

CASE STUDY: INSTITUTIONALIZATION OF REPRODUCTIVE HEALTH PRESERVICE EDUCATION IN THE PHILIPPINES

Preservice education, the basic training offered by nursing, midwifery and medical schools, is the foundation of a strong reproductive health training system. When carefully developed and implemented, preservice education is the most thorough and sustainable means of helping healthcare providers to develop the skills and confidence needed to attain desired performance and best serve their clients and patients.

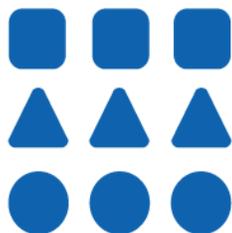
JHPIEGO works to strengthen preservice education for healthcare providers by assisting preservice education institutions to develop and implement standardized, competency-based family planning and reproductive health (FP/RH) curricular components. From 1987 to 1998, JHPIEGO's Training in Reproductive Health (TRH) Project strengthened nursing and midwifery preservice education in the Philippines. An evaluation conducted 3 years after the program closed documented that the strengthened program had been sustained by the nursing and midwifery schools. This was demonstrated most clearly by graduates of the strengthened schools, who consistently scored higher on national licensure examinations than students from other schools.

JHPIEGO'S PROGRAM

Beginning in 1987, JHPIEGO collaborated with the Association of Deans of Philippine Colleges of Nursing (ADPCN) and the Association of Philippine Schools of Midwifery (APSOM) to strengthen FP/RH education and enhance trainer/faculty development in five nursing schools and five midwifery schools. The first phase of the program (1987 to 1994) focused on developing a standardized, competency-based curriculum, including instructor's guides, reference materials, and lesson plans. JHPIEGO worked with ADPCN and APSOM to strengthen the FP/RH skills of the faculty, conducting RH updates and workshops in FP methods, teaching methods and training skills development. JHPIEGO also conducted facility needs assessments, which guided the refurbishment of school-affiliated clinics. By the end of the program in 1998, the number of participating schools had increased from the initial 10 to 27 (14 midwifery; 13 nursing).

PROGRAM IMPACT

In February 2001, JHPIEGO conducted an evaluation to assess the impact of the preservice program and evidence for sustainability 3 years after program closeout. The evaluation examined the availability of trained faculty, the implementation of FP/RH curricular components, the use of clinical training sites, and the contributions to FP/RH service delivery. The sample consisted of 16 of the 27 program-affiliated schools: 8 nursing schools and 8 midwifery schools. Responses were obtained from 29 faculty members, 210 students, 16 school principals/deans and 16 school-affiliated clinic administrators.



KEY EVALUATION FINDINGS

The evaluation team found that strengthened preservice FP/RH nursing and midwifery education had been sustained in all 16 schools, and a core group of faculty trained by JHPIEGO in FP/RH was still working at both the nursing and midwifery schools. All schools had at least one full-time trained faculty member assigned to teach FP/RH (and more than three-quarters of those teaching FP/RH had received training through the TRH Project).

The team found that all schools continued to include in their curricula the clinical, skill-based FP/RH component developed with JHPIEGO. Competency-based training methods and teaching aids (including the instructor's guides and reference materials) were still being used in all schools.

As part of the project, JHPIEGO strengthened school-affiliated clinics for FP/RH services as clinical training sites for students to apply their FP/RH skills. Upon evaluation, these clinics were found to be well equipped and still providing a comprehensive range of FP/RH services to clients as well as opportunities for students to provide services.

The evaluation team also found evidence of scaling up since program closeout. Some schools, recognizing the need to determine how well FP/RH preservice education responded to the needs for FP/RH service delivery, initiated studies that tracked the employment status of graduates. At the same time, certain schools used their strengthened capacities in preservice education for inservice training, demonstrating an independent initiative to pursue inservice training opportunities after the end of the preservice program. Three nursing schools and two midwifery schools reported, for example, that they had used their clinical sites to conduct FP/RH inservice training for Department of Health and local government healthcare providers. In addition, some schools built upon capacities developed in the preservice strengthening program to expand to non-FP applications, including adolescent reproductive health and HIV/AIDS.

Perhaps the strongest evidence for the success of the preservice strengthening program was found in the students themselves. Graduates of the strengthened schools reported that they considered themselves adequately prepared to provide FP/RH services when they entered the workforce. Most telling, however, was the students' performance. The average passing rates of graduates from strengthened schools have been consistently higher over time than the national average, suggesting improved preparation for service provision.

NURSING AND MIDWIFERY PRESERVICE EDUCATION IN THE PHILIPPINES: SUMMARY

Three years after program closeout, strengthened nursing and midwifery schools continue to implement competency-based FP/RH preservice education. Sustainability is evident in the schools' ability to maintain the strengthened program through the availability of trained faculty, the continued implementation of FP/RH curricular components, competency-based assessment of students, and the availability of functioning clinical training sites. This translates to the most desirable outcome of strengthened preservice education: better prepared graduates and an improved capacity for service delivery.

For additional information about preservice education, contact Sue Brechin (sbrechin@jhpiego.net).

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