

## **Translating Training Objectives into Performance Outcomes.**

Principal Author: Dr. Oluwaseun Adeleke: SLA – DISC-NG

Co-Authors: Dr. Anthony Nwala: ACPQO – DISC-NG, Mopelola Raji: DTL – DISC-NG,  
Fidelis Edet: Business Manager Research & Data Analyst, Christian Simeon:  
Research Adviser – DISC-NG.

Health service providers are offered in-service training periodically to strengthen their ability to deliver services that are ethical, quality, timely and safe. Training aims to increase the capacity and confidence of providers to perform prescribed duties in line with existing and emerging best practice protocol by taking them through a learning continuum beginning with knowledge sharing, belief stirring, attitude reorientation and practice enhancements. Not all training courses have successfully resulted in intended service delivery outcomes because of poor curriculum content and design, inappropriate facilitation skills and uncondusive training ambience.

The Delivering Innovation in Self Care (DISC) project aims at enabling women take more control over their sexual and reproductive health (SRH) needs beginning with self-injection of DMPA-SC. To achieve this, the project developed a 'Moment of Truth' innovation which is a proven training model focused on the improving consumer/provider interaction that leads to an increase in the voluntary conversion rate to self-injection among women who opt for injectable contraception. A preliminary survey revealed that only 15% of women chose to self-inject in the private sector indicating a low SI voluntary adoption rate (PATH, 2018).

The training was therefore conceived as an outcome of the rationalization of the client's preference for provider administration of DMPA-SC despite awareness of the obvious benefits of self-injection. The training builds the capacity of providers to offer empathy-based approaches to overcoming common barriers to self-injection such as bias, lack of provider competence and confidence by the provider as well as client's fear of injection and pain and lack of self-confidence at intent and initiation stages.

MoT training comprises didactic and interactive sessions with content shaped over time from learnings of research findings to sharpen its value proposition. The initial content of the training was broad and consisted of topics that focused too extensively on foundational knowledge and a facilitation approach that was impassionate. This training went through several iterations and now focuses on more concise, emotive and competency-based content that is intentional at building provider conviction/beliefs about the value SI offers to improving provider work experience.

After a period of at least six-months of service delivery following trainings on the MoT, insights from a qualitative assessment showed disparity in the quality-of-service delivery and performance outcomes between providers directly trained and supported by the DISC project and those that received cascade trainings through master trainers. There were significant increases in SI proportion when training was conducted directly by DISC trained facilitators but less so when training was cascaded to providers through master trainers.

**DISC led Trainings** comprised of full day and standalone didactic and interactive sessions constructed to evoke commitment, passion and conviction as well as eliminate provider bias and misconceptions in providers by utilizing human interest stories and values clarification exercises. Sessions also created compelling arguments using evidence and national guidelines. The training also prioritized demonstration sessions; utilized job aids particularly videos; strengthened empathetic counselling – allaying client fears and concerns about SI; trained on positioning self-inject first and side effects management. Role plays and practicum were particularly useful to enable providers to retain and internalize new knowledge. These sessions provided experiential learning and the opportunity to apply one's expertise in a supervised environment where supportive feedback is provided in real time.

**Cascade Trainings** were often shorter and abridged form of the MoT training that leveraged on existing training already planned by master trainers. This training held over a four-hour period and were less emotive, focusing more on foundational DMPA-SC knowledge such as a reorientation to DMPA-SC, comparison of DMPA-SC variants, counselling framework and skills, data reporting and commodity tracking/requisition – no facility practicums. Training on self-injection was not as robust presumably because they were not directed at methods in the contraceptive mix that align with state/organizational sponsored objectives – in this instance fostering LARC services.

In conclusion, learnings indicate that for training to achieve better performance outcomes, consideration should be given to providing focused training that prioritizes practice based and emotive content. Furthermore, a firm understanding and conviction about the value a training offers improves motivation and commitment of trainers and providers to accomplish and surpass service-related performance outcomes.

## References

Partnership for Transforming Health. (2018). Hot Topics in SI. Retrieved from:  
<https://path.ent.box.com/s/gl9tox1q2mflmnp6hpzc48ky7ybfpdz>