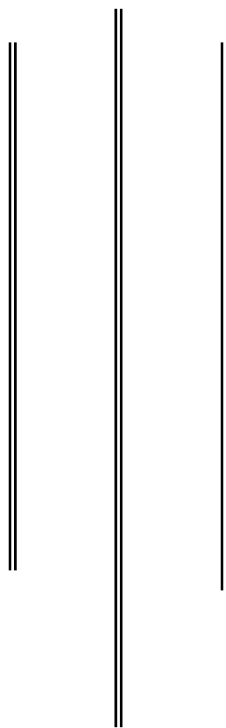


Implementation Guideline of Structured On-The-Job-Training (OJT) for Postabortion Care (PAC) In Nepal



Government of Nepal
Ministry of Health and Population
National Health Training Center
July 2007



USAID
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Nepal Family Health Program

PREFACE

The Maternal Mortality ratio for Nepal is one of the highest in Asia though reduced to estimated 281 (DHS 2006) from 539 deaths per 100,000 live births. Abortion and abortion related complications contribute approximately 15% of maternal mortality in Nepal¹. Recognizing this problem, Family Health Division, Department of Health services, initiated Postabortion care services in Nepal since 1995. In the same year, Department of Health Services also established training for Postabortion care services at Maternity Hospital in Kathmandu. Further, Department of Health Services is interested to scaling up the accessibility of PAC services to the women at risk in Regional hospital, Sub-regional hospital, District hospitals and periphery level health facilities such as PHC Since then, Postabortion care (PAC) services have expanded to 80 other hospitals, PHCs in the country.

As Maternity Hospital has made an important contribution to addressing training needs for reproductive health in general and Postabortion care in particular, with the increase in demand for providing training on PAC, Maternity Hospital alone could not fulfill government's annual training needs. So, there was a need to establish additional training sites, and NHTC, was keen on decentralizing and expanding its training capacity to other hospitals in the country. Therefore, NHTC with technical support from NFHP, "PAC On-The-Job-Training" an alternative training approach was introduced and a Pilot test was done in Maternity Hospital in 2002. This approach was found to be very effective in producing trained human resource within the institution with minimal support from the trainers, without compromising quality, cost effective and without disturbing the daily routine work at the health facility. With this experience PAC On-The-Job-Training was started at Bharatpur Hospital in 2003, Koshi Zonal Hospital in 2004 and Seti Zonal Hospital in 2005. This PAC On-The-Job-Training is gaining popularity, and more service providers are being trained in PAC in FY 2006/07 through OJT approach compared to group based training. This has helped those service sites to have sufficient number of skilled service providers and provide Postabortion care 24 hours/7 days a week.

OJT approach has shown its potential to help service providers to learn better MVA/PAC skills during other MNC (e.g. BEOC) particularly at those where caseload is low.

Hence, it was felt that this guideline would help to promote and continue this alternative training approach to not only to establish OJT sites in various suitable health facilities but also to train more service providers in this life saving procedure. We hope the guideline will provide direction to Program Managers, Trainers, External Development Partners in Planning and managing PAC On-the-Job Training.

¹ Maternal Mortality and Morbidity Study, Nepal – L. R. Pathak et al. 1998, Family Health Division, Nepal

ACKNOWLEDGMENT

The PAC On-The-Job-Training was first introduced to Nepal in 2002/2003 by Nepal Family Health Program (NFHP) with technical support from JHPIEGO. This alternative training approach has been very useful in producing skilled PAC service providers in order to provide quality service for 24 hours/7 days a week and more appropriate for relatively bigger site with large number of service providers. This is a very cost effective way to train service provider to competency needed without disturbing daily routine work at the service site. Therefore, I would like to thank NFHP for all the support in introducing this approach in Nepal and for technical support to JHPIEGO.

In the long process of establishing the OJT approach in four major hospitals in Nepal, based on the lesson learned, it was felt that having a guideline would be very helpful to individuals and sites involved in PAC OJT training in standardization and smooth implementation of this approach as well as initiating it in newer sites.

