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MINISTRY OF HEALTH - ETHIOPIA

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HEALTHIER CITIZENS FOR PROSPEROUS NATION!

# NATIONAL GUIDE FOR STRUCTURED ON-THE-JOB TRAINING (SOJT) FOR REPRODUCTIVE HEALTH (RH)

MATERNAL, NEWBORN, CHILD, ADOLESCENT HEALTH AND  
NUTRITION DIRECTORATE, FEDERAL MINISTRY OF HEALTH,  
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## LIST OF ABBREVIATIONS

ANC	Ante Natal Care
ART	Anti-Retroviral Treatment
BEmONC	Basic Emergency Obstetric Neonatal Care
CAC	Comprehensive Abortion Care
CEU	Continuing Education Unit
CPD	Continuing Professional Development
COVID	Corona Virus Disease
EDHS	Ethiopian Demographic and Health Survey
EPI	Expanded Program on Immunization
FP	Family Planning
FMOH	Federal Ministry of Health
HSTP	Health Sector Transformation Plan
HMIS	Health Management Information System
HIV	Human Immune Virus
IP	Infection Prevention
IST	In-service Training
IUCDs	Intra-Uterine Contraceptive Devices
ILT	Instructor-Led Training
LAFP	Long Acting Family Planning
LMIS	Logistics Management Information System
LDHF	Low Dose High Frequency
MA	Medical Abortion
MCH	Maternal and Child Health
MVA	Manual Vacuum Aspirations
MEDHS	Mini-Ethiopian Demographic and Health Survey
OJT	On-The-Job-Training
OCPs	Oral Contraceptive pills
PAC	Post Abortion Care
PHCUs	primary health care units
PMCT	Prevention of Mother -to -Child Prevention
PPFP	Postpartum Family Planning
RHB	Regional Health Bureau
RH	Reproductive Health
SOJT	Structured On-The-Job-Training
TOT	Training of Trainer
UDDM	Use of Data for Decision-Making
VCAT	Value Clarification and Attitude Transformation
WHO	World Health Organization
WoHO	Woreda Health Office
ZHD	Zonal Health Department

## FORWARD



The Federal Ministry of Health is committed to meet the sustainable development goals and has been working to accelerate the reduction of maternal mortality and morbidity in Ethiopia by increasing access, availability, equity, quality, and utilization of reproductive health (RH) services in collaboration with the stakeholders. In line with, the FMOH has formulated its Health Sector Transformation Plan (HSTP) and set its targets to intensify interventions to end preventable maternal and child deaths by 2030. Promoting Reproductive, Maternal, and Newborn, Child, Adolescent and Youth health will continue to be one of the top priority for the coming decade. To address this priority, the FMOH, MCHN Directorate has adapted Structured on the Job training (SOJT) approach for family planning to wide-ranging reproductive health (RH) training package to ensure that all health facilities adequately staffed by skilled providers who can offer quality reproductive health services.

For the last decades, the primary approach used for in-service training has been off-site residential training to train newly employed and to replace staff who leave or transferred from facilities. Offsite in service training approach often contributes to service disruptions due to absences of provider from their site. Moreover, it requires high financial and non-financial investments and in return often yield suboptimal results. In line with this, the FMOH had urged stakeholders to test new innovative and alternative training approach. In this regard, SOJT is very promising alternative training approach to create qualified and competent service providers that effective in helping providers in acquiring new knowledge and skills, which contribute for their Continuing Professional Development (CPD). Furthermore, SOJT approach offered cost savings and reducing service disruptions and supports effective services integration within RH services.

The purpose of this guide is to provide guidance to health service providers, health managers and partner's organizations working in RH field for ensuring quality of RH services through improving health care provider's capacity through on the job training. FMOH is committed to disseminate, implement, monitor and evaluate SOJT for RH service and encourage partners organizations to promote SOJT using technologies includes electronic and digital media that every health professional can easily update and build their knowledge and skill.

Therefore, I will call up on the Regional Health Bureaus, development partners, and professional associations to utilize and scale up this National SOJT guide including monitor and evaluate implementation at the best possible standard and quality.

**MESERET ZELALEM (MD, PEDIATRICIAN)**

Maternal, Child & Nutrition Directorate Director  
Maternal, Child & Nutrition Directorate  
Federal Ministry of Health, Ethiopia

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<b>S.N</b>	<b>Name of participants</b>	<b>Name of organization</b>
1	Dr. Abraham Tariku	FMOH
2	Abraham Kassahun	FMOH
3	Aregash Molla	FMOH
4	Dr Birikty Lulu	FMOH
5	Dr. Eden Fesseha	FMOH
6	Genet Deres	FMOH
7	Dr. Geremew Tarekegne	EngenderHealth
8	Hiwot Darsene	FMOH
9	Ibrahim Yimer	Ethiopian Midwife Association
10	Dr. Jemal Adem	FMOH
11	Dr. Ketsela Desalegn	Pathfinder
12	Dr. Mengistu Tefera	EngenderHealth
13	Meron Tessema	Maternity Foundation
14	Mulat Nigus	FMOH
15	Tegene Arega	FMOH
16	Tewodros Bogale	Marie Stopes Ethiopia
17	Dr Wassie Lingerh	FMOH
18	Dr. Siyoum Enkubahir	EngenderHealth
19	Dr. Zerihun Bogale	FMOH

## INTRODUCTION

In the past two decade, Ethiopia has shown significant improvement in reduction of maternal and child mortality. The Reports indicated that the rate of maternal mortality ratio in 2000 EDHS was 871 per 100,000 live births and it is declining to 412 deaths per 100,000 live births in 2016 Total fertility rate fell from 5.5 children per women in 2000 to 4.6 in 2016 and infant and child mortality rates dropped considerably. Contraceptive prevalence rate increased from 6% (2000) to 41% (MEDHS, 2019) and unmet need decreased with more than one in four (22%) in currently married women. Addressing access, availability, and utilization of sexual reproductive health service including comprehensive family planning services would contribute to lowering maternal mortality and improving maternal, newborn and child health. As part of FMOH plan, MCHN directorate bring its attention to increase access and use of high-quality Reproductive Health (RH) services to all women, couples, adolescent boys and girls. Towards this end, the MCHN directorate has been playing a leading and coordinating role in the development of standardized competency-based in-service training packages on RH services including strengthening the national in service training systems.

FMOH and its partners has been working on different capacity building for service providers to ensuring availability of trained providers on RH service. However, given the high attrition of RH trained providers for various reasons and retaining the trained providers for longer period has been challenging and required series of off-site residential training. This is in turn cause for spending extra amount time, many and other resources. In addition, significant numbers of service providers leaving for off-site residential trainings which contributes to service disruptions at health facilities.

With the increased demand for trained providers on RH services, there is a need to establish an alternative training approach to address the ongoing attrition of trained providers at public health facilities. Considering current COVID era and the high attrition of trained providers, structured on the Job training used as an alternative training approach to improve availability trained provides and improve the utilization of RH services. Using the experience and lessons from EngenderHealth pilot implementation of SOJT program, FMOH has been adapted SOJT guide for RH services to train service providers on different RH training. The SOJT guide for RH service help the facility to train providers while they are working at their sites and would help to prevent the critical shortage of service providers trained in different RH services.

SOJT guide for RH course is targeted RH providers as SOJT training trainee, trainer and supervisors. In additions, the site manager, Woreda Health office RH coordinators, partners and other stakeholders would have supportive roles in assessing, initiating, implementing, monitoring & evaluating the SOJT. This SOJT guideline for RH service organized into two major parts. Part one is deal with steps and strategies to apply SOJT guideline for RH services and part two is mainly focus on the different RH course that carry out using SOJT.

## OVERVIEW OF STRUCTURED ON-THE-JOB-TRAINING

Similar to other training approaches, on the job training (OJT) divided into two primary forms: unstructured and structured (Cullen, Sawzin, Sisson, & Swanson, 1976). Unstructured OJT requires the trainee to "learn by doing" or "just pick it up" from an experienced employee during the workday.

Although unstructured OJT has limitations in being dependent on the skill and the experienced person and may be incomplete or less standardized as it is not designed course to meet certain objective, it has been the major methods of knowledge & skill or experience sharing among staff with in the facility.

Structured OJT, on the other hand, explicitly defines the knowledge and skills required of employees in advance. The results are more predictable since a systems approach was used to develop all aspects of the training program--a process that require the planned involvement of many different individuals in the organization, including the Human Resource Development professional (Jacobs & McGiffin, 1987). Structured On-The-Job-Training referrers as site-based training with having all components of a group-based training in terms of knowledge and skills acquisition but not meant to be a substitute for group-based training in terms of meeting training demand. Table-1: summarizes the differences between unstructured and structured OJT.

**Table-1: Comparison of Unstructured and Structured OJT**

<b>Unstructured OJT</b>	<b>Structured OJT</b>
Systems approach not used	Systems approach used
Outcomes not defined in advance resulting in unpredictable results	Outcomes defined in advance, resulting in predictable results
Experienced worker not trained to be a trainer--over-dependence on natural "communication skills"	Experienced worker trained to be a trainer--equal dependence on job guides
Viewed simply as a training for self-assurance	Viewed as one solution within training program and the staff development program

Structured on the job training (SOJT) is a type of onsite in-service training approach that allows individual to acquire new knowledge, skills, and attitude in providing different range of RH services (FP, PFP, CAC, PMCT, BEmONC etc.) while they remain working on the job. In ideal SOJT, the trainer (s) should also be working at the same site where the trainees work.

However, there are a number of variations of approaches of structured on-the-job-training depending on where the trainee and trainer works and the location of the training. Accordingly, this SOJT classified in to the following two SOJT approaches:

1. **Classical SOJT:** This is a type of SOJT approach where both the trainer and trainee are work together in the same facility. (In the same or different service area or service outlet).
2. **Provisional (Temporary) SOJT:** This is a type of SOJT approach that either a trainer or trainee temporarily transfer to nearby facility to conduct onsite training for certain time during the learning period.

