

ON-THE-JOB TRAINING

What Is It?

Ways of enhancing service providers' knowledge and skills at their place of work while they provide services, as opposed to offsite training. On-the-job training can be used instead of, or as a complement to, other learning approaches such as classroom-based training or online/mobile learning.

On-the-job training can be:

- A separate training on its own or reinforce knowledge and skills following an intensive offsite training
- Focused on a particular skill, such as provision of long-acting and reversible contraceptives (LARCs) or effective counseling, or broad.
- Centered on clinical and/or non-clinical skills
- Appropriate for both public and private family planning facilities

What Are the Benefits?

- Generally less costly than offsite training
- Expands the number of skilled providers
- Learning and practice occurs in the same environment where the job is performed; can be tailored to the needs of the particular facility and/or provider
- Opportunity to gain or strengthen a clearly defined, limited set of skills
- Less time away from the work site and less disruption to client services
- Training staff in underserved areas brings a full range of services to those communities
- Addresses issues with provider bias, increasing opportunities for clients to access a range of family planning methods

How to Implement?

Step 1: Assess training needs

Before conducting training activities, you should conduct an assessment of providers' knowledge, attitudes and performance. This will help you determine current capacities and training gaps among your staff. Then you can decide which family planning knowledge and skills you want to strengthen through on-the-job training.

You can use or adapt an [assessment checklist](#) developed by Tupange to inform focus areas of mentorship to inform your decisions. For example, do you want to strengthen a specific area, such as postpartum family planning? Would you like providers to practice a certain skill, such as IUD insertion and removal?

Step 2: Choose the type of training to conduct

Once you have determined what family planning topics your training program will cover, determine what type of on-the-job training works best for the providers in your setting:

- **In-service training:** Training employees during the course of their employment, as opposed to pre-service training (given while they are students, before they are employed). While it is common

for in-service training to be conducted outside the workplace—for example, in a classroom setting—it can also be incorporated into on-the-job training. The goal of on-the-job in-service training for family planning is to offer practical learning experiences for providers in their own work environment (for example, inserting IUDs or implants in actual patients, with mentorship) as opposed to using models in a classroom setting.

- **In-reaches:** In-reaches refer to a specific type of in-service training in which a [mobile outreach](#) team of family planning providers visits a service delivery point and provides training and mentorship to the facility staff while providing services to clients. Often focusing on provision of LARCs and/or permanent methods, the mobile outreach team would work side-by-side with your team, providing your providers with hands-on experience and enabling them to eventually provide these methods without the assistance of the mobile team. In-reaches can be conducted at health facilities, schools, worksites and other community locations, offering convenient access in hard-to-reach areas and for working men and women.
- **On-site mentoring:** A highly experienced health care provider guides improvement in the quality of care delivered by other providers and the health care systems in which they work through a sustained collaborative relationship. Such mentoring offers opportunity for learning-by-doing, real-time practice and feedback. The mentors will need training of their own to standardize their knowledge and skills, ensure their clinical skills are up-to-date and that they are familiar with the latest policy updates and mitigate any signs of provider bias. Sometimes, the term “supportive supervision” is used to mean on-site mentoring. See box on Tips for On-site Mentoring for more information.
- **Refresher training:** Refresher training ensures that knowledge and skills obtained in a comprehensive training session are continually being strengthened and that information is not lost after the official training. Refresher trainings can take place in-person through formal training and coaching events and/or through an online learning system or [mobile](#) devices (see below).
- **Mobile phone-based learning:** Providers receive learning modules—either full training modules or refresher training following a classroom training—via text, audio or video on their mobile phones. Mobile phone-based learning is flexible, allowing providers to access the content according to their own schedules. An example of this training is [NURHI’s interactive Distance Education Application](#).

These different approaches can be combined to suit your needs. For example, you may want to have an in-reach to train your providers on IUD insertion, followed by on-site mentoring to ensure providers are using the new skills properly. Or you may decide to deliver refresher training through a mobile application.

