

Global Health Workforce Programme

Narrative reporting template

A. Guidance

The reporting period for this report is **01st Nov 2024 - 31st Jan 2025**. If you do not have anything to report for specific questions within this reporting period, please write N/A in your answer. Please complete the report and **send it to your grant manager at justina-joshua-eke@thet.org by the 17th February 2025.**

B. Partnership details

Grant ID	SG41
Reporting period	1 st November 2024-7 th February 2025
Lead partner organisation	Society of Occupational Medicine (UK)
Lead partner coordinator (i.e. key contact for this project in the lead organisation)	Nick Pahl
Co-lead partner organisation	University of Ibadan, Nigeria
Co-lead partner coordinator (i.e. key contact for this project in the Co- lead organisation)	Prof Folashade Omokhodion, Consultant Occupational Physician and Head of Occupational Health Division, Department of Community Medicine, College of Medicine, University of Ibadan
Executive Summary of Report: To include summary of achievements against targets, summary of changes and challenges; summary of GESI highlights, sustainability and scalability highlights; summary of stakeholder engagement highlights. (Maximum 300 words)	
<ul style="list-style-type: none"> The project covers two senatorial districts (planned: 3 senatorial districts in Oyo State; this was reduced due to constraints in funding pressures. These two senatorial districts represent 3 out of the total of 6 health zones in Oyo State. Urban and rural areas have been covered. After obtaining Ethics approval from the College of Medicine Ethics Committee, the project embarked on a pretest of the instrument and a baseline survey. Twelve local government areas were selected out of a total of eighteen in the 3 health zones. A total of 430 primary healthcare workers including community health officers, junior and senior community health extension workers were surveyed, in 12 out of 18 local Government areas. They attended the Local Government office and research assistants interviewed them. It was thought too difficult to meet them at their individual PHC centres. This represents about 80% coverage of health care workers in the area. Over 90% of HCWs are women and were mostly non medics. A baseline survey of 194 doctors was conducted at the University College Hospital. Baseline Data is being analysed. Focus Group Discussions have been conducted amongst stakeholders about health of healthcare workers – problems and solutions – specifically with Primary Health Care Co-ordinators (responsible for services in that area) Occupational Risk assessments have been done in a random sample of 22 primary health care facilities. <p>The WHO checklist for health of healthcare workers was also administered to the most senior person in 44 facilities. e.g. hazard reporting, prevention of occupational infections, immunisation for healthcare workers etc</p> <ul style="list-style-type: none"> The delay in fund flow has been the main challenge - making it necessary to adjust the timeline for the various activities. 	

- The project has achieved its targets of baseline data collection and Focus Group Discussion with stakeholders. Four workshops were carried out in under three months, focussing on a wide breadth and scope of occupational health and safety issues for primary healthcare workers. Overall, 322 healthcare workers were trained. Post intervention survey has been carried out in all 18 LGA covering 250 out of 261 persons who attended the workshops for PHC workers. Pre and post intervention differences are being analysed but grossly show moderate improvement in knowledge about occupational health and safety and IPC but significant improvement in wellbeing. A stakeholders' meeting was held to chart the course of sustainability which includes the development of a Policy for Occupational Health for Healthcare workers and designation of an Occupational Health programme officer for the Oyo State Primary Health Care Board.

C. Project implementation – Site

Country	Geopolitical Zone/Region	State/Province	Sub-County/Local Area	Classification (Urban/Semi-Urban/Rural)	Additional Information (Approx population benefited by the project) *
NIGERIA	SOUTHWEST	OYO		ALL	

* This information is optional; please provide additional details only if available. The population benefiting from the project may include both direct and indirect beneficiaries. An approximate figure is sufficient.

D. Training data

Cadre	# of HW trained			# of people evaluated (post training)			# of people shown improvement in knowledge or skills			Training Topic	Country/Location
	Male	Female	Others/Unknown	Male	Female	Others/Unknown	Male	Female	Others/Unknown		
CHEWs	7	77		5	65				69	OTHERS: Occupational health and safety training	NIGERIA/IBADAN
CHOs	12	93		9	88				99	As above	NIGERIA/IBADAN
Nurses	0	61		0	57				55	As above	NIGERIA/IBADAN
Doctors	40	28		20	13				34	As above	NIGERIA/IBADAN

Other/Unknown			4								
---------------	--	--	---	--	--	--	--	--	--	--	--

Key

1. **Cadre** - Specify the cadre of trainees. If this information has not been collected, please write 'not collected'. Use separate rows for each cadre.
2. **# of people trained** - Write the number of people trained in each cadre disaggregated by gender. If you have not collected information on gender add those numbers in others/unknown
3. **# of people evaluated (post training)** - Write the number of people (disaggregated by gender) evaluated after the training; this could be soon after the training or any time after the training program
4. **# of people shown improvement in knowledge or skills** - Write the number of people (disaggregated by gender) passed the training program or shown improvement in their knowledge or skills in the post training assessment
5. **Training topic** - Select from the list below
 - a. Leadership training (if the training topic is related to any of the leadership or management skills)
 - b. Clinical training (if the training is on enhancing the clinical skill of the participant)
 - c. GESI (If the training is based on GESI)
 - d. Others (all other trainings)
6. **Country/Location**- Please specify if the location of the training is in Ghana/Kenya/Nigeria and add the location/locality- e.g. State/County/Region/Town/City

E. Information on volunteers

Do you have UK Health Workers (volunteers) involved with your project?		Yes/No – YES		
Organisation of HW Volunteer	List down the number of HW volunteers (disaggregated by their organisation, type of involvement and gender) who has finished volunteering in the last quarter			
	Virtual involvement		In-person involvement	
	# Male	# Female	Male	Female
UNIVERSITY		1		
Key				

Key

1. **UK HW Volunteer** – Any staff member based in the UK (nurse, doctor, allied health professional, University staff or from other organisation) participating in your project.
2. **Organisation of HW Volunteer** – Name the organisation in which the HW Volunteer working in UK – NHS, Academic/University, Other
3. **Virtual Involvement** – The volunteer supports the project remotely by attending or facilitating meetings, training sessions, etc.
4. **In-person Involvement** – The volunteer travels to Ghana/Kenya/Nigeria to support the project on-site.