SOJT provides systematic instructions for trainers and trainees to support learning process in acquiring new knowledge, skills, and attitude while they are follow the designed course outline for selected RH training package. The SOJT on RH training covers a wide range training package (example FP, PFP, CAC, PMCT, EPI, Child health, BEmONC etc.) that each training package contains the needed information of knowledge acquisition, skill-procedures and technique including competency assessment tools that have the same training content, course objective and outcome used for group-based training.

Structured on-the-job training for RH service follows the competency-based training approach as similar to the offsite or group-based training that trainee have to fulfill the required competency of knowledge, skills and attitude to the standard. Trainer (s) will provide continues coaching and mentoring support on the new knowledge and skills until the trainee feels confident in performing the required competency in providing quality sexual reproductive health services as per the national standard. Trainees are also receiving guidance, coaching from an SOJT trainer while they are performing the given tasks as per the course outline and agreed schedule between trainees and trainer. Trainees should be interested and committed to carry out self-pace reading on the given RH training materials including different exercises, case studies, practicing on model and provide clinical services to clients. SOJT trainees will also continue to work with anatomic or other simulation models until they are competent before they move to work with real clients. In addition, they will continue to use other audio-visual aids (like video on procedures segments, short massage, animation, etc. using digital/mobile application technology). The role of SOJT trainer is to support trainee in applying all the required skills using different materials and tools as well as using various training methodologies for effective transfer of knowledge and skills. The primary responsibility of SOJT trainees are efficiently comply with training schedule, completing knowledge portion of the training through self-pace reading. However, SOJT trainees will spend more time to learn the knowledge portion in the early days of the SOJT, and spends more time in learning of clinical skills.

SOJT contains course syllabus and the course outline that trainers and trainees following throughout the course. The course outline gives directions to trainer and participant that what activities need to be done on a day to- day basis. The schedule is flexible enough so that the trainers and trainees can fix time for interaction according to their workload and availability. This should also allow the trainer and the trainees to organize their training time and minimize any disturbance to regular service delivery. Supervisors and site managers will also provide support for successful implementation of structure on-the-job training respective sites and woredas.

## SOJT EXPERIENCE AND LESSON

SOJT in Ethiopia is not totally a new endeavor, there were comprehensive emergency Obstetric surgery training program that used to be provided in a provisional SOJT approach, where general medical practitioners (GP) from primary hospitals brought into the nearby referral hospitals in a group of 3-5 GPs and became temporarily on job and trained for about 3 months.

In 2013, structured on-the-job training (SOJT) developed to ensure availability of qualified and competent service providers on FP/RH services through capacity building of public facilities with limited support from outside resources and without disruption delivery routine services. Before SOJT developed, the primary approach used for in-service training has been off-site residential training. Such off site training had been an ongoing activity because high rates of transfer and attrition among staff and contribute to chronic shortages of trained providers at public health facilities. In this regard, the Federal Ministry of Health, MCH directorate provided direction and urgent the need to initiate structured on-the-job training (SOJT) to use as an alternative training strategy. Based on the directive by Federal Ministry of Health, EngenderHealth developed the SOJT guideline and training package and piloted at 17 public health facilities that 33 providers enrolled (two providers per pilot health facilities). The SOJT pilot intervention evaluated in late 2013 that aimed to document the outcomes of SOJT in terms of provider competence and service initiation, explore users' perspectives on strengths and weakness of SOJT approach and learning package, and identify factors contributing to successful SOJT completion and refinements to SOJT package and process. Independent external resource persons who conducted interviews and focus group discussions with SOJT-trained providers, trainers, supervisors and managers who reviewed and analyzed knowledge and clinical competency assessment scores of SOJT-trained providers. The evaluation was a retrospective assessment that used both qualitative and quantitative methods. However, SOJT evaluations had limitations regarding small number of sites and SOJT trainees and purposive selection of pilot sites.

The evaluation results indicate that pre- and post-test scores for SOJT-trained providers were comparable to those of providers trained during off-site residential training during the same period. All providers who observed at the end of the SOJT course found competent in the performance of FP counseling skills and comprehensive FP service provision. Following the completion of SOJT, the SOJT-trained providers were actively involved in provision of comprehensive FP and increased the uptake of family planning services by 20% compared to the baseline of SOJT at piloted facility.

According to qualitative SOJT evaluation, trainee were very positive about the SOJT approach and training resource materials. SOJT trained providers perceived as qualified and competent to provide FP services. Generally, trainees were rated the SOJT training package were very helpful for their professional development. Managers and staff alike noted that the approach offered cost savings and it reduced service disruptions incurred by off-site trainings and effective in supporting the integration of FP counseling and services into other RH services (e.g. CAC, MCH,

under-5, etc.). They recommended that the SOJT approach used to build clinical capacity in other RH services.

The evaluation highlighted that facility manager' support was very crucial to the successful implementation of SOJT. It noted that managers played a crucial role in ensuring that trainers and trainees could be relieved of certain duties in order to coordinate their schedules and work effectively together throughout SOJT.

Key recommendations emerging from the evaluation included the following:

- Increase the time planned for completion of SOJT
- Ensure that training reference materials are concise and accessible.
- Strengthen and standardize orientations for SOJT trainers and on-site managers
- Ensure timely provision of certificates following SOJT and ensure ongoing support to SOJT-trained providers.

During post evaluation period, the SOJT training package and process revised with provided orientation to health managers and trainers. Lessons and experiences of SOJT evaluation shared to national and international FP community. Besides, SOJT piloted and successfully completed the course and demonstrated competency CAC through SOJT approach.

In general, SOJT has been showing successful result in building provider competency and addressing the chronic shortage trained providers at health facilities. However, there were some challenges that need attention during SOJT implementation are appropriate selection (sites, trainees, and trainers), extended course schedule in few sites, lack of support with electronic media platform or mobile applications, insufficient anatomic models for skill practice, lack of proper documentation, and declining trainees and trainers commitment due to various reasons including per diem, other computing priorities. Regardless of the challenge, SOJT created an opportunity to strengthen capacity of national training system to use as an alternative training approach for low resource setting and in emergencies.

## **ADVANTAGES AND LIMITATIONS SOJT**

Compared with the offsite residential or group-based training SOJT has the following advantages and limitations:

### **Advantages**

- No need to wait for a group based training
- Designed to meet local need
- Flexible time schedule
- Does not disturb regular working hours
- Easier to obtain clients to ensure adequate practice
- Trainee centered (less burdened for trainer)

- Easy to select appropriate trainees and trainers
- Sustainable (build local training capacity)
- Cost effective (no travel, no per diem)
- Can continuously address shortage of skilled staff due to transfer
- Facilities low dose high frequency training that promote better Knowledge and skill retentions

### **Limitations**

- Limited interaction compared to group-based training
- The training duration is longer than group-based training
- Difficult for trainee who have limited reading abilities
- Requires extra effort and commitment towards self-reading and understanding of the knowledge portion of the course.
- May need training materials (models, tools etc.) at each SOJT selected sites

## **PART-I: SOJT IMPLEMENTATION GUIDE**

### **GOAL AND OBJECTIVES**

#### **Goal**

To develop health care provider's knowledge, attitude and skills to improve access and quality reproductive health services through SOJT

#### **Overall Objective**

To provide site-based or structured on-the-job training on reproductive health service for service providers to maintain continuity of standard services.

#### **Specific Objectives of SOJT**

Following are the specific objectives of the Structured On-the-Job Training (SOJT) pertaining to sexual reproductive health services.

1. To train service providers on specific package of reproductive health services until they become competent while maintaining the routine health services.
2. To build the capacity of public health facilities in providing training own sites to address gaps related with trained staff turnover.

## STRATEGIES FOR IMPLEMENTING SOJT

### Planning for SOJT

Structured OJT is a planned process for developing trainee's knowledge, skill, and attitude at a given facility by experienced and proficient trainer working at the same or nearby facilities. SOJT has four key players throughout the training course. These are trainer, trainee, facility manager and external supervisor (may be from training institution, nearby accredited CPD provider or professional associations).

Planning for SOJT begins with determining:

1. Assessing training needs at the facility including identifying the knowledge and skill gaps on RH services.
2. Availability of proficient provider (s) who are ready for TOT level SOJT and could conduct the needed RH training through SOJT.
3. Commitment and readiness of facility staffs including trainees, trainers, facility managers and external supervisors to support the SOJT at the site (s).
4. Assessing and selecting conducive SOJT site (s) in terms of infrastructure and provision of quality services.
5. On the job tasks that needs to be planned and completed according to the course outline and preset schedule.

SOJT planning has the following steps:

- Identifying the training need.
- Developing SOJT guide for RH services
- Build consensus with stakeholders.
- Identifying SOJT sites.
- Selection of trainees, trainers, and supervisors
- Initiate training of Trainer (TOT) on SOJT guide/approach.
- Implementing Site level SOJT
- Maintain sustainability and ownership
- Monitoring and Evaluating Implementation of SOJT

### Identifying the training need:

Identifying the training need is very important before initiating SOJT. Training may or may not be the answer to a given service performance gap. Only a gap in knowledge, skills, and attitudes appropriately addressed by a training or learning intervention. Training need assessment particularly offering training through SOJT must lead to identify the training need that closes the service performance gap in the facility. Identifying the knowledge, skills and attitudes gaps on specific RH service is a key to initiate SOJT at the facility. Therefore, site managers, supervisors and service providers must ensure that the identified RH SOJT needed to close knowledge, skills and attitudes gaps in the facility.

## Developing SOJT guide and Materials

One of the keys to the success of any training course is quality-training guide and materials. In 2013, EngenderHealth developed guide for structured on-the-job training (SOJT) on FP in line with the national FP training package used for offsite in-service training. Based on experience and lesson learned from SOJT for FP, another SOJT guide developed for first trimester CAC service.

