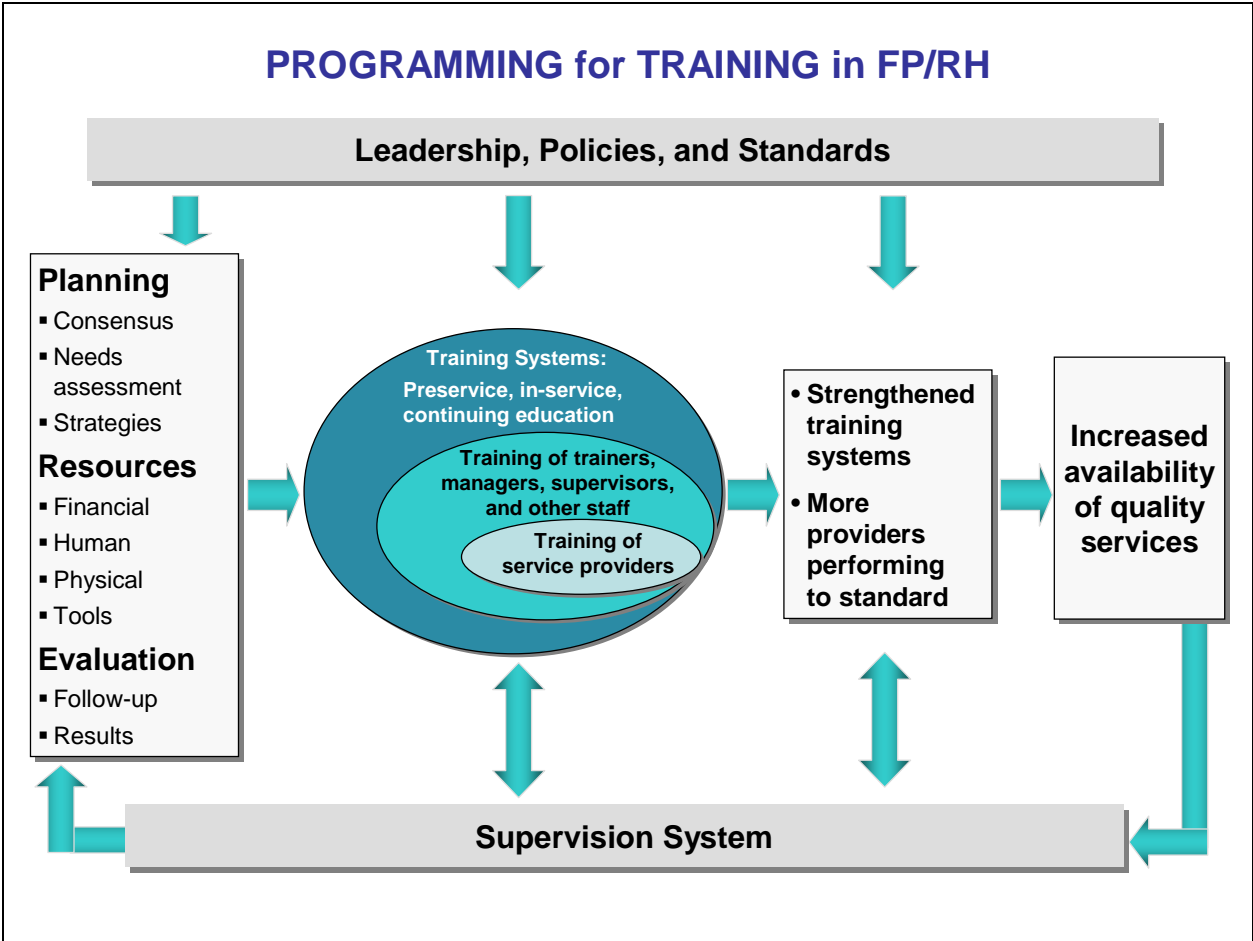# The ACQUIRE Project Training Model

Programming for training is the process of planning, implementation, systems strengthening, and evaluation of training within the larger setting of RH/FP service delivery so as to improve service-delivery outcomes. Programming for training reflects a comprehensive and holistic view that considers both the systems in which training and services are provided and the greater social and political environment that influences service delivery.

