

ON-THE-JOB TRAINING (OJT)

Format

To address gaps in quality of FP service provision, NURHI will address quality improvement issues arising from the supportive supervisory visits to plan On-the-Job training (OJT) for FP service providers (i.e. CHEWs & nurses/midwives). An on-site intervention will ensure hands-on practice and demonstration of techniques, thereby improving providers' confidence.

OJT can only succeed if key stake holders buy into the system and participate actively in the decision-making process. It must be embedded within Government structures and driven by their functionaries. Therefore, LGA FP supervisors will conduct the OJT with oversight from NURHI staff. They will use a simplified OJT document/checklist and On-the-Job Training Manual, as the core tools during their visits to the facilities. This helps streamline their work and promotes sustainability of OJT activities.

Objectives

To ensure that FP providers are mentored and practice of new skills reinforced with feedback to ensure competency.

Tools

- Performance Standard for Family Planning Services in Nigerian Hospitals (FMOH)
- OJT Manuals (counselling, logistics, clinical)
- OJT Checklist

Technical Approach

- The QISSO will identify and categorize the supported facilities into those that have CHEWs as providers and those with Nurse Midwives as providers.
- The QISSO will also identify those facilities that have a CHEW as the assisting provider, so that these assistants will also be included in the OJT for CHEWs schedule.
- The QISSO will also consider the facility overall level of performance to cluster facilities with similar identified gaps to plan the OJT.
- In every

quarter; Month 1

- Conduct FPSS for CHEWs and Nurse Midwives
- Provide immediate on-site technical support/coaching/mentoring
- Analyzed reports should be ready by the end of the

month

Month 2

- Follow-up on issues identified in Month 1
- Repeat FPSS for CHEWs and Nurse Midwives
- Provide immediate on-site technical support/coaching/mentoring
- The QISSO will tease out findings/feedbacks from the different reports to inform the planning for the quarterly on-the job training

Month 3

- Conduct structured OJT for the specific cadre (CHEWs/Nurse Midwives) on a quarterly basis.
- The LGA FP supervisors and NURHI FP consultants will conduct the OJT with technical oversight by the QISSO.
- Plan and conduct the OJT in batches, such that providers with similar gaps in knowledge or skill will be clustered into small groups of 5-10 participants.
- The duration of the OJT per cluster will be based on their scope of work and identified gaps, usually for 3 days ranging between 3 to 4 hours per day.
- Write and submit detailed report with pictures and signed participants' attendance sheet.
- Reporting Requirement
- Two copies of the written report (including an electronic version) should be submitted by the consultants 3 days after completion of the activity.
- The QISSO will provide feedback to relevant officials including the trainees and facility personnel before the next supportive supervision.
- Reports should summarize key findings during the OJT highlighting strengths, improvements made (based on FPSS previous observations), areas that need further improvement and recommendations for improving performances.
- The report is important in identifying and following up actions required for improving performance of trainees at various facilities.

CHECKLIST FOR ON-THE-JOB TRAINING

Process of OJT

- Identify OJT needs
- Develop agenda together with the supervisor and share topics
- Determine number of training days
- Cluster facilities for effectiveness



- Determine a suitable venue for both didactic and practical sessions
- Inform facility ahead of time and conduct OJT, outlining major achievement in the reports and other gaps identified

Guide on how to fill the checklist

- Tick as appropriate all topics covered with date
- Indicate in the remark section all outstanding and important information regarding the OJT

ENGAGEMENT OF SENIOR HEALTH OFFICERS

Background

Senior CHOs are the CHOs who have the highest experience in the Primary Healthcare Centres (PHC) of the local government areas (LGAs). They report to the Medical Officer of Health (MOH) or RH/FP coordinator in the local government. The most senior CHO is usually a member of the LGA PHC Management Committee and is registered with the National Association of Community Health Practitioners as with other CHOs. They are responsible for supervising and monitoring other community health workers as well as TBAs. As regards FP, they are allowed to counsel as well as give pills and injectables. Following the dissemination of the task-shifting and task sharing policy at the National level, and adoption and domestication at the state level, the CHOs are now allowed to offer long-acting methods.