Do you have Health Workers (volunteers) other than UK HWs from one country supporting interventions in another country?	Yes/No - NO
---	--------------------

F. Narrative report

a) Short narrative on progress and achievements

Describe the progress in achieving the outputs, outcomes and associated targets in your MEL Framework.

Ind#	Performance Indicator	Target planned for the quarter	Target achieved for the quarter	Narrative summary of progress	Explanation of Variance
Copy Ind# from your MEL plan	Copy and paste the indicator from your final MEL Framework. Add more rows as needed to include all the outcome/output statements and indicators from your final MEL plan.	Copy the target you have planned for the reporting quarter based on your MEL Framework	What is your achievement against the planned target (numeric only)	Detail the activities carried out throughout the reporting period that relate to the stated indicators. Highlight the achievements, explain the importance of the achievements and how they contribute to the overall targets. (Use how, who, what, when, where and why to explain your achievement). Discuss both internal and external factors that contributed to the achievement of the goals.	Provide an explanation for any variance between planned and achieved targets. Discuss the factors that have contributed to the variance.
OUTCOME1: Improved knowledge post training on Infection Prevention and Control (IPC)					

Ind#	Performance Indicator	Target planned for the quarter	Target achieved for the quarter	Narrative summary of progress	Explanation of Variance
<i>Copy Ind# from your MEL plan</i>	<i>Copy and paste the indicator from your final MEL Framework. Add more rows as needed to include all the outcome/output statements and indicators from your final MEL plan.</i>	<i>Copy the target you have planned for the reporting quarter based on your MEL Framework</i>	<i>What is your achievement against the planned target (numeric only)</i>	<i>Detail the activities carried out throughout the reporting period that relate to the stated indicators. Highlight the achievements, explain the importance of the achievements and how they contribute to the overall targets. (Use how, who, what, when, where and why to explain your achievement). Discuss both internal and external factors that contributed to the achievement of the goals.</i>	<i>Provide an explanation for any variance between planned and achieved targets. Discuss the factors that have contributed to the variance.</i>
	Percentage of trained healthcare workers demonstrating improved knowledge scores of IPC post-training	At least 20% increase	40%	We trained 322 HCWs in 4 workshops between August and November 2024. Pre and post test scores were obtained before and after the workshop	Knowledge scores were higher immediately after the workshop for majority of participants
OUTCOME 2: Improved occupational health practice at facility level					
Ind 2.1	Increased percentage with improved practice of OH post training	20%	74%		
Ind 2.2	Number of health workers trained, by type of training, cadre, and gender	430	322 -59 males, 259 females, 4 with gender unrecorded	4 training workshops were held. 3 for PHC workers and 1 for doctors	Funds were insufficient to cover the entire Oyo State as previously planned.

Ind#	Performance Indicator	Target planned for the quarter	Target achieved for the quarter	Narrative summary of progress	Explanation of Variance
<i>Copy Ind# from your MEL plan</i>	<i>Copy and paste the indicator from your final MEL Framework. Add more rows as needed to include all the outcome/output statements and indicators from your final MEL plan.</i>	<i>Copy the target you have planned for the reporting quarter based on your MEL Framework</i>	<i>What is your achievement against the planned target (numeric only)</i>	<i>Detail the activities carried out throughout the reporting period that relate to the stated indicators. Highlight the achievements, explain the importance of the achievements and how they contribute to the overall targets. (Use how, who, what, when, where and why to explain your achievement). Discuss both internal and external factors that contributed to the achievement of the goals.</i>	<i>Provide an explanation for any variance between planned and achieved targets. Discuss the factors that have contributed to the variance.</i>
OUTCOME 3: Improved self-efficacy in prevention of occupational hazards and protection from occupational hazards					
Ind 3.1	<i>Increased percentage of reported self-efficacy scores in prevention of occupational hazards post training</i>	20%	Slight increase recorded-5%	Workshop training on IPC	PHC workers are already well trained on IPC during and after COVID and pre-intervention rate of efficacy were already very high- at over 90%
OUTCOME 4: Improved well-being of workers					
Ind 4.1	<i>Increased percentage of workers reporting positive wellbeing</i>	25% increase	25.7% Mean mental wellbeing scores increased from 74.9 to 81.7	There was a focus on mental wellbeing in the training workshops with interactive sessions , shared experiences and shared learning	

Ind#	Performance Indicator	Target planned for the quarter	Target achieved for the quarter	Narrative summary of progress	Explanation of Variance
<i>Copy Ind# from your MEL plan</i>	<i>Copy and paste the indicator from your final MEL Framework. Add more rows as needed to include all the outcome/output statements and indicators from your final MEL plan.</i>	<i>Copy the target you have planned for the reporting quarter based on your MEL Framework</i>	<i>What is your achievement against the planned target (numeric only)</i>	<i>Detail the activities carried out throughout the reporting period that relate to the stated indicators. Highlight the achievements, explain the importance of the achievements and how they contribute to the overall targets. (Use how, who, what, when, where and why to explain your achievement). Discuss both internal and external factors that contributed to the achievement of the goals.</i>	<i>Provide an explanation for any variance between planned and achieved targets. Discuss the factors that have contributed to the variance.</i>
			post intervention		
OUTPUT1: Copy and paste your output statement here					
Ind 1.1.1	Number of health workers trained at facility level	430	322	We held 4 workshops, 3 for PHC workers and 1 for doctors in tertiary health centre	Funds were inadequate to train more HCWs as prices of commodities had increased drastically with the devaluation of the Naira
Ind 1.1.2	Number of focus group discussions at each district with policy makers	3	2	We held 2 FGDs with the policy makers at the Oyo State Primary Health Care Board	By the second FGD, we had exhausted the opinions and perspectives of policy makers about the

