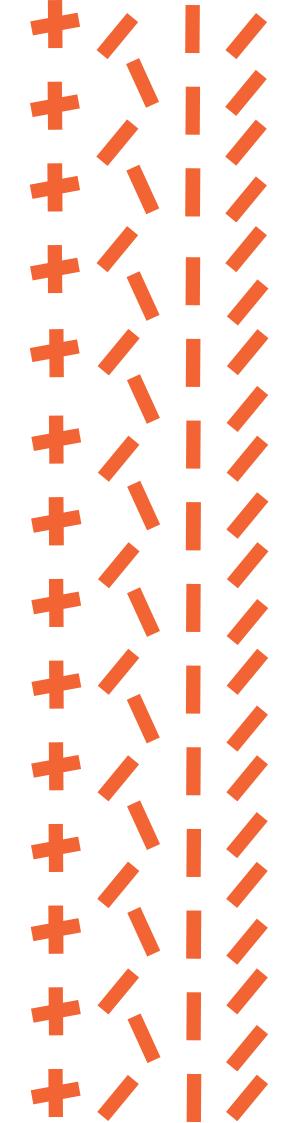


ACCELERATING PROGRESS ON HEALTH AND WELLBEING:

Building healthcare resilience using the On-the-Job Training Approach.





causes of maternal mortality and morbidity globally. In Nigeria alone, not less than 1.25 million abortions occur every year.

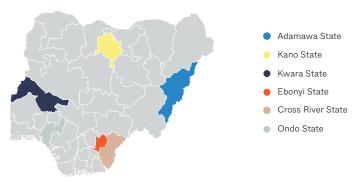


Ipas supported the Federal Ministry of Health (FMoH) to develop and publish a training manual for Post Abortion Care (PAC) and train over 1,000 health care workers of different cadres on the provision of PAC services in several states. However, the initial training approach was classroom based, costly and unsustainable especially without funding support from state and local health departments. The training approach is also disruptive to health services provision in health facilities where health workers are mostly inadequate.

Federal Ministry of Health in collaboration with Ipas Nigeria Health Foundation saw the need to review the PAC manual and develop an On-the-Job Training manual for the country that will address some of the challenges of skilled manpower in the reproductive health care.

In October 2022, Ipas conducted an On-the-Job Training on PAC service delivery for health workers in six states in Nigeria using the classroom and facility-based training approaches and commissioned a study to document the training implementation process and determine the effectiveness of the facilitybased training approach compared to the classroom training approach.

Adamawa, Cross-River, Ebonyi, Kano, Kwara and Ondo States.





On-the-Job Training (OJT) approach, a teaching methodology that enhances the transfer of skills, attitudes, and knowledge required to make healthcare providers competent, and confident to offer quality healthcare services including family planning services.

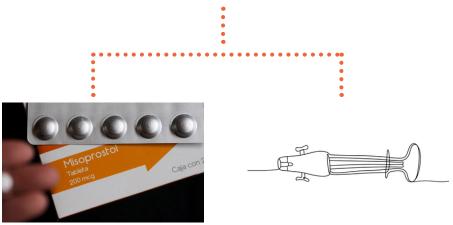
Methodology

The training implementation included stakeholder meetings at the national and sub-national levels to sensitize stakeholders, identify participants, and develop the training plan. In addition, training of trainers and refresher training were conducted at national and subnational levels to get the facilitations ready for the training. Pre- and post-training assessments were administered to participants on PAC knowledge and competency to measure the impact of the training. Furthermore, training monitoring and follow-up interviews were conducted with trainers and trainees to elicit information on their training experience, while client-provider interaction and client exit interviews were conducted to get feedback from clients on their opinions of the PAC service received.

The parameters measured for Post Abortion Care includes:



Family planning counseling



Misoprostol competency

Manual Vacuum Aspirator competency

Findings

119

Classroom training

A total of 119 participants from the classroom training cohort completed the PAC knowledge pre-test and post-test assessment. The average pretest performance across all participants was 64.5%, while the post-test was 76.6%, resulting in an 18.8% improvement in PAC knowledge after exposure to training.

The average pretest performance across all participants was

64.5%

while the post-test was

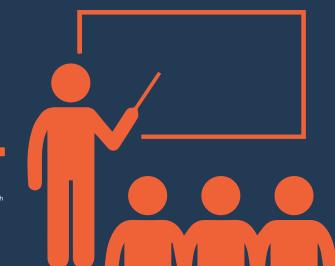
76.6%

resulting in an

18.8%

improvement in PAC knowledge after exposure to training.

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112

Facility based training

Atotal of 112 participants from the facility-based training cohort completed the PAC knowledge pre-test and post-test assessment. The average pre-test performance across all participants was 62.3%, while the post-test was 83.2%, resulting in a 33.6% improvement in PAC knowledge after exposure to training.

The average pre-test performance across all participants was

62.3%

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33.6%

improvement in PAC knowledge after exposure to training.

Comparing performance in PAC knowledge and competency assessments between classroom and facility-based training participants, average posttest performance on PAC knowledge assessment among facility-based participants (81.5%) was higher than classroom participant (73.2%). A total of 101 participants were interviewed after completion of the training. Almost all of them considered their personal experience from the training as good, very good or excellent, while all of them agreed the training was relevant.



I found the OJT training by Ipas very interesting. Before, the work could only be done when I'm around but now in every shift, at every time, it can be done perfectly without me even if I'm on leave or I'm on off duty.

Maryam Ado Abdullahi,

Healthcare worker, Kutai Primary Health Care Center, Jigawa State.

Implications for Health Systems

The country now is trying to revitalize primary health care centers in every ward and that is what exactly we are doing. We need to have critical services in every ward level facility. Every ward level facility should work 24 hours, seven days a week, 365 days a year to be able to deliver services. So we are saving cost by using the OJT approach to train our critical manpower, that's why it's called the on-the-job training. Within no time, we were able to train over 100 staff. Ipas actually has done a lot to support the state in even domesticating a lot of policies and guidelines from the national like the OJT guideline and the safe termination of pregnancy based on legal indications. And luckily for us, as a state, we are the forefront of taking up the challenge to continue what Ipas has actually started.



Dr Shehu Sambo,
Director of Primary Healthcare, Primary Health Care Development Agency(PHCDA), Jigawa State.

Ipas Nigeria Health Foundation works to empower women and girls to have bodily autonomy and exercise their sexual and reproductive health and rights. As partners for reproductive justice, we build collective action that transforms societies tto enable women, girls, and vulnerable persons to manage their fertility and realize their full potential.



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