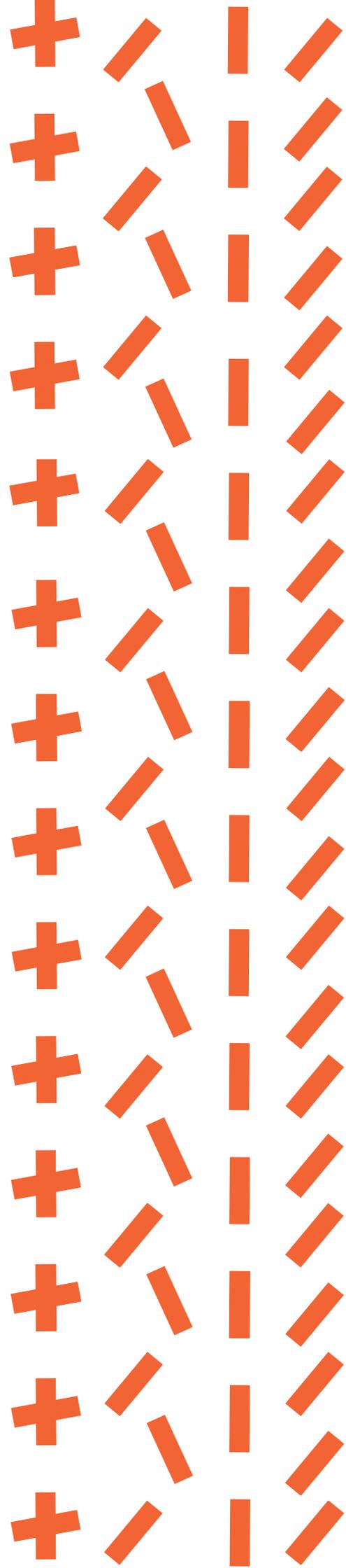


ACCELERATING PROGRESS ON HEALTH AND WELLBEING:

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





Ipas@So Photo Limited

Globally, around **25 million unsafe abortions occur each year**, with approximately 7 million women seeking care for complications arising from these unsafe methods. Unsafe abortion is one of major contributor of maternal mortality and health complications worldwide. In Nigeria alone, at least 1.25 million abortions are performed annually.



Globally, 25 million unsafe abortions annually



Globally, 7 million women are treated for complications arising from unsafe abortions



In Nigeria, not less than 1.25 million abortions occur every year

In 2017, Ipas Nigeria Health Foundation, collaborated with the Federal Ministry of Health (FMoH) to develop and publish a training manual for Post Abortion Care (PAC), and also trained over 1,000 healthcare professionals from various levels to offer PAC services in several states. The method of training used was predominantly based on classroom learning. However, this training method proved to be costly and unsustainable due to the financial obligations needed from state and local health departments. Furthermore, this training method interfered with the provision of health services in facilities already facing a shortage of healthcare workers.

In an effort to continually seek and implement enhanced methods for improving the country's health system, Ipas Nigeria Health Foundation launched a pilot of the On-the-Job (OJT) Training approach in 2021. The OJT training approach was implemented in Gombe and Jigawa States to introduce an efficient and cost-effective strategy for enhancing the skills of the health workforce. Using this comparative training methodology, 21 health workers received training through the PAC OJT approach, while 22 others underwent the traditional classroom training method from both states. The pilot program lasted for four months.

The insights gained led to a partnership between the Federal Ministry of Health and Ipas Nigeria Health Foundation to revise the PAC manual and create a national On-the-Job Training manual aimed at addressing certain challenges related to skilled personnel in reproductive health care.

In 2023, a nationwide pilot program was carried out to assess the cost-effectiveness, efficiency, and perceptions of health workers regarding the On-the-Job training approach. This was carried out in five states, involving 119 participants in the classroom training group and 112 participants in the OJT group.

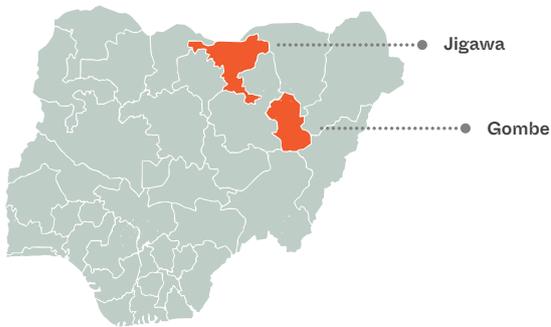
This brief highlights findings obtained from research carried out on the On-job-training approach during the pilot programs both at the state and national levels.