Ind#	Performance Indicator	Target planned for the quarter	Target achieved for the quarter	Narrative summary of progress	Explanation of Variance
<i>Copy Ind# from your MEL plan</i>	<i>Copy and paste the indicator from your final MEL Framework. Add more rows as needed to include all the outcome/output statements and indicators from your final MEL plan.</i>	<i>Copy the target you have planned for the reporting quarter based on your MEL Framework</i>	<i>What is your achievement against the planned target (numeric only)</i>	<i>Detail the activities carried out throughout the reporting period that relate to the stated indicators. Highlight the achievements, explain the importance of the achievements and how they contribute to the overall targets. (Use how, who, what, when, where and why to explain your achievement). Discuss both internal and external factors that contributed to the achievement of the goals.</i>	<i>Provide an explanation for any variance between planned and achieved targets. Discuss the factors that have contributed to the variance.</i>
					Occupational health and safety of PHC workers
OUTPUT 2: Improved Occupational Health (OH) Practice at facility level					
Ind 2.1.1	Number of health workers trained on OH strategies at facility level	430	322	In addition to the workshops, 22 Occupational risk assessments occurred in 22 PHCs	Funds were inadequate to train more HCWs as prices of commodities had increased drastically with the devaluation of the Naira
Ind 2.1.2	Number of focus group discussions on OH strategies at facility level with policy makers.	3	2	In addition to FGDs, 22 occupational risk assessments were done in 22P HCs	By the second FGD, we had exhausted the opinions and perspectives of policy makers about the Occupational health and safety of PHC workers

Ind#	Performance Indicator	Target planned for the quarter	Target achieved for the quarter	Narrative summary of progress	Explanation of Variance
Copy Ind# from your MEL plan	Copy and paste the indicator from your final MEL Framework. Add more rows as needed to include all the outcome/output statements and indicators from your final MEL plan.	Copy the target you have planned for the reporting quarter based on your MEL Framework	What is your achievement against the planned target (numeric only)	Detail the activities carried out throughout the reporting period that relate to the stated indicators. Highlight the achievements, explain the importance of the achievements and how they contribute to the overall targets. (Use how, who, what, when, where and why to explain your achievement). Discuss both internal and external factors that contributed to the achievement of the goals.	Provide an explanation for any variance between planned and achieved targets. Discuss the factors that have contributed to the variance.
OUTPUT 3: Improved awareness and practice of OH hazards by healthcare workers					
Ind 3.1.1	Increased percentage in awareness of occupational health hazards	20%	74%	Workshop lectures focused on Occupational hazards in healthcare settings	Many had not had teaching on Occupational Health since they left school and they learnt a lot at the workshop
Ind 3.1.2	Number of health workers trained on hazards	430	322		This number was limited by funds.
Ind 3.1.3	Number of curricula developed/reviewed	1	1		
OUTPUT 4: Improved well-being of healthcare workers					
Ind 4.1.1	Increased percentage of healthcare workers reporting positive well-being	25%	25.7% Mean mental wellbeing		-

Ind#	Performance Indicator	Target planned for the quarter	Target achieved for the quarter	Narrative summary of progress	Explanation of Variance
<i>Copy Ind# from your MEL plan</i>	<i>Copy and paste the indicator from your final MEL Framework. Add more rows as needed to include all the outcome/output statements and indicators from your final MEL plan.</i>	<i>Copy the target you have planned for the reporting quarter based on your MEL Framework</i>	<i>What is your achievement against the planned target (numeric only)</i>	<i>Detail the activities carried out throughout the reporting period that relate to the stated indicators. Highlight the achievements, explain the importance of the achievements and how they contribute to the overall targets. (Use how, who, what, when, where and why to explain your achievement). Discuss both internal and external factors that contributed to the achievement of the goals.</i>	<i>Provide an explanation for any variance between planned and achieved targets. Discuss the factors that have contributed to the variance.</i>
			scores increased from 74.9 to 81.7 post intervention		
Ind 4.1.2	Numbers of partnerships developed/ supported to contribute to retention and well-being of health workforce	2	2	Project meetings with partners	<ol style="list-style-type: none"> 1. College of Medicine University of Ibadan 2. Society of Occupational and Environmental Health Physicians of Nigeria 3. Oyo State Primary Health Care Board

b) Challenges

Briefly explain the 2 – 3 main challenges you have faced in the implementation of your project. How you have addressed them as a partnership, and how the latter will inform what you do in the future (e.g. lessons on the use of technology, delivery of a remote project, planning a project responding to a rapidly evolving situation, collecting and analysing data etc.). Additionally, if you have identified that support is required from THET or from partners or stakeholders to address any of the challenges encountered, please explain this here, describing which stakeholders you require involvement from and what level of support is required. Please refer to specific indicator (number only) where appropriate. (100 words min - 300 max)

The was a challenge with transfer of funds to co-partner. Funds transferred could not be accessed on time because they were lodged in the Treasury Single Account. The lead partner visited Nigeria and discussed with the Head of the College of Medicine the need for improved cash flow to complete the project on time, helping to overcome this challenge. The Nigerian government recently announced that funds for research will no longer be kept in the Treasury Single Account and this problem will not occur in future.