Federal Ministry of Health (FMOH) has given directive to minimize disruption of the service caused by provider absences in the health facility for long period and highlighted the urgent need to develop or refine alternative training strategies considering the current COVID 19 outbreak. Following this, Maternal, and Child Health Directorate of FMOH has assigned core group of staff who narrate the draft document by adopting the existing SOJT guide and advance the guide to use for broader range of reproductive health services. The development of SOJT guide pass through different steps that the first draft guide reviewed by different expertise from FMOH directorates and partners organizations including professional associations. In addition, many trainers, service providers, and facility managers were also involved in the development of the OJT strategy, which helped to ensure that the materials well designed that key players felt a sense of ownership. The assigned core team incorporated reviewer inputs and prepared a final SOJT guide for additional comment and input. Consequently, validation workshop organized to refine the SOJT guide and training package through involving stakeholders including Regional Health Bureaus, professional associations, and other partner's organizations working in RH.

These SOJT guide and materials are more critical because it uses to build the capacity of primary health care units (PHCUs) in addressing the chronic shortage of trained provider on wide range of reproductive health service with minimal support from outside resources. Lastly, the FMOH, Maternal, and Child Health Directorate positioned its final remark and endorsed as a nation-working document to use by the health system.

## Consensus building with Stakeholder

Structured on the Job Training (SOJT) requires consensus building with key stakeholders such as the human resource department of FMOH, Regional Health Bureaus, woredas, primary health care units(PHCUs) , health science colleges, professional associations and partner organizations working in RH program. All key stakeholders shall involve in planning SOJT on RH services and agree on strategies, modalities of implementation, monitoring, and evaluation issues prior to initiation of SOJT course. Stakeholders will play a key role in planning, implementing, monitoring and evaluation of SOJT approach, particularly they will have decision-making role while they are facilitating the selection SOJT sites, trainees, trainers and supervisors. This helps the trainer and trainees to gain the necessary support from stakeholders whenever needed.

The successful implementation of SOJT program is dependent on support from various bodies within the health system including health facility management. The facility management including the head of the facility, head of departments, and case team leader should orient staffs on SOJT approach, collaborate and support implementation tasks/activities to meet the goal and objective of SOJT in their respective facilities.

Besides, the facility shall encourage and create a motivation scheme for SOJT team based on their effort, achievement and successful graduation of the intended RH course and its outcome. Federal Ministry of Health will provide technical and financial guidance in line with principles, standards, and rules. In this regard, the Federal Ministry of Health will encourage RHB, ZHD, WoHOs, and facility administration to create a blend of transparent monetary and non-monetary incentives for motivating learners and making a conducive learning environment at the site level for the SOJT training. If the resource is available, woreda health offices or health facilities can facilitate payment on condition that trainees and trainers would spend their time beyond regular working days such as Saturdays, Sundays and holidays.

Structured OJT requires a high level of commitment from many different individuals, representing both line and staff positions. For example, managers may consider implementing incentive mechanisms to recognize and possibly reward the achievements of trainers and trainees. Managers and human resource unit encourage employees to participate in structured on-Job-training to help them to achieve individual and organizational goals. These of structured OJT provides a visible means for organizations to develop staff carriers and open access to developing new skills.

### **Selection of SOJT Sites**

Following consensus building with key stakeholders, the next step is to identify appropriate SOJT sites based on need assessment at a health facility. While considering a health facility for training, it is important to conduct baseline assessment including

- Ensure the availability of committed newly deployed, previously untrained staff, or currently unskilled staff who are interested to join RH SOJT course.
- Ensure that the site's readiness shall checked for RH SOJT including the presence of the required equipment, supplies, training materials, and adequate training space while considering a facility for RH SOJT. (The six months (two quarters) key RH service data need including site readiness need to gather prior to the initiation of RH SOJT).

Based on the findings, the site may also require to do value clarification attitude transformation (VCAT) exercise for FP / CAC /RH service or need to confirm the site manager and staff commitment before the initiation of site-level SOJT. RHB, ZHD, WoHO, and facility management shall facilitate the site assessment process in collaboration partners by considering priorities for the smooth and effective implementation of SOJT on RH services.

### **Selection of SOJT Trainees, Trainers, and Supervisors**

Planning SOJT defines the trainees and trainer selection process and plans to train the trainer with the necessary facilitation/ training skill set for specific RH training package.

## **Selection of Supervisor:**

FMOH and respective line structures will use responsible competent supervisor preferably from near-by accredited CPD provider. The external supervisors who are supporting the SOJT course as their major responsibility. Therefore, FMOH HR and MCHN directorate will follow the implementation of SOJT and provide supportive supervision, monitoring, and evaluation of SOJT on RH program in the country. The criteria for SOJT supervisor selection criteria should include:

1. The supervisor should be health care provider who is competent and experienced in the area of RH or competent in selected and specific areas of clinical skills of RH services provision and working in a nearby-accredited CPD provider facility.
2. The supervisor should take TOT level SOJT orientation on RH and be able to work jointly with SOJT trainer and facility manager
3. SOJT supervisor has to be recognized or assigned by nearby-accredited CPD provider

Beside the selection criteria, the supervisor should be able to initiate site level SOJT, provide follow up support and offer the final knowledge and skill assessment for trainees as an external assessor as well as declare the competence of the SOJT trained staff to the facility staff and management. The SOJT supervisor is also responsible to make the final recommendation to certify SOJT trainee on a specific RH course, facilitate and ensure CEU filled for that SOJT.

## **Selection of Trainers:**

A trainer first must be competent and proficient service provider on specific area of RH services and selected by a health facility management. In addition to being a competent and proficient service provider, the SOJT trainer should have:

1. Completed a basic or advanced training of the course or have taken standardized clinical training or TOT course.
2. Should be a health care provider (Preferably who have a first-degree in health)
3. Willing to take TOT level SOJT facilitation skills or equipped with adult learning principles.
4. Trainers should be proficient in providing the required RH services.
5. Committed and ready to help trainees during the learning process and acquainted in area of RH training materials.
6. Willing to remain in the same health facility until the SOJT course completed.
7. Willing to transfer onsite learning after TOT level SOJT training.
8. Good behavior and interpersonal communication skills is plus

## **Selection of Trainees:**

The process of selecting trainees for SOJT mainly depends on the site managers or site management bodies who are responsible to select the right candidate in collaboration with supporting partners. The facility ensures a need for SOJT on RH services and select trainees according to the selection criteria. The facility head notifies the selected candidate to the training

organizer (FMOH, RHB, ZHD and WoHO) ahead of time at least two weeks before initiation of SOJT on specific area of RH services. Facility manager shall facilitate the recruitment process according to the following selection criteria:

1. The trainees for SOJT on RH services shall be a service provider as suggested by the Federal Ministry of Health standard and working at SOJT organizing facility.
2. The trainee must be a newly deployed and transferred staff who is un-trained for the selected RH skills previously or completely loss his or her competency below the required standard.
3. Trainees should be health care providers who work in a health care facility where the required RH service provided.
4. The trainee should be able to provide the required RH service after completion of SOJT course for agreed period -of time as to be decided on the agreement.
5. The trainees/service provider must be interested and motivated for self-directed learning/ self-paced individualized learning especially for the knowledge portion of the course.

## **INITIATION OF SOJT**

### **Training of Trainer (TOT) level SOJT Orientation**

Essential for the success of Structured OJT course is the orientation of the trainer, supervisor, and/ or facility manager. It is critical to train trainers, supervisors and /or facility manager on major facilitation skills and the unique approach of SOJT. The content of training of trainers is the following:

- Use of the SOJT guide and course package for RH services
- Proper use/application of training /learning materials, Job aids, and tools
- Creating a positive learning environment
- Using interactive training techniques that applied in SOJT
- Using skill-development learning guides and skill-assessment checklists
- Managing clinical training
- Conflict management related to SOJT
- Client-centered quality counseling.
- Emphasizing Infection Prevention and Control (IPC) during the training facilitation.
- Clinical standardization /skill practice on an anatomic model
- Provide coaching support and provide constructive feedback.
- Initiate clinical practice on client
- Ensuring proper registration, documentation, and reporting in SOJT

Training of Trainers training (ToT) for SOJT trainers and supervisors will take four consecutive days during which participants enable make clinical standardization through demonstrating, practicing, and coaching clinical skill procedures using anatomic models and finally assessed their skill performance according to the steps as indicated in the skill checklist. The TOT orientation needs to be conducted at the nearest possible CPD provider institute to ensure linkages and

technical support in the future. Besides, each participant will have an opportunity to work in-group for in-depth understanding of the SOJT guide and learning package for each RH services. During the course, participants will also review the responsibilities of trainees, trainers, supervisors, and other concerned bodies and discuss on criteria for selection of SOJT site, trainees, preparing the required equipment and supply, learning objectives, use of the outline of specific RH course, and use of the pre- and post-training knowledge assessments and skill-assessment checklists. In every session, the facilitator will provide guidance and feedback to make sure that participants have well understood the entire SOJT guide and learning packages. In the last day of TOT SOJT orientation training, facility managers will join the course for planning and discuss on how to improve the gap in SOJT implementing sites. Hence, facility managers will be invited from selected SOJT sites together with trainers and own the program. At the end of the TOT SOJT, orientation facility managers and facilitators will jointly develop action plans for subsequent SOJT.

At the end of TOT course, the SOJT trainers, supervisors, and facility managers will

- Review the responsibilities of trainees, trainers, supervisors, facility, and woreda heads as well as other stakeholders.
- Discuss and clarify site selection criteria, equipment, training materials, and supplies need for SOJT initiation
- Discuss on the status of their facility as an SOJT site, and identify gaps and discuss how to improve the gap for successful completion of SOJT course in their respective sites.
- Develop plan for subsequent implementation of SOJT including TOT level SOJT and setting the time for site level SOJT orientation.

