Building capacity through digital approaches: Can eLearning replace in-person training?

Results from the evaluation and implementation of eLearning for DMPA-SC self-injection in Senegal and Uganda
Webinar logistics

• All participants will remain muted during the webinar.

• We have designated some time to answer questions after all the presentations are finished.
  o Please submit your questions through the Q&A feature, identifying who the question is for.

• If you have any technology issues during the webinar, please send a chat message to “All panelists” via the chat feature.
Dr. Lillian Sekabembe
Deputy Country Representative at Population Services International (PSI), Uganda

Today’s agenda

1. Topic overview
2. Experiences of Uganda and Senegal
3. Q&A
4. Resources
Allen Namagembe
Deputy Director, Uganda Access Collaborative, PATH

Alain Kabore
Regional Technical Advisor, Francophone region, Access Collaborative, PATH
Training & supervision can be challenging & expensive

• Training and supervising health workers is a challenge and significant cost driver.
  o Off-site trainings can leave facilities short-staffed and on-job trainings can take longer to roll out and may be interrupted if client load is heavy.
• Providers need refresher training on FP methods, counseling, and client choice—a key consideration when introducing a new method.
• Self-injection requires a different kind of engagement with clients – teaching them how to do something practical.
• COVID-19 pandemic may contribute to greater health worker turnover due to burn-out.
• COVID-19 challenge: how to move training and supervision forward to maintain essential health services like family planning and enable access to a new self-care option.

In country scale-up plans for DMPA-SC, training is the highest-cost activity—often representing 50% or more of costs.
Uganda and Senegal eLearning findings
Online training curriculum

- Registration and pretest
- Introduction
1. What is DMPA?
2. What is Uniject?
3. DMPA-IM and DMPA-SC: Two formulas of the same contraceptive
4. Screening clients who wish to use DMPA
5. Counseling clients about DMPA
6. Safe storage and handling of DMPA-SC
7. How to give a DMPA-SC injection
8. How to calculate the reinjection date
9. Conducting follow-up visits
10. **How to counsel clients on DMPA-SC self-injection**
    - Final quiz

www.FPoptions.org/digital-training | FPoptions@path.org
## eLearning implementation in Senegal and Uganda

<table>
<thead>
<tr>
<th></th>
<th>Senegal</th>
<th>Uganda</th>
</tr>
</thead>
<tbody>
<tr>
<td>Invited to participate:</td>
<td>3000 providers in 5 regions</td>
<td>600 providers in 4 districts</td>
</tr>
<tr>
<td>Provider profile:</td>
<td>Public sector providers</td>
<td>Public and private clinics, drug shop, pharmacy</td>
</tr>
<tr>
<td>Provider experience:</td>
<td>Experienced administering DMPA-SC</td>
<td>DMPA-SC-naïve</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Not yet trained to counsel women for self-injection</td>
</tr>
<tr>
<td>Support provided:</td>
<td>Data plans, registration job aids and focal point-persons for TA</td>
<td></td>
</tr>
<tr>
<td>Provider requirements:</td>
<td>Possess smartphone or computer, able to read French or English</td>
<td></td>
</tr>
<tr>
<td>Post training follow up:</td>
<td>Supportive supervision for those who complete eLearning, OJT offered to those who did not take the eLearning</td>
<td>Practicum for those who complete eLearning</td>
</tr>
</tbody>
</table>
Who enrolled in the eLearning and who completed it?
Senegal: Low training enrollment, high completion once started

- Of the 402 public sector providers who completed registration, 339 (84.3%) completed the course.
- The majority were midwives and nurses, who had similar completion rates (~85%).
- Only two community health workers enrolled in the course, and neither completed it.