Another challenge was increased costs of commodities. This made hosting the workshops more expensive than expected. We did not want this to impact on the quality of the workshops and services provided, so we made the decision to reduce the number of health zones covered within this project. In the future, we would be more careful with our proposed budgeting and allow for cost increases to be incorporated in budget plans.

Challenge of time pressure. The delivery of four workshops in under three months caused pressure on leads and workshop delivery. This pressure was reflected in the number of doctors that attended the workshops as they were also time and staff pressured. At first, there was little co-operation from Heads of Departments who were not keen to release doctors from their duties to attend the workshops due to staff shortages. As project leads, we had written to the resident doctors' employers and the doctor's association to explain the importance and benefits of these workshops, but this did not make much of an impact. What made a difference was the resident doctors themselves going to their Heads of Departments to explain the benefit of this project, which was more convincing and they were thereafter allowed for time off work to attend. At the end, the Director of Training at the University College Hospital attended the opening ceremony of the workshop for doctors. In the future, we would encourage a doctor-led approach to ask for time off in addition to formal letters to their employers as this proved more effective in getting doctors to attend.

c) Project contributing to the wider GHWP objectives

Please fill the below table with narrative information based on the scope of your project. If any of these themes are beyond the scope of your project, please mark N/A in the corresponding table.

Improving Leadership	
Describe the specific activities your project conducted to build leadership skills, specifying	Two resident doctors (senior registrars) were engaged with the project as part of their training. They provided technical support for data collection at baseline, intervention and

the roles or individuals targeted and why they were chosen.	post intervention phases. They participated in the training workshops as facilitators and led some of the lectures and demonstrations. These two senior registrars had received basic training in occupational health, and they need to develop leadership skills to enable them to lead projects in their future career.
Explain the approach your team used for implementation, including any partnerships with external experts, government agencies, or local leaders, and describe their roles and contributions.	Engagement with a World Health Organisation expert led to their participation in the occupational health training of healthcare workers. The expert provided guidance for the workshops, and shared documentation that aided the development of content in the intervention workshops.
Key lessons learned from these activities, any practices you would adjust or recommend for future initiatives.	Lessons were learnt in the importance of leadership training, a skill which is sustainable and lives beyond the project. The two resident doctors can take this newfound skill into their future careers ensuring the legacy of lessons learnt from this project. Engaging more people in developing these skills would be a more key focus for any future initiatives. Additionally, the value of partnerships and external experts helped develop invaluable aspects and lessons within this project. Engagement of this nature on a wider scale would be encouraged in future projects.
Plans or agreements in place to ensure these improvements in leadership capacity will continue. For example - commitments from local stakeholders for ongoing support.	Ongoing support from Oyo state for this project means that lessons learnt, and leadership skills gained can be continued. Skills have a long-lasting legacy, and what these doctors have learnt will be passed on to future generations of healthcare workers. Oyo's state support to widen the reach of this project will ensure this ongoing support and training in leadership skills.
Reducing Inequality	
Describe the specific activities your project conducted to promote GESI, noting the communities, groups, or individuals who were the primary beneficiaries.	Specific activities and special efforts were made to promote women, and those from more rural communities. This was achieved through making the workshops as accessible as possible, hosting them in more rural locations to encourage and support this workforce. Similarly, focussing on flexible workshops reflected the predominately female workforce who have additional domestic responsibilities. Prioritising these workforces and making efforts to include them in these workshops empowered the primary beneficiaries of this project.
Explain how your project integrated GESI into planning, activities, and decision-making, and detail any unique methods used to engage marginalized groups.	With Nigeria's healthcare workforce being predominantly female, it was essential that women were included and represented within this project. We strived to ensure gender equity through equal gender representation in the steering group meetings, and equality of access to the workshops by gender. The University of Ibadan lead is female, which was

	reflected in a general feeling of encouragement and empowerment for the women within this project, and the wider Nigerian healthcare workforce. Specific methods of engagement were made with the women to reflect their domestic responsibilities, by making the workshops flexible and focussing on creating a supportive female environment. Project implementation ensured a level of safeguarding in institutions with adequate procedures to support and protect those who have experienced SGBV.
Key insights gained about implementing GESI-focused activities, noting how these learnings may shape your approach in future projects.	Taking steps to make this project and the associated workshops as accessible as possible to more marginalised workforces means that we were able to access a wider target group. Creating a supportive environment for female leadership and empowerment was a strength of this project and reflected the demographics of the recipients. In future projects, prioritising female involvement and encouraging leadership will be an increased focus, especially in patriarchal societies like Nigeria.
Specify the steps your project has taken to ensure that GESI improvements will be sustained and describe any commitments or policies that have been adopted by local organizations or stakeholders to support ongoing GESI efforts.	Lessons learnt in female empowerment and inclusion will be passed on to future generations of healthcare workers through the skills gained in this project. Support from Oyo state and interest in expanding the project emphasises the long-lasting impacts of engaging the more marginalised demographics of the workforce and including them within OH training.
Improving Technical Skills	
Describe the specific training activities you provided, covering topics, formats, and participant selection criteria.	<p>We conducted 4 training workshops. Each workshop spanned 4 days covering topics in Occupational health and Safety, Infection Prevention and Control and Improvement of wellbeing and prevention of burnout. Most of these topics were generated from a WHO guideline for OH for HCWs which was shared by Dr Dorothy Njailo, a member of the Project team at WHO Geneva. Topics included:</p> <ul style="list-style-type: none"> • Introduction to OHS in healthcare settings, biological hazards in the workplace. • Chemical exposures in healthcare settings; Manual handling in healthcare settings; Physical hazards in HC settings; Psychosocial hazards and workplace violence in healthcare settings. • Occupational Risk Assessment; Prevention and management of occupational Stress; Mental health issues of HCWs; Recognition and management of Burnout and Fatigue; Occupational Accidents and Safety at work; Prevention and management of injuries in HC settings; Improving wellbeing of healthcare workers; Fire safety and Prevention in health care settings; Infection Prevention and Control in HC settings; Outbreak

