

# Development of a Capacity Building Workshop Training Series: Experience in DRC

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## Introduction

Inconsistent with the higher coverage rate of first prenatal consultations that are 85%<sup>4</sup> in DRC, the coverage of HIV prevention of mother-to-child transmission (PMTCT) services is 11%<sup>5</sup>; these figures are a paradox, given the two interventions are linked and integrated in the health system of DRC. A gap analysis was conducted to inform the development of a National Plan to Eliminate Mother-to-Child Transmission<sup>6</sup>. This analysis revealed several bottlenecks due to the insufficient numbers of health care workers trained to provide PMTCT services according to the protocol adopted at the national level in July 2010. The National Plan to Eliminate HIV Mother-to-Child Transmission was then developed through a participatory and collaborative process. With funding from PEPFAR-the Centers for Disease Control and Prevention (CDC) and USAID, support was provided for the implementation of the plan in the provinces of Kinshasa, Oriental, and Katanga, specifically in the following: (1) the coordination of integrated HIV and reproductive health services under the direction of the National AIDS Program (PNLS) and PNSR<sup>7</sup>, (2) technical assistance provided by FHI 360 and KSPH<sup>8</sup> (3) implementation of activities in the field under the direction of and with support from Elizabeth Glaser Pediatric AIDS Foundation (EGPAF), International Center for AIDS Care and Treatment Programs, Columbia University (ICAP), PROVIC<sup>9</sup>, University of North Carolina (UNC), and Management Sciences for Health (MSH).

To this end, under the leadership of PNLS, FHI 360 implemented capacity building activities for service providers in health structures from October 2011 to September 2012.

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<sup>3</sup> Centers for Diseases Control and Prevention / Democratic Republic of Congo (CDC/DRC)

<sup>4</sup> Multiple Indicators Cluster Survey (MICS), 2010

<sup>5</sup>PNLS Report 2010

<sup>6</sup> Plan d'élimination du VIH de la mère à l'enfant 2012-2017, PNMLS, DRC

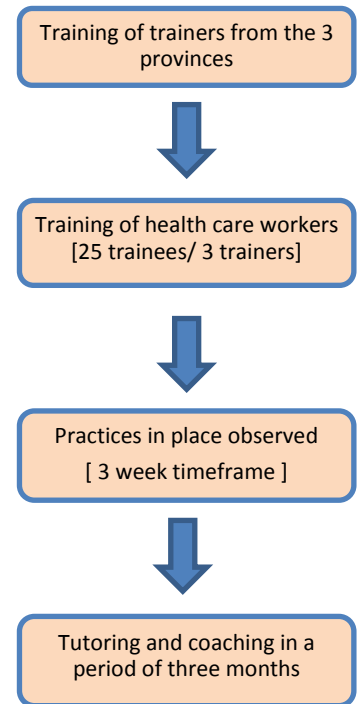
<sup>7</sup> Programme national de la Santé de la reproduction

<sup>8</sup> Kinshasa School of Public Health

<sup>9</sup> Programme de VIH Intégré au Congo

## Training Approach and Steps

- 1) Assessment of existing capacity through meetings and interviews with key actors, government and non-government
- 2) Development and validation of the training strategy in collaboration with the relevant national level government structures and implementing partners. The development of the strategy is based on the existing plans and strategies, taking into account the timeline for implementation, the level of knowledge and skills of the health care workers, and the availability of learning tools.
- 3) Adaptation and technical validation of training materials and data collection tools for integrated reproductive health, HIV and PMTCT services
- 4) Preparation of training workshops :
  - Under the leadership of PNLS, Preparation of a training plan with the implementing partners (EGPAF, UNC, PProVIC, ICAP) for the identification of health zones and health structures, as well as the number of health care workers to train in each of the categories (doctors, nurses, midwives, lab technicians, pharmacists)
  - Planning for the training of trainers:
    - Identify trainers of trainers with the PNLS
    - Develop criteria for selection of trainers of health care workers
    - Work in cohort with the National AIDS Reference Laboratory (LNRS), l'Ecole de Santé Publique(School of Public Health) (ESP),CDC and the PNLS on logistics aspects.



## Results

### Training a pool of 34 trainers

Thirty four trainers (22 from Kinshasa, 4 from Kisangani, 8 from Lubumbashi) were selected among staff of the implementing partners and the government health structures of Kinshasa, Kisangani, and Lubumbashi for an 8-day training-of-trainers workshop. In addition to teaching strategies and andragogy techniques, this workshop had a technical focus on PMTCT services, including prevention, testing and counseling, prescribing appropriate anti-retroviral medication necessary to prevent transmission, and concepts related to gender-based violence, family planning, and child vaccinations.



*Kinshasa, 25 April – 2 May 2012: At the training-of-trainers workshop, trainers learning the use of the rapid testing kits and process for blood sampling. For more than 50% of participants, this was their first experience working with a rapid testing kit. This activity was repeated until all participants' demonstrated 100% accuracy in executing the steps of the process.*

### Training of 825 health care workers in the health structures

A series of workshops was developed with the key actors involved in the process (PNLS at the central and provincial levels, PNSR, PMO, ESP, CDC), supported by an information campaign (targeted messaging, meetings to discuss significance of the activity, share and communicate relevant statistics to demonstrate the need, discuss problems and develop solutions together). For the implementation of the workshops series, under the leadership of PNLS at the province level, FHI 360 provided technical and logistics assistance for the implementation of these trainings with CDC/PEPFAR funding. In total, 825 health care workers were trained, coming from a total of 314 health structures across the 49 health zones selected from Kinshasa, Katanga, and Orientale provinces.



Training session in Kinshasa.



Training session in Kisangani.

### Results achieved

Location	Number of training sessions	Doctors trained	Nurses and Midwives trained	Lab technicians trained	Total health care workers trained
Kisangani	2	7	30	19	56
Kinshasa	22	75	329	154	558
Lubumbashi	8	28	141	42	211
<b>TOTAL</b>	<b>32</b>	<b>110</b>	<b>500</b>	<b>215</b>	<b>825</b>

### Lessons Learned

In preparation for the implementation of workshops, the following are key factors to success:

- Consideration in advance of adequate time required to prepare the training workshops in an efficient way
- Leadership and support is required from national key structures at central and provincial level  
Consistent communication on challenges and success is necessary throughout
- Effective team working environment is integral to the success in implementation
- Capitalize and build on existing knowledge and skills for an efficient use of technical resources

These factors combined ensure sustainability and ownership of a capacity building and technical assistance intervention into the future with the DRC Government commitment and the PMO efforts.