



From a classic training approach to an on-site training approach improves provider knowledge and skills: Learnings from Rwanda

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Nurse providing an implant method on a client during a practical session

Background

- Building the capacity of health care workers is crucial for achieving strong health systems and better health outcomes.
- Classic training approaches focusing on off-site, classroom-based learning have shown limited effectiveness in improving provider performance.
- Providers have raised the issues of:
 - Limited practice of skills on models or clients
 - Lack of provider confidence and competence.
- Evidence has identified alternate training approaches that may be more effective at improving and sustaining learning for better health delivery and care, ultimately leading to increased voluntary uptake of family planning (FP) in Rwanda.

Program Intervention

- Period of implementation: 14 months (May 2016 to July 2017)
- MCSP and MoH organized on-site trainings (OST), post-training follow-up, and supportive supervision by national-level technical staff.
- To reinforce ownership, MoH, local health leaders, district health teams, and heads of facilities were involved in planning and implementation
- The program identified proficient providers, including nurses and midwives, to act as site trainers
- Training materials and anatomic models were distributed to each OST facility, where each training was scheduled according to participant availability

Program Intervention

- Structured OST implemented in 90 health facilities across 6 MCSP-supported districts
 - 6 hospitals
 - 84 health centers
- 101 site trainers were oriented, one for each health center and two for every hospital
- Learners were selected by the head of their facility and included doctors, nurses, and midwives. In total, the training reached 736 providers
- In each facility, appropriate times of day were chosen over the course of 8 weeks based on participant availability
- Trainings were kept to a maximum of 2-3 hours/day and 3 sessions/week
- The focus of the OST was on FP counselling, skills practice on models and clients, and feedback from the trainers

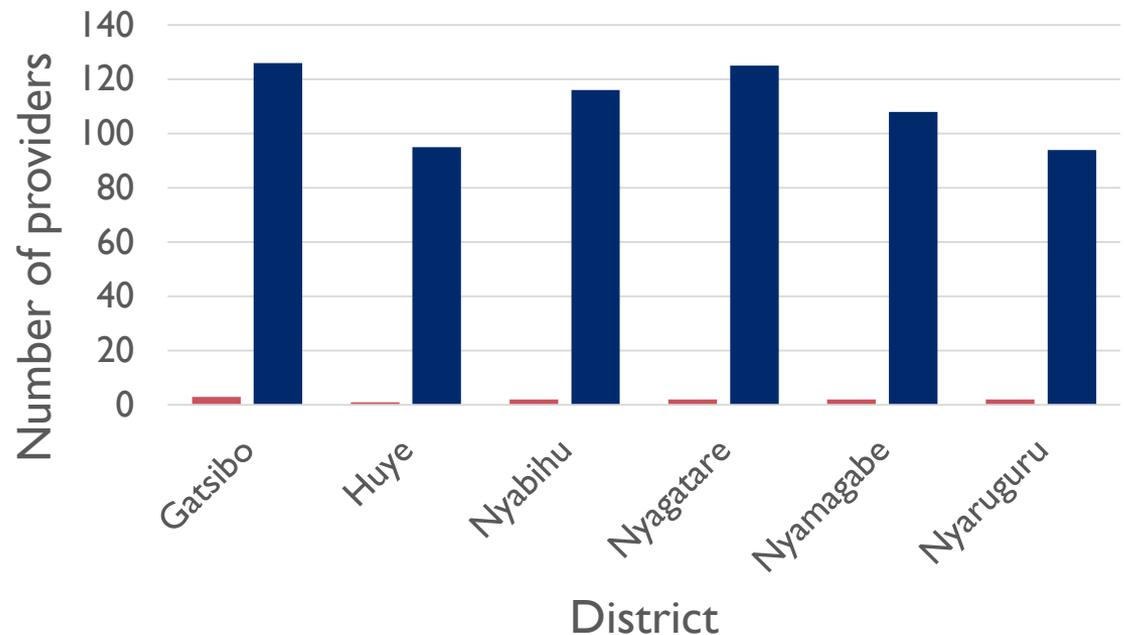
Methodology

- Data sources included
 - HMIS reports
 - Program documentation
- Provider competency was tested in theory and in practice before and after the OST
- Programmatic findings, including voluntary uptake of FP methods, were shared with health decision makers at different levels of the health system

Results

OST led to large increases in the number of providers with acceptable levels of theoretical knowledge and skills performance in FP provision.

