



PROCESS OF TRAINING AND DEPLOYMENT OF THE MINIMUM DIGITAL ECOSYSTEM (MDE) IN THE HEALTH DISTRICTS OF ZINIARE AND TENADO, BURKINA FASO



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Key results	● There was no harmonized training and deployment approach for all tools
	● A large number of participants found the duration of the training insufficient
	● The users' perceived level of difficulty with the tools was relatively high after the training
	● The training participants made recommendations related to increasing the number of users to be trained, improving the material training conditions, the user-friendliness of the tools (including versions in national languages of the tools), monitoring and post-training supervision
	● Some tools were still not deployed in the intervention districts (NetSIGL 2.0 in Ziniaré, mHealth in Ténado)

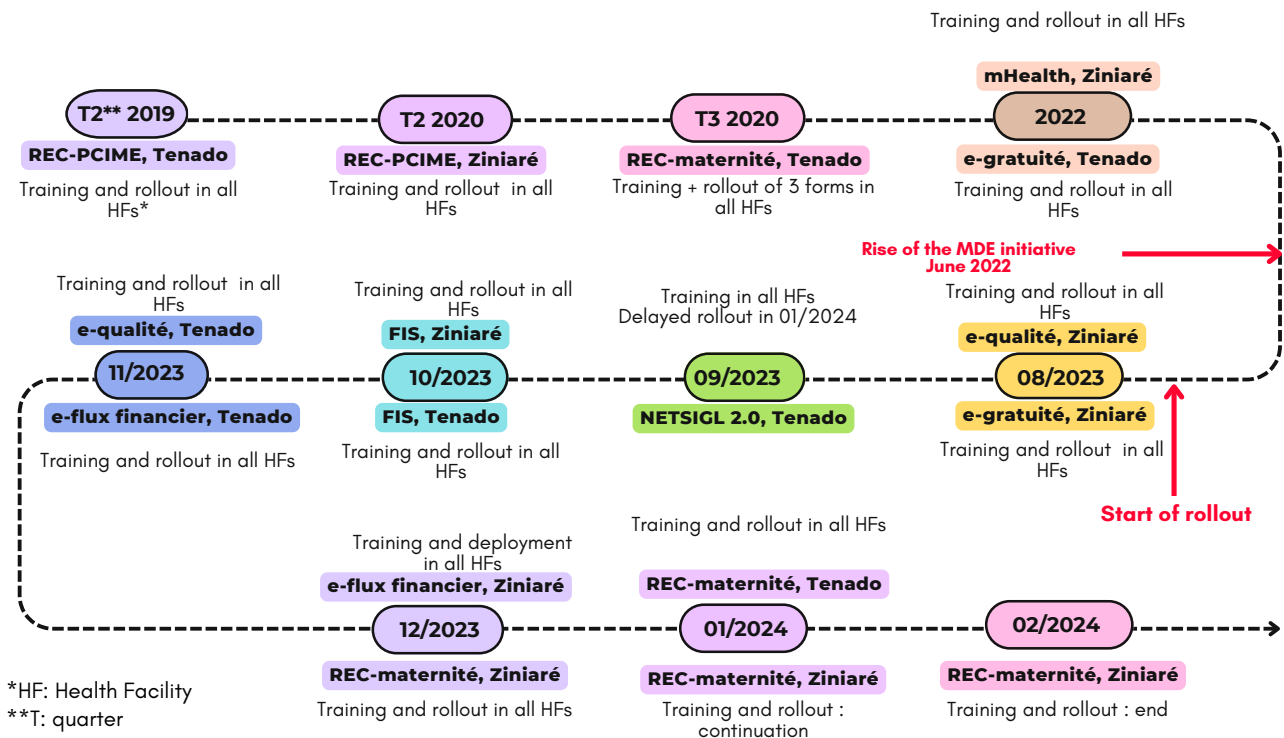
DEFINITION AND OBJECTIVES OF THE MDE

The MDE includes already existing or newly developed digital tools deployed in health facilities and at the community level in two pilot health districts (Ziniaré and Ténado), along with a dashboard to visualize key tool indicators and facilitate decision-making. These tools, including the dashboard, aim to improve the efficiency, quality, governance and equity of care in support of the free care policy and primary health care.