I would also like to thank Mr. Arjun Bahadur Singh, Planning Chief, MOHP (then Director of NHTC) and Dr. Dig Bijay Rana (then FP focal person, NHTC) for initiating this alternative approach and Dr. Ganga Shakya, RH Advisor, SSMP (then SM Coordinator, FHD), Dr. Bimala Lakhey (then Director, Maternity Hospital) and Dr. Kasturi Malla (Director Maternity Hospital) for support provided to initiate this approach. I would also like to thank my colleagues Dr. Baburam Marasini, Coordinator, Health Sector Reform Unit, MOHP (then NHTC), Ms. Durga Gurung, PHN, MOHP, (then SM Training Coordinator, NHTC); Mr. Laxmi Raman Ban, Sr. HE Administrator, NHTC for their support in this program.

My special thanks goes to NFHP for supporting in upgrading these sites to PAC OJT with all necessary service as well as teaching/learning materials which has made it possible in smooth running of this program and to Ms. Bindu Bajracharya, Human Resource Advisor, SSMP (then Senior Program Officer/NFHP) for her technical support and taking lead responsibility in establishing PAC OJT sites in close coordination with NHTC as well as Dr. Kamlesh Giri (then JHPIEGO, Baltimore) for visiting Nepal and providing technical support in designing, adapting the training package and developing implementation plan..

I would like to acknowledge the hospital management, trainers and individuals who have supported in making this program a success especially of those four hospitals (Maternity, Bharatpur, Koshi and Seti) in which this approach has been adapted and has been successfully functioning in order to produce a large number of skilled service providers in this life saving skill which would ultimately support in reduction of maternal mortality in Nepal. I thank Dr. Kasturi Malla, Director, Maternity Hospital; Dr. Indira Satyal, PAC coordinator, Maternity Hospital; Ms. Sajana Ranjit, Matron, Maternity Hospital; Ms. Maiya Manandhar, PAC Trainer, Maternity Hospital; Ms. Devi Maya Bajracharya, PAC Trainer, Maternity Hospital; Ms. Jaya Poudel, Counselor, Maternity Hospital; Dr. Keshav Raj Bhurtel, Physician Trainer, Bharapur Hopsital; Ms. Goma Niroula (Shrestha), Matron, Bharapur Hospital; Dr. Bimal P.Dhakal, Medical Superntendent, Koshi Zonal Hospital; Ms. Geeta Sharma, Matron, Koshi Zonal Hospital; Ms. Kamala Rai, PAC Trainer, Koshi Zonal Hospital; Dr. Ganesh Bahadur Singh (then Medical Superintendent) Seti Zonal Hospital; Ms. Rakshha Rai, Matron, Seti Zonal Hospital and all the trainers for

their support for making this approach to be implemented in their institutions with such success.

I would like to thank Ms. Anita Gibson, USAID/Ethiopia, (then Country Director/JHPIEGO Nepal); Mr. Sitaram Devkota, RH Specialist, USAID Nepal and Dr. Swaraj Rajbhandari, Technical Advisor, Options, Cambodia (then RH Team Leader, NFHP), Dr. Asha Pun, Program Officer, RH team, NFHP for valuable input provided during this process..

My special thanks to goes to Dr. Rajendra Bhadra, Team Leader Performance Improvement, NFHP for giving valuable suggestions and direction for PAC OJT initiation in Nepal and preparation of this Implementation Guideline and Ms. Sandhya Limbu, Assistant Program Officer, Performance Improvement Team for providing all the program coordination role in PAC OJT implementation and designing and formatting this guideline.

Finally, my special thanks to NFHP for all the support provided for implementation of Structured On-The-Job-Training for Postabortion Care in Nepal and preparation of this guideline and for USAID/Nepal for financial support.

Finally, I hope this Guideline would not only support in smooth implementation of PAC OJT in already established sites but would also be helpful in establishing PAC OJT in new training sites and intergrading into maternal and newborn care curricula.