	<p>Investigation and management; Water, sanitation and Hygiene in Health care settings; and, Hospital waste management.</p> <p>There were challenges with getting resident doctors to attend the workshops due to being time-short and understaffed in the hospitals in general, and Heads of Departments not being willing to let them have time off work to attend. However, the benefits of the workshops were quickly realised by the doctors and sharing via word-of-mouth significantly increased numbers.</p>
Explain how these training sessions were tailored to meet specific needs and skill levels, noting any collaborations with training institutions or local trainers.	<p>These training sessions utilised experts from the Society of Occupational and Environmental Health Physicians of Nigeria and relevant experts from the College of Medicine of the University of Ibadan. These workshops and training sessions were tailored to the skill set and educational level of the participants. Not all that attended were doctors, many were lower-level primary healthcare workers, so the lectures and workshops were tailored to their level of education. This included changing the breadth of topics covered, going at a slower pace, and spending more time on foundational ideas.</p>
Key lessons learned regarding content and delivery methods, and specify any partnerships or provisions established to ensure continued access to training post-project.	<p>Content and delivery methods were in-person, and this was considered the most appropriate to ensure complete engagement. It was also the preferred message of the participants who mentioned the personable nature of the workshops in feedback. We also had some hands-on sessions which provided practical experience and was reflected in positive feedback from recipients. Continued education and accessible materials have been ensured through a sharing of the provisions from the workshops. The slides used in the training programme have been collated and will be used from time to time to reinforce key messages via the WhatsApp groups created for each of the four workshop participants. This maintains a level of engagement from the recipients, and encourages an attitude of revisiting the information, and sharing with others, so the benefits of the programme are long lasting and shared widely. All workshop participants have stepped down the training workshop in their various PHCs,</p>
Improving Wellbeing	
List activities you implemented to support retention and wellbeing among health workers and explain who is benefited and how they are benefitted.	<p>The training sessions had a focus on wellbeing and the mental health of the HCWs within the workplace environment, and how they can protect their wellbeing at home. Five sessions were devoted to this aspect with question-and-answer participation to improve and encourage engagement. All healthcare workers benefitted from the personable nature of the wellbeing sessions and felt that the individual nature and highlighting their own experiences was extremely beneficial. The opportunity to talk about wellbeing on such a</p>

	personal level was reported to have improved their own mental wellbeing and gave them the empowerment to support the wellbeing of their co- workers. This effect was well cited in feedback and shared during the workshops themselves.
Share insights gained about supporting health worker retention and wellbeing, including plans for sustaining these strategies, and note any policies or partnerships established for long-term support.	Insights gained highlighted the importance of the personal nature of focussing on mental health and wellbeing. Reports reflected that the healthcare workers felt that their managers and workplaces care for them personally and emotionally, and that their value was more than just the service they provided to patients. The focus on healthcare workers being fit for purpose, both emotionally and physically, meant that workers felt more supported at work and in a state of optimum health to perform their duties. This extended to how they treated themselves and their fellow workers. The interest from Oyo state in extending this project reflects the ongoing work and legacy that investing in your workers mental health and wellbeing has. This is reflected in the success of the project and the positive feedback regarding wellbeing. While we considered it a good strategy for sustainability, we could not put up posters with occupational health messages in PHCs due to funding constraints.
National Priorities and Health System Strengthening	
Explain how your project aligns with national health priorities by referencing specific policies or strategies and highlight any unique contributions to strengthening health systems in your focus areas.	This project aligns with national priority to boost the capacity of PHC workers in Nigeria. The project is an advocacy opportunity for scaling up to other states in Nigeria. The Executive Secretary of Oyo State Primary Healthcare Board, Dr. Olatunji requested that the project be submitted and presented at the National Council on Health for buy in and scalability across other states in Nigeria. The Ministry of Health and other policy makers were part of the training programme. Senior leadership at the Oyo State PHC Board were engaged at institutional level. This project aligns with Oyo state's plan to reposition its primary healthcare system to deliver better services and aligns with the new <i>National Strategic Plan on Occupational Health and Safety for workers</i> . This is part of the Federal Government's commitment to protect the well-being of Nigerian workers and improve productivity.
Describe how the project has advanced Universal Health Coverage (UHC) goals, detailing outcomes that support healthcare access, quality, and affordability.	N/a – Occupational health not covered in the scope of Universal Health Coverage.
Summarize any partnerships formed with government bodies or health authorities and	The Oyo State Primary Health Care Board is committed to sustain the project impact. We recommended and they accepted that the State would identify an Occupational Health

note any commitments from these stakeholders to sustain or expand the project's impact.	Program officer to oversee the OH aspects of the work in the PHC facilities across the state. The Executive Secretary of Oyo State Primary Healthcare Board, Dr. Olatunji requested that the project be submitted and presented at the National Council on Health for buy in and scalability across other states in Nigeria.
---	--

d) Gender Equality & Social Inclusion (GESI)

Explain how GESI has been taken into consideration in this project, and how it is being mainstreamed or how you plan to mainstream it in project implementation. Please add any numerical data in your responses, where available. (100 words min - 300 max)