As part of the EDM rollout, tool users in both districts benefited from a series of training sessions on tools not yet deployed between August 2023 and February 2024.

TRAINING SESSIONS

Chronology of training and deployment of MDE in intervention districts



☐ Some pictures from the field

Ténado



User training on NetSIGL 2.0, Ténado, 09/25/2023

Photo credit: Issa Kaboré

Ziniaré



User training on E-flux financier, Ziniaré, 12/15/2023

Photo credit : Issa Kaboré

☐ Delivery of training courses in the intervention districts

- The number of participants per training session varied, from 20 for the REC-maternité (maximum number of participants fixed) to around a hundred for the FIS and E-flux financier
- The duration of the training sessions varied from one tool to another, from half a day for E-qualité and E-gratuité to 6 days for REC-maternité
- Overall, each tool was deployed simultaneously within the same district, but differed from one district to another.
- There was good mobilization of stakeholders to participate in training on each tool

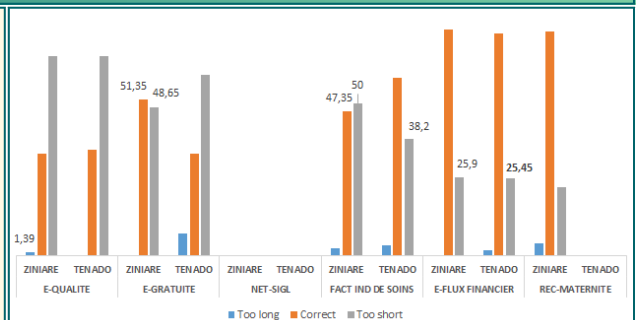
	REC-maternité	FIS	NetSIGL 2.0
Ziniaré	<ul style="list-style-type: none"> ● 12 sessions of 6 days each ● 240 users trained in total 	<ul style="list-style-type: none"> ● 3 sessions in 3 days total ● 225 users trained in total 	<ul style="list-style-type: none"> ● Not yet deployed
Ténado	<ul style="list-style-type: none"> ● 4 sessions of 3 days each ● 80 users trained in total 	<ul style="list-style-type: none"> ● 3 sessions in 5 days total ● 84 users trained in total 	<ul style="list-style-type: none"> ● 2 sessions of 3 days each ● 56 users trained in total
Key strengths	<ul style="list-style-type: none"> ● Limited number of participants per session to promote learning ● Andragogical approach based on a consensual definition of the conditions to be respected ● Preparation and presentation of modules in group work ● Role plays during training ● Practical internship in HF's ● Good mobilization of stakeholders ● Presence of regional actors at training 	<ul style="list-style-type: none"> ● Good mobilization of stakeholders ● Data entry exercises on real data in the training room ● Role plays during training ● Presence of regional actors at training ● Formative supervision of users in the field the week following training and rollout 	<ul style="list-style-type: none"> ● Good mobilization of actors ● Interactive presentations ● Tutorials using tablets and dummy data entry ● Presence of regional actors at training sessions
Areas for improvement	<ul style="list-style-type: none"> ● Availability of internet connection during training ● Take into account the total number of health workers in each HF when choosing the number of providers to be trained per HF. 	<ul style="list-style-type: none"> ● Availability of internet connection during training ● Training room sometimes cramped ● Non-harmonized training duration: 3 days in Ziniaré and 5 days in Ténado ● Short training period dedicated to each profile ● Training not taking into account the variation in level of participants 	<ul style="list-style-type: none"> ● Short training duration ● Practical exercises not taking into account certain modules (e.g. order, dispensation) ● Training not yet carried out in Ziniaré ● Training not taking into account the variation in level of participants