Tips for On-site Mentoring

- Ensure mentors understand how often mentoring should occur, what records should be kept and what reporting should take place and to whom. Tools you may find helpful include:
 - [Family Planning Mentorship Log Book](#)
 - [Family Planning Mentorship Participant Registration Form](#)
 - [Supportive Supervision Tool for Reproductive Health Services](#)
- Schedule mentoring sessions in consultation with facility heads and mentees, so they can select a time with maximum client flow.
- Provide mentees with printed resource materials, [such as these materials developed for training on LARCs in Kenya](#). Printed resources such as these are helpful references for mentees to refer to later, as necessary.
- Schedule regular mentoring sessions, to understand the specific individual challenges of their mentees.

The relationship between mentor and mentee is very important. To be most effective, the relationship should be respectful and supportive and focused on learning and exchange.

Step 3: Plan the training schedule

- **First, identify individuals to provide the necessary training.** Trainers may be existing staff at the facilities, or you may need to bring in external trainers. They may have other duties in addition to training, or they may be full-time trainers. Make sure trainers have sufficient supplies, such as LARC training models, contraceptive commodities, stationery and consumables, to facilitate their training. Where necessary, provide transportation support to help trainers reach the trainees (if at different facilities).
- **Next, determine what methods, sources or materials you need to complete the trainings.** The following are some on-the-job training curricula developed by NURHI:
 - [On-the job training curriculum for counseling](#)
 - [Clinical service provision training](#)
 - [Contraceptive logistics management training](#)

Step 4: Conduct the training activities

Now you are ready to implement the training activities. Make sure the training activities are as hands-on as possible, and that the trainees have the opportunity to observe experts, immediately practice what they learn and ask questions as they go along. You should give the trainees the opportunity to discuss their challenges with the trainer, as well as with each other, to maximize learning.

Step 5: Reassess post-training knowledge, skills and needs of staff

After the trainings have been conducted, you will once again want to assess providers' knowledge, attitudes and performance. From this assessment, you can learn the impact of the training and the extent to which you need to provide ongoing support, including additional mentoring, supportive supervision and refresher trainings as needed.

Step 6: Monitor the on-the-job training program regularly

Continually monitor and assess your on-the-job training program – the individual components such as on-site mentoring, refresher training or in-reaches as well as the overall training program as a whole. Are these training approaches working for your staff? Could they benefit from another training approach? Assess the capacity of staff to complete their work, the learning process of the staff and note any new gaps or challenges that emerge.

Mentoring in Kenya's Tupange Project Key to Expanding Number of LARC Providers

In Kenya, Tupange conducted in-depth contraceptive technology training for providers, followed by mentoring of trainees in their facilities, especially for LARC provision. In addition, during mobile service delivery activities providers from higher-volume facilities mentored providers at smaller sites. This mentoring relationship became an important way to expand the number of providers who could insert intrauterine devices (IUDs) and implants.

Service providers had to have basic family planning training to qualify for mentoring. The timing of the mentoring was dependent on the availability of the mentor and the service provider and the workload at the facility. Mentoring involved initial observation of the mentor providing a method followed by supervised direct practice of skills by the mentee, initially on models and then with clients.

Mentees had to conduct 10 implant insertions and 10 copper IUD insertions as well as five implant removals and five IUD removals, tracked in their log books, under the mentor's observation before they were evaluated and certified by an external assessor. To ensure objectivity, the assessors used the competency checklists for clinical assessment. For detailed guidance on Tupange's approach to on-the-job mentoring, see the Onsite Mentorship tool.



NURHI Uses On-the-job Training and Mobile Learning to Reinforce Classroom Training

The Nigerian Urban Reproductive Health Initiative (NURHI) used on-the-job training to complement classroom-based training. Early in the project, NURHI offered providers a four-week intensive training on technical and interpersonal skills, followed by on-site supervision and mentoring. Later, NURHI used on-the-job training for new providers and those in smaller facilities and provided shorter training and mentoring during outreaches and supervision visits.

