all of the content in the course!*

***For more detailed information, please see the HMS website at [helpingmotherssurvive.org](http://helpingmotherssurvive.org) and the HBS website at [hbs.aap.org](http://hbs.aap.org)!***

### *Balancing training with workload demands*

HMS and HBS courses are usually delivered at the facility-level and participants may need to leave during parts of the training to provide direct client care. If a participant is absent for a majority of the course, complete the knowledge and OSCE assessments to gauge the provider's skills and develop a plan for follow up as needed. Solutions to consider: scheduling a separate time to review missed content or indicate which pages in the Provider's Guide s/he should review. Discuss how to incorporate extra practice with the Practice Coordinator for that participant.

### *Supplies*

Simulating clinical scenarios is an essential component of the learning approach. Programs must arrange the materials listed in the **preparation checklist** for each simulation station. Many health facilities will already have the materials you need. However, some of these materials -such as gloves, blood pressure machines or newborn resuscitators- may be in short supply. When planning for a course, do an inventory check to see what materials are available. If necessary, budget for procuring extra supplies to use during the course and practice sessions so the health center can continue to provide services during and after the training.

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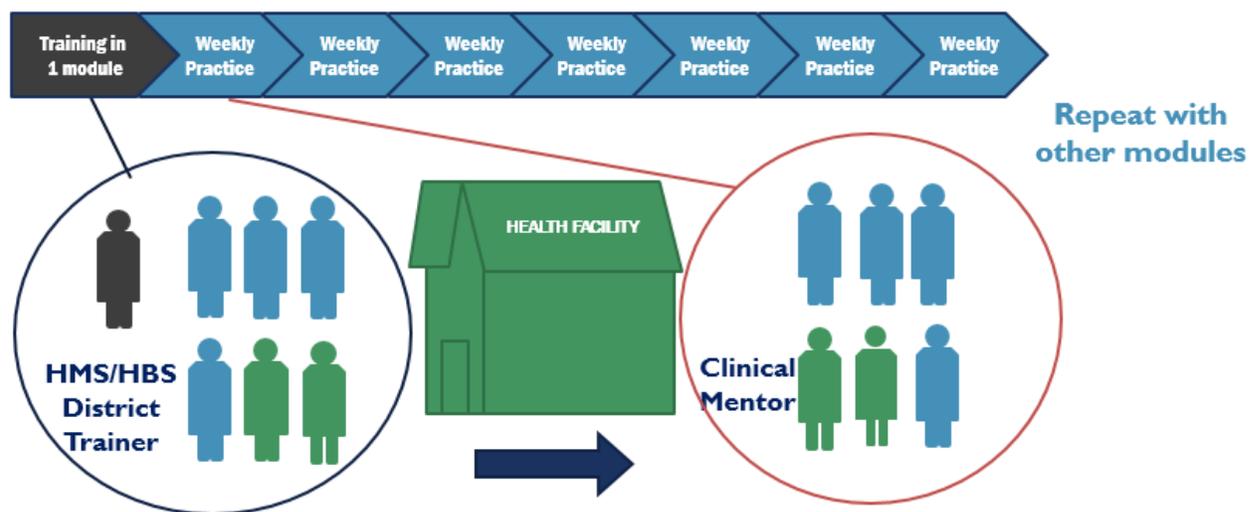
**Helping Mothers Survive (HMS) and Helping Babies Survive (HBS) learning modules** aim to increase essential obstetric and newborn care skills among midwives, nurses, doctors, and others who provide care during labor and birth. HMS and HBS modules consist of a concise, single to-several day facility-based trainings, followed by short, frequent practice sessions to reinforce skills. Often in rural settings, the same provider cares for a woman and her newborn. Therefore, by combining the two programs, health care providers are best able to provide high-quality, life-saving care to both women and newborns at this most critical time. We will use HMS Bleeding after Birth (BAB) and HBS Helping Babies Breathe (HBB) as an example of the twinned approach in this brief.

### Best Practices:

**Master Trainer Workshop-** When planning for a combined HMS/HBS program, for efficiency you can train Master Trainers in BAB and HBB during the same workshop. Begin with the basic courses (for HBS this is called the Provider's Course, for HMS it is called the Champions Course), followed by training on facilitation support, and then mentor your newly trained Master Trainers during their first delivery of the courses. Mentored trainings can occur during the workshop but it is ideal to have these occur at the health facility level.

**Champion or Provider Course-** When training providers, the literature on effective in-service teaching suggests learning should be consolidated before moving on to new topics to increase learning and retention of knowledge. Therefore, when implementing a combined HMS/HBS program, train providers in one course and have them conduct regular practice sessions and drills for 4 – 8 weeks. Once that phase is complete, train providers in the second module and include regular practice sessions and drills for another 4 – 8 weeks. Depending on the modules chosen, an additional set of practice sessions where clinical areas are combined – such as BAB and HBB – can be implemented.