Therefore, the scope of work of the senior CHO's include;

- Provision of FP counselling and services
- Supervision of other junior cadre staff and non-clinical HCWs

NURHI 2 will train the Senior CHOs in order to equip them with the necessary knowledge and skills to adequately carry-out their duties. This will help ensure sustainability of NURHI 2 engagement with non-clinical providers and will strengthen supportive supervision of non-clinical providers thus ensuring optimal quality of FP service delivery at all levels of care.

NURHI 2 will support the senior CHOs through;

- Capacity building through TOT: To equip them with knowledge and skills in IPCC, FP, referrals and supportive supervision. This will also help to establish a pool of trainers at the state level who are then able to cascade the training to other CHOs, CHEWs, VHWS and TBAs.
- Provision of tools, FP materials and job aids for them to carry-out their roles and responsibilities.
- Hands-on coaching and mentoring to equip them with the skills to replicate same to their subordinates in their communities.

The scope of NURHI's engagement of the CHOs will be achieved in the following ways;



1. TRAINING – This will involve training to address the knowledge and skill gaps identified. The training will cover FP, IPCC, referral, use of tools and supportive supervision skills.

Objectives:

- To equip them with knowledge and skills on FP counselling and services.
- To equip them with knowledge and skills for supportive supervision.

Scope of Training:

- Knowledge and skills on IPCC
- Knowledge and Skills on FP (including LARC)
- RH policy and Adolescent friendly services
- FP Referral and linkages
- Supportive Supervision and OJT

Methodology:

- Demonstrations and return demonstrations.
- Presentations.
- Role Plays.
- Practical Sessions.

Expected Outcome:

- Increased number of service providers for a wide range of FP service provision Including LARC.
 - Improved IPCC skills.
 - Increased pool of competent community health workers.
 - Adolescent/Youth friendly community health workers.
 - Improved supervisory skills for effective FPSS and OJT functions.
2. PROVISION OF TOOLS AND JOB AIDS – This may include printing and distribution of the existing NURHI tools to all the senior CHOs. The tools and job aids include tools for supportive supervision, NURHI job aids, MEC wheel, BCS card and the RH wheel.
 3. PERIOD OF MENTORSHIP WITH THE LGA FP COORDINATOR – This will be to create the opportunity for direct observation and learning from the mentoring skills from the FP coordinators.



PHARMACOVIGILANCE RAPID ALERT SYSTEM FOR CONSUMER REPORTING (PRASCOR)

Background

In Nigeria, NAFDAC coordinates the activity of pharmacovigilance and distributes the pharmacovigilance forms (Yellow Forms) to most hospitals/clinics in the country to report on drug complications or adverse drug reactions with a goal to sensitise the public and conduct further in-depth research of the ingredients of the drug causing the reaction including family planning commodities.

There has been difficulty in ensuring that hard to reach areas always have constant supply of these forms and to cash in on the use of mobile forms for reporting, NAFDAC designed Pharmacovigilance Rapid Alert System for Consumer Reporting (PRASCOR) which is a short code service for consumers to alert NAFDAC of drug safety and quality issues via SMS.

With the use of PRASCOR, pharmacovigilance reporting is easier to document and track.

How it works

The service works in three simple steps

Step 1: A consumer sends information with the name of the medicine or product and the suspected ADR by SMS to the number (short code) 20543 for free on MTN, Glo and Etisalat. For example: "I took paracetamol and cannot sleep".

Step 2: An auto response acknowledging receipt of the alert and next steps is sent to the consumer (sender).

Step 3: The information is forwarded to NAFDAC by secure email to be accessed only by NAFDAC staff at the National Pharmacovigilance Centre; the received message will help NAFDAC to contact you for more information that will be used to fill an ADR reporting form if needed or to guide the consumer on what next to do.