## Implementing Site level SOJT

The SOJT supervisor and facility manager shall conduct an orientation at the site in the presence of selected trainer immediately following the TOT SOJT orientation. The orientation has two parts, these include:

1. **Staff Orientation:** The orientation involves all staff at the OJT site so that they have an opportunity to know the SOJT approach, discuss how to collaborate and benefit from SOJT, and identify their role and responsibilities in carrying out the RH course through SOJT course. This is a crucial step to avoid misunderstandings regarding how a trainee would be spending his or her time during SOJT training courses. All staff at the site need to understand what would be taking place at the site and support the SOJT at their site.
2. **Launching SOJT:** before launching the SOJT, supervisor has to ensure that appropriate trainee and trainer are selected with the composition of 2-5 trainees per SOJT trainer. Activities and issues for consideration while implementing SOJT include introducing the required RH SOJT course, the SOJT supervisor will sit with the SOJT trainer, and selected trainee will discuss on their specific roles and possible challenges (see the section below on “challenges”). Later, the trainer need to talk with trainee and take time to go through

the training package and emphasize the need to do self-reading and have to discuss and clarify issues according to the course outline. Trainee need to confirm his/her commitment to do self-paced reading and complete the theoretical portion of the course before starting any practice on modules. Regarding the skill portion of the course, need to learn the steps of clinical procedures by heart and practice on model. Trainers and trainee must give emphases on proper application of quality counseling, client safety, privacy, ensure informed consent and infection prevention standards at all time of the clinical skill trainings. In addition, trainees can practice on client just after skill check out on model using standard training checklists. Trainers, supervisors, and site managers must ensure that the provision of quality trainings using standard off-site CPD accredited training curriculum and training materials for RH. In addition, supervisors have to discuss and clarify the following issues or challenges during SOJT planning.

## ROLES AND RESPONSIBILITIES OF STAKEHOLDERS

Stakeholder's involvement and their contribution is essential for the successful planning, implementation and monitoring of the structured on-the-job (SJOT) program.

**Table -2 stakeholder's roles and responsibilities**

Stakeholders	Roles and responsibilities	Remarks
<b>FMOH/ RHBs</b>	Setting the policies and directions	
	Set standard and guideline	
	Ensure quality of service provision as per the national standard	
	Identify national and regional service provision needs for the country	
	Identify periodic national and regional training needs	
	Ensures SJOT will be integrated with CPD schemes and licensing requirements.	
	Ensures CEU/per RH training is properly filled	
	Reward and recognize the commitment and success of SOJT.	
	Develop standardized motivational schemes for SOJT trainees, trainers and other contributors.	
	Record and maintain SOJT database as part of training system	
<b>Zone and Woreda</b>	Monitor and evaluate SOJT	
	Ensure quality of SOJT course	
	Adopt and customize motivational schemes for trainees and ensure its proper implementation.	

	Provide and distribute the necessary supplies, equipment, anatomic models, training materials and audio-visual aids, etc.	
	Communicate and resolve challenges of SOJT and facilitate the required support for successful implementation of SOJT.	
<b>SOJT sites (hospitals/ PHCUS/Health Centers)</b>	Establish service provision site to be appropriate for SOJT training site	Prior baseline assessment should be carried out.
	Provide the needed support to train its internal staff in new clinical procedures.	
	Providing quality services as per the national standard.	Follow standard guideline & RH training packages.
	Provide whole site staff orientation on SOJT	To secure staff support.
	Upgrade/rearrange the health facility to meet the requirement for structured on-the-job training	
	Ensure availability and accessibility of training room for learner.	
	Select proper supervisor, trainer and trainee as per the selection criteria for the SOJT.	
	Monitor progress of training and maintain trainer and trainees interest in training	
	Resolve internal management issues regarding on-the-job training, e.g. scheduling of OJT event and ensure proper space for training activities.	
	Recognize internal staff for their commitment and successful accomplishment on-the job training.	
	Ensure, customize and reward incentive mechanisms for SOJT trainees.	
	Provide follow-up and on-going support to SOJT program	
	Communicate and resolve challenges of SOJT and facilitate the required support for successful implementation of SOJT.	
	Maintain regular communication with SOJT supervisor, WoHO, ZHD, RHB, and other supporting partner's for successful implementation of SOJT.	
Record and maintain SOJT database		

<b>Training Institution/CPD providers</b>	Provide follow-up and on-going technical support to SOJT program	
	Ensure the quality of SOJT program	
	Select/avail external supervisor in collaboration with facility manager and supporting partners	
	Maintain regular communication with SOJT supervisor, WoHO, ZHD, RHB, and other supporting partner's for successful implementation of SOJT under their catchment/cluster	
	Provide and distribute the necessary supplies, equipment, anatomic models, training materials and audio-visual aids, etc. for effectiveness of the program	
	Get a record of CEU received and ensure CPD is completed	
	Register and archive SOJT data into database	
<b>Professional Associations</b>	Ensure the quality of SOJT program in collaboration with CPD providers and supporting partners	
	Work actively with FMOH-HR directorate for SOJT to be highly linked with CPD and re-licensing	
	Provide technical support if needed	
	Work for advocacy of SOJT at the national and regional level	
	Standardize SOJT course for other RH services.	
	Register and archive SOJT data into database	
<b>Development Partners</b>	Provides technical and financial assistance for off-site TOT facilitation for SOJT trainers.	
	Allocate resources for SOJT site readiness, supplies, equipment and training materials when possible.	
	Provides technical and financial support for the on-site SOJT facilitation.	
	Ensure knowledge and management aspect of the project, including best practices, success stories documentation.	
<b>Trainees:</b>	Find time to do the required reading during leisure time and do practical training during convenient working hours.	
	Committed and responsible to do self-study.	
	Learn the theoretical knowledge first before going to the practical skill work as stated in course outline.	

	Maintain proper communication and relationship with trainer, supervisor and facility staff	
	Keep proper handling of all training materials and resources for the SOJT.	
	Ensure periodic registration, recording and reporting of services provided as per the HMIS formats.	
	Perform daily work routinely while engaging in SOJT training	
<b>SOJT Trainer:</b>	Perform own routine job while conducting SOJT training with trainees.	
	Maintain proper communication and relationship with trainee, supervisor and facility staff	
	Keep proper handling of all training materials and resources for the SOJT.	
	Ensure periodic registration, recording and reporting of services provided as per the HMIS formats.	
	Responsible to follow up progress the course and support the trainees in acquiring new knowledge and skill.	
	Evaluate the trainee's performance and prepare them for external competency assessment.	
<b>SOJT supervisor</b>	Provide orientation to facility staff and acknowledge trainees and trainers for their commitment and effort towards the initiation and completion of SOJT.	
	Provide orientation to the OJT trainer and trainees regarding the OJT material particularly the course outline and worksheet on the first day of the course.	
	Ensure availability of training materials, training space and equipment before initiating SOJT.	
	Oversee the SOJT at day one, half way through the SOJT course and on the last day of SOJT course, and receive feedbacks and address them.	
	Oversee trainees receiving pre-test on the first day of the course.	
	Facilitate posttests and conduct final skill assessment at the end of the course and approve the competency so as to certify the trainee	
	Get record of CEU received and ensure CPD is completed.	

<b>SOJT Facility Manager</b>	Select trainee, trainer and supervisor based on the preset criteria along with department/unit heads.	
	Solicits resources from FMOH/RHB /woreda or partners for SOJT training.	
	Ensures the smooth facilitation of the SOJT teaching-learning process in the facility, without disruption of other services.	
	Ensures CEU/CPD of trained providers is recorded and reported	

## SUSTAINABILITY AND OWNERSHIP

Structured OJT as an alternative training approach that will own by the national training system and ensure its sustainability. FMOH together with all stakeholders would take greater responsibility to continue SOJT as in service training approach, which would help to sustain the availability of skilled providers in the health system with minimum external supports. The following areas of intervention will support sustainability and ownership of the SOJT at implementing facilities and PHCUs/WoHOs.

### Enhance Ownership and Management Support:

Ownership is a key to sustain implementation of SOJT and maintain the commitment of woredas and health facilities. SOJT has to be supported by health facility management for successful implementation and regularity monitor the process and outcome of SOJT. Woreda health offices and CPD providers can follow the SOJT and make a regular supportive supervision and use of data for decision-making (UDDM). Health facility management is also playing a key role to establish incentive mechanism for SOJT trainees and trains and allocate space or room for counseling and procedures for RH services and including manage, quantify and forecast the required SOJT materials, equipment, commodities, and supplies. Facility managers can also support SOJT by reducing conflict of interest between SOJT and offsite trainings and avoiding to use similar training by both in service training approach.

### Improve PHCUs Training Capacity

One of the benefits of SOJT is to build local training capacity and addressing the specific need of the facility under its custody. It recognizes that the result of this SOJT considered more than simply a training program because it further institutionalize PHCU capacity in assessing the training need and offering RH training within a larger health system and a human performance

system. PHCUs can consider setting convenient on the job training facility, coordinate and lead in assessing the training needs and identify the type of training that categorize to on- the job and off-the-job training considering their allocation of budget for the training . Usually , SOJT useful for new employee who is not received off-site training before on particular RH field and those employee who are received off-site training before on particular RH field , SOJT may not be appropriate rather can be consider refresher training, orientation, clinical mentorship program. As a systematic training approach, each PHCUs/WoHO would coordinate and lead the training program both on site and off site.

### **Ensuring Continuity quality RH services:**

The SOJT sites need to retain trained health care providers and train other new health workers to ensure the continuity of quality RH services. Safe and efficient provision of RH service must be the highest priority for everyone working in the health care facility, regardless of individual roles and responsibilities, and not be compromised for the sake of training. As group based training, SOJT is equally important to enhance knowledge and skills needed to provide quality health care services. In order to provide quality care services, trainers are responsible to ensure the quality of SOJT training as to the standard. Besides, use of locally generated revenues include the availability of revolving funds or other incomes generated within health facilities and woredas are also important to fill some gaps and improve and sustain the continuity of quality RH services.

Client's right to privacy, confidentiality and client safety shall maintained at all time during clinical practice. The following practices will help ensure that client rights are:

- Inform the patient of the role of each person involved in clinical practice.
- Obtain the client permission before having learners; observe, assist and/ or perform any procedures.
- Respect the right to bodily privacy whenever a client is undergoing a physical examination or procedure.
- Strictly observe the confidentiality of any client information obtained during counseling, history taking, physical examinations, or procedures.
- Ensure client receives client consent based on free & informed choice and informed decision.

### **Service integration within Reproductive Health (RH) Services**

Family planning service considered as an integral component of reproductive health services that client who come for Comprehensive Abortion Care services need to be counselled for family planning and other reproductive health services. Providing post abortion contraceptive counseling and methods will improve contraceptive acceptance and break the cycle of having unwanted pregnancy. Therefore, providing post abortion contraceptive counseling with wide range of contraceptive options is very essential to prevent another unwanted or poorly timed pregnancy and other health risks.