## Training Schedule for HBS and HMS modules



**For more detailed information on facility-level training, please see the HMS Implementation Guide available at [helpingmotherssurvive.org](http://helpingmotherssurvive.org) and the Helping Babies Breathe Implementation Guide available at [hbs.aap.org](http://hbs.aap.org)!**



## Ongoing activities at the facility



Helping Mothers Survive (HMS) and Helping Babies Survive (HBS) activities are designed to take place in or near the workplace in order to improve competency and confidence of the entire health care team. Each initial HMS or HBS training “dose” is followed by structured, weekly skills practice and other activities, which include elements of teamwork, communication, and hands-on simulation for teams to continue developing skills and improve clinical decision-making for best performance. **Evidence shows that where facility-based staff support these ongoing activities, providers are more likely to use new skills in their clinical practice.**

### *What is needed to support practice and performance after the initial “dose” of training?*

#### **Site/environment strengthening:**

- Space at the worksite for activities that support performance

To improve transfer of learning into clinical practice, it is best to conduct ongoing learning and quality improvement sessions at the worksite. To minimize disruptions to patient care, consider designating a quiet space near the ward for skills practice, but recognize drills will take place in the labor ward.

- Supplies

Each HMS/HBS module uses a defined set of supplies during both initial training and for ongoing learning and quality improvement sessions. Be sure to refer to this important guidance in each module as well as the Quality Improvement Guide before rolling out your program.

- Supportive management

Holding ongoing learning and quality improvement sessions at the worksite might be a new concept for many facility managers. Be sure to take time at the beginning of the program to work closely with Ministry of Health (MoH) decision-makers and program partners to consider how these individuals can best sensitize facility-level managers to the importance of ongoing sessions. Work collaboratively with MoH decision-makers, District health management teams, and facility management to identify ways to minimize disruptions to patient care and to ensure that staff are well-supported to participate in each weekly activity. Some of the sessions focus on practicing specific psychomotor skills (such as suturing), while others involve role plays in pairs and/or surprise drills that engage the entire team to respond to a simulated clinical emergency. Work with the MoH to help them be sure the management team understands the varying nature of these activities. Management should also be encouraged to: support the staff members who are responsible for coordinating these sessions; ensure staff are offered a reasonable amount of protected time each week to complete their responsibilities; and participate in ongoing learning and quality improvement sessions as time and interest allow.

#### **Facility-based staff to coordinate practice and ongoing activities:**

Evidence shows that specifically designated facility-based staff are key to ensuring that continued practice at the worksite happens. A variety of titles may be used to describe the person who is responsible for coordinating these activities, for example some programs call this person the “Peer Practice Coordinator” or “Clinical Mentor”. The key is that this person is a well-respected, clinically active provider who is *based at the facility*. Managers at the facility will select this individual based on his or her: 1) enthusiasm in supporting the team’s ongoing maintenance of essential maternal and newborn competencies; 2) clinical proficiency in maternal and newborn health; 3) ability to collect and record practice sessions; and 4) demonstrated

***For more detailed information, please see the HMS website at [helpingmotherssurvive.org](http://helpingmotherssurvive.org) and the HBS website at [hbs.aap.org](http://hbs.aap.org)!***

performance as an effective coach, role model, and communicator. Selected staff must successfully complete the corresponding HMS/HBS Provider course in each of the clinical area(s) for the sessions they will run. For example, the person facilitating weekly ongoing sessions from the PE&E module must have successfully completed the HMS PE&E Provider course. These individuals are generally neither the most senior nor novice providers on the team. At least 2 staff members from each facility should be selected for this role (consider more for a large facility).

### *What additional preparation is needed to prepare the practice coordinators?*

Selected staff members must participate in an orientation, which is facilitated by the HMS/HBS Trainer. This one-day orientation typically occurs at the facility after the HMS/HBS Provider course (sometimes called the Champions course). Learning objectives for this orientation include how to:

- 1) Facilitate ongoing capacity-building using structured session plans
- 2) Set up practice and ongoing activities with appropriate materials
- 3) Conduct activities using simulator(s) and other supplies as needed based on clinical topic
- 4) Maintain the practice and ongoing activity log sheet
- 5) Offer effective coaching and debriefing to team members

During the orientation, trainers also help the Practice Coordinators manage potential problems encountered during simulation and practice sessions, and review effective coaching and feedback techniques to use with colleagues. Trainers discuss and set expectations regarding the frequency of ongoing practice, practice logistics (time, scheduling, space), maintenance of the practice sheet, and orienting new staff (who were not present during the initial training “dose”) to the ongoing learning and quality improvement sessions. Trainers also offer guidance on how to transition this role to someone else in the event that the individual(s) responsible for facilitating practice activities are no longer able to perform their duties.