<i>Explain how has the project considered gender dynamics? Are there specific activities targeting gender equity? Provide examples of gender-responsive strategies implemented during the reporting period. How have women's participation and decision-making been promoted?</i>	With Nigeria's healthcare workforce being predominantly female, women need to be included and represented within the project. Women are disproportionately affected by ill-health because of patriarchal norms in wider society. Female healthcare workers are disproportionately expected to undertake domestic responsibilities in addition to their work, increasing their vulnerability to ill health. Centring the female perspective and experience within the project will ensure gender equity. This project ensured equal gender representation in the steering group and equality of access to the workshops by gender. The University of Ibadan lead is female which encouraged and empowered female leadership within the project and Nigerian healthcare in general. The project ensured strict confidentiality during its activities. Considerations were acknowledged for women's domestic responsibilities by focusing on flexibility of workshops so as many women could attend as possible, and a supportive environment was prioritised for women to feel empowered to lead. The Project addressed female needs and ensured a level of safeguarding in institutions with adequate procedures to support those who have experienced SGBV.
<i>Any challenges faced in achieving gender equality?</i>	Participants were registered for the workshop by gender and age groups to allow individuals of varying levels of power to feel included and express their views as recommended by Global Health Partnership toolkit. However, we have not analysed individual

	improvement scores to ascertain if males did better than females or vice versa.
<i>How has the project considered social diversity and inclusion? What steps were taken to engage marginalised or vulnerable groups? Describe any efforts to ensure representation and participation of excluded communities. Share examples of activities that promote social cohesion and reduce exclusion. How are social inclusion risks being mitigated?</i>	A focus was made to include the female experience and women's voices, as the workforce is majority female. We did this through having a female lead to empower women and focussing on creating a supportive and safe space for women to share their experiences. Additionally, the inclusion of mental health and wellbeing sessions facilitated this personal and inclusive approach. We also held flexible workshops to encourage female involvement and held them in rural locations to make them more accessible for more remote or isolated healthcare workers.
<i>Challenges encountered in fostering social inclusion?</i>	We experienced challenges around getting participation by doctors as they were time and resource poor, and short-staffed. This meant that their heads of Departments did not want to approve time off for them to attend these workshops. However, the positive feedback from the workshops and highlighting the important and beneficial nature of the project to employers significantly increased numbers. For doctors, we found participation rates were highest through a 'word-of-mouth' approach from those who had attended the training sessions.

e) Learning

Describe any lessons learned and how these will be applied in your project for the rest of the project period.

Are there any areas of learning or good practice that you would like to share? Please provide a short summary. (100 words min - 300 max)

<i>Briefly describe the most significant lessons learned from the project. What insights have you gained from project implementation to date?</i>	The most significant lesson learnt are that HCWs appreciate programmes that support their health, safety and wellbeing. This appreciation was very encouraging. This is often overlooked within a profession that is extremely high pressured and low-resourced. A project that allowed healthcare workers to invest in themselves and raise awareness on how best to look after their own health was able to improve their own lives but also improve the service they provide to their patients. PHC workers and Doctors at tertiary level were
---	--

	largely unaware about the management of occupational health and safety in their workplaces. The workshop was an eye-opener for many health workers.
<i>How have you collected feedback from project stakeholders in the reporting period? Have you used the feedback to adapt project approaches, strategies and/or practices?</i>	We have had a stakeholders' meeting in the reporting period. The Oyo State PHC Board has noted the limitation of funds and their inability to make all the required changes especially those of water and power supply and other infrastructural changes to the facilities. We have agreed on a long term follow up plan to monitor and evaluate these improvements. Whilst it was desirable to put down posters with OH messages in PHCs, we were unable to do so because of financial constraints.
<i>Explain how lessons learned are being applied in your project. Provide specific examples of how project approaches, strategies, and/or practices have been influenced.</i>	Our project had 2 teams to support implementation. We had a local project team in Ibadan and an international team which included a WHO expert. A senior member of the Oyo State Management Board was a member of the local team. The input from this pool of expertise helped in the success of the project The biggest challenge was the time and money pressure of the project. Any future projects of this nature, would involve more careful budget and time planning, so as not to compromise the quality of the project due to being resource poor.
<i>Based on your experience, what practices should other partners adopt to achieve similar positive outcomes?</i>	Partnerships should have a similar pool of local and international expertise. This allows for a more holistic and inclusive approach to healthcare training, reflecting both the needs and skills at a local level, and bringing in leadership and understanding from national and international organisations.
<i>Equally, what are the pitfalls or challenges that your health partnership has encountered and addressed that other partners can actively learn from?</i>	This project experienced issues with underbudgeting. As a result, we lowered our target audience to be able to account for the significant cost increase of resources in Nigeria. Whilst this was disappointing to reduce the size of this project, it meant that we did not have to compromise the quality of service we provided throughout. In the future, we would advise being more careful with budgeting and considering cost increase considering global events and contexts. This would have allowed us to carry out the project to the planned

	number of participants with the same high quality of care and teaching.
<i>Based on the lessons learned what will your health partnership do the same or do differently going forward?</i>	<p>Going forward we would be more careful assessing the scope of our projects, both in terms of time and expenditure.</p> <p>We were proud at the personal and inclusive approach we took towards this project which we would replicate in going forward.</p> <p>Prioritizing the mental and physical health of the doctors themselves is often an overlooked aspect of healthcare workers. Focussing on the individual and giving them the tools to help themselves and their colleagues facilitated the success of this project.</p>

f) Climate and environment

Has your work helped people or health systems deal with challenges caused by events like floods, droughts, or extreme weather? If yes, please give examples.	<p>Whilst this project wasn't hugely affected by extreme weather events, floods, droughts or similar challenges, steps were taken to ensure prevention against any climate related hazards. These included making sure all participants of the workshops and trainers had access to adequate hydration and shade during hotter temperature seasons in the year. Breaks and time to relax and cool off were prioritised should participants feel this was necessary because of extreme weather conditions.</p>
Have you done anything to help health workers or communities prepare for or respond to health problems linked to changing weather, like more diseases or heat-related issues?	<p>This project did not focus on health-related problems linked to changing weather, however this was featured as an important note point in several training programs, namely 'mental health issues of HCWs' and associated climate anxiety; 'burnout and fatigue' and the importance of staying hydrated and getting adequate rest in hotter temperatures; 'occupational accidents and safety at work'/'prevention and management of injuries' as a result of overheating/heat stress; 'fire safety and prevention' in relation to extreme heat events; 'infection, prevention and control' and the increasing risk due to climate change; 'water, sanitation and hygiene' especially in relation to heat stress and rising temperatures.</p>

Did you use any environmentally friendly practices in your work, like saving energy or using sustainable materials?