<table>
<thead>
<tr>
<th>Enrollment by profession</th>
<th>Number enrolled</th>
<th>Number completed</th>
<th>Percent completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Midwife</td>
<td>276</td>
<td>233</td>
<td>84.4%</td>
</tr>
<tr>
<td>Nurse or Nurse Assistant</td>
<td>117</td>
<td>99</td>
<td>84.6%</td>
</tr>
<tr>
<td>Community health agent</td>
<td>2</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Gynecologist/doctor</td>
<td>3</td>
<td>3</td>
<td>100%</td>
</tr>
<tr>
<td>Other</td>
<td>4</td>
<td>4</td>
<td>100%</td>
</tr>
<tr>
<td>Total</td>
<td>402</td>
<td>339</td>
<td>84.3%</td>
</tr>
</tbody>
</table>

*Registration required a two-step process, which some providers did not complete. They are excluded from this analysis since we do not know their profile.*
Uganda: Higher training enrollment, lower completion

- 570 public and private sector providers enrolled in the eLearning, of whom 554 enrolled in the full course and 16 the self-injection lesson.
- Just under half (48%) completed the course.
- Both public and private sector VHTs had **higher than average** course completion rates.
- Public sector facility-based health workers, ministry staff and pharmacy/drug shop staff had **lower than average** course completion.

<table>
<thead>
<tr>
<th>Enrollment by profession</th>
<th>Number enrolled</th>
<th>Number completed</th>
<th>Percent completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public clinic HW</td>
<td>189</td>
<td>73</td>
<td>38.6%</td>
</tr>
<tr>
<td>Public sector VHT</td>
<td>44</td>
<td>29</td>
<td>65.9%</td>
</tr>
<tr>
<td>Private clinic HW</td>
<td>126</td>
<td>65</td>
<td>51.6%</td>
</tr>
<tr>
<td>Private sector VHT</td>
<td>17</td>
<td>17</td>
<td>100.0%</td>
</tr>
<tr>
<td>NGO HW, VHT, or staff</td>
<td>26</td>
<td>13</td>
<td>50.0%</td>
</tr>
<tr>
<td>Pharmacy/drug shop staff</td>
<td>117</td>
<td>43</td>
<td>36.8%</td>
</tr>
<tr>
<td>MOH/District health team</td>
<td>54</td>
<td>17</td>
<td>31.5%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>570</strong></td>
<td><strong>271</strong></td>
<td><strong>47.6%</strong></td>
</tr>
</tbody>
</table>
Who participated in the eLearning evaluation?
The typical eLearning evaluation participant

<table>
<thead>
<tr>
<th>Country</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Senegal</td>
<td>• Female midwife, 35 years of age, working in family planning for 7 years. &lt;br&gt;• The majority (70%) were public sector midwives, nurses or nursing assistants with a higher proportion of midwives in the eLearning group compared to the OJT group. &lt;br&gt;• 397 providers participated in the evaluation (196 eLearners and 201 providers who completed OJT)</td>
</tr>
<tr>
<td>Uganda</td>
<td>• Female nurse or midwife, 30 years of age, working in family planning for 5 years. &lt;br&gt;• 55% of eLearners were from the private sector, including 40% private clinics and 15% pharmacies/drug shops. VHTs represented 13%. &lt;br&gt;• Overall, about half of providers were nurses or midwives. &lt;br&gt;• 208 eLearners participated in the evaluation, as well as 53 providers who did not complete eLearning</td>
</tr>
</tbody>
</table>

The majority of providers in both countries (~85%) had no prior experience with online training.
By design, eLearners in each country had different levels of experience with DMPA-SC

- In **Senegal**, the focus was on building expertise in self-injection for providers previously trained in DMPA-SC administration.
- Awareness of DMPA-SC was nearly universal in Senegal (96%), although awareness of self-injection was low (about one third, 34%).
- More than nine in ten providers (92%) had given at least 10 injections.

- In **Uganda**, eLearning was intended to gap-fill training, particularly for private sector providers.
- Awareness of DMPA-SC was slightly lower (85%), as fewer private sector providers were familiar with the method.
- About one third (36%) had heard about self-injection; private sector HWs were less likely to have heard of it, while VHTs were much more likely be aware.
- Just over one quarter (28%) had given 10 or more injections. At the other extreme, half (51%) had never administered a DMPA-SC injection.
What motivated providers to take the eLearning course?
In both countries, providers were most motivated by acquiring new skills and growing their career.