On-the-Job Training (OJT) approach;

A Practical teaching methodology that enhances the transfer of skills, attitudes, and knowledge required to make healthcare providers competent, and confident to offer quality healthcare services.

State level pilot



 **OJT approach**

21 Health providers

 **Classroom approach**

22 Health providers

National level pilot



 **OJT approach**

119 Health providers

 **Classroom approach**

112 Health providers

The parameters measured for Post Abortion Care includes:



Improved knowledge of Medication Abortion, Manual Vacuum Aspiration and Post-Abortion Family Planning.



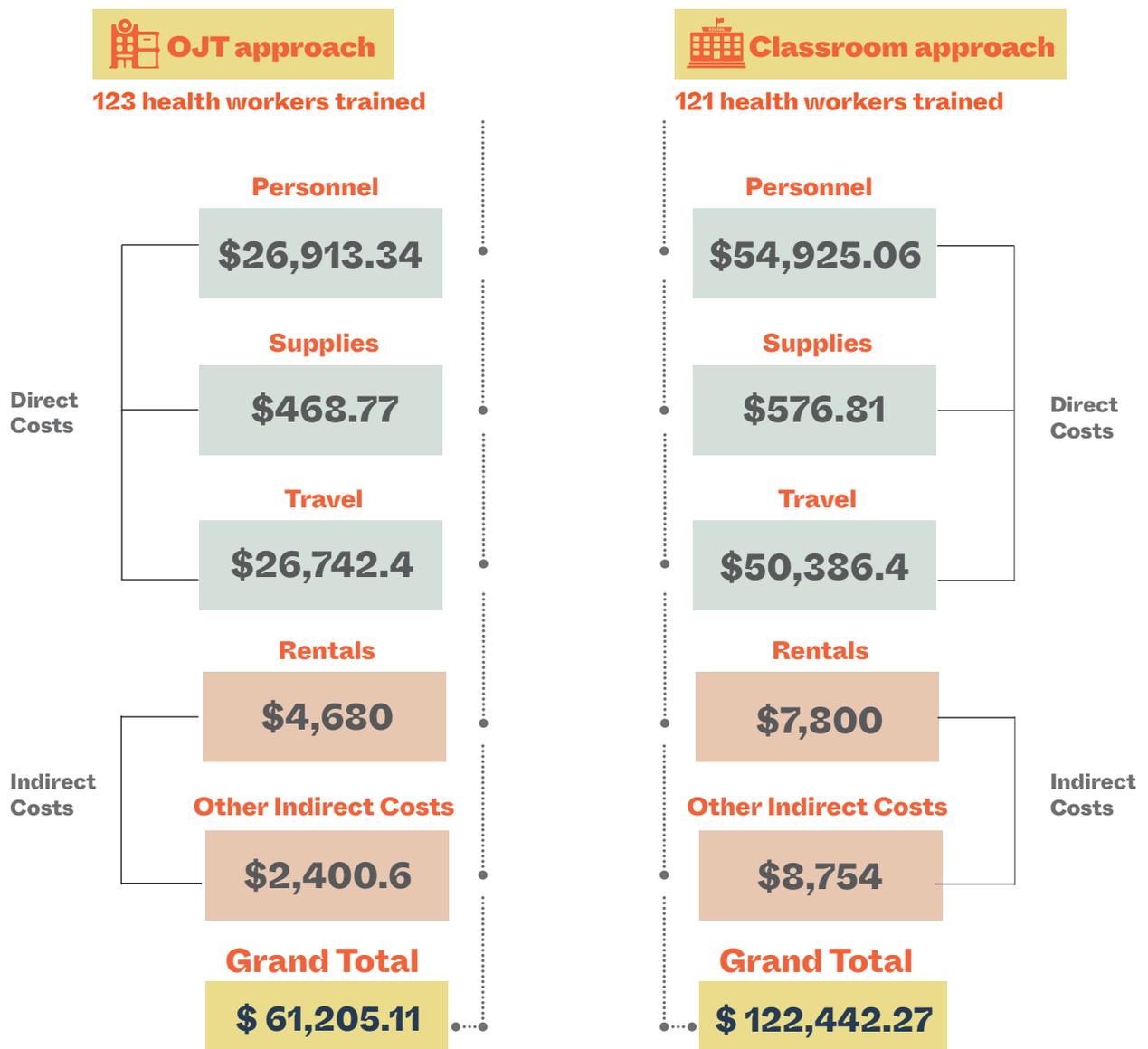
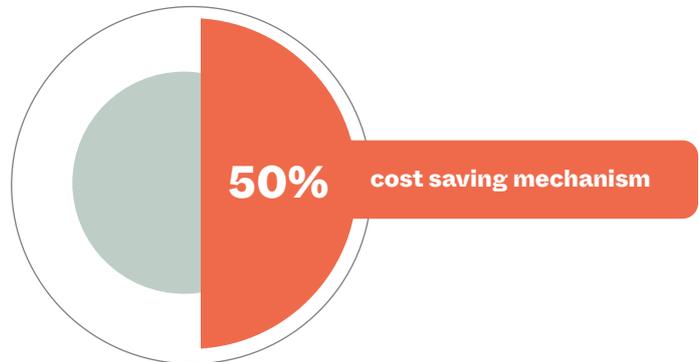
Improved competence providing Medication Abortion, Manual Vacuum Aspiration and Post-Abortion Family planning via observation.