This project tracked the level of carbon dioxide equivalent (CO₂e) emissions of the including participant travel, including international flights and employee travel.

There was a focus on using a limited amount of paper. Course materials were provided in the electronic form. Registration, Pre test and post test were done electronically.

Whilst aiming to reduce our travel and carbon emissions as much as possible, we also recognised the importance of maintaining support to Health workers and partners. Newer partnerships such as this require much more in-person interaction to develop trust and understanding. In-person training also has greater impact and engagement.

g) Sustainability and Scalability Plan

Briefly describe the sustainability and scalability plan for the project.

What is the project's approach to sustainability (the sustainability plan) and scalability, and how does this plan support the promotion of local and institutional ownership (the exit strategy) across the different outputs/ components of the project. Focus on the sustainability of the project and strategies and/or activities that will enhance the sustainability of results and/or benefits beyond project end. Explain what level of support from stakeholders, and from which stakeholders, might be required to ensure that the project has a sustainable approach. Explain what changes (if any) are required to your approach to support the future sustainability of project outcomes? (100 words min - 300 max)

We plan to assist the Oyo State Primary Health Care Board to develop guidelines for OH management of their workers. We have recommended that they should identify a suitable person to serve as OH programme officer. We have recommended the continuous training of workers in OH, especially for new entrants into the service. While we considered putting down posters with key occupational health messages in PHC centres a means of sustainability, we could not do this because of fund limitations.

The Oyo State Primary Health Care Board will showcase the impact of this project in their State at National Council of Health meetings. Acceptance at national level will need the support from the Federal Ministry of Health to produce National guidelines on OHS for healthcare workers and support the training of HCWs in OH across the country.

The project is an advocacy opportunity for scaling up to other states in Nigeria. The Executive Secretary of Oyo State Primary Healthcare Board, Dr. Olatunji requested that the project be submitted and presented at the National Council on Health for buy in and scalability across other states in Nigeria.

The Ministry of Health and other policy makers will be part of the training programme. Senior leadership at the Oyo State PHC Board were engaged at institutional level.

This project aligns with Oyo state's plan to reposition its primary healthcare system to deliver better services and aligns with the new *National Strategic Plan on Occupational Health and Safety for workers*. This is part of the Federal Government's commitment to protect the well-being of Nigerian workers and improve productivity.

h) Value for Money/Cost Effectiveness

Briefly describe the value for money or cost effectiveness of the project.

Briefly explain the project's cost-effectiveness. Specifically, share insights on how the principles of economy, efficiency, effectiveness, and equity have been integrated into the activities carried out during the reporting period. Below you will find a table outlining key points to consider. We encourage you to reflect on these points and provide examples from our project that demonstrate these values in action. Your examples should be brief with a maximum word count of 150 words.

4Es	Points to consider	
Economy	<ul style="list-style-type: none"> Cost-saving measures, efficient resource allocation, and financial prudence. 	The project experienced cost-saving measures such as reduction of the initial budget and ensured resources were allocated efficiently. Utilizing technology such as WhatsApp, and online lectures have led to cost-saving measures on travel costs.
Efficiency	<ul style="list-style-type: none"> Optimised use of time and resources including leverage of existing relationships to improve coordination and resource sharing, and/or policy development. Strategies to embed capacity within existing teams, reduce reliance on outside resources. 	Utilizing the existing relationship with the University of Ibadan, a credit line was created to manage funding delays. The lead partner, Dr Ogunyemi visited Ibadan and was able to meet with the Management of the College of Medicine, to explain the need to facilitate fund flow for this project.
Effectiveness	<ul style="list-style-type: none"> Project responds to national priorities and alignment with national plans. Evidence of coordination between national and international stakeholders in promoting synergies and shared learning. 	This project responds to national priorities and aligns with national plans by addressing the significant issue of gaps in training for healthcare workers on occupational health and infection prevention. Majority of participants have not received occupational health training since leaving school and this makes our project a much-needed programme for Oyo State. This project ensures

4Es	Points to consider	
		<p>coordination between national partners, such as the Oyo State Primary Health Care Board, and international partners, such as the Society of Occupational Medicine and WHO, to ensure project objectives are carried out.</p> <p>The project is an advocacy opportunity for scaling up to other states in Nigeria. The Executive Secretary of Oyo State Primary Healthcare Board, Dr. Olatunji requested that the project be submitted and presented at the National Council on Health for buy in and scalability across other states in Nigeria.</p> <p>The Ministry of Health and other policy makers will be part of the training programme. Senior leadership at the Oyo State PHC Board were engaged at institutional level.</p> <p>– This project aligns with Oyo state’s plan to reposition its primary healthcare system to deliver better services and aligns with the new <i>National Strategic Plan on Occupational Health and Safety for workers</i>. This is part of the Federal Government’s commitment to protect the well-being of Nigerian workers and improve productivity.</p>
Equity	<ul style="list-style-type: none"> Fair distribution of benefits, inclusivity, and consideration of diverse stakeholders 	<p>All healthcare workers are given equitable access to training. The training incorporates occupational health education and resources to all healthcare workers in urban and rural health facilities.</p> <p>Gender equity was a focus of this project, and steps were made to ensure an equal and representative sample of women were included both as recipients and leaders of this project, to reflect the majority female workforce.</p>

i) Stakeholder engagement - collaboration and coordination

List any significant meetings held with key stakeholders and share a summary. Please include here any conferences/ technical working groups or other fora that you have participated in to share project progress and achievements.