Senegalese providers’ personal motivations tended to focus on gaining FP knowledge or skills, supporting women’s autonomy, and trying eLearning for the first time:

“The acquisition of skills and the fact of being able to teach women how to self-inject.”

“It is going to help us, especially the counseling.”

“Enabling women to be free and empowered.”

“The empowerment of women in family planning.”

“To try an online course for the first time.”

Ugandan providers’ personal motivations focused on being able to respond to client demand, general desire to learn about family planning, and the appeal of eLearning:

“My colleagues were trained, and women were coming to me for service, yet I was not trained.”

“Women are self injecting and I need to find out how they do it.”

“Being told by the drug inspector that soon drug shop operators will be allowed to offer injectable contraception.”

“The knowledge cuts across other family planning methods, especially the hormonal ones.”

“Sayana Press is a new thing to me. I wanted to know how it looks like. Also, the course was convenient.”

“You study at your convenience & eLearning being a more advanced form of learning.”
How effective was the course?
What aspects were readily mastered and what was more challenging?
The DMPA-SC knowledge assessment covered only material included in the eLearning, so is a true post-test.

**Illustrative questions**

| Which of the following are possible side effects of DMPA-SC? | 1. Headache  
2. Weight changes  
3. Changes in mood and sex drive  
4. Infertility if used for a long time  
5. **Infrequent or no menstrual bleeding**  
6. Birth defects or miscarriage if the woman is pregnant |
|---|---|
| Who should typically NOT use DMPA-SC? | 1. Women who do not yet have any children  
2. **Women with high blood pressure**  
3. Women who smoke cigarettes  
4. **Women with a history of heart attacks or strokes**  
5. Women who have been diagnosed with breast cancer  
6. Women who are breastfeeding |
| Which of the following are situations in which your client should not self-inject? | 1. She is recovering from the flu  
2. She is one week early  
3. She is seven days late  
4. **She is more than four weeks late**  
5. She does not remember the date of her last injection |
| Why might SI not be a preferred option for some women? | 1. Clients may be anxious or fearful about finding a private place to inject  
2. Clients may be anxious or fearful about securing a place to store or dispose of units safely  
3. Clients may be anxious or fearful about needles and injecting herself  
4. Women who have not been to school are not able to self-inject. |

On the multiple-choice questions, which often had more than one correct answer, providers received partial credit for every correct answer marked and lost points for incorrect answers.
Participants scored well on the test of DMPA-SC knowledge, particularly in Uganda, where nearly 90% scored above 80%.

- Just shy of two third of Senegalese eLearners scored above 80%; the lower score may reflect that most had taken only the SI module.
- There was no difference in DMPA-SC knowledge score between eLearners and OJTers in Senegal.


<table>
<thead>
<tr>
<th>15 question DMPA Knowledge Test</th>
<th>Senegal eLearners (N=196)</th>
<th>Senegal OJTers (N=201)</th>
<th>Ugandan eLearners (N=208)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean score (range)</td>
<td>12.4 ((8-15))</td>
<td>12.1 ((5.7-15))</td>
<td>14.0 ((8.5-15))</td>
</tr>
<tr>
<td>80% of questions correct</td>
<td>126 ((64.3%))</td>
<td>110 ((54.7%))</td>
<td>184 ((88.6%))</td>
</tr>
<tr>
<td>75% of questions correct</td>
<td>157 ((80.1%))</td>
<td>147 ((73.1%))</td>
<td>196 ((94.2%))</td>
</tr>
<tr>
<td>70% of questions correct</td>
<td>180 ((91.8%))</td>
<td>170 ((84.6%))</td>
<td>200 ((96.2%))</td>
</tr>
</tbody>
</table>

Providers were most challenged by the question on reinjection timing.
- Just 38% in both countries understood that a pregnancy test was not needed if a client returned for reinjection two weeks early up or up to four weeks late.