Amir Khati
Director

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LIST OF ABBREVIATION

ANM	Auxiliary Nurse Midwife
AV	Audio Visual
BEOC	Basic Emergency Obstetric Care
CTS	Clinical Training Skills
DFID	Department For International Development, UK
DHS	Demographic and Health Survey
EDP	External Development Partners
FHD	Family Health Division
FP	Family Planning
GTZ	German Technical Corporation
IP	Infection Prevention
MNC	Maternal and Newborn Care
MVA	Manual Vacuum Aspirations
NHTC	National Health Training Center
NFHP	Nepal Family Health Program
NMS	National Medical Standard
OJT	On-The-Job-Training
PAC	Postabortion Care
RH	Reproductive Health
SBA	Skilled Birth Attendant
SSMP	Support to Safe Motherhood Program
TMG	Training Management Guideline
USAID	United States Agency for International Development
WHO	World Health Organization

INTRODUCTION

Though there is significant reduction of maternal mortality ratio to about 281 from estimated at 539 deaths per 100,000 live births, it is still one of one of the highest in Asia. Abortion and abortion related complications contribute approximately 15% of maternal mortality in Nepal². Recognizing this problem, Family Health Division, Department of Health services, initiated Postabortion care services in Nepal in 1995. In the same year, Department of Health Services also established training for Postabortion care services at Shree Panch Indra Rajya Laxmi Devi Shah Prasuti Griha (hereafter referred to as Maternity Hospital) in Kathmandu. Since then, Postabortion care (PAC) services have expanded to other hospitals in the country. Total number of PAC service sites has reached to 80 sites, which are distributed to 50 districts. From the year 2004 PAC services have been expanded to below district level i.e. PHCCs. In addition to USAID, DFID and GTZ are actively involved in supporting the establishment of PAC services.

Maternity Hospital has made an important contribution to addressing training needs for reproductive health in general and Postabortion care in particular. With the increase in demand for trained PAC providers, there is a need to establish additional training sites, as Maternity Hospital alone will not be able to fulfill government's annual training needs. Further, Department of Health Services, in keeping with the spirit of decentralization of health services, is keen on decentralizing and expanding its training capacity to other hospitals in the country. Nepal Family Health Program (NFHP) is supporting the government's endeavor in expanding training approach and training sites for Postabortion care services. Considering the low case in training sites outside of Kathmandu valley, alternative training approaches are needed.

It is estimated that at least 15% of all pregnancies end in spontaneous abortion, and though death is less likely than in cases of unsafe abortion, women who present with suspected spontaneous abortion also need immediate care. The DHS 2006 has shown that 10 percent of women had miscarriage. In Nepal, Unsafe abortions are the cause of as many as 50% of pregnancy-related deaths (management of abortion related complications in hospitals of Nepal; A situation analysis Uprety et al, CREPHA). Studies undertaken by CREHPA in 1997-98 on Postabortion care at regional and zonal hospitals of Nepal showed that between 20% to 48% of the women admitted as obstetric & gynecological patients are abortion complication cases. And, according to recent World Health Organization (WHO) estimates, up to 15% of pregnancy-related mortality worldwide is due to abortion. PAC procedure is life saving

² Maternal Mortality and Morbidity Study, Nepal – L. R. Pathak et al. 1998, Family Health Division, Nepal
Implementation Guideline for PAC OJT – July 2007

procedure so; all the service providers providing midwifery obstetric services must have this skill.

2. GOALS AND OBJECTIVES

2.1 Goal

To ensure the availability of qualified and competent service providers for providing Postabortion care services as outlined in the National Reproductive Health Strategy to reduce maternal mortality and morbidity in Nepal (1998).

2.2 Overall objective

To provide training on Postabortion care to service providers (physicians, nurses and senior ANMs as defined in Training Management Guideline 2004 (TMG) to enable them to provide quality Postabortion care services using various teaching/learning approaches including structured on-the-job training (also referred to as site-based or clinic-based training).

