

ONDO VIDEO TRAINING PILOT FOLLOW UP SURVEY

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INSTRAT GLOBAL HEALTH SOLUTIONS

INTRODUCTION

Under a USAID funded pilot, InStrat assessed the feasibility of using a tablet- based curriculum to enhance training for 200 Health Workers (HW) in Ondo State, Nigeria. This program consisted of approximately 30 hours of short films (in English and Yoruba) interspersed with quizzes, which HWs could access via a mobile app using shared tablets. The course curriculum and content were developed in collaboration with the State Primary Health Development Board and included topics on maternal care, obstetric care and essential newborn health care. The videos were presented via VTR Mobile Training Application on shared tablets in facilities. The training, accessible without internet or data connection, was rolled out to HWs in 18 Primary Health Care Centers between April and June 2016. The program evaluation showed a 32% improvement in average test scores post training amongst the

123 people that completed the training and the pre-test assessment. The HWs found the platform easy to navigate and the content of the training appropriate.

Approximately 9 months after this training, under a UKSA funded project that will extend VTR Mobile training to remote communities using Satellite internet, InStrat staff conducted a follow-on survey to identify if the early impacts of VTR demonstrated by the test scores were being sustained. With the input of University of Leeds, UK and University of Lagos, Nigeria, InStrat staff administered a self-reported survey during the month of March 2017. The survey was designed to elicit the extent to which key learnings from the VTR Training program were reflected in participants' work practices, confidence levels and supervisor feedback.

CONCLUSION

Participants were unanimous in declaring the VTR training program a success and expressed a strong desire to see a broader scale up. Participant knowledge and confidence levels appeared to improve which was noticed by their patients and supervisors. An important side benefit of this training program is the possibility of task shifting directly related to improved skills from the training. All these translate to improved levels of care delivered to patients in remote patients by staff who would otherwise have minimal access to any form of training.

A total of 142 HWs participated in the self-reported survey or 71% of the 200 health workers that participated in the VTR Training Program. We could not interview the 200 participants due to staff attrition and transfers, some of which were outside the captive LGAs. Other challenges included

a statewide training program that coincided with our survey dates. The survey was conducted via face to face interviews by InStrat staff who captured the survey results directly on InStrat tablet computers using CommCare. InStrat obtained an approval letter from the Ondo State Primary

Health Development Board dated February 28, 2017 to carry out the follow-on survey. This approval was secured as an extension to the original project and therefore relied on the original ethical clearance.

OBSERVATIONS

Most survey participants reported positive lasting impacts of the VTR Training program in terms of their work performance confidence levels and supervisory feedback.

65% or 92 of the 142 respondents agreed, or strongly agreed with the Statement that *"The Video Based Training Has Affected How I Do My Work"*. 42 people were indifferent.

98 respondents or 69% answered Yes to the question - *"Has the Video Training Helped You Gain Confidence in the Knowledge You Require to Do Your Work?"*.

96 respondents or 67% reported that their supervisors have noticed improvements in their work. 87

respondents reported that their patients have noticed improvements in their work.

All respondents answered Yes to the question *"Would you want to get a training certificate at the end of the training"*.

Other observations noted include the following:

There was widespread advocacy for the continuation of the training which in their opinion would fill the gap of the minimal trainings that come their way. Participants whose job roles did not directly deal with ANC but partook in the training wanted trainings in their field as well. These include Medical records officers, pharmacy

technicians and laboratory technicians. HWs wanted more devices to be allocated to each facility as sharing with between large numbers dampened interest in the training given the number of workers that had to share one tablet. Most heads of facilities wanted the videos projected for proper training of staff and for educating pregnant and new mothers during visits which some did during the training. Limited task shifting is now possible as some participants like health assistants are now upgraded skills-wise to fill in for technical staffs when not available. Also, some junior staffs like CHEWs and health assistants now either assist in or perform deliveries.