Another question that challenged some providers concerned who should NOT self-inject.
- Specifically, about 15% of Ugandan providers and 18% of Senegalese providers felt that women who had not been to school were not able to self-inject.
All providers participated in an observational assessment where they performed a mock SI counseling session (role play).

This was eLearners’ first time practicing the counseling skills from training, whereas OJTers had the opportunity to practice before supervision.

Supervisors scored providers using a competency assessment checklist.

The checklist included 11 steps total, 5 of which are considered priority and must be completed satisfactorily to be considered competent in SI counseling.

It also collected qualitative information in order to understand what steps were commonly missed.
Senegal: SI counseling steps that were performed well

- Providers in both groups performed well on counseling on FP options, determining DMPA-SC eligibility, counseling on side effects, proper storage and disposal, providing materials, and explaining follow-up.
- Compared to eLearners, OJTers were significantly more likely to counsel clients on proper storage at home and proper disposal.

<table>
<thead>
<tr>
<th>Percent of providers that performed SI counseling steps satisfactorily</th>
<th>eLearners (N=196)</th>
<th>OJTers (N=201)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Counsel the client on FP options, provide desired method.</td>
<td>163 (83.2%)</td>
<td>178 (89.0%)</td>
</tr>
<tr>
<td>2. For clients interested in SI, determine eligibility for DMPA-SC.</td>
<td>134 (68.4%)</td>
<td>138 (69.0%)</td>
</tr>
<tr>
<td>3. Counsel the client on side effects.</td>
<td>152 (77.6%)</td>
<td>148 (74.0%)</td>
</tr>
<tr>
<td>8. Counsel the client on proper storage.</td>
<td>124 (63.3%)</td>
<td>154 (77.0%)*</td>
</tr>
<tr>
<td>9. Counsel client on proper disposal.</td>
<td>165 (84.2%)</td>
<td>186 (93.0%)*</td>
</tr>
<tr>
<td>11. Explain to client when to follow up.</td>
<td>129 (65.8%)</td>
<td>135 (67.5%)</td>
</tr>
</tbody>
</table>

*Indicates statistical significance between groups at P<.05 level
Senegal: SI counseling steps that need reinforcement

- Providers in both groups could use reinforcement on which supplies and training aids to prepare for counseling, demonstrating correct injection technique and ensuring client practice/competency, the reinjection window and training clients to calculate reinjection dates, and providing necessary materials for the client to take home.
- Compared to eLearners, OJTers were significantly more likely to demonstrate proper injection technique. Recall that this group had the opportunity to practice SI counseling prior to supervision.

<table>
<thead>
<tr>
<th>Percent of providers that performed SI counseling steps satisfactorily</th>
<th>eLearners (N=196)</th>
<th>OJTers (N=201)</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. Prepare supplies and training aids.</td>
<td>114 (58.2%)</td>
<td>117 (58.5%)</td>
</tr>
<tr>
<td>5. Demonstrate injection technique while client follows along with job aid; emphasize the 4 critical injection steps.</td>
<td>101 (51.5%)</td>
<td>127 (63.5%)*</td>
</tr>
<tr>
<td>6. Supervise, support and correct while client tries SI using job aid or video. Confirm client completed 4 critical steps.</td>
<td>90 (45.9%)</td>
<td>104 (52.0%)</td>
</tr>
<tr>
<td>7. Train client to calculate reinjection dates using calendar and job aid.</td>
<td>111 (56.6%)</td>
<td>112 (56.0%)</td>
</tr>
<tr>
<td>10. Provide client with necessary materials (e.g., job aid).</td>
<td>107 (54.6%)</td>
<td>109 (54.5%)</td>
</tr>
</tbody>
</table>

*Indicates statistical significance between groups at P<.05 level
Step 5: Trains client by demonstrating injection technique on a model while client follows along with the job aid. Emphasizes the four critical steps.