The ACQUIRE Model for RH/FP Training is a "drill-down" of the training component of the overall ACQUIRE Program Model for FP/RH Service Delivery. It is applicable to national, regional, and district-level RH/FP programs, and entails a focus on the centrally important fundamentals of care—informed choice, medical safety, and continuous quality improvement. The Programming for Training in RH/FP Model depicts the dynamics of the *inputs* and *activities* that contribute to the desired program *outputs* of stronger training systems and more providers performing to standard, which in turn contribute to achievement of the larger program *outcome* (goal), increased availability of quality RH/FP services.

PROGRAMMING for TRAINING in FP/RH

Leadership, Policies, and Standards

Planning
- Consensus
- Needs assessment
- Strategies

Resources
- Financial
- Human
- Physical
- Tools

Evaluation
- Follow-up
- Results

Training Systems: Preservice, in-service, continuing education

Training of trainers, managers, supervisors, and other staff

Training of service providers

- Strengthened training systems
- More providers performing to standard

Increased availability of quality services

Supervision System

INPUTS: PLANNING, RESOURCES, EVALUATION

In the ACQUIRE Programming for Training Model, **planning** consists of three elements: consensus building, needs assessment, and strategies.

- **Consensus building** is an ongoing process that engages stakeholders to develop training strategies, take ownership of the program, and commit to its success.

- **Needs assessment** confirms that training is the indicated intervention (it may also identify nontraining interventions required to later support the use of skills acquired) and then identifies strengths that can be utilized and/or deficiencies (gaps) that can be addressed through appropriate training interventions; it also establishes a baseline against which future progress can be measured.

- **Strategies** based on findings from needs assessments identify priorities and modalities, provide guidance for program implementation, and link to larger service-delivery program goals.

Four types of **resources** are critical for successful implementation of training activities; without them, training cannot occur. These resources are:

1) **Financial resources**: Funding for training needs to be adequate, reliably and regularly available, and well-managed at national, regional, and district levels.

2) **Human resources**: Complements of knowledgeable and skilled trainers, managers, and supervisors need to be adequate in number, well-deployed, and appropriately utilized for desired training activities and outcomes to occur.

3) **Physical resources**: Training venues need to be available and readily accessible, with adequate space, materials, supplies, and equipment.

4) **Tools**: Needed tools include evidence-based standards and guidelines, curricula (standardized and regularly updated), job aids, and training plans.

Evaluation is both a program input in the ACQUIRE Programming for Training Model as well as a "process" that occurs at every step of the program cycle. As an input, **results** from evaluation inform needs assessments, strategies, program design and activities, and continuous program improvement. As a process, **follow-up evaluation** assesses trainee performance during and after training (i.e., in the workplace). It also measures the extent to which the training event successfully achieved its shorter term and longer term service-delivery objectives and results.

ACTIVITIES: TRAINING INDIVIDUALS, STRENGTHENING SYSTEMS

Three discrete but interrelated elements occupy the three concentric circles in the ACQUIRE Programming for Training Model. Two of these elements—**training of service providers** and **training of trainers, managers, supervisors, and other staff**—relate to the type and role of the individual trained. Training of service providers is at the center of the model because they are the direct link between training and improved availability and quality of services. Such training can be provided as part of broader system-strengthening activities or independently, in pursuit of more immediate or shorter term program goals. Trainers, managers, supervisors, and other staff also need to be trained, both to support service providers and to strengthen training systems.

The third element, **training systems**, is comprised of three "subsystems": **preservice education; in-service training;** and **continuing education.** Together, these three subsystems span the continuum from the beginning student to the fully active, experienced RH/FP service-delivery provider.