Linking family planning with other reproductive health services is also essential to address the other RH service needs that need to be available for woman. Therefore, family planning services have to integrate with maternal and child health, HIV/ART, immunization, nutrition etc. SOJT help to train service providers that came from different service outlets so that they can easily integrate the service including addressing a woman's need and problem through service integration.

### **Non-monetary incentive and reward schemes**

Although, SOJT is an alternative on-site training approach for RH services, it has to be mechanisms to compensate for added responsibilities of trainers, trainees and supervisors besides performing the routine RH services (without disruptions of services). A national guideline from the FMOH/RHB will be expected to guide these mechanisms. However, the recommended compensations will include a blend of minimal and reasonable monetary, and non-monetary compensations including:

- 1- **SOJT Trainees:** The FMOH/RHB, MCH and HR directorate will facilitate a national level linkage between CPD/and SOJT operations nationally. This will allow that trainees can easily fulfill their re-licensing requirement by achieving 30 CEU/year through successful accomplishment of SOJT. Facility management will also consider certification and annual performance appraisal of every on-site trained staff. Trainees will also be entitled to refreshment services during the training and per diem for weekends & holidays whenever the training falls on these days depend on the availability of resources.
- 2- **SOJT trainers:** Involvement of trainers in the SOJT onsite training will allow trainers to accomplish their re-licensing requirement. Facility management will also consider certification, and annual performance appraisal for every SOJT trainer as part of a reward. Besides, trainers will also be entitled to refreshment services (tea break), and per diem for weekends & holidays whenever the training falls on these days based on availability of resources.
- 3- **SOJT Supervisors:** Likewise, SOJT supervisors will be able to fulfill their re-licensing requirement of CPD. Facility management will consider certification, and annual performance appraisal for every SOJT supervisor as part of a reward mechanism. The supervisor is traditionally a qualified CPD accredited provider from other facilities. Therefore, the supervisors will be entitled to have per-dim and transportation on specific days of assignment to the SOJT sites based on availability of resources.
- 4- **SOJT Site:** like SOJT supervisor, trainer and trainees, the SOJT site shall certify or recognize by WoHO/ZHD/RHB for their successful accomplish of SOJT course. In this regard, WoHO will include other parameters for selections of best performing facilities among PHCUs for certification or recognition.

## MONITORING AND EVALUATION

### Monitoring SOJT

As any health program and activities, the SOJT needs follow up, monitoring and evaluation. SOJT supervisor is expected to observe the SOJT program at least three times for each SOJT event this include one during site orientation to launch SOJT, in the middle and at the end of OJT course. However, regular phone communication shall use to maintain be maintained. SOJT supervisor shall also examining the SOJT trainee workbook, analysis of the trainee's progress to date through analyzing the record/documentation of the completed activities, i.e., comparing expected versus actual completion of a section, and review of the cases and experiences that support the structured OJT plan. In summary, supervising, monitoring the progress of SOJT will look at the following points:

- **Trainee progress:** How long does each trainee take to complete the SOJT sequence?
- **Appropriateness of training topics and sequence:** How does the training sequence work? Are trainees having problems with a particular section, practice exercise, trainer-trainee practice sessions, and the like?
- **Resolving problems:** Are there problems with supplies, equipment, or other site issues that hinder effective OJT?
- **Service delivery:** what effect does SOJT have on service delivery? What strategies have clinics used to minimize the disruptions?

### Evaluating SOJT

Evaluation can be defined as the systematic collection, processing, analysis and interpretation of data. An evaluation can determine whether training has met its objectives (e.g., whether training has improved an individual's knowledge, skills and attitudes related to job performance) and identify aspects of the training that should be strengthened. Collection of baseline data shall complete at the service delivery point prior to implementing SOJT because the SOJT results will be measured later against the baseline both during and after SOJT. These include documentation of existing caseloads and existing clinic stocks as well as the usual routine services at the site including logbooks, stock records, and service statistics.

A Primary purpose for evaluating training is to aid decision-making about the future of the training (in terms of design, content and instructional methodology). Evaluation of training takes place at the beginning of, during and at the end of the training event, and again after participants have returned to their jobs. Evaluating training from beginning to end enhances training effectiveness and efficiency.

**Evaluation during and at the end of SOJT:** involves assessing the trainees' reaction/feedback to conduct of training and assessment of the participant's knowledge and skills that acquired during the training. Information from the trainee workbook documented the length of the trainee's attended in the training period, the numbers of cases (by type) seen during the training period,

the number of training site able to conduct using SOJT approach and any problems arising that affected training.

In addition, reaction evaluation provides the participant with an opportunity to express her/his reactions to the course organizers (i.e., to comment on administrative and technical aspects of the training).

Reaction evaluations may take the form of:

- Daily participant feedback sessions (oral or written)
- Daily trainer meetings
- Session/trainer evaluations
- End-of-course surveys (written questionnaires)
- End-of-course informal discussions

**Evaluation after the OJT** also consists learning and performance evaluation.

**Learning evaluation:** conducted at the end of the course, will measure how much the participant has learned and to what extent s/he has achieved the learning objectives.

Learning evaluation is the final step in SOJT course, that evaluation are made about the qualification of participants to provide the services for which they received training. It is at this point that the trainer determines whether the participants have mastered the knowledge and skills required to deliver a quality service. OJT supervisors and trainers are responsible to assess the trainee's performance using the knowledge assessment and skills checklist and document the trainee's scores. Participants who are not meet the required score should be identified for follow up and reinforcement. In such situation, trainers /supervisor should provide a chance to trainees for re-examination or recheck their skills competency. In addition, trainer and external supervisor shall make post training follow up and conduct skill competency assessment as part of CBCM 2-6 weeks after OJT event.

**Performance evaluation** can be done by observing participants on the job, by interviewing them and by interviewing their supervisors. Following are some basic questions which should be asked when evaluating how effective training has been in improving an individual's job performance:

- Is the individual able to perform competently the skills s/he was trained to perform?
- Has the individual been given an opportunity to practice the new skills?
- Do supervisors, managers or those who received training feel that the course made a difference in the quality of their work?
- Did training solve any problems or fill service provision needs identified during the needs assessment process?

By answering these questions, the trainer and the organization sponsoring the training can:

- Determine to what extent the desired training outcome has been achieved
- Identify discrepancies that still exist in job performance
- Plan for additional training if needed

Evaluation can also be done in case of evaluating pilot or effectiveness of SOJT intervention. The most important question after any training activity is “Did training make a difference?” Did the training result in improved quality and increased availability of services?

Evaluation also done whether the SOJT has made an impact on larger service delivery. These helps to determine if SOJT has achieved its larger goal, identify the contributions made by SOJT in training and service delivery system (increased availability, accessibility, and quality of services) and identify any aspects of the training intervention that need to be improved.

Methods used for assessing results or impacts could be reviewing service delivery statistics, client exit interviews, client record reviews, and observation of the facility readiness and presence of enabling environment to provide specific clinical care. To assess whether there have been changes in health services subsequent to training, comparable baseline data on the selected indicators also should be gathered before training.

## **PART-II: RH PACKAGE IN SOJT**

### **RH PACKAGE IN SOJT**

All the course design information directing the trainee, trainer, and supervisor through the SOJT course found in the RH SOJT package. RH SOJT package comprises SOJT guide, specific RH course outline and training materials. The existing RH training package for group-based training can be used as main SOJT RH package including the approved training manual for off-site training and the skill checklists for clinical procedures that the trainee expected to master. It has all the information the trainee needs to learn. The SOJT on RH training package covers a wide range of training package (example FP, PFP, CAC, PMCT, EPI, Child health, BEmONC etc.) that each training package contains the needed information of knowledge acquisition, skill-procedures and technique including competency assessment tools that have the same training content, course objective and outcome used for group-based training.

#### **The components of RH package in SOJT**

- 1. SOJT guide:** has the overview of the SOJT, goal, objectives and strategies for implementing SOJT. Moreover, the SOJT guide includes the initiation SOJT, role and responsibilities of stakeholders, monitoring and evaluation, and certification award for those who involved in the implementation of SOJT.
- 2. Learning Materials**
  - A. A primary Resource and Materials:** It serves as a source of information for both the trainer and trainee. It includes specific RH course with participants and trainers manuals, printing media, electronic media, mobile application that used to build the learner knowledge and skill.
  - B. Supplementary Resource and Materials:**

- Reference materials related to specific RH topic in verity of forms (printing, electronic, and mobile app)
- Cross cutting guiding manuals e.g.: infection prevention and control manual

**Table 3: Example of primary and supplementary RH learning materials**

<b>pe of RH training</b>	<b>A primary Learning Resource and Materials</b>	<b>Supplementary Learning Resource and Materials</b>	<b>Remark</b>
<b>Comprehensive FP</b>	<ul style="list-style-type: none"> <li>• Modulel-1 Short Acting FP methods, Participant’s Manual and Facilitator Guide, FFMOH</li> <li>• Modulel-2 Client Centered Counseling for FP, Participant’s Manual and Facilitator Guide, FFMOH</li> <li>• Modulel-3 Long Acting FP Methods, Participant’s Manual and Facilitator Guide, FFMOH,</li> <li>• The Learning guide for FP skill assessment checklist for clinical procedures.</li> <li>• Anatomic model for skills simulations practice before working with clients</li> </ul>	<ul style="list-style-type: none"> <li>• Infection Prevention and Patient Safety Reference Manual for Service Providers and Managers in Health Care Facilities of Ethiopia, FFMOH,</li> <li>• WHO eligibility criteria – reference book</li> <li>• REDI frame work</li> <li>• The PPP used in group based comprehensive FP training</li> <li>• Other learning aids includes supporting media includes animation and video for Implant and IUCD</li> </ul>	
<b>Post-partum FP</b>	<ul style="list-style-type: none"> <li>• Modulel-2 Client Centered Counseling for FP, Participant’s Manual and Facilitator Guide, FFMOH</li> <li>• Modulel-4 Postpartum FP Methods, Participant’s Manual and Facilitator Guide, FFMOH,</li> <li>• The Learning guide for PPFp skill assessment checklist for clinical procedures.</li> <li>• Anatomic model for skills simulations practice before working with clients</li> </ul>	<ul style="list-style-type: none"> <li>• Infection Prevention and Patient Safety Reference Manual for Service Providers and Managers in Health Care Facilities of Ethiopia, FFMOH,</li> <li>• WHO eligibility criteria – reference book</li> <li>• REDI frame work</li> <li>• The PPP used in group based Postpartum FP training</li> <li>• Other learning aids includes supporting media includes animation and video for Implant and PPIUCD</li> </ul>	