For more details and to plan for this orientation day, please refer to the sample agenda available in the supplemental materials folders for each module at [helpingmotherssurvive.org](http://helpingmotherssurvive.org).

***For more detailed information, please see the HMS website at [helpingmotherssurvive.org](http://helpingmotherssurvive.org) and the HBS website at [hbs.aap.org](http://hbs.aap.org)!***

The Helping Mothers Survive (HMS) and Helping Babies Survive (HBS) modules use affordable simulators and simulation supplies, publicly available learning materials, and locally-sourced medical supplies and equipment for activities. Information on what is needed is included in each module's **preparation checklist** (see below). This checklist will be the key to your procurement success! No matter what module you are implementing, below are the top five items you need.

### Learning Materials

Each HMS/HBS module includes three highly-graphic learning materials, which serve different, but complementary purposes. All are necessary – make sure you have the correct number of Action Plans, Providers Guides, and Flipbook (HMS) Flip Charts (HBS) in the appropriate language. Some modules may have additional job aides and client information sheets which are available online or included with the package of materials, depending on the tool.

<b>How Many</b>	<p>1 Flipbook/Flip Chart (including Action Plan) for every trainer</p> <p>1 Action Plan or set of Action Plans for every facility</p> <p>1 Provider Guide for every person trained</p> <p>1-2 extra copies of all of the above for advocacy purposes</p>
<b>Where</b>	<p><b>Print Locally!</b> All HMS and HBS learning materials are publicly available and can be downloaded for free. HMS materials can be found on <a href="http://www.helpingmotherssurvive.org">www.helpingmotherssurvive.org</a> and visit <a href="http://internationalresources.aap.org">http://internationalresources.aap.org</a> to access HBS materials. Some modules are available in multiple languages!</p> <p style="text-align: center;"><b>OR</b></p> <p><b>Purchase from Laerdal!</b> If quality or price of printing is a barrier where you teach, you can also purchase the printed learning materials directly from <a href="http://www.laerdalglobalhealth.com">www.laerdalglobalhealth.com</a></p>

### Simulators

HMS and HBS use simulation to reinforce knowledge and skills.

<b>How Many</b>	<p>Depending on the scope of training, you will likely need one simulator for 6 learners for HMS and one simulator for one or two people for HBS, along with a few extra for advocacy. Ensure there is one simulator related to the clinical area being reinforced for each health-facility to support ongoing practice sessions. When procuring simulators, you should budget at least 3 months for shipping and custom clearance.</p>
<b>Where</b>	<p>You can use any simulator that meets the goals for the clinical skills being taught. Laerdal Global Health designed low-cost, durable simulators to complement both HMS and HBS modules: <a href="http://www.laerdalglobalhealth.com">www.laerdalglobalhealth.com</a>.</p>

**For more detailed information, please see the HMS website at [helpingmotherssurvive.org](http://helpingmotherssurvive.org) and HBS website at [hbs.aap.org](http://hbs.aap.org)!**

### *Simulation and Medical Supplies:*

The HMS and HBS programs simulate real-life scenarios for greater retention of knowledge and skills. Ideally, training is held at the facility to enhance transfer of learning into clinical practice and therefore locally sourced medical equipment, drugs and supplies are used. Each module requires different supplies depending on the clinical skill being taught.

<b>How Many</b>	<p><b>Simulation Supplies:</b> Depending on the module you may need other simulation supplies. For example, HMS BAB uses red fruit jam to simulate blood clots and HBS ECEB uses a vial to simulate Vitamin K administration. See each module’s <b>preparation checklist</b> for necessary items and amounts.</p> <p><b>Medical Supplies:</b> Details about the number of materials needed are included in each module’s <b>preparation checklist</b>. Typically, one set of supplies is needed for each simulation station/trainer.</p>
<b>Where</b>	<p>If training is held at a health facility, most supplies are already available! Otherwise, simulation and medical supplies can be purchased locally. Confirm availability prior to the training and <u>do not use life-saving commodities that are in short supply!</u> For example, in HMS Pre-eclampsia &amp; Eclampsia learners practice mixing and injecting mock MgSO4 using vials filled with water, but labeled with the locally available concentration.</p>

### *Supplemental Materials:*

Standardized supplemental materials, such as agendas and assessments, have been developed for each HMS and HBS module.