- Both groups of providers struggled with proper technique while activating the device
- eLearners commonly failed to mix the product or did not mix it adequately.
- Some eLearners also exhibited poor injection technique during the demonstration.
Step 7: Trains the client to calculate reinjection dates using the job aid and calendar. Confirms that client correctly calculates future reinjection dates.

- This step was commonly skipped by eLearners; similarly, not describing the reinjection window or grace period
- OJTers who missed this step tended to not use the reinjection calendar and job aid (though in some cases they were not available).
- Some providers in both groups did not teach the client how to calculate reinjection dates, and some had trouble with correctly calculating the reinjection dates and/or scheduling a follow-up visit.

Step 8: Advises on proper storage of DMPA-SC at home, including keeping it at room temperature, out of sunlight and away from children and animals.

- In both groups, some providers skipped this step entirely, therefore failing to provide guidance on how to store the product at home.
- Note: the majority of providers in both groups adequately counseled on clients on proper disposal.
Uganda: Injection competency assessment

- Those who completed eLearning were asked to demonstrate their ability to give a DMPA-SC injection correctly, without any additional guidance or coaching.
- An observation checklist was used to assess their proficiency. To qualify as proficient, providers needed to demonstrate correctly (on a model) the **four critical steps**, or **MAPS**:
  - **M**ix the product by shaking the device for 30 seconds
  - **A**ctivate the device to break the seal between the reservoir and needle
  - **P**inch the skin to make a tent to ensure a subcutaneous injection
  - **S**queeze the reservoir slowly to inject the drug.
In Uganda, 71% of participants demonstrated injection competence (without practice or guidance); VHTs show high competence.
Uganda: Considerable variation in injection competence by job cadre, with performance inconsistent with the level of medical training

- Pharmacy / lab technicians were significantly more likely to demonstrate competence relative to all others except VHTs.
- VHTs were significantly better able to demonstrate injection competence than clinical officers.

![Injection competence chart]

- Pharmacy or lab technician (n=14): 100.0%
- VHT (n=28): 85.7%
- Nursing assistant (n=17): 70.6%
- Nurse/Midwife (n=113): 67.3%
- Other (n=9): 66.6%
- Clinical officer (n=29): 62.1%
How prepared did providers feel to offer DMPA-SC and SI counseling?

How important was follow-up supervision?
Senegal: OJTers felt more prepared to offer SI before supervision, but nearly all providers in both groups were “very prepared” after supervision.

* Significant difference between groups at the $P<.05$ level

eLearners N=194 (SI module only); OJTers N=201
Uganda: The practicum greatly increased providers’ comfort with administering DMPA-SC injections

*Injection-naïve providers only; n=119*

- Providers who completed the eLearning were invited to a practicum, where they practiced injecting and received feedback.

- Before the practicum, 45% (of those who had not previously administered DMPA-SC) reported they would feel ‘very comfortable’ injecting a client.

- After the practicum, more than 90% felt “very comfortable” administering DMPA-SC.
How did health workers engage with the course?
Especially in Senegal, most participants took the course during free time after work

- In both countries, most eLearners said they were not able to adjust their workload in order to take the course.
- Particularly in Senegal, providers were unable to carve out time during their work hours to take the course (just 1 in 10, 11%, took the course at work).
- In Uganda, about 4 in 10 (37%) were able to take the course while at work, primarily in the afternoon when there were fewer clients.