<b>First trimester CAC</b>	<ul style="list-style-type: none"> <li>• First Trimester Comprehensive Abortion Care, Participant’s Manual and Facilitator’s Guide</li> <li>• The PPP used in-group based first trimester CAC training</li> <li>• The Learning guide and skill assessment checklist</li> <li>• Other learning aids includes supporting media includes video for MVA demonstration</li> <li>• Value clarification and attitude transformation (VCAT)exercises</li> <li>• Equipment and supplies for MVA demonstration and practices</li> <li>• Anatomic model for skills simulations and practice</li> </ul>	<ul style="list-style-type: none"> <li>• Woman-Centered, Comprehensive Abortion Care Ipas trainer guide and Participants manual.</li> <li>• Infection Prevention and Patient Safety Reference Manual for Service Providers and Managers in Health Care Facilities of Ethiopia, FFMOH</li> <li>• Other updated international Infection Prevention manual</li> <li>• Eligibility criteria –for contraceptive use, Updated WHO</li> </ul>	
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**3. Use of SOJT course outline:** SOJT course outline is a systematic guide for those involved in the course. It serves as a guide or map for the trainee, trainer, and supervisor that they shall follow throughout the course. The course outline helps each trainee and trainer keep every day activity to be on track throughout the course. At key points in the course outline, the trainer will sign the outline to indicate that the trainee is making satisfactory progress after doing the assessment.

The course outline gives directions to trainer and participant that what activities need to be done on a day to- day basis. The schedule is flexible enough so that the trainers and trainees can fix time for interaction according to their workload and availability. This should also allow the trainer and the trainees to organize their training time and minimize any disturbance to regular service delivery. Supervisors and site managers will also provide support for successful implementation of structure on-the-job training respective sites and woredas. The already available approved training documents will be used to plan and execute need based SOJT. The training packages will customize according to SOJT approach. The trainer can use variety of methods to undertake the learning. Use of standard checklists, simulated models and e-based learning tools such mobile application or other mobile health solutions for specific RH services that need to approve by the Federal Ministry of Health. The number of days for each SOJT course on RH services fixed on the designed outline that attached in this guideline to be used by both trainees and

trainers and they can re-schedule the designed outline to attain the required competency based on their available and free time for each day.

### **Learning Approach:**

Blended learning is an approach to education that combines online educational materials and opportunities for interaction online with traditional place-based classroom methods. Blended training approach that complementing face-to-face training with electronic media will be a good mechanism to address competency gaps. Particularly online learning is a proven corporate and commercial training delivery method that allows learners to study at their own pace and in their choice of place, in a cost and time efficient manner. For some training subjects though, real time in-person training works best, allowing instructors to convey all the subtleties of a physical task, demonstrate particular techniques, engage in live discussion with their learners, and evaluate their dexterity in real world conditions. This combination of eLearning and in-person training is known as Blended Learning or Instructor-Led Training (ILT) that makes intuitive tools for learner to create, manage, and access the blended learning sessions.

The current health delivery system expansion and large number of the health workforce requires using a new method so that the SOJT system is accessible for providers working in remote area. For such kind of SOJT and e-learning system will be a solution. The Federal Ministry of Health and its partners are working in designing an e-learning modules, mobile application and videos that will be part of CPD.

Mobile application and e-learning approach are a key future of SOJT to access the health work force and build their capacity in comprehensive and effective way of learning approach. It will also give an opportunity to motivate a provider or address challenges without a need of interrupting service even within the facility. Other electronic technology media like audio-visual learning materials are additional learning options to understand easily subject matter and addresses learning gaps accordingly.

**Need for Low Dose High Frequency courses:** Blended with other approaches, e learning through mobile application or other audio visuals serves an important benefit at times of capacity building which require breaking down learning contents and repetitive skills for competency. The contents in the app or video can be broken down into small parts comprising the learning objective providing updated information at the fingertips for health professionals. Studies have shown that mobile application, mobile health tool showed a significant improvement in knowledge, and skill improvement in responding to obstetric emergencies such as post-partum hemorrhage and Birth asphyxia. Use of mobile application has showed dramatic improvement in skill development of health professionals after a didactic training.

## QUALIFICATION

### Required Competency

Competency based on the trainee achievement in two areas:

- A. Knowledge assessment in SOJT:** Trainees should take knowledge assessment (pre-test) using questioners in trainer guide for particular RH course. The pre-test will done at the beginning of RH course in the presence of the OJT supervisor and trainer. Once the trainee begins self-study, the trainer shall do a follow on the trainee's progress using the RH course outline and trainee's worksheet. However, trainees must study the first the required knowledge and skill part of RH course as per designed outline for SOJT. Trainees will contact with trainer every day to address difficult topics that trainees may not understood during self-paced reading. In addition, trainers will help the trainees by providing additional reference material for further reading and understand the session in detail. In addition, trainee can clarify issues by discussing with trainers during their contact time. The OJT trainer and trainees shall develop a plan for post-knowledge assessment and clinical skill reassessment after completion of SOJT course. The qualification criteria are the same as for the off-site training course that participants should score at **least 85% and more** on post knowledge assessment.
- B. Skill practice and assessment:** The trainee shall pass to the clinical practice only if she/he passed knowledge assessment tests having the minimum score as mentioned above. Once enrolled in the practical sessions, the trainer will do the demonstration on models before trainee start performing practice on model. Trainees will use the learning guide all the time during skill practice. Then, the trainee keep on practicing on the models until she/he is confident and ready to take the skill competency assessment. Before skill competency assessment, trainers should discuss on previous practical sessions with trainee, ask if he/she has any questions about the skill and confirm that the trainee are ready to be assessed. Review the assessment tool (checklists) and rating system with the trainee, provide an opportunity for reviewing the steps. Trainees are required to observe at least two procedures and the trainer should confirm trainee's competency before they given the chance to perform the procedure on clients. All the steps need to be observed including the pre procedure task, procedure task, and post procedure tasks. The trainer shall observe trainee's performance using the structured competency checklist for critical skills. After skill assessment, trainers should review the skill with the trainee and ask to share feelings about what he/ she did well during the session and what could be improved. Then the trainer need to:
- Provide positive and constructive feedback and offer suggestions for improvement.
  - Determine if the trainee is competent or needs additional practice, based on predetermined criteria.

Only if trainees passed skill test as competent score based on skill competency check list on humanistic model, the trainee will be allowed to perform skill on real clients under the close observation of the trainer. While working on clients, each trainee has to be supervised so that

they will be given continuous feedback and necessary coaching until she/he becomes competent in all required clinical skills.

**C. Reassessment of competency:** Competency reassessment can be done by trainer and assigned CPD provider/training institution. Most of the time, it is expected that trainees can fulfill the required knowledge and skill competency as per standard. However, sometime trainee/s may fail to meet the competency requirement. In this regard, the trainer shall give a chance for reassessment until the trainee become competent and the course duration allowed/ not expired. If the trainees are ready for external assessment by supervisor, thanes may not meet the competency requirement and they will have a chance for reassessment at least three times with appropriate preparation interval (the reassessment has to be finalized within 04 weeks).

## **D. Course evaluation**

RH course will be evaluated using standard format to assess the overall effectiveness of the course as perceived by the trainees at the end of the course. (Refer from national In-service Training Implementation Manual). SOJT trainers will have also incorporate the trainee evaluation together with their input and recommendations to improve the SOJT training in the future and report after the end of the SOJT course.

### **Completion of specific RH training via SOJT**

Trainees and trainers encouraged to complete the specific RH training as per planned schedule for SOJT that redesigned or adopted from offsite in service training package. The RH course schedule in SOJT approach is flexible that consider nature of on the job training, the local circumstances, social and individual needs. For this reason, the RH course schedule in SOJT would be delayed with acceptable justifications. However, the duration of RH course in SOJT will not be extended more than twice the planned schedule if so the course will be declared as expired. Therefore, facility managers, trainers, trainers and other concerned bodies has to set together, discuss on the rout cause of delay, and come up with solution. If the problem are solved, restarting the course can be consider from the beginning.

## **CERTIFICATION**

Certification of participants for training courses is important for recognition as it motivates learners to take on new tasks after the training. Earning a credential can shine a light on a professional's capabilities and development too. Depending on the type and nature of course, a certificate of attendance or competency can be awarded to all trained participants whom are successfully completed the course requirement. Certificate of attendance offers for training courses that do not require knowledge and skill competency assessment such as workshops, orientations, meetings and refresher courses. Certificate of competency award or certificate requires competency based course and required to fulfill the cut off point for knowledge and skill competency that set in the national standard training.

**Certification of SOJT Trainees:** External assessors preferably assigned from CPD providers (hospital, training institution or professional associations) shall provide final skills assessment at OJT site it would be good if the supervisor undertakes final assessment in the presence of trainer. After passing final knowledge and skills assessment, trainees expected to initiate the service he/she trained for and perform the service independently as per standard.

Trainees who completed the SOJT for the required thematic areas will be enrolled in the CBCM or post-training follow up as per the national standard, which will be expected to be finalized within 2-6 months after accomplishing the SOJT course. Therefore, OJT trainees who have fulfilled the above requirement will be qualified and receive certificate of competency. The training organizer or CPD provider/Facility will prepare alone or together with concerned bodies and will award the certificate for successful completion competency based SOJT training

**Certification for Trainers and Supervisors:** trainers and supervisors shall certify after successful completion Master Trainer Course or TOT training on facilitation of structured OJT. The FMOH, CPD provider or training institution shall award certificate of successful completion of the course based on the type of training and their mandate.