2.3 Specific Objectives of PAC On-the-Job-Training (OJT)

Following are the specific objectives of the On-the-Job Training pertaining to Postabortion Care.

- a) To train service providers to competency in their own working areas without waiting for group-based training event and further provide them support from trainer to work on their skills until they become proficient as they continue to provide regular services.
- b) To provide service sites with an opportunity to train their staff (clinical) in Postabortion care services with minimal support from outside resources and in a setting with which they are familiar.
- c) To reduce the movement of staff for training purposes, which affect regular service provision at the hospital due to absence of staff traveling for training.
- d) To provide skills to manage abortion complication including incomplete abortion using MVA procedure to all service providers providing basic essential obstetric services in in-service training or pre-service education.

- e) To ensure that group-based training sites maintain an appropriate number of trained staff on site to offer quality services and provide group-based training. It is anticipated that the trainer as well as the training-site management will be supportive of the newly trained provider in using their skills as effectively as possible because they were trained at the facility.

2.4 Structured PAC On-The-Job-Training

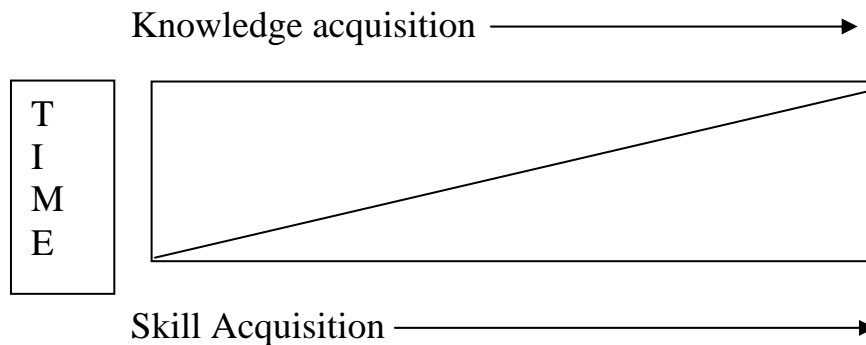
Postabortion care On-the-job Training (PAC OJT) is a form of individualized learning that allows the health care provider to learn to provide a whole range of PAC services within her or his own work setting. OJT is also referred to as site-based or clinic-based training.

On-the-job training is not meant to be a substitute for group-based training in terms of meeting training demand. The purpose is to prepare the site to conduct group-based training for PAC and provide quality Postabortion care services on a continuous basis. The structured on-the-job training has all the components of a group-based training in terms of knowledge and skills acquisition. The reference manual, which contains all the need-to-know information for the training, is the same. The knowledge and skills assessment tools are the same. The participants will continue to work with anatomic models until they are competent before they move on to working with real patients. They will continue to use other audio-visual aids (like video training segments) for specific skills contained in the training.

The difference in training is how these materials and tools will be used for knowledge and skills transfer. In on-the-job training whether as separate independent course or integrated course (e.g. SBA Training), the primary responsibility of completing the knowledge portion of the training is on **the participant**. The **trainer** should provide support when and as required. For the transfer of skills the trainer and participant will continue to work as they would in a group-based training, with the trainer coaching the participant on the new skills until the participant feels confident performing the skills. On-the-job training follows the competency-based training approach as for the group-based training and puts a great deal of emphasis on performing the skills competently in addition to mastering the knowledge required to perform the skills.

The trainee will spend more time learning the knowledge in the early days of the OJT. This time progressively decreases as the trainee becomes more confident with the knowledge and spends more time learning the clinical skills. The time distribution is given in the figure 1. The knowledge and skill acquisition is a continuum where as time spent on one decreases, the time spent on the other increases.

Figure 1



Training consistency is maintained by using standard training curriculum and training materials for Postabortion care. The trainers' clinical skills are also standardized so that all trainers impart same sets of clinical skills.

