ACCESS: SUPPORTING THE ACCELERATED HEALTH OFFICER TRAINING PROGRAM IN ETHIOPIA

BACKGROUND

As part of its efforts to increase access to maternal and newborn health, the government of Ethiopia is supporting the Accelerated Health Officer Training Program (AHOTP), which aims to train 5,000 health officers by the year 2010. Through the AHOTP, nurses complete a three-and-a-half year program and graduate as health officers. With their mandate to provide high-quality basic emergency obstetric and newborn care (BEmONC) services,[1] these newly graduated health officers address the main causes of maternal death. In a variety of countries, the AHOTP has proven to be a successful example of using "task-shifting" to address human resource crises.[2]

INTRODUCTION

With funding from USAID, ACCESS collaborated with the Federal Ministry of Health and the Carter Center—an organization that provides resources and technical assistance to strengthen hospitals that serve as training sites for the AHOTP—to create an enabling environment in eight target hospitals. In these eight hospitals, health officer trainees acquire knowledge and skills in essential maternal and newborn care, focusing on BEmONC.

KEY PROGRAM INTERVENTIONS

Evidence-based practice: midwife palpating the abdomen before listening to the fetal heart

- Clinical sites at the eight target hospitals were strengthened to ensure that adequate resources to support training activities were available; the program procured delivery kits, newborn bags and mask, suction bulbs, blood pressure apparatus, baby hats and towels, among other necessities.
- A three-week BEmONC training course was conducted for 52 participants from the eight hospitals as well as representatives from an AHOTP-affiliated university (e.g., university ob/gyn department representatives). The three-week course included an update on maternal and neonatal health best practices, and a clinical practicum that allowed participants to gain competency in the required skills. Infection prevention practices and principles of "woman-friendly care" were also integrated with the course to address gaps in provider attitudes and interpersonal communication skills.
- 18 participants from the BEmONC training course were selected to participate in a six-day clinical training skills course to enhance their capacity to transfer knowledge and skills to others (i.e., the training of trainers).

[1] **BEmONC** services should include: parenteral antibiotics; parenteral uterotonics; parenteral anticonvulsants; manual removal of placenta; manual removal of retained products (preferably by MVA); assisted delivery by vacuum; and newborn resuscitation. **Comprehensive EmONC** services should include: all the above plus surgical capability (caesarean section), anaesthesia and blood transfusion.

[2] WHO, 2008.

- Supportive supervision visits were made to the target hospitals to provide follow-up and coaching for trainees.
- A quality improvement approach—the Standards-Based Management and Recognition approach (SBM-R)—was introduced in four of the target hospitals. SBM-R is a practical management approach that uses agreed-upon performance standards as the basis for measuring attainment of the level of performance desired, as well as rewarding compliance with standards through recognition mechanisms.

Master trainer demonstrating newborn resuscitation to health officers

KEY RESULTS

- 18 providers involved in the training of health officers received updates in teaching skills and incorporating up-to-date, evidence-based essential maternal and newborn care practices with clinical practicum sessions.
- More than 1,000 health officer trainees benefited from improved clinical practicum environments in the hospitals.
- The quality of maternal and neonatal health services at the selected hospitals improved: active management of the third stage of labor (AMTSL) services are now routinely practiced in 100% of deliveries; the provision of PMTCT services improved; the implementation of focused antenatal care increased; and infection prevention practices improved (e.g., the safe disposal of sharps and decontamination of instruments). Care and follow-up of women in the immediate postpartum period also improved, with many women remaining in the facilities for at least six hours before being discharged.
- Four hospitals initiated the SBM-R approach, and are currently developing action plans based on gaps identified in their SBM-R baseline assessments.

LESSONS LEARNED

- In designing an effective training initiative, performance gaps in service provision—which include resources, knowledge and skills—should be assessed in advance; and, where possible, coaching of trainees should continue after the training program ends to ensure the effective transfer of learning and to promote sustainability of knowledge and skills gained. Regional referral hospitals must be strengthened and included in training activities, as they can serve as training and clinical practicum sites for health officers and midwives.
- Training site development should begin well in advance of training activities to ensure that the necessary resources are mobilized in time. Without a high-quality clinical environment in which to train, health officers will not have sufficient opportunities to acquire the required skills.
- An in-service clinical training system to update current clinical trainers and to train new trainers needs to be developed to ensure that all clinical trainers and mentors are competent.
- Strategies to motivate health officer trainees should be implemented to ensure that they fully participate in clinical practicum.
- University faculty and tutors who are not clinically active should be encouraged and supported to work as a team with providers at the clinical practice site.
- The supportive supervision mechanism is neglected in the current health system; consequently, incorporating supervision skills and motivational strategies for supervisors in the training program needs to be considered.