

## PRIME PAGES

### Self-Paced Learning for Safe Motherhood Providers



Maternal and infant mortality ratios are high in Ghana, and more than a third of women interviewed for the 1998 Demographic and Health Survey stated that their last pregnancy was either unwanted or mistimed. In an effort to improve the country's reproductive health services, PRIME has been collaborating with the Ghana Ministry of Health (MOH) since 1998 to strengthen the National Integrated Safe Motherhood Program, which emphasizes postabortion care, life-saving skills and family planning. To identify the most efficient and cost-effective training and learning interventions for primary providers of Safe Motherhood services, PRIME II is assisting in an operations research study to contrast the existing three-week residential training course with a self-paced learning (SPL) approach developed by PRIME and its partners.

A PRIME-assisted pilot project (1998-2000) in three regions revealed several drawbacks to the residential approach. Trainees—including physicians, nurses and midwives—often failed to become proficient in Safe Motherhood skills during the course because of insufficient case loads of appropriate patients at the regional training sites. At the same time, requiring providers to leave their facilities for three consecutive weeks of training left their clients and communities without needed services. Cost was also identified as a concern with the residential course.

#### An Alternative to Classroom Training

To address these challenges, PRIME II collaborated with the MOH and other in-country partners to design and pilot an alternative to the residential course. The new approach combines self-paced learning using six print-based modules, effective facilitation, peer support, and a strong learner support system to ensure transfer of learning. The methodology draws from the American College of Nurse-Midwives' alternative designs for teaching life-saving skills in countries like Ethiopia and Indonesia; JHPIEGO's model for postabortion care training;



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EngenderHealth's online instruction manual for infection prevention; and Intrah/PRIME II's self-directed learning modules for training providers in adolescent reproductive health. Subject areas covered in the modules include prenatal care, labor and delivery, postabortion care and postabortion family planning, and postpartum and newborn care.

Providers complete the six modules with support from their peers and without prolonged absences from their facilities. The trainees form learning teams based on geographic location and anticipated ability to work well together. These teams convene periodically to study and discuss the modules, solve problems, role play and provide general support. Learners consult assigned facilitators when they have difficulty mastering material. Upon completion of each module, trainees visit regional hospitals for short intervals for clinical practice and to demonstrate competence in clinical skills. Regional Resource Teams provide follow-up and supportive supervision to ensure learners' application and retention of skills on the job. The series of modules is completed in six to nine months.

### **A Foundation for Sustainability and Scale-Up**

To build effective and sustained support for the SPL approach, PRIME II and its partners have assessed training sites, provided training equipment to regional hospitals, conducted orientations for doctors and other stakeholders, and assisted in the training of facilitators. The SPL approach is being implemented with 40 primary providers in the Yendi and Nadowli districts. An additional 22 participants from West Mamprusi and Jirapa districts are completing the three-week residential classroom-based course during the same period and will serve as the control group for the operations research study being conducted by the MOH's Health Research Unit with assistance from the Population Council/Frontiers Project. PRIME II is leading the cost and results analysis component of the study. The Population Council estimates that results will be available by 2003.

This well-documented project evaluation will guide the MOH and its partners as they initiate a national scale-up of the Safe Motherhood Program. This project evaluation will also provide valuable information to those in Ghana and elsewhere who have expressed widespread interest in alternative in-service training approaches. PRIME II expects to use the results of the study to fine-tune its own approaches and materials for future use in Ghana as well as other countries and regions of the world.



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