Structure is provided to on-the-job training through the course outline given in the trainer's as well as the participant's manual. The course outline gives directions on trainer and participant's activities on a day-to-day basis. The course outline also lists the activities for the supervisor. The schedule is flexible enough so that the trainers and participants can fix time for interaction according to their workload and availability. This should also allow the trainer and the participants to organize their training time and minimize any disturbance to regular service delivery.

Supervisory support will be provided to on-the-job training site by representative from NHTC, FHD or other supporting EDPs or other experts delegated by NHTC.

2.4.1 Advantages and limitations of Postabortion Care On-The-Job-Training

Following are the key advantages and limitations:

Advantages

- No need to wait for a group based Training

- Designed to meet local need
- Flexible time schedule
- Does not disturb regular work
- Easier to obtain clients to ensure adequate practice
- Trainee Centered (trainer less burdened)
- Appropriate participant selection
- Sustainable (can be upgraded to Group-Based training)
- Cost effective (travel, per diem)
- Can supply service provider continuously to address problem of staff transfer (pre- requisite for training site)

Limitations

- Limited interaction compared to Group-Based Training
- Maintaining quality of the training difficult (if nation wide)
- Difficult for limited reading abilities

3. NEED OF PAC OJT

3.1 *Maintaining quality of services*

Postabortion Care is emergency life saving skills and having these services available immediately i.e. 24/7 is important quality aspect. Therefore, this service should be provided 24 hours/7 days a week in a health facility. Sufficient number of service providers should have the skills in order to provide this service 24 hours/7days a week. PAC OJT approach quickly provides these training to adequate number of its staff.

In addition, this also helps to replenish loss of trained service providers due to frequent transfers.

3.2 *Alternative learning approaches to reduce absenteeism*

Though training is important to enhance knowledge and skills needed to provide quality services, absenteeism caused potentially could hamper provision of the quality services.

This approach provides service providers to learn and be competent at their own working site and also continue their regular work without any disturbance during the training period. In addition the service providers are trained with minimal support from outside resources and in a setting

with which they are familiar and comfortable. Beside that, this approach (OJT) dramatically reduces the movement of the staff for training purposes resulting into no absence. Ultimately OJT is the most effective approach to train the service providers to learn their skills in nominal cost.

3.3 Integrating into Maternal and Newborn Care (MNC) training for quality training

So far, though BEOC training includes PAC component and is largely conducted as a separate component in group based setting. In case of SBA training PAC/MVA skills are incorporated. But in context of achieving Millennium Development Goals about deliveries by SBAs, there is need expanding training sites through out the country to train adequate number of service providers.

With few exceptions, the PAC caseload in these potential training sites is limited. This situation demands use of alternative learning approaches. Incorporation of structured PAC OJT approach into MNC training (e.g. in SBA training) would be an effective way to deal with this situation. Incorporation into MNC in-service training or pre-service education (selected) help to train service providers to manage abortion complication including incomplete abortion using MVA procedure.

Adjustment in course-outline or orientation to trainer or participants is needed so that the service provider (trainee) would be enabled to acquire all the skills of MVA/PAC during the training period even caseload is limited.

4. IMPLEMENTATION OF STURCTURED POSTABORTION CARE ON-THE-JOB TRAINING

For implementation of PAC OJT, following key considerations need to be followed e.g. site selection criteria, clearly defined role and responsibilities of individuals and institutions.

Local commitment sought

The interest and commitment to function as training site from authorities are very important. Without such commitment it is almost impossible to complete the process and effectively function as training

site. Therefore, before initiating process of upgrading the sites to PAC OJT site, commitment should be sought.

Assessment and selection

Detail performance need assessment of quality of service delivery, case load including availability of human resource, instruments /equipments, physical facilities should be done based on criteria (see 4.1). In addition to service delivery, assessment should also be done from classroom and clinical training perspective.

Site upgrading

Based on the findings of the assessment, site should be upgraded.

