The Effect of a Focused On-Job-Training Approach; A Case of MOH 731 Reporting Tool Uptake in Migori County, Kenya

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Presentation Outline

- Introduction
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- Problem statement
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- Methodology
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- Discussion
- Conclusion
Introduction

• Ministry of Health (MOH) Kenya facilities providing HIV services
  – Expected to report using MOH 731 reporting tool

• Family Aids Care and Education Services (FACES)
  – partners with MOH to provide comprehensive HIV services in Migori County
Background Information

• MOH731 introduced July 2011
• Initial trainings
  – Hotel-based forums
  – April and August 2011
• Training facilitators
  – MOH health records staff
  – Partner trainers of trainers (TOT)
Problem Statement

• Despite the hotel-based trainings, reporting rates with the new MOH731 tool was lower than 60% across Migori facilities
Research Objectives

• This study sought to examine an On-the-Job-Training (OJT) approach to increase MOH731 reporting rates
Study Area

- 72 FACES supported MOH sites in Migori county (Rongo, Migori and Nyatike sub counties)
Methodology

• Intervention:
  - July - December 2012
  - MOH TOTs and FACES monitoring & evaluation officers facilitated multiple on-site OJT sessions
  - Providers providing HIV services requested to attend
  - Trainings held on non-clinical days
  - Practical sessions
    - Primary tools (MOH 361A and B, ANC registers, VMMC registers...) utilized to fill MOH731

• Evaluation of MOH731 reporting rates:
  - Reporting rates compared over six-month periods
  - Pre-OJT: January to June 2012
  - Post-OJT: January to June 2013
Statistical Methods

• Pre/post comparison of monthly averages
  – Significance tests based on generalized estimating equations to account for correlations among monthly reporting figures
  – STATA version 11.0 utilized
# Results

<table>
<thead>
<tr>
<th>Sub county</th>
<th>Sites supported by FACES</th>
<th>Pre-OJT reporting rates (Jan-Jun 2012)</th>
<th>Post-OJT reporting rates (Jan-Jun 2013)</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Migori</td>
<td>23</td>
<td>40%</td>
<td>95%</td>
<td>P&lt;.0001</td>
</tr>
<tr>
<td>Rongo</td>
<td>20</td>
<td>69%</td>
<td>100%</td>
<td>P&lt;.0001</td>
</tr>
<tr>
<td>Nyatike</td>
<td>29</td>
<td>55%</td>
<td>92%</td>
<td>P&lt;.0001</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>72</strong></td>
<td><strong>55%</strong></td>
<td><strong>95%</strong></td>
<td><strong>P&lt;.0001</strong></td>
</tr>
</tbody>
</table>
Discussion

• Steady increase in reporting rates across facilities
• All the facilities recorded above 90% reporting rates after OJT
Conclusion

• MOH731 reporting rates significantly increased in all the facilities following OJT sessions with health care providers
Recommendations

• The OJT approach is recommended for improving uptake of the MOH731 and other reporting tools in Kenya
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The women, men and children in the communities served

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