<b>How Many</b>	<p>Details on the type and number of materials needed for printing are included in each module’s <b>preparation checklist</b>.</p>
<b>Where</b>	<p>HMS supplemental materials are available at <a href="http://www.helpingmotherssurvive.org">www.helpingmotherssurvive.org</a> under the “Training Materials” tab.</p> <p>HBS supplemental materials are available at <a href="http://hbs.aap.org">http://hbs.aap.org</a> under the “Facilitator Tools” tab.</p>

***For more detailed information, please see the HMS website at [helpingmotherssurvive.org](http://helpingmotherssurvive.org) and HBS website at [hbs.aap.org](http://hbs.aap.org)!***

The key to a successful HBS or HMS program is sustainability! Program managers anticipate costs and leverage funds from the ministry and local stakeholders to ensure continued buy-in. Without enough funding, corners are cut at the expense of efficacy. Below are the top 5 most important things to budget for training.

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### *Simulators and Medical Supplies*

Each module in the Helping Mothers Survive (HMS) and Helping Babies Survive (HBS) suite uses a simulator and/or local materials for simulation exercises. These are used during the delivery of any module whether for providers or trainers and for ongoing practice after training. You need:

- *Simulators for Training:* You will likely need one simulator for 6 learners for HMS, and one simulator for one or two people for HBS. For example if your facility has 12 people on the labor ward for an HMS course, you will need at least 2 facilitators with two simulators. Use this number to calculate the number of simulators trainers will need when budgeting for the number of simulators needed. Keep in mind the overall scope of your program as trainers can travel between facilities to conduct the course. Laerdal produces simulators for the HBS and HMS modules: [www.laerdalglobalhealth.com](http://www.laerdalglobalhealth.com).
- *Simulators for LDHF:* Depends on scope. Purchase additional models, equal to about half of the total amount above, to leave with each health facility for 6-8 weeks of repeated practice sessions. These can be rotated to other facilities as your program rolls out.
- *Advocacy:* Purchase 1-2 extra models for advocacy meetings with the ministry of health and stakeholders.
- *Materials and Supplies:* Procure additional materials in advance if the facility does not have them. Do not use life-saving commodities already in low supply!

### *Learning Materials*

Learning Materials are as essential as the simulators. If printing in-country, ensure that you print in color and the correct sizes. For HMS, download materials here: [www.helpingmotherssurvive.org](http://www.helpingmotherssurvive.org). And for HBS download materials here: <http://internationalresources.aap.org/> If purchasing from Laerdal Global Health\*, order the correct amount of each item. You need:

- One Flipbook/Flip Chart for every Master and District Trainer
- One Provider's Guide for every trainer and participant
- One Action Plan for every lead trainer, plus one Action Plan or set of Action Plans for every health facility
- 1-2 extra copies of all of the above for advocacy purposes

\*Laerdal packages the above materials into a Facilitator Set but you may need to order extras, specifically Action Plans.

### *Travel*

Ideally, HMS and HBS modules are taught at the health facility. Therefore trainers travel to multiple centers within a district. Budget for:

- *Master Training and District Training:* Initial trainer courses are often in a centralized location. Budget travel for each trainer and participant. Count on one trainer for six participants.
- *Champion Course:* Number of health facilities per trainer. If trainer mentorship will happen at the health facility, add in travel for the Master Trainer in addition to the trainer being mentored.
- *Ongoing practice and improvement activities:* Budget in 1-2 trips per facility for ongoing follow-up

**For more detailed information on budgeting, please see the HMS Implementation Guide available at [helpingmotherssurvive.org](http://helpingmotherssurvive.org) and the HBS Implementation Guide available at [hbs.aap.org/](http://hbs.aap.org/)**

### *Per diem and meals*

Per diem norms vary by country. Typically, HBS and HMS training programs do not offer per diem when they are held at the participants' worksite. Still, consider and budget for:

- If the training is away from the participants' worksite and they are not compensated for their time attending the training, *calculate the per diem, per day, per participant cost for each participant.*
- If the training is local, do not budget for per diem for participants unless necessary.
- For lead trainers, *calculate the per diem, per day, per trainer* if they do not receive pay to conduct facility-level trainings.
- Budget lunch and break snacks for lead trainers and participants (but not for ongoing practice sessions).

### *Printing*

There is a set of assessments, session plans, agendas, etc. for each module. Review the supplemental materials on the **preparation checklist** to budget printing for these materials.

- HBS supplemental materials are available at [hbs.aap.org](http://hbs.aap.org) under the "Facilitator Tools" tab.
- HMS supplemental materials are available at [helpingmotherssurvive.org](http://helpingmotherssurvive.org) under the "Training Materials" tab.

***For more detailed information on budgeting, please see the HMS Implementation Guide available at [helpingmotherssurvive.org](http://helpingmotherssurvive.org) and the HBS Implementation Guide available at [hbs.aap.org](http://hbs.aap.org)!***