PAC Services

Upgrading of PAC services includes;

- Improving IP practice (might need whole site IP training and coaching)
- Improving quality of PAC services (might need facility upgrade, instruments/equipment support and human resource training for service delivery)

Training

- Upgrade classroom training including AV aids and resource material
- Establish as skill lab for practice (with anatomical model, additional instrument, equipment)
- Human resource training as trainer (e.g. CTS)

Ideally, this upgrading should be done based on training/service site standards.

Certification as PAC OJT training site

After completion of the site upgrading process, NHTC reviews the progress and certifies if it is ready for initiating training

Orientation to PAC OJT approach

Before starting training, conduct orientation to all concerned staff and trainers.

Orientation to all concerned staff is necessary not only to provide key concepts but also to get necessary technical and management support.

Orientation to PAC Trainer, regarding how to use the OJT approach and help them during initial couple of days of the training using OJT approach is important for smooth conduction of training.

Initiate PAC OJT training and continuation

After coordination with NHTC, with hospital management the focal person (one of the trainers can work as focal person or coordinator) can identify trainee, trainer, supervisor, and develop course schedule and prepare for logistics and initiate as well as conduct training (based on Postabortion care On-The-Job Training Package, 2002). After completion focal person should coordinate with NHTC for certification.

Depending upon need of the site, focal person could organize training to more of it staff in future.

4.1. Site Selection Criteria

- a) **PAC services:** The potential on-the-job training site must be currently providing quality Postabortion care services along with selected FP/RH services on a routine and regular basis. As far as practical all service sites should aspire to provide Postabortion care services on a 24-hour and seven days a week basis.
- b) **Infection Prevention Practices:** The potential training site must have standard infection prevention practices in place as outlined in the National Medical Standards (NMS) Vol. I and Infection Prevention Training (Nov 2005) of Nepal. This should be in place over an extended period of time as measured by routine quality of care monitoring indicators and checklist developed by Family Health Division and outlined in the National Medical Standards for Nepal.
- c) **Client Flow (Case load):** The potential training site must currently have an adequate number of Postabortion caseload in order to support training activities as well as to maintain clinical skills of the providers and the trainers. The caseload should be sufficient to support not only on-the-job training but also group-based training, as the training site will conduct group-based trainings in the future. A caseload of 8 to 15 cases³ a month is deemed adequate.
- d) **Physical Facilities:** The potential on-the-job training site should have adequate physical facility to support training activities. It

³ National Training Document, National Health Training Center, Dept. of Health Services, Nepal

should have a dedicated room/area for trainer and participant interaction where they should be able to work with anatomic models without interruption or disrupting other regular services of the health facility. The proposed on-the-job training site should also have the capability to conduct group-based training for Postabortion care at some future date.

- e) **Local Commitment:** The successful functioning of the on-the-job training program is dependent on support from various bodies within the health facility. The hospital management including the hospital superintendent, the hospital development committee and the department of gynecology and obstetrics should be oriented to the program. They should have expressed their support and commitment to providing high quality Postabortion care services and on-the-job training for Postabortion care at their health facility.
- f) **Coordination of OJT:** A functional effective coordination mechanism should be there so that NHTC, FHD, training site management, service providers and key stakeholders are informed and supportive. This can be easily done by assigning one of the trainers as focal person.
- g) The potential OJT site should be relatively large facility having sufficient number of service providers who could be trained using OJT approach.

SBA In-service Training Sites and Pre-service education sites providing training to carry out MVA/Postabortion care skills should use OJT approach.

4.1.2. Recommended Criteria

In addition to above mentioned criteria, it is preferred to have following criteria which would help further for smooth implementation of PAC OJT.

- a) **Potential for other training:** The proposed PAC On-the-Job Training site should have the potential to conduct other training i.e. family planning, maternal and newborn care (SBA) training etc.
- b) **Location:**
 - (i) The ideal training site should be located in an area where there are considerable numbers of NGOs/INGOs with the potential for generating demand for FP/RH training.