### Senegal

<table>
<thead>
<tr>
<th></th>
<th>N=196</th>
</tr>
</thead>
<tbody>
<tr>
<td>Able to adjust workload</td>
<td>67 (34.2%)</td>
</tr>
<tr>
<td>Took course during non-work hours</td>
<td>174 (88.8%)</td>
</tr>
<tr>
<td>Took course during work hours</td>
<td>22 (11.2%)</td>
</tr>
</tbody>
</table>

### Uganda

<table>
<thead>
<tr>
<th></th>
<th>N=208</th>
</tr>
</thead>
<tbody>
<tr>
<td>Able to adjust workload</td>
<td>57 (27.4%)</td>
</tr>
<tr>
<td>Took course during non-work hours</td>
<td>131 (63.0%)</td>
</tr>
<tr>
<td>Took course during work hours</td>
<td>77 (37.0%)</td>
</tr>
</tbody>
</table>
In Senegal, some providers took the course in a group setting and the majority prefer working together*

<table>
<thead>
<tr>
<th></th>
<th>N=196</th>
</tr>
</thead>
<tbody>
<tr>
<td>Took the course alone</td>
<td>150 (76.5%)</td>
</tr>
<tr>
<td>Took the course in a group</td>
<td>46 (23.5%)</td>
</tr>
<tr>
<td>Prefer working alone</td>
<td>85 (43.4%)</td>
</tr>
<tr>
<td>Prefer working with others</td>
<td>111 (56.6%)</td>
</tr>
<tr>
<td>Came from the same facility (among those who worked in groups, N=46)</td>
<td>22 (47.8%)</td>
</tr>
</tbody>
</table>

Providers with stated preference for group learning felt that this approach allowed them to:

- Help one another by asking questions or learning from their peers.
- Discuss in order to better understand content.
- Hear, share and exchange different ideas and experiences.
- Learn from more experienced providers.
- Feel more “at ease” or more motivated.

Providers preferring to work alone felt that:

- Working alone allowed them to concentrate better.
- Too much chatter in group trainings is distracting.
- Convenient to choose when to take online course.

* Question not asked in Uganda
What challenges did they face when taking the course?
Providers in Senegal reported fewer challenges with the course. Connectivity was a challenge in both countries.

Over half of eLearners in Senegal (55%) and 23% in Uganda faced no challenges with the course.

Connectivity was a problem in both countries, but particularly so in Uganda where 50% had difficulty.

Website navigation was the other main challenge in Senegal, experienced by about 1 in 5 (18%).

In Uganda, some providers complained of not having enough time, as well as device issues.
What do providers recommend with respect to eLearning?
Satisfaction with the course was high among eLearners in both countries

- The vast majority of eLearners—96% in Uganda and 88% in Senegal—said they would be very likely to recommend the eLearning course to a colleague.

![Probability of recommending eLearning to a colleague*](chart)

- **Uganda**: 96.2% very likely, 3.8% somewhat likely, 6.1% somewhat unlikely, 1.0% very unlikely.
- **Senegal**: 88.3% very likely, 4.6% somewhat likely, 4.6% somewhat unlikely, 3.8% very unlikely.

*Asked of eLearners
In Senegal, almost half of providers prefer a mix of in-person and online training; in Uganda, half prefer eLearning.

- Nearly one third (31%) of Senegalese eLearners preferred eLearning to in-person training compared to only 15% of those who received OJT.
- In Uganda, VHTs were much more likely than other types of providers to favor a mix of eLearning and in-person training (not shown).
“Online training allows the provider to minimize leaving their worksite so as to better satisfy sick patients, to be trained in record time and at lower cost.”

“With all the time we waste on social media, we would be better off following online courses to improve our [competencies].”

“Online training is a good approach particularly at this moment with the Coronavirus when we need to avoid group gatherings. Even if some areas have poor internet, I’m sure that in a few years’ time more and more trainings will be online.”

**Senegal provider perspectives on eLearning: Advantages**

- eLearning saves time: No need to travel or leave worksite; particularly beneficial for providers far from central training sites.
- Allows for better concentration than in group setting.
- Flexible timing.
- Covers a lot of material in short time.
- Allows providers to “keep up with technology”.

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**JSI**
Senegal provider perspectives on eLearning: Drawbacks

- Online platform needs to be easier to access (registration was lengthy and too difficult).
- eLearning can only work in areas with good internet connectivity.
- Many providers don’t have computers.
- Avoiding disturbances at work is hard.

