

On the Job training in MNCH: Experiences from Manicaland Province

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Background

Over the years, Manicaland Province has seen marked improvement in maternal, new-born and child health due in part to the roll out of emergency obstetric and neonatal care (EmONC) trainings.

High staff turn-over and mass recruitment has led to a significant EmONC skills gap across the province.

On-the-job training (OJT) is the preferred training model for low- and middle-income countries because it is cost-effective and sustainable.



A health care worker demonstrates an obstetric procedure during OJT
Photo Credit: Constance Mundoringisa, FHI 360

OJT Process

January 2019: Provincial TOTs

Venue: Mutare Provincial Hospital

Trainers: National RMNCH trainers

Trainees: Provincial trainers, drawn from district hospitals

January 2019: District TOTs

Venue: Mutare

Trainers: Provincial trainers

Trainees: District and rural hospital staff who supervise HCWs

February 2019 onwards: Province-wide OJT

Venue: Rural hospitals and clinics; district hospitals

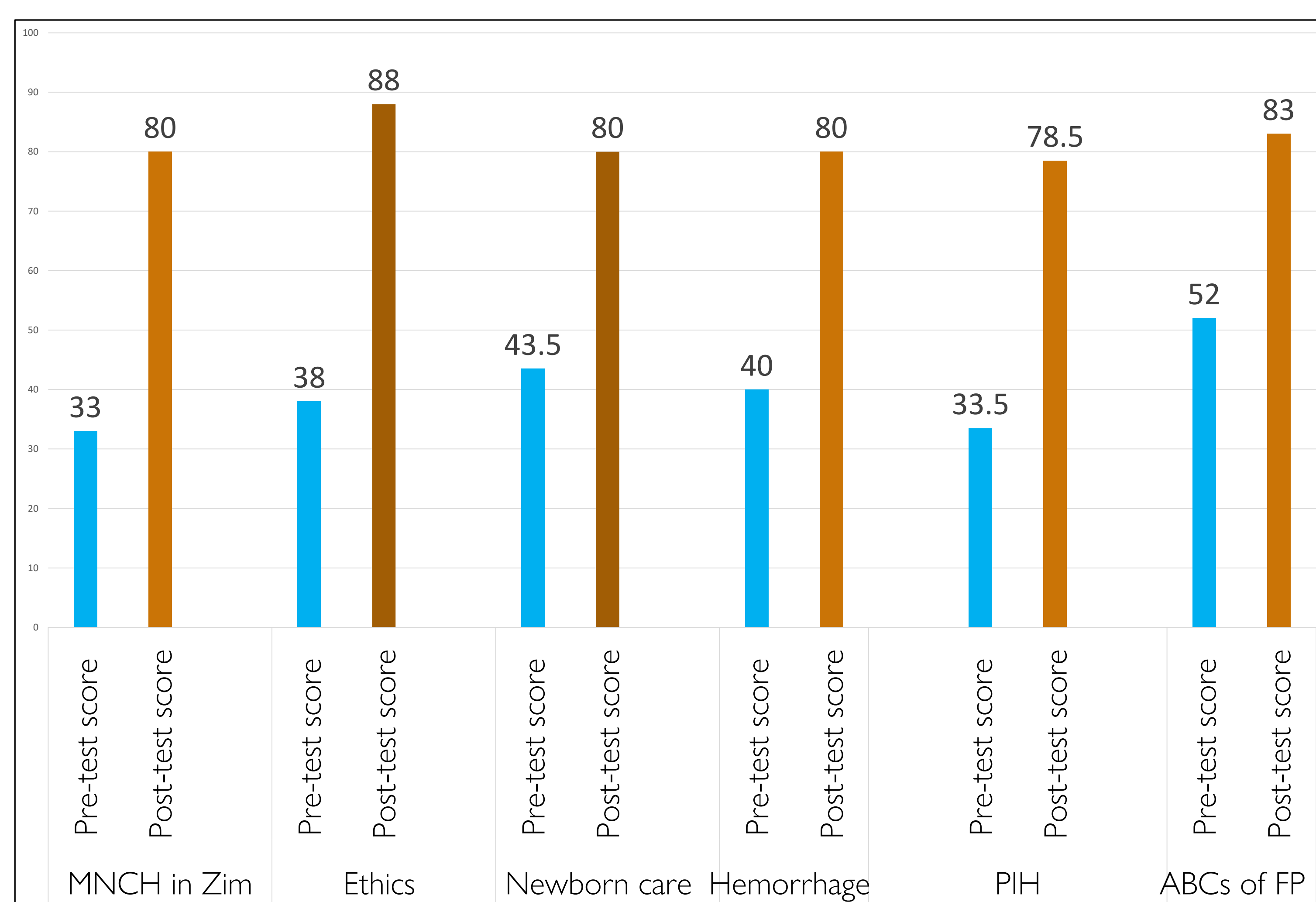
Trainers: District trainers

Trainees: All MNCH-FP staff in rural hospitals and clinics

Frequency: Site-dependent

November 2018: Curriculum review and development workshop

Results



Knowledge scores for six OJT modules

Lessons Learnt

- Senior managers have very little time to train.
- Need to train middle level (clinical) midwives as trainers.
- All RHC nurses need to be trained on the whole curriculum as they are the first level of care.
- Clustering of RHC nurses enables sharing of experience
- Low morale from participants who prefer to be trained away from their station.
- Staff shortage worsened by flexible working hours.
- Lack of training resources at smaller comprehensive EmONC sites (laptops and projector).
- Many new recruits in district hospitals would benefit from cluster training on the whole curriculum