Findings

1. Cost Efficiency

OJT Approach

The OJT approach offers a 50% cost saving mechanism, in comparison with the classroom-based approach.



2. Participants' Perception

Duration

96%

of the health providers found the duration of the training to be sufficient

4%

preferred to have more time for practical.

A 3-day refresher training was held for selected master trainers. This was followed by a 4 – 6 weeks training conducted at facility levels in the states.

Convenience and Timing

67%

of participants found the timing of the training convenient to suit their needs

33%

participants did not.

Some facilities were short-staffed and relied on the available hands thereby making the training not convenient.

Relevance of the Training

77%

of health workers found the training to be very relevant. Nurses and midwives mentioned that before the training, they would need to find a medical doctor to attend to patients in need of PAC but the training has provided the needed knowledge and skills to provide PAC services.

A total of **101 participants** were interviewed after completion of the training. Most of the participants considered their experience good, very good or excellent, while all of them agreed that 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 OJT approach offers multiple benefits that can be replicated in other areas of delivering health care services. Following the introduction of the OJT In Jigawa State, the government made an investment of N13million to scale the OJT process in other health areas.

“ 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”

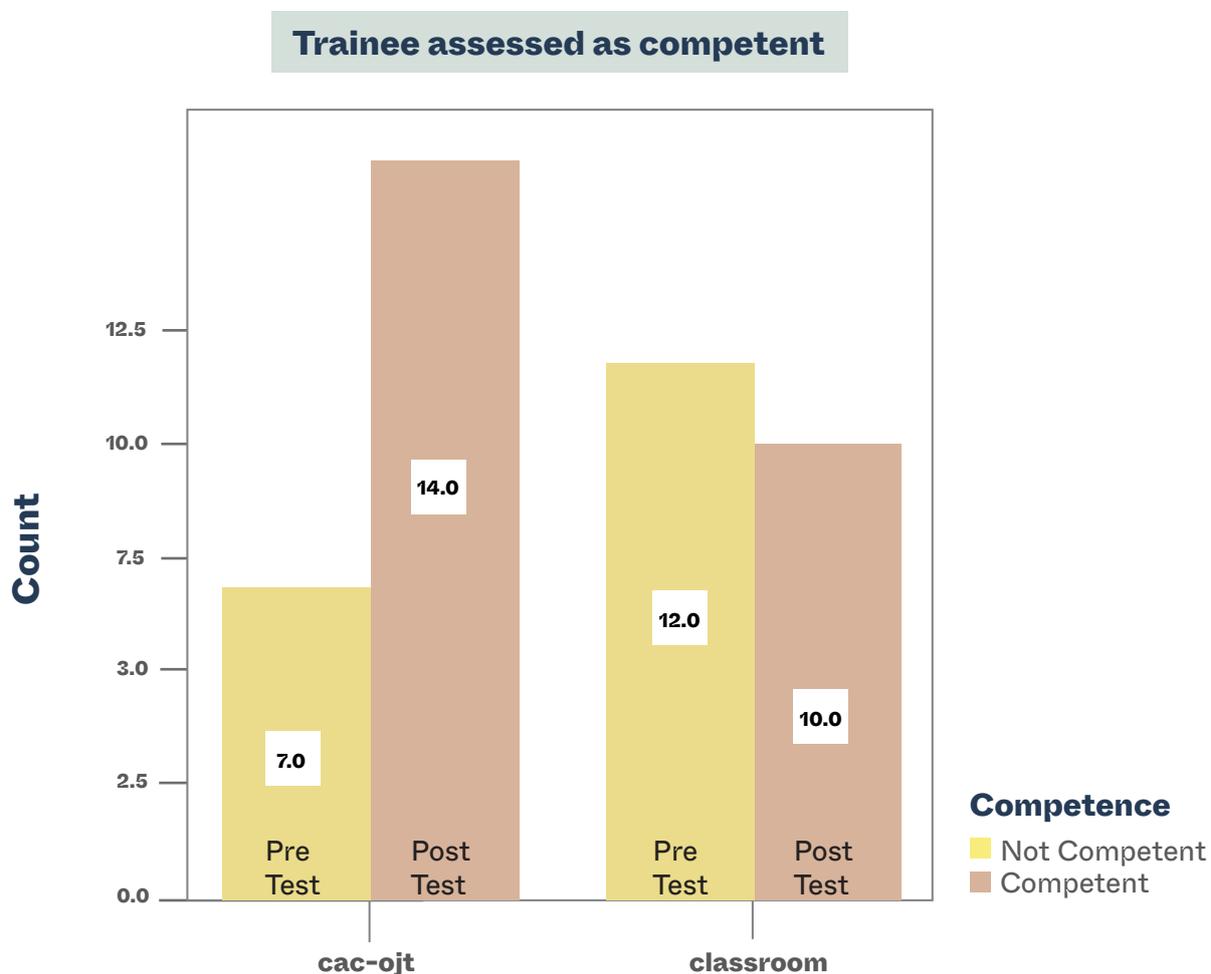


Dr Shehu Sambo,

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

3. PAC Knowledge and Competency

In the state pilots conducted in Jigawa and Gombe states, the results showed that the average knowledge and competency scores of providers trained in facility was higher than those who were trained in the classroom. This is depicted in the figure below.



The results from the National pilot, which had a relatively higher sample size, showed an increase in the knowledge of PAC by both OJT and classroom-trained providers. The average post-test knowledge performance among facility-trained providers was significantly higher than that of classroom-trained providers.