“Personally, I don’t think it’s possible for the time being because all conditions are not in place. First, providers don’t have computers, many don’t have access to internet, and there are providers in the far zones of Senegal where internet connectivity fails. Sometimes you have to get up at 1 or 2 o’clock in the morning to get a connection.”
What are the in-country costs associated with eLearning programs?
Relative to Uganda, costs were higher in Senegal, in part due to higher introduction costs

- Cost per provider were $39 in Uganda vs. $66 in Senegal.
- Cost drivers also varied between countries:
  - In Senegal, primary cost category was introduction of eLearning (~40% of costs).
  - In Uganda, supporting participation was primary cost category (~40% of costs).
  - Post-training supervision accounted for roughly one-third of costs in both countries.
  - Costs incurred by e-learners was minimal but non-zero in both countries.
- Finding efficiencies in eLearning introduction in Senegal and participant support in Uganda could reduce overall program costs.
What are our eLearning take-aways?
eLearning evaluation take-aways

- eLearning can be an **effective training approach for diverse cadres of providers**, as demonstrated by high scores on the DMPA-SC knowledge assessment and good injection competence in Uganda, including among VHTs and pharmacists.

- **Post-training supportive supervision** was instrumental for provider preparedness to offer DMPA-SC and self-injection counseling. Supervision can also support and encourage high quality FP and SI counseling.

- **Satisfaction with the course was high** - providers found the design and content to be understandable, and the length appropriate.

- Many providers prefer eLearning, or a **mixture of online and in-person training**.

- Previously trained providers would benefit from **taking the full DMPA-SC course** in addition to the self-injection module.

- Results from the FP general knowledge assessment (not shown) suggests a need for **broader FP training**; providers recommended that training on other FP methods be included.

- Quality and speed of **internet connectivity** is a pre-eminent factor affecting uptake of eLearning.

- **Ease of registering** for an online learning course significantly influences participation and registration job aids are helpful.

- Many providers are unable to **adjust their workload** to complete eLearning during work hours. Future eLearning programs may consider alternate approaches to support providers to take the course.

- Elearning has associated in-country costs, but efficiencies are possible; moreover, **eLearning costs are substantially lower** than costs for OJT approaches.
Q&A
Conclusion
Conclusions

- eLearning can be an **effective training approach for diverse cadres of providers**.
- **Post-training supportive supervision** is important for provider confidence and to ensure quality service delivery.
- Previously trained providers would benefit from **taking the full DMPA-SC course** in addition to the self-injection module.
- There is a need, and desire for, **broader FP training**; focusing on additional methods would reinforce the importance of informed choice.
- Given challenges with connectivity, literacy, and access to technology, **eLearning is not going to work for everyone**.
- But **given potential cost savings** over traditional training, eLearning can be an efficient approach to expand options for provider training.
Access Collaborative resources
DMPA-SC online training for health workers

Now available in English and French on the Kaya eLearning platform

2 lessons on informed choice counseling and self-injection

www.FPoptions.org/digital-training
DMPA-SC training videos for health workers and self-injection clients

- English and French videos available at: www.path.org/resources/dmpa-sc-training-videos
- Video scripts and mp3 files can be made available for adaptation and translation.
Digital training support for ministries and organizations

If country MOHs or organizations are interested in introducing these digital training tools, we can coordinate with them on:

- Training plans
- Access to the tools
- Data on eLearning participant registration and course progress

For more information, visit: www.FPOptions.org/digital-training

Or contact FPOptions@path.org
New toolkits!

**Toolkit for DMPA-SC monitoring, learning, & evaluation**
www.FPoptions.org/mle-toolkit

**Supportive supervision toolkit**
www.FPoptions.org/supervision-toolkit
See our technical assistance menu, and request assistance from the Access Collaborative at: www.FPoptions.org/TA
Thank you for joining us!

For more information or support, please contact FPoptions@path.org!