Preservice education takes place in professional schools and precedes in-service training, which occurs in the context of service-delivery programs. Preservice training should endow trainees with the fundamentals of their profession and in some cases facilitate the development of specialized skills. In-service training and continuing education both focus on currently active providers and may overlap; they are contradistinguished in the ACQUIRE Programming for Training Model to convey the importance of continuing to update the knowledge and skills of in-service providers and otherwise support them. Continuing education may take the form of specialized training events at a central location or "on-site" for a specific period, or they may involve apprenticing, coaching, and mentoring over a longer period of time. It may be intended to "refresh" participants' knowledge of existing RH/FP guidelines, standards, and protocols or to provide new evidence, guidelines, and best practices in service delivery.

Essential components of the three training subsystems that must be in place are: policies, standards, and guidelines; curricula, methodologies, and approaches; institutions and sites; and management and staff. These training subsystems are needed in RH/FP programs to ensure sustainability (i.e., the ongoing resources and technical capacity to provide quality services). Given the nature of its technical assistance provision to RH/FP programs, the ACQUIRE Project works primarily (but not solely) in the in-service setting, with much of its focus on training of trainers, for reasons of efficiency and sustainability.

OUTPUTS: MORE COMPETENT PROVIDERS, STRONGER SYSTEMS

The ACQUIRE Programming for Training Model has two outputs: **stronger training systems** and **more providers performing to standard**. Training systems that have been "strengthened" can plan, manage, implement, and evaluate their training activities on a sustainable basis. They can identify and address emerging training needs and advocate for and secure necessary financial resources for training. A well-functioning training system harmonizes its preservice education and in-service training subsystems with respect to training curricula, approaches, policies, and standards, ensuring that these are consistent with and informed by evidence-based best practices for RH/FP training and service delivery. The training system also is supported by, and collaborates closely with, the supervision system. Ideally, the result of this work at the preservice and in-service levels is an increased complement of competent, motivated, well-supported, and well-deployed providers who actively make quality RH/FP services more widely available.

OUTCOME: INCREASED AVAILABILITY OF QUALITY SERVICES

The achievement of the Programming for Training Model's two outputs—stronger training systems and more providers performing to standard—contributes significantly to the desired program outcome of **increased availability of quality services**. Increased availability of quality services represents the supply side of the ACQUIRE Program Model for RH/FP Service Delivery, which, together with program advocacy and service demand generation, leads to increased access, quality, and use of RH/FP services.[1]

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[1] Training is often necessary to increase the availability of quality services, but it is usually not sufficient by itself to achieve this outcome, nor does increased availability automatically translate into increased access and use. Other important program inputs (e.g., logistics and supervision) are needed to translate the increased availability of competent providers into increased availability (and access and use) of quality services.

OVERARCHING DIRECTION: LEADERSHIP, POLICIES AND STANDARDS

Leadership, policies, and standards provide overall direction and guidance in this Programming for Training Model. Program leaders ideally are also *champions;* they provide the vision, favorably influence the policy environment, and model the commitment to maintaining a robust training system and to making quality RH/FP services available to all who want and need them. Evidence-based, rational, country-specific policies and standards inform both the training and supervision systems, reinforcing the link between RH/FP training and service delivery.

KEY, CROSS-CUTTING SUPPORTING SYSTEM: FACILITATIVE SUPERVISION

The ACQUIRE Programming for Training Model envisions the supervision system as an essential, crosscutting element that operates at all stages of programming for training and that largely determines the extent to which training outputs are translated into higher quality and greater availability of RH/FP services. Facilitative supervision (i.e., supervision that provides mentoring, joint problem solving, and open communication with staff) links and reinforces service policies, standards, and approaches that guide the training conducted by the training system. Because supervisors are often also program leaders and managers, the supervision system is an integral means by which feedback from the evaluation and monitoring of service-delivery outcomes is used to inform and shape subsequent planning and resource allocation.