	E-gratuité	E-qualité	E-Flux Financier
Ziniaré	<ul style="list-style-type: none"> 1/2 day 75 users trained in total 	<ul style="list-style-type: none"> 1/2 day 75 users trained in total 	<ul style="list-style-type: none"> 1 session of 3 days 150 users trained in total
Ténado	Deployed before MDE	<ul style="list-style-type: none"> 1 day 28 users trained in total 	<ul style="list-style-type: none"> 1 session of 3 days 56 users trained in total
Key strengths	<ul style="list-style-type: none"> Good mobilization of stakeholders Presentation of the platform with getting started 	<ul style="list-style-type: none"> Good mobilization of stakeholders 	<ul style="list-style-type: none"> Good mobilization of stakeholders Training on financial management procedures before using the tool Data entry exercises with real data
Areas for improvement	<ul style="list-style-type: none"> Very short training time Unavailability of internet connection during training Training room sometimes cramped High number of participants per session 	<ul style="list-style-type: none"> Very short training time Unavailability of internet connection during training Training room sometimes cramped Inaccessible platform limiting the possibility of using the tool Short training (1/2 day) for trainers (SISSE) High number of participants per session 	<ul style="list-style-type: none"> High number of participants per session Unavailability of internet connection during training Malfunction of tablets/accounts which did not allow certain participants to practice immediately Training not taking into account the variation in level of participants

STAKEHOLDERS PERCEPTIONS BEFORE AND AFTER TRAINING

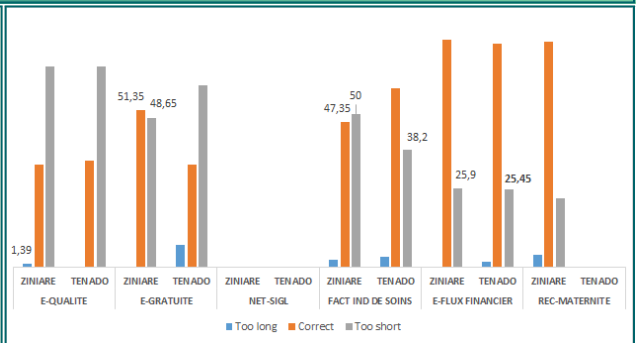
Perception of the duration of training, by tool and by district

- Many participants from both districts found the training duration too short, particularly for e-qualité, Net-SIGL 2.0, e-gratuité, FIS
- Only the duration of training on e-flux financier and REC-maternité were deemed correct by at least 70% of participants



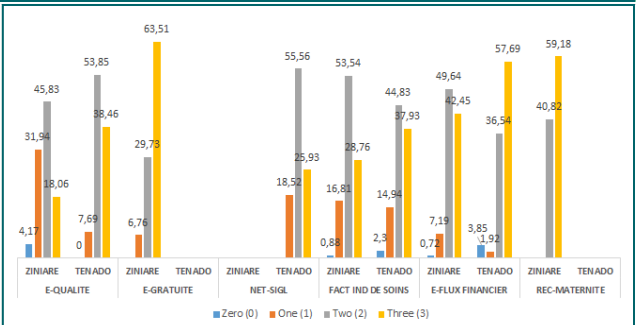
Perception of the level of difficulty of using the tool after the training

- More than 50% of participants found at the end of the training that e-qualité (Ziniaré) and Net-SIGL 2.0 (Tenado) were difficult or very difficult to use.
- The REC-maternité (Ziniaré) and e-flux financier (Tenado) seemed the easiest to use after the training