**Certification of Recognition /Appreciation:** The FMOH and its line structure, CPD providers, and training institutions would also arrange award or certification of recognition or appreciation for organizers or individuals for their extraordinary contribution or support to improve SOJT program.

## ANNEXES

### Annex-1: SOJT Course Outline for Comprehensive Contraceptive (CC)

**Course Duration:**

Course Duration:

Total Course Duration: 25 days including weekend to use for knowledge and skill practice sessions

Knowledge session will take an average 2 hours every day through Monday to Friday and a total of 4 hours in weekend time (Saturday and Sunday) for the trainee to do the self-reading. In addition, two-hour session every day during Monday to Friday and 4 hours during weekend (Saturday and Sunday) for OJT trainer that he/she meet with trainee for asking questions and give clarification and follow up on the trainee’s progress on the course.

**Contact Time:**

The trainer and trainee will have twenty-three discussion meeting that means they will have two-hour contact time every day during Monday to Friday and about 4 hours contact time during Saturday and Sunday. The trainee expected to come prepared for assessment or bring questions that unclear to them during their self-study and the trainer shall pick any question and discuss to clarify important matters in the session. The trainee need to read the notes on resource material first and then read the power point presentation as a summary point. Trainers should provide the PowerPoint presentation according to the course outline ahead of time subsequently considering the time of upcoming session.

Please see below the detail in SOJT CC course outlines

**SOJT:CC Course Outline**

Day	Learning Activity/Topics	Trainee Tasks	OJT Trainer tasks	OJT Supervisor Tasks
Day 1	Orientation on OJT course	Attend the facility orientation on OJT course	Attend facility orientation on the course	Orient the facility staff in the presence of the Trainee and Trainer.
		Meet with your OJT Trainer and discuss the OJT course goal and objective	Meet with the Trainee to discuss the OJT course goals and objectives, review the training package and then discuss the responsibilities of the Trainee, Trainer and supervisor.	Gives the Trainer a half day orientation (see training of OJT Trainer)

		Read the course goal and objective and agree with the schedule	Review the OJT course outline and explain that the Trainee should mark and date each step as it is completed. The Trainer will sign off each section.	Have a discussion on the course goal and objective, methodology, assessment with the Trainer and Trainee
		Prepare materials for subsequent self-paced reading	Provide materials including module one "Basic in Family Planning and Short acting Family Planning Methods" participants handout. Provide hard copy and if feasible using give them soft copy, if trainee is using computers or mobile application.	Discuss the pre- and post-training knowledge and skill assessments.  Provide module 1 participants handout and PPP for section 1-4
	Pre-test Knowledge assessment on Module one course(basics Family Planning and Short Acting Family Planning Methods)	Take pre-test Knowledge assessment for Module 1 ( Short Acting Family Planning Methods )	Record the trainees score, sign on worksheet & provide pre-test Trainer will clarify the pretest Knowledge assessment answer <b>without grading participants</b> <b>NB:</b> only Model 3 (long acting FP) knowledge assessment will be graded as pretest and posttest	Administer and score the pre-test and show the test paper for her/ him to see which of the test questions she/h answers right or wrong, give trainee a chance to ask questions for clarification and later give immediate feedback on those areas in which the trainee is strong and on areas in which additional study might be required.

<b>Module one: Basics Family Planning and Short Acting Family Planning Methods</b>				
<b>Day</b>	<b>learning Activity/Topics</b>	<b>Trainee Tasks</b>	<b>OJT Trainer tasks</b>	<b>OJT Supervisor Tasks</b>
Day 2	<b>Module 1- Section 1-4:</b> Introduction to Family Planning, Overview of Anatomy and Physiology of reproductive organs, Client assessment and use of medical eligibility criteria)	Read Module 1 participant handout-section 1-4 and read the print out PPP or read PPP using computer	<ul style="list-style-type: none"> <li>Meet with Trainees on day 3 and ask the progress of self-reading, ask if he/she have any questions regarding the given topics, give them clarification or support them with additional materials and encourage them to read the next sections</li> </ul>	
Day 3	<b>Module 1-Section 5-9</b> :Infection Prevention for FP use, Natural FP methods, Barrier Methods, Oral Contraceptive pills (OCPs), and Injectable	Read Module 1 participant handout-section 5-9 and read the print out PPP or read PPP using computer plus watch DVD on IP practice for FP	Print and provide PPP for section 5-9 and facilitate DVD & computer for watching Infection prevention clinical practice , meet with Trainees on day 5 and ask the progress of self-reading, ask if he/she have any questions regarding the given topics, give them clarification or support them with additional materials and encourage them to read the next sections	

Day 4	<b>Module 1-Section 10-14:</b> Emergency Contraception, Post-Partum and Post abortion contraception, Family Planning for PLWHAs, clients with special needs, Logistics Management Information System (LMIS) and Health Management Information System (HMIS)	Read Module 1 participant handout-section 10-14 and read the print out PPP or read PPP using computer	Print and provide PPP for section 10-14 and facilitate DVD & computer for watching Infection prevention clinical practice , meet with Trainees on day 7 and ask the progress of self-reading, ask if he/she have any questions regarding the given topics, give them clarification or support them with additional materials and encourage them to read the next sections	
<b>Day</b>	<b>learning Activity/Topics</b>	<b>Trainee Tasks</b>	<b>OJT Trainer tasks</b>	<b>OJT Supervisor Tasks</b>
Day 5	1. Post-test Knowledge Assessment on basic FP and short acting FP methods ( FP module one course)	1. provided posttest questioners for M-1 ( Short Acting Family Planning Methods )	1. At the end of module 1, assess if trainee is self-studying by providing post-test questionnaires for module one course without grading the participants. Clarify any challenging question before moving to the next module.	
<b>Module 2: Counseling for Family Planning Use</b>				

Day 6-7	<b>Module 2, Part 1: Introduction to Counseling (Session I-V):</b> Supporting Clients' Informed and Voluntary Decision Making. The Difference that Counseling Makes. Providers' Beliefs and Attitudes. Ensuring optimal communication, and who are our clients?	Read Module 2 participant handout <b>part 1: Introduction to Counseling, session I-V</b>	Provide module two (Counseling for Family Planning Use) participant handout. Print and provide short note for counseling section I-V. Discuss with trainees and assess the trainee self-studying by asking questions and encourage the trainee to ask questions or get clarification	
Day 8-9	<b>Module 2, Part 2: Counseling Steps in Family Planning (Session I-V):</b> Introduction to the REDI Framework, Filling Clients' Knowledge gaps, Addressing Misconceptions , Helping clients making or confirming a decision, and Helping clients to implement their decisions	Read Module 2 participant handout <b>part 2: Counseling Steps in Family Planning session I-V</b>	Assess if Trainee is self-studying by asking questions and encourage the Trainee to ask questions or get clarification	
<b>Day</b>	<b>learning Activity/Topics</b>	<b>Trainee Tasks</b>	<b>OJT Trainer tasks</b>	<b>OJT Supervisor Tasks</b>

Day 10	<b>Module 2, Part 2: Counseling Steps in Family Planning (Session VI-IX):</b> Counseling Return Clients, Managing side effects and other problems, Helping clients continue or switch methods, and Strengthening skills in partner communication and negotiation	Read Module 2 (participant handout) <b>part 2: Counseling Steps in Family Planning</b> from session VI-IX	Assess if Trainee is self-studying by asking questions and encourage the Trainee to ask questions or get clarification	
Day 11	<b>Module 2- Part 3: Family planning counseling in practice</b> Session I: <b>Counseling role plays</b>	Read module 2 (participant handout) <b>Part 3 Family planning counseling in practicing:</b> Practice counseling with your colleague using role play scenario and demonstrate at least two role play	Help the Trainees in organizing a role play session and observe the Trainees role play session and provide constructive feedback	
Day 12	1. Counseling skill assessment	Take counseling skill assessment	1. At the end of this module, assess the trainee FP assess the trainee counseling skill using role play scenario and FP counseling observation checklist. If trainees have got the required competency score, congratulate the trainee and moving to the next module.	

Day	learning Activity/Topics	Trainee Tasks	OJT Trainer tasks	OJT Supervisor Tasks
Day 13	Pre-test Knowledge assessment on LAFP methods (Module 3)	Take pre-test Knowledge assessment on LAFP method	Record the Trainees score, sign on worksheet & document the pre-test result	
	<b>Module 3: Long Acting Family Planning Methods</b>			
Day 14	<b>Module 3, PART -ONE:</b> Introduction to Implants (Implanon and JADELLE®)	Read Module 3 (Family Planning Methods): PART ONE IMPLANTS: A, B and C	Provide Module 3 participants handout, print and provide PPP on hormonal Implant (Implanon and Jadelle)	Conduct follow up visit at OJT site; assess strength and challenges of the OJT course. Provide feedback for Trainees, Trainers and facility management.
Day 15-16	<b>Module 3, PART -ONE:</b> Implanon and Jadelle Insertion and removal procedures	Demonstrate Implanon and Jadelle insertion and removal on arm model using actual equipment, supplies and IP practice. Simulate communication with clients during procedures	Provide learning guide for Jadelle Insertion and removal procedures. Demonstrate the Jadelle insertion and removal procedures on arm model with correct steps and sequence using actual equipment, supplies and IP practice. Simulate interaction with clients. Then observe the Trainees skill practice	

			on model using Jadelle insertion and removal checklist.	
Day 17	<b>Module 3, PART -TWO:</b> Intra-Uterine contraceptive Devices (IUCDs)	Read Module 3 (Family Planning Methods): PART 2: Session 1,2,3,& 5	Print and provide PPP on Overview of IUCDs, appropriate use of MEC for use of IUCDs, client assessment, side effect and complications associated with the use of IUCDs and their management	
<b>Day</b>	<b>Learning Activity/Topics</b>	<b>Trainee Tasks</b>	<b>OJT Trainer tasks</b>	<b>OJT Supervisor Tasks</b>