Increase in providers with acceptable performance in provision of short- and long-acting methods in six districts, in 14 months.

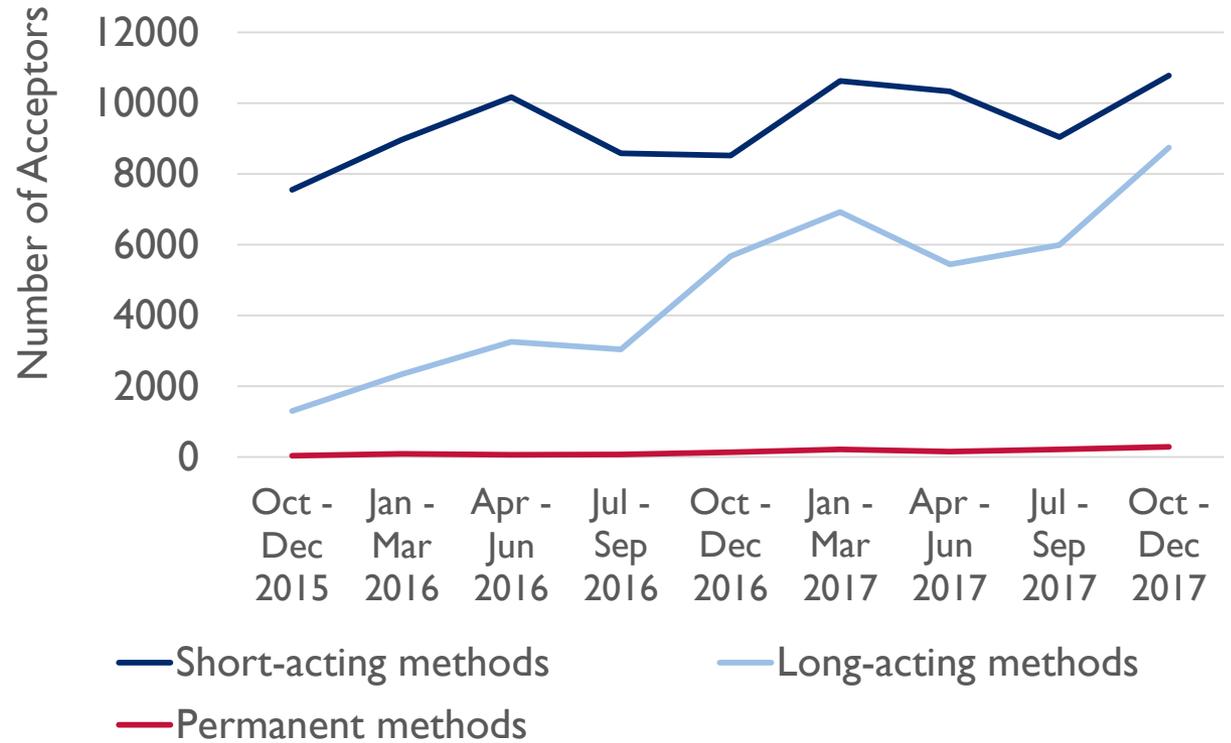


- Provider with acceptable performance before OJT
- Provider with acceptable performance after OJT