- (ii) The potential site must be located in an area that is easily accessible through multiple transportation systems. i.e., by land and air. It must be centrally located for the surrounding region/districts.
 - (iii) The location must have reasonable educational and other recreational facilities to attract trainers and other staff to stay there on a long-term basis.
- c) **Availability of other support:** The on-the-job training site should be able to harness support from local government, leaders and officials such as District Development Committee, Municipalities, District Education Office and others.

4.1.3 Selection Criteria for OJT Trainer/Supervisor /Trainee

The PAC OJT is special alternative learning approach. In order to maintain optimum level of quality during this learning process, having appropriate individuals (trainer, supervisor or trainee) is crucial. Therefore trainer, supervisor and trainee should be selected based on criteria listed below.

4.1.3.1 Trainer for PAC OJT

- a) The on-the-job clinical trainer should be a proficient Postabortion care service provider and should have standardized clinical skills to provide full range of PAC services
- b) In addition, the trainers should have updated their knowledge in family planning and other reproductive health services. The trainer should have successfully completed a clinical training skills (CTS) course and been certified as a qualified trainer by NHTC.
- c) The OJT trainer must have received training/orientation on how to conduct on-the-job training for Postabortion care services.
- d) The OJT trainers should be able to divide their working hours between regular service provision and conducting on-the-job training.
- e) The OJT trainers must be interested to teach and transfer knowledge and skills to staff working at the same facility during regular working hours.

4.1.3.2 Supervisor for PAC OJT

- a) The supervisor should have all the characteristics of a PAC trainer.
- b) Additionally, the supervisor should work with PAC OJT trainer to conduct the final knowledge assessment of the trainee. The supervisor along with the OJT trainer will be responsible for making the final recommendation to NHTC for certification of the PAC trainee after successful completion of on-the-job training.
- c) External Supervisor
 - i) PAC Trainer (Group-based or OJT) should be working on other site than OJT is being conducted.
 - ii) Available and interested to visit OJT site for supervision.

4.1.3.3 Trainee for PAC OJT

- a) The participant for on-the-job training for Postabortion care should be a clinical staff (physician or Staff nurse or senior ANM as suggested by Training Management Guideline) working at the hospital. The trainee should be able to provide Postabortion care services after completion of training.
- b) The service provider/clinician must be interested and motivated for self-directed learning with minimal support from the trainer, especially for the knowledge portion of training.

5 ROLES AND RESPONSIBILITIES OF PARTNERS

NHTC, FHD, Training Sites and other stakeholders' involvement and contribution is essential for the successful implementation of the on-the-job training program. Most of the functions are on-going activities of different partner agencies in terms of management and technical support. Only a very few activities that are specific to on-the-job training for PAC will need special consideration, for example, the involvement of a supervisor in the final skills assessment of the participant. Another example is the internal identification of participants from the staff of the hospital and linking them to the OJT trainers for training purposes.

Further, all training activities expected to take place within the assigned working hours for the trainer as well as the participant. No additional financial incentives will be provided to the trainers or the participants

for being involved in on-the-job training activity. The trainer's and the participant's regular working time should be balanced to provide regular services as well as for on-the-job training purposes. If the training institution cannot provide some form of incentive to its trainees or trainers it could provide support in teaching and learning activity.

5.1 *National Health Training Center*

National Health Training Center as the national level health coordinating body will be responsible for developing and distributing training materials in general and on-the-job training materials in particular. Other necessary functions of NHTC are:

- a) Support site selection, assessment, site upgrading and certification of site as PAC On-the- Job Training (OJT) site.
- b) Communicate group-based training needs to training sites (for PAC as well as other training needs)
- c) Ensure that national health training needs are met
- d) Provide training completion certificates on the recommendation of trainers from individual training sites
- e) Ensure that quality of training is maintained
- f) Conduct training follow up in coordination with the training centers and FHD
- g) Maintain training data for PAC group based training as well as OJT.
- h) Review and discuss feedback from training follow-up and incorporate that into the training system
- i) Together with FHD, NHTC will also be responsible for building a mechanism to reward and recognize the commitment and success of on-the-job training sites