Day 18-19	<b>Module 3, PART -TWO:</b> IUCDs (Cu-T380A) Insertion and removal procedures	Practice on model using actual equipment, and supplies. Demonstrate the correct steps and sequence of IUCD insertion and removal	Provide learning guide for IUCD Insertion and removal procedures Do the demonstration of IUCD insertion and removal procedure on models for Trainee to watch before they start performing. Then observe the Trainees performance on model using IUCD insertion and removal learning guide.	
Day 20-21	<b>IUD and Implant insertion and removal on model (300'</b>	Keep on practicing on the Zoe and arm models until she/he is confident and ready to take the skill test.	Observe Trainee's performance and provide continuous feedback. Confirm Trainee's competency before performing on clients.	
Day 22-23	<b>Module 3, PART -ONE &amp; TWO:</b> Clinical practice on Implanon , Jadelle and IUCD	Trainees can do clinical practice following demonstration then will attend the clinical practice on Implanon, Jadelle, and IUCD insertion and removal	Do demonstration on client, allow Trainees to practice while observing the Trainee's performance and provide continuous feedback. Save cases - IUD and Implant for the OJT supervisor to have a chance to observe and evaluate Trainee's competency	
Day 24	Complete final Knowledge and skill assessment on LAFP methods (Implant & IUCD insertion and removal)	Complete the course post-test for LAFP methods Demonstrate the clinical competency on Implant and IUCD insertion and removal	Attend the Trainee's knowledge and skill competency LAFP methods. Record the Trainees score on worksheet and document the result	The supervisor evaluate the Trainees knowledge and skill competency and give feedback

Day 25	Course evaluation and general discussion on OJT training	Fill out course evaluation and Attend a general discussion on strength and challenges of the OJT course along with the facility head, Trainer and supervisor.	Document the course evaluation and Attend a general discussion on strength and challenges of the OJT course.	Collect course evaluation; Lead a general discussion on strength and challenges of the OJT course. Prepare report on OJT course within 8 days after completion and plan post training follow or CBCM visit after two-six weeks Certify trainees based on the above competency result and documentations.

## Annex-2: SOJT Course Outline for Postpartum Family Planning (PPFP)

### PPFP Course Description

The 17-day course is designed to prepare participants to become competent on different family planning methods to provide postpartum family planning services. The course will equip trainees with necessary skill and knowledge to competently provide postpartum family planning methods as per the national standard. The course will be given in structured on-the-job training modality for selected health care providers.

### Course Duration:

Total Course Duration: 17 days including weekend to use for knowledge and skill practice sessions

Knowledge session will take an average 2 hours every day through Monday to Friday and a total of 4 hours in weekend time (Saturday and Sunday) for the trainee to do the self-reading. In addition, two-hour session every day during Monday to Friday and 4 hours during weekend (Saturday and Sunday) for OJT trainer that he/she meet with trainee for asking questions and give clarification and follow up on the trainee's progress on the course.

### Contact Time:

The trainer and trainee will have 15-discussion meeting that means they will have two-hour contact time every day during Monday to Friday and about 4 hours contact time during Saturday and Sunday. The trainee expected to come prepared for assessment or bring questions that unclear to them during their self-study and the trainer shall pick any question and discuss to clarify important matters in the session. The trainee need to read the notes on resource material first and then read the power point presentation as a summary point. Trainers should provide the PowerPoint presentation according to the course outline ahead of time subsequently considering the time of upcoming session.

Please see below the detail in SOJT PPFP course outlines

### SOJT Course Outline for PPFP

Day	Learning Activity/Topics	Trainee Tasks	SOJT Trainer tasks	SOJT Supervisor Tasks
Day 1	Orientation on SOJT PPFP course ( two types of orientation; the first orientation will be for all stakeholders in the facilities	Attend the facility orientation on SOJT PPFP course	Attend facility orientation on the course (Discuss with supervisor about facilitation)	Orient the facility staff in the presence of the Trainee and Trainer, health facility manager and other stakeholders.

	and the second is orientation between Facilitator, trainer & trainees)	Meet with your SOJT Trainer and discuss the SOJT course goal and objective	Meet with the Trainee to discuss the SOJT course goals and objectives, review the training package and then discuss the responsibilities of the Trainee, Trainer and supervisor.	Gives the Trainer orientation (refer training of SOJT Trainer)
		Reach on consensus with the trainer on SOJT course <b>schedule</b>	Review the SOJT course outline and explain that the Trainee should mark and date each step as it is completed. The Trainer will sign off each section.	Affirm that trainee and trainer reach on consensus on course schedule and motivate them importance meeting SOJT Course schedule
	Pre-course knowledge assessment on PFP	Take pre-course knowledge assessment	Print PFP knowledge assessment & administer, score and announce result, sign on worksheet & document	Record pre-test result for evaluating progress, discuss of the pre-test knowledge assessment with the trainees
	SOJT training material preparation	<ul style="list-style-type: none"> <li>• Ready for self-paced reading</li> <li>• Receive course materials (PFP participant manual, other necessary materials) for subsequent self-paced reading</li> </ul>	<ul style="list-style-type: none"> <li>• Arrange and provide PFP course materials for trainees</li> <li>• Provide SOJT PFP Course session 1-3 for the second day</li> </ul>	Assist the trainer for advance preparation of course materials

Day 2	<p>Session 1: Overview of Postpartum family planning</p> <p>Session 2: Anatomy and Physiology relevant to postpartum family planning</p> <p>Session 3: Natural family planning methods</p>	<ul style="list-style-type: none"> <li>• Read session 1-3 participant manual and PowerPoint (Printed or soft copy)</li> <li>• Ask &amp; discuss with the trainer if there was any unclear issues</li> </ul>	<ul style="list-style-type: none"> <li>• Meet with the trainee and ask the progress of self-reading ask if he/she has question on the given topics</li> <li>• Discuss on the self-reading topics with the trainee.</li> <li>• Provide session 4-6 learning materials &amp; PPT</li> </ul>	
Day 3	<p>Session 4: Barrier Methods</p> <p>Session 5: short acting family planning methods</p> <p>Session 6: Medical Eligibility Criteria for PFP Methods</p>	<ul style="list-style-type: none"> <li>• male condom demonstration using penile model</li> <li>• Video show on female condom</li> <li>• Discuss with the trainer on what has been read. Ask unclear topics</li> <li>• Exercise MEC wheel to determine eligibility for FP</li> </ul>	<ul style="list-style-type: none"> <li>• Meet with the trainee and ask the progress of self-reading and respond to trainee questions.</li> <li>• Ask trainees on selected question to check their understanding</li> <li>• Facilitate demonstration of male condom using penile model</li> <li>• Facilitate video show on female condom</li> <li>• Facilitate MEC wheel Exercise using clinical scenario</li> <li>• Summarize sessions covered</li> <li>• Provide session 7-9 learning materials &amp; PPTs to trainees</li> </ul>	
Day 4	<p>Session 7: Introduction to Infection prevention in PFP</p> <p>Session 8: Logistics and Health Management Information in Postpartum FP</p> <p>Session 9: Counseling in Postpartum Family Planning Services</p>	<ul style="list-style-type: none"> <li>• Discuss with the trainer on what has been read. Ask unclear topics</li> <li>• Read &amp; Discuss with the trainer on IPC</li> <li>• Read and discuss with the trainer on the given session</li> </ul>	<ul style="list-style-type: none"> <li>• Meet with the trainee and ask the progress of self-reading and respond to trainee questions.</li> <li>• Ask trainees on selected question to check their understanding</li> <li>• Check progress of trainees on the given sessions</li> <li>• Provide feedback on IPC demonstration</li> </ul>	

		<ul style="list-style-type: none"> <li>• Read and discuss on Logistics and Health Management</li> <li>• Ask unclear issues on the topics</li> <li>• Perform role play as per defined role</li> <li>• Ask unclear issues on the topics</li> </ul>	<ul style="list-style-type: none"> <li>• Prepare script/case for role play and facilitate qualities of effective counseling using discussion points</li> <li>• Summarize role play</li> <li>• Respond to trainees questions</li> <li>• Ask trainees &amp; check whether they comprehend sessions</li> <li>• Provide session 10 learning materials &amp; PPT to trainees</li> </ul>	
Day 5	Session 10: Implants (introduction to implants: Implanon and Jadelle )	<ul style="list-style-type: none"> <li>• Read and discuss with the trainer on session 10</li> <li>• Ask unclear issues on the topics</li> </ul>	<ul style="list-style-type: none"> <li>• Make sure that the trainee has understood implants</li> <li>• Hand implants insertion &amp; removal learning guide for self-reading</li> </ul>	
Day 6	Session 10: Implants (demonstration on arm model)	<ul style="list-style-type: none"> <li>• Review steps of implant insertion and removal</li> <li>• Re-demonstrate insertion &amp; removal of implants</li> </ul>	<ul style="list-style-type: none"> <li>• Demonstrate insertion &amp; removal of implants for trainees</li> <li>• Video show on insertion &amp; removal of implants</li> <li>• Instruct trainees to demonstrate based on learning guide</li> <li>• Hands session 11 &amp; 12 for self-reading</li> </ul>	
Day 7-8	Session 11: PPIUCD Session 12: overview of permanent contraceptive methods	<ul style="list-style-type: none"> <li>• Read sessions 11&amp;12</li> <li>• Read and discuss permanent contraceptive methods</li> <li>• Ask the trainer any unclear topics</li> </ul>	<ul style="list-style-type: none"> <li>• Make sure that the trainees address all the following topics; Overview of PPIUCD, appropriate use of MEC for use of PPIUCDs &amp; client assessment</li> <li>• Ask trainees if they comprehend PPIUCD</li> <li>• Hands PPIUCD insertion learning guide</li> </ul>	

Day 9	Session 11: PPIUCD Demonstration	<ul style="list-style-type: none"> <li>Re-demonstrate on PPIUCD using MAMA –U model</li> </ul>	<ul style="list-style-type: none"> <li>Show trainees a video on insertion &amp; removal of PPIUCD</li> <li>Demonstrate insertion &amp; removal of PPIUCD</li> <li>Hands on session