Date	Stakeholder(s)	Meeting participants	Objective of the meeting	Outcome
------	----------------	----------------------	--------------------------	---------

July 2024	Primary health Care Coordinators at Local Government level	PHC coordinators, resident doctors and project team members	Discuss Occupational Health Problems and challenges of PHC workers and proffer solutions	List of problems and solutions have been transcribed.
February 2025	Members of the Oyo State primary Health care Board, Directors and Executive Secretary, PHC Coordinators in 18 LGAs, Selected Workshop participants	Members of the Oyo State Primary Health care Board, Directors and Executive Secretary, PHC Coordinators in 18 LGAs, Selected Workshop participants, Project Team members, Resident doctors	Discuss sustainability of the project and ownership of a training programme for new entrants into PHC work and the need to develop an OH policy and designate an officer as OH programme officer for the State	It was agreed that implementation will begin with the designation of an OH programme officer. The Project team will assist the Board to develop an OH Policy for primary Health care workers in the State

Describe how you coordinated and collaborated with the host government and/or other relevant organisations or stakeholders, the impact of any coordination efforts; any synergies that developed, and recommendations for improving coordination in the future. Explain how this has contributed to project progress and achievements this quarter, for example, any improved effectiveness or efficiencies from this stakeholder collaboration, and/or any other benefits. Are there ways that stakeholder coordination/collaboration could have been better or could have improved project targets/outputs this quarter? Is there any further support required from THET to facilitate linkages with stakeholders in the upcoming quarters? (100 words min - 300 max)

We have worked very effectively with the Oyo State Primary Health Care Board. The Executive Secretary and one of his Directors have had a long-standing relationship with our Department and they have helped immensely in organising the baseline survey and the workshops. The Director- Dr Adewole, attends all our project team meetings and makes useful contributions about the logistics of the project. This arrangement has worked very well.

The Ministry of Health and other policy makers were part of the training programme. The HRH focal person in Oyo State Ministry of Health attended our workshops. Senior leadership at the Oyo State PHC Board were engaged at institutional level.

This project aligns with Oyo state's plan to reposition its primary healthcare system to deliver better services and aligns with the new *National Strategic Plan on Occupational Health and Safety for workers*. This is part of the Federal Government's commitment to protect the well-being of Nigerian workers and improve productivity

j) Risk Monitoring

What risks have you identified in the reporting quarter and have any been realised? What strategies or actions have you taken to mitigate or manage these risks? Add more rows if necessary.

Risk identified in the reporting quarter	Risk category ¹	Risk rating ²	Mitigation
Underbudgeting	Financial	Moderate	Was able to be mitigated by reducing size of target population.

Do you anticipate any risks to your project or activities planned? What strategies or actions have you taken or plan to take to mitigate or manage these risks? Add more rows if necessary.

Risk identified for implementation	Risk category	Risk rating	Mitigation
Initial lack of participation	Strategic	High	Writing to employers and the doctor's association and focussing on sharing the benefits of the programme to encourage participation from resident doctors.

How did you incorporate feedback and learning from your risk monitoring and management into your project planning and improvement this quarter?

- The project focused on engaging with health care units to increase healthcare worker participation in training/workshops
- We have hosted regular quarterly review meetings with WHO, SOM president, and SOM team for feedback, review, insight and opportunities for improvement.
- Focus on making workshops more accessible, especially for women and those in rural locations.

THET's Performance

Please elaborate on your response in the box below.

¹ Risk categories: Social and Environmental: Financial: Operational, Organizational, Reputational, Regulatory, Strategic, Safety and Security

² Risk ratings: Likelihood vs. Impact

Minor: There's a low chance of risks occurring, and if they do, the impact on outcomes is minimal.

Moderate: Risks are unlikely to happen, but if they do, there's a somewhat higher impact on outcomes, though still limited.

Major: There's a greater chance of risks happening, and the impact can reduce outcomes, but we can still achieve some key results.

Severe: Risks are highly likely to occur, and the impact would significantly reduce outcomes.

We have attended and contributed to webinars and two online and two face to face workshops run by THET. We are satisfied with the support and management provided by THET.

k) Other sources of information about your Health Partnership

i. Quotes, images and videos

OPTIONAL - If appropriate and safe to do so, please provide a quote from either the lead partner, the co-lead partner, a health worker, volunteer or other stakeholders involved in the project. This could be their reaction to the project activities, an explanation of how partners are working together, or how or where they would like to see the Health Partnership developing in the future. Please ensure you have received the individual's consent to share the names and information provided below, that they have been informed that this information will be anonymous but may be shared with and used, both internally and externally, by THET. Our communications team might contact you if we require any further information. please find the link to relevant consent forms - [THET's Adult Information and Consent Form - THET](#).

The Society of Occupational Medicine are very proud of the project which has made great progress in training and supporting health care workers in improving their occupational health and wellbeing. We would like to see Global Health Partners to take up and work with its other partners to focus on occupational health of health care workers to improve retention. Nick Pahl, CEO SOM. Send to me

ii. Publications and communication materials

OPTIONAL - Please use the table below to give summary information that relates, though is not limited to, your project and which will help THET to build a picture of your Health Partnership or the project itself, e.g. articles published, marketing or fundraising materials, photos. This information will provide valuable context for our work advocating the Health Partnerships model.

Add more rows if necessary.

Source e.g. publication title, website name	Access e.g. hyperlink, attachment
Website update from SOM	https://www.som.org.uk/occupational-health-training-project-healthcare-workers-oyo-state-nigeria