5.2 *Family Health Division*

Family Health Division is responsible for setting the policies and service guidelines for health services in general and Postabortion care services in particular. Other necessary functions of FHD are the following:

- a) Ensure quality of service provision

- b) Identify national service provision needs for the country
- c) Identify national training needs and communicate this to National Health Training Center
- d) Together with NHTC, FHD will also be responsible for building a mechanism to reward and recognize the commitment and success of on-the-job training sites

5.2 PAC OJT sites (hospitals/Training sites)

An established service provision site with on-going quality services for PAC will have to be upgraded to a training site with institutional support from NHTC. The site should be a fairly large health facility with a need to train its internal staff in new clinical procedures. A sufficient number of clinical staff, both physicians and nurses, need to be working at the facility, especially within the maternity unit, who will be positioned to provide Postabortion care services when required. NHTC will also provide support for certification of the participant after successful completion of the on-the-job training for Postabortion care.

Once the on-the-job training system is established within the health facility, the site will be ready to provide group-based training for Postabortion care. The facility should have the physical infrastructure to accommodate group-based participants. NHTC, where necessary, will provide the necessary support for upgrading the facility with the required training equipment, e.g. anatomic models, audio-visual aids, etc.

Each of the training sites will be responsible for providing high quality services according to national service guidelines. The on-the-job training sites for Postabortion care services will also be responsible for training its in-house staff in Postabortion care using the on-the-job training approach.

Other management responsibilities of the training site are as follows:

- a) Support and reinforce quality Postabortion care services at the facility
- b) Upgrade the health facility to meet the need for on-the-job training
- c) Ensure availability and accessibility of training room for learner
- d) Select learner and trainer as well as supervisor for PAC OJT
- e) Balance group-based and on-the-job training needs

- f) Monitor progress of training – in order to maintain trainer and participant interest in training, ensure that course does not take too long to complete
- g) Resolve internal management issues regarding on-the-job training, e.g. scheduling of OJT training event, balance time for training activities and service provision, ensure proper space for training activities; recognize internal staff for their commitment in on-the-job training, etc.
- h) Training follow-up – training sites should be vigilant in providing on-going support to clinicians who have been trained in Postabortion care within the facility. Additionally, where required, the management of the training site will work together with NHTC to provide technical support for follow-up of clinicians who were trained at the facility. NHTC will provide the necessary travel support whenever training follow-up is needed outside of the training facility.
- i) Communicate with the national family planning and reproductive health coordinator regarding the successes and challenges of on-the-job training
- j) Maintain regular communication with NHTC starting from participant and trainer selection for each training event to completion of the OJT event for NHTC certification. After completion of the training, the site should complete the participant registration form (PRF) and submit to NHTC which is needed for certification.

5.3 Other Stakeholders

Other supporting EDPs will provide technical assistance to NHTC and FHD to support on going Postabortion care program, for services as well as for training.

6. MONITORING AND EVALUATION

A continuous monitoring and evaluation of the Postabortion care services should be conducted according to national guidelines. The monitoring and evaluation of the PAC OJT will be conducted by NHTC. The process indicators for on-the-job training as mentioned below will be monitored on an on going basis. The findings will help in improving the on-the-job training for Postabortion care in Nepal.

Special focus should be made to assess the competency of the participants to provide quality Postabortion care services. Some of the indicators could be:

- a) Number of service provider trained in PAC using OJT approach
- b) Number of training site able to conduct using OJT approach
- c) Number of service provider trained as a part of integrated MNC (e.g. SBA) training
- d) Type of in-service and pre-service courses where PAC OJT is integrated

7. SUSTAINABILITY AND CONTINUITY OF PAC OJT

As a part of National system, NHTC training system will support its sustainability and continuity. PAC Technical Advisory Group formed under NHTC will provide strategic direction for strengthening PAC OJT and its sustainability.

The training sites would take greater responsibility to continue these training and minimum external supports which would help in its sustainability. Once it get fully integrated into MNC (SBA) training, it is expected to continued with the MNC training, which is going to expand.