In addition, a post-training competency assessment was conducted for both classroom and facility-trained providers 6-8 weeks after the initial training. The facility-trained providers recorded a higher post-training competency score in Medication Abortion, but slightly lower scores were recorded in family planning and Manual Vacuum Aspiration competency.

There are a number of reasons for the averagely lower competency scores which also contributes to the learnings for the process;

Selection process:

The selection process for the healthcare workers was random with no assessment of basic provider competence or experience. With a higher sample size, there was a higher probability of selecting providers who lacked basic competence, and their performance had a skewing effect on the average.

Monitoring and Evaluation process:

The post-training monitoring and supervision in some states did not ascertain effectively providers' engagement and opportunities to practice post-training. In states where the state supervisors ensured providers were engaged and assigned to areas they can practice; the scores were higher.

Health worker's schedule and staffing shortages:

In a number of states and sites, the providers complained about how the shortage of facility staff for general service provision affected their ability to practice post-training.

Availability of resources and materials to facilitate facility training:

At the national pilot, though Ipas supplied resources e.g. Manual Vacuum aspirator kits and pelvic models, to support facility trainings, more learning resources including the guidelines and SoPs could have been provided to better support trainees learning and competence.

Despite the above, the economic effectiveness and qualitative responses for participating providers showed the OJT approach was practicable, efficient and effective in expanding capacity for PAC provision especially in low resource settings.

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 to enable women, girls, and vulnerable persons to manage their fertility and realize their full potential.

Ipas Partners for
Reproductive Justice
NIGERIA HEALTH
FOUNDATION

P.O Box 5188 • Garki, Abuja, Nigeria • +2348136599722

ipasnigeria@ipas.org • www.ipasnigeria.org

✉ @Ipas_Nigeria 📷 @IpasNigeria 📘 @Ipas Nigeria 🎥 @ipasnigeriahealthfoundation

🌐 @Ipas Nigeria © Ipas Nigeria Health Foundation 2024