NURHI also developed a mobile phone-based learning tool, coined the [Interactive Distance Education Application \(iDEA\)](#), in response to the need to reinforce providers' clinical and interpersonal skills post-training and also to address provider bias in family planning service provision. iDEA uses smartphones loaded with educational content, specifically eight videos with four scenarios featuring examples of [supportive](#) and [unsupportive](#) providers related to key provider biases, including those based on age, marital status and parity. Providers complete a pretest before watching each scenario and a posttest to gauge what they learned.

The Distance Education application is available for free download on [Google Play](#).



What Is the Evidence?

In Senegal, an approach called TutoratPlus incorporated on-site mentoring and skills reinforcement (in addition to task shifting and community outreach). After the approach was implemented, all 290 participating facilities were equipped to offer long-acting reversible contraceptives to clients, compared with not quite half of facilities before the approach began ([GHSP](#)).

During Phase 1 of the NURHI's distance education program (in 2013), 285 phones were distributed to service providers in Abuja (50), Ibadan (84), Ilorin (62) and Kaduna (89). The usage patterns of the phones show minimal disruption to the providers' work flow given that they accessed the videos either before or after their work day. Users of the program included nurse midwives and nurses that NURHI had trained. The users found the videos and quizzes especially useful ([MLE website](#)).

Evidence from Senegal showed that refresher training delivered through mobile devices was successful and acceptable to trainees. Participants' knowledge of contraceptive side effects increased significantly, and participants liked the format and pace of the course ([GHSP](#)). Such an approach could be incorporated into more traditional in-service training approaches.

Tupange conducted multifaceted provider training, including mentoring and in-reaches. This helped increase the number of trained providers. For example, some health centers had only one trained provider prior to Tupange in-reaches, but by the end of the project had three or four who could provide them. In addition, there was a statistically significant increase in the number of facilities that offered implants and IUDs at the end of the program, and logistics management for implants and IUDs improved (stock-outs decreased). Furthermore, there was also an increase in the use of IUDs and implants among women using these facilities. While there were probably a range of reasons for this increase, the use of mentoring and in-reach approaches in Tupange facilities likely also contributed ([GHSP](#)).

Tools Related to This Approach

- [East Africa: Mentee Log Book](#)
- [Family Planning Mentorship Assessment Checklist](#)
- [Family Planning Mentorship Log Book](#)
- [Family Planning Mentorship Participant Registration Form](#)
- [Mentorship Assessment Checklist](#)

- [Mentorship LARC Participant Learning Resource Package](#)
- [Mentorship Participant Registration](#)
- [On-the-Job Training Curriculum](#)
- [Supportive Supervision Tool](#)

Helpful Tips

- Make sure the learning goals for your on-the-job trainings are fully defined and shared with the participants.
- Pairing structured on-the-job training with other complementary training approaches can help ensure that the training fully addresses the needs of the trainees. For example, you can instruct trainees to complete online pre-work to acquire a knowledge base before an in-service training session, or convene in-person or online discussion groups to address any ongoing questions from the trainees.
- Consider using pre-developed competency-based checklists to assess that the skills of the providers are increasing along with the training activities.

Challenges

- Trained providers are often transferred to other positions or posts. Conduct advocacy to retain providers for longer periods of time before they transfer.
- Your government system may already have pools of on-the-job family planning trainers or mentors. However, if a pool of qualified trainers and mentors does not yet exist, you will need to create, train and support new trainers and mentors.
- Sometimes adequate learning and practice time for on-the-job training is too short, due to the competing demands of everyday work. Following up formal training with more informal mentoring activities or discussion groups can help ensure that the training goals are fully met.

Related Approaches

- [Skilled Providers](#)
- [Mobile Service Delivery](#) (Tupange used “in-reaches” as an opportunity to train providers at smaller clinics.)
- Integrated outreach events (Tupange used these as an opportunity for mentorship because of [higher volume than regular clinic hours](#).)
- [Commodity Security](#) (on-the-job training on commodity security)
- [Health Facility Strengthening](#) (on-the-job training on management information systems)

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