Results

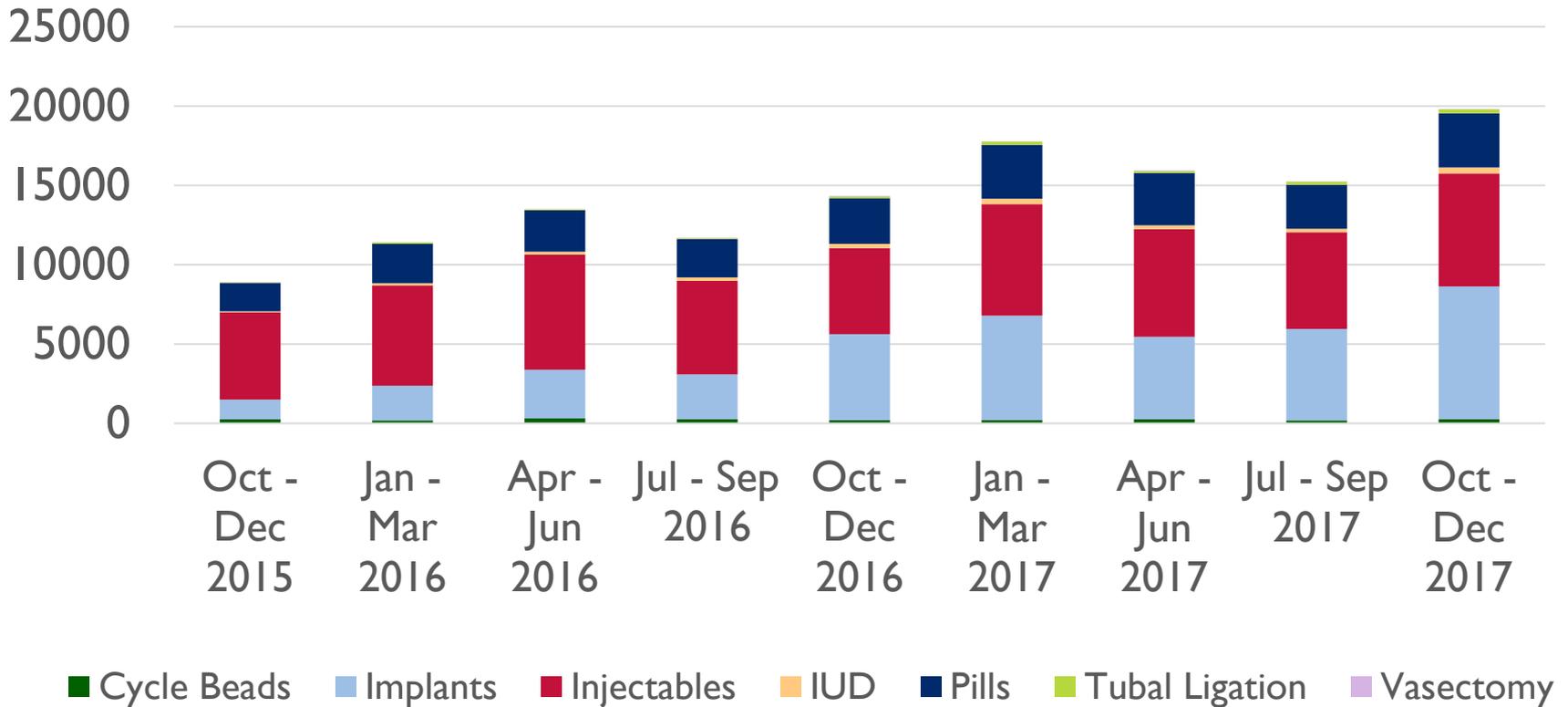
There also was an increase in new voluntary acceptors for short-acting, long-acting, and permanent methods of FP

New voluntary FP acceptors by method duration



Results

FP Method Mix by Month



Program implications

- Using an OST approach resulted in an increase in the number of providers able to competently offer FP in a short period.
- This helped contribute to an increase in the number of new FP users in the 6 supported districts.
- Human capacity development took place without substantial disruption of routine services.
- Moving away from classic training approaches to more effective training, like OST, is a promising practice for developing a cadre of competent health providers.
- The MoH, districts, and health facility-level authorities can implement this approach for better and sustained health outcomes.

For more information, please visit
www.mcspprogram.org

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