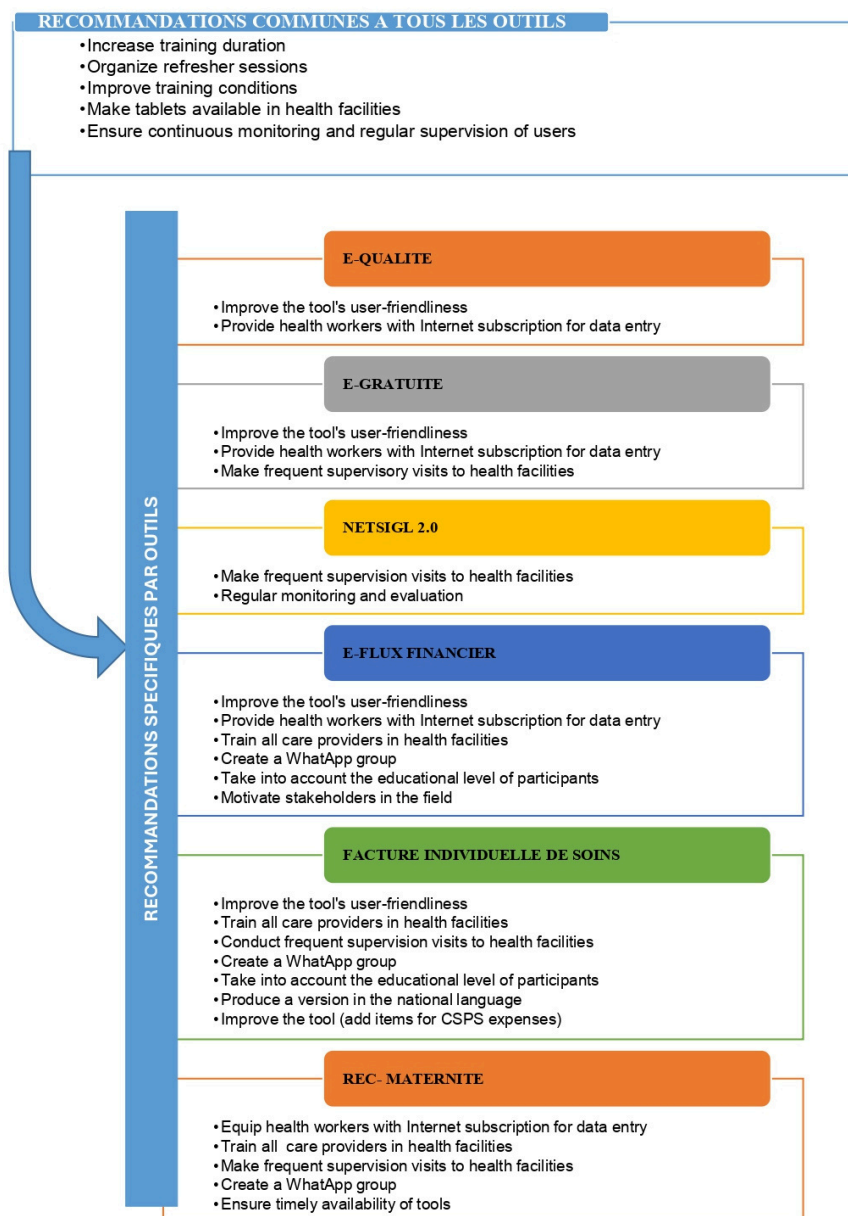
Ability to use the tool after training

- On a score of 0 to 3 assessing the ability to use, all participants in the training on REC-maternité and more than 90% of those trained on e-gratuité and e-flux financier had a score of 2 or 3
- E-Qualité (Ziniaré) and NetSIGL (Ténado) had lower scores





STAKEHOLDER RECOMMENDATIONS



Key recommendations from the research team	<ul style="list-style-type: none"> • Adopt a harmonized approach for training and tool rollout through the introduction of a standard guide for all stakeholders (accreditation of trainers, pedagogical approach, duration of training, number of participants per session, trainer/participant ratio, taking into account the level of education of tool users in the design of training modules, etc.).
	<ul style="list-style-type: none"> • Set up appropriate logistics during training sessions (sufficiently large room, internet connection, functionality of tools, correct configuration of tablets, etc.).
	<ul style="list-style-type: none"> • Regular monitoring and supervision of tool users in the field
	<ul style="list-style-type: none"> • Ensure the rollout of all the tools selected for the MDE in the intervention health districts, with good availability of tablets.

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