Structured On-the-Job Training—A Vital Tool for Improving Access to Sexual and Reproductive Health Services in Ethiopia

Findings from EngenderHealth's Access to Better Reproductive Health Initiative (ABRI) Project

Background

Guided by the vision of a gender-equal world where all people achieve their sexual and reproductive health and rights (SRHR), EngenderHealth works globally to support individuals, communities, and healthcare systems in delivering high-quality, gender-equitable programs and services that advance SRHR. The Access to Better Reproductive Health Initiative (ABRI) project has been providing strategic capacity building and technical assistance support to the Ministry of Health (MOH) and sub-national partners in Ethiopia for the past 11 years. The project objectives are to promote women and girls' agencies to exercise their SRHR, including: (1) improve duty bearers' accountability and reduce discrimination toward women's and girls' access to SRHR information and services; and (2) strengthen the enabling environment at interpersonal and family levels to support women and girls to demand and exercise their SRHRs.

Through this project, EngenderHealth made substantial contributions to the expansion of quality comprehensive contraception (CC) and comprehensive abortion care (CAC) services through 632 sites. The project focused on building the capacity of healthcare providers through training, post-training follow-up, and clinical monitoring until trained providers reached the necessary level of proficiency. The project ensured that trained staff had the skills, knowledge, and necessary enabling environment to provide quality CC and CAC services. Through partnerships, ABRI also generated sustained demand for CC and CAC in selected operation areas. Since 2008, EngenderHealth has trained more than 17,000 providers at different levels on CC and CAC, who in turn served more than eight million women, girls, and families during this period.

Since 2020, ABRI started transitioning healthcare facilities to woreda health offices. Transitioning is defined as a systematic process of shifting critical CC and CAC technical assistance related to direct service delivery, quality assurance, and health system strengthening functions to the MOH and its subsidiaries. The goal of the transitioning is to help build a more resilient public health system that will deliver uninterrupted essential services at scale and serve more people in more places. The transitioning focused on building the capacity of woreda health offices and primary healthcare units to deliver integrated CC and CAC within reproductive, maternal, neonatal, child, and adolescent health programs. To date, the project has transitioned 355 healthcare facilities to woreda health offices and the remaining 277 healthcare facilities are expected to transition in 2021.

To support the transition, ABRI introduced a range of innovations and strategies to improve access to and quality of CC and CAC services. This included the introduction of structured

on-the-job trainings (SOJTs) for CC counseling and CAC services. SOJT is a formal training approach that occurs at the provider's worksite, ideally provided by a trainer working at the same site. Critical elements of an SOJT are the same as those for other training approaches: stakeholders' consensus on applying the training method, institutional support for implementing the training, appropriate curricula to support this approach, trainers trained in conducting the training, evaluation plans and other instruments to measure progress, and a process for qualifying participants upon completion of the training. The goal of an SOJT is also the same as that for other trainings: to prepare qualified providers to apply their newly acquired knowledge, skills, and attitudes on the job and to minimize service disruptions resulting from providers' absences during offsite trainings.

In November and December 2020, ABRI conducted an assessment to understand the extent to which the SOJT interventions supported facility readiness and improved the quality services after sites had transitioned to the MOH.

Methodology

The study team used a mixed methods approach. We collected quantitative data through a facility assessment from 94 transitioned healthcare facilities. Study teams administered questions on whether the facility had initiated an SOJT in the last year, and if so, how many staff had participated in the SOJT, and what type of training was delivered (CAC or/and CC), and if staff had completed the SOJT training-of-trainers. The qualitative approach enrolled 39 key informants (KI) from healthcare facilities, woreda health offices, zonal health departments, and regional health bureaus. The study team administered open-ended questions and asked respondents about strategies that helped to ensure successful transitioning. We implemented the quantitative and qualitative approaches concurrently.

ABRI analyzed data from the facility assessments and estimated the percentage of healthcare facilities and providers that had completed SOJTs. The study team then analyzed qualitative data using a thematic-based analysis.

Key Findings

Staff Trained through SOJT at Transitioned Facilities

The facility assessment found that 87.2% of transitioned sites had conducted an SOJT. We observed that 84% of transitioned facilities had staff trained on CC through an SOJT but only 13.8% of the facilities had staff trained on CAC through an SOJT.

Table 1: Availability of SOJT and Trained Staff among Transitioned Facilities

	% (N=94)
Facilities that conducted an SOJT	87.2
Facilities with staff trained on:	
CC through SOJT	84.0
CAC through SOJT	13.8

Regional Variations in Implementing SOJT: Qualitative Findings

The study team asked KIs to comment on the status of SOJT training activities in their facilities. According to many of the respondents, the SOJT was another strategy to ensure sustainability of CC and CAC services. However, the responses from KIs revealed variations in implementing SOJT across the regions.

Almost all KIs in the Amhara region stated that healthcare providers have less interest in attending SOJTs, citing lack of incentives as a key reason. In Amhara, prior to the transition, the ABRI project provided a small stipend for those who attend SOJTs during the weekend. KIs raised concerns that region may not have the ability to pay for such incentives, and this could threaten the sustainability of these sites since providers may be less willing to attend or be engaged.

> *"Many health workers attended on-the-job training on comprehensive contraception and they are now independently inserting implants. The training takes about 45 days including weekends. EngenderHealth pays per diem during weekends. We have now a lot of health workers who can provide the service in our hospital. The problem is that we are not sure whether we are able to pay per diem and the program continues if EngenderHealth stopped the support." – KI, Shone Primary Hospital, Amhara.*

> *"…Healthcare providers have less interest to attend [SOTJs] because they thought that once they took on-the-job training, they will not get a chance to attend centralized training. They prefer centralized training as there in no incentives while attending on-the-job training." – KI, Robit Health Center, Amhara.*

Unlike the Amhara region, KIs in the Sidama region and the Southern Nations, Nationalities, and Peoples' Region (SNNPR) noted that many healthcare providers at ABRI-supported facilities attended SOJTs and effectively performed procedures, including delivery of long-acting reversible contraceptive methods and CAC services. In these regions, KIs described the SOJT approach as a promising sustainability strategy.

KIs in the Oromia region noted that many healthcare providers had attended SOJTs and agreed that this would contribute to long-term sustainability. However, these KIs cited concerns that healthcare providers had few practical examples during the SOJTs and thus may not develop adequate skills to perform procedures, such as manual vacuum aspiration and insertion and removal of intrauterine devices (IUDs). KIs also acknowledged that they were unable to train an adequate number of providers in CAC through SOJTs. Indeed, the

number of providers who participated in SOJTs for CAC was far less than the number of providers trained in CC.

> *"…Yes, we have a number of providers who deliver short-acting and long-acting family planning methods after attending on-the job-training. But, we are unable to build adequate skills to perform IUD insertion and conduct safe abortion services just by using on-the-job training." – KI, Nekemte Health Center, Oromia*

In short, the study identified a number of barriers related to the SOJT approach, including a lack of incentives and inadequate practice time during the training.

Program Implications

In summary, EngenderHealth focused on scaling-up the SOJTs as a strategy to ensure sustainability of CC and CAC services in transitioned facilities. While the sites in Sidama and SNNPR benefited from this training approach, sites in Amhara and Oromia regions illustrated fewer positive outcomes. The study results point to several recommendations. First, ABRI should consider revising the SOTJ curriculum to increase practice time during the training. In revising the curriculum, the project should consider practicum attachments, availability of technology to aid training, and the number of days required to develop skills. Digital technology may also help improve the quality of training, enhance provider competencies, and support integration of COVID-19 precautions. To ensure sustainability, the project should also consider institutionalizing the SOJT activities and linking the completion of these trainings with national, licensed professional development programs. We also recommend establishing standard incentive mechanisms across all regions, given evidence suggesting that such incentives are an important motivating factor. Finally, we believe there are opportunities to expand the content of the SOJTs beyond CC and CAC. Including other elements of reproductive, maternal, neonatal, and child health may help to ensure sustainability and provide a more holistic approach to high-quality healthcare.

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