

nearby laboratories referred samples to for analysis. These achievements were met with some challenges however, with insecurity and infrastructural challenges being most prominent. The lack of involvement in an EQA program by the diagnostic centre and the poor terrain between referring laboratories and the diagnostic centre also posed another challenge. The nonexistence of a national policy and legislation on GenXpert was also a challenge.

Going Forward: Our experience demonstrates that establishing a successful MTB/RIF Assay centre requires government buy-in and commitment to the cause to ensure sustainability.

Funding: Centre for Disease Control & Prevention.

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Investing in Nigerian HRH development through innovative in service training mechanisms: Partnership for Medical Education and Training (PMET)

E.A.C. Onu¹, V.A. Enejoh¹, T. Madubuko¹, A. Olutola¹, A. Nwandu²; ¹Centre for Clinical Care & Clinical Research Nigeria, ²University of Maryland School of Medicine-Institute of Human Virology Baltimore, MD, USA

Program/Project Purpose: Gaps exist in knowledge and clinical skills of health care workers in the management of emerging infectious diseases like HIV, Malaria and hemorrhagic fever. Previously, these gaps are addressed through in service trainings conducted by consultants and in expensive venues mostly funded by donors. In September 2012, we institutionalized these trainings within existing Government owned tertiary institutions aimed at establishing sustainable regional training hubs that support HCWs in the catchment areas with skills that meet identified gaps.

Structure/Method/Design: Eight training institutions were strategically identified. Selection was based on 1. Presence of experienced and trainable faculty in at least 3 core clinical departments. 2. Identification of an adequate training space/environment for at least 25 trainees. 3. Presence of a functional Infectious Disease Clinic to serve for practicum sessions. Institutional buy-in was sought as an important step towards ownership. Facilities were equipped with required training tools while training and retraining of the faculty were conducted in both the core content and training methodologies. Training needs were determined for HIV training courses such as Prevention of Mother to Child Transmission of HIV, Paediatric Anti-Retroviral Therapy, TB/HIV co management and Adult Anti-Retroviral Therapy.

Outcome and Evaluation: Through the award, 91 Master Trainers in the training institutions have been trained and added to the National pool of trainers. In the two years of the project, 2,177 HCWs were trained in 119 training encounters at less than 20% of the usual cost of conducting trainings. Three of the training institutions have developed plans for corporate registration of training institutes to provide both HIV and Non HIV trainings, in addition to other subjects of interest such as research.

Going Forward: Training programs should be institutionalized to reduce cost associated with in-service training of human resources.

Health institutions are moving towards significant ownership and responsibility over the capacity gaps of health care workers in their catchment areas.

Funding: PEPFAR through CDC.

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Investing in the Future of Nigeria's Health Work Force: strengthening human resources for health through sustainable pre service HIV/AIDS training systems at nursing, midwifery & health technology training schools in SE Nigeria: a case study

T. Madubuko¹, E. Onu¹, A. Olutola¹, A. Nwandu^{1,2}; ¹Center for Clinical Care and Clinical Research Nigeria, Abuja, Nigeria, ²University of Maryland School of Medicine

Background: Center for Clinical Care and Clinical Research Nigeria (CCCRN), in collaboration with local teaching institutions in Nigeria, sought to more closely align USG-funded HIV/AIDS efforts with the national programs through a program called Partnership for Medical Education and Training (PMET). The goal was to enhance capacity at the pre service training level in the management of HIV disease, by revising the HIV training curriculum to emphasize role specific core competencies that in turn ensure “practice ready” graduates.

Methods: Multiple advocacy and consensus building meetings for all stakeholders were held, followed by a comprehensive training needs assessment of five schools of nursing and 4 schools of midwifery, 3 schools of health technology in the South East of Nigeria. Pre service faculty were assessed for teaching/mentoring, knowledge and skills to identify capacity gaps as well as presence or absence of ongoing HIV related education for faculty and students using structured questionnaires and key informant interviews. The required infrastructure for effective implementation of these trainings in the institutions was also assessed.

Findings: This resulted in the following interventions - Curriculum review, Training of Trainers for faculty, refurbishing of the identified training halls and libraries, provision of teaching and training materials and books. The completed documents from the curriculum review of the nurses and community health officers were formally submitted to the respective regulatory bodies for adoption/authorization and provisional concurrence for their implementation was also sought. A total of 37 faculty received training to implement the new curriculum, 28 participants trained on training of trainers on managerial competence for health care providers and a total of 3,108 undergraduate students from the 12 institutions benefitted from the revised curriculum between 2013 to 2014. Pre and post test results indicated a significant increase in knowledge. Regular quarterly technical assistance visits to the institutions further helped to strengthen the programme.

Interpretation: Strengthening pre-service education in nursing/ midwifery and health technology schools helps to provide a “practice ready” workforce that can assist in bringing the HIV/AIDS pandemic under control. The success of the program can be attributed to collaborative and participatory nature of the process with clear understanding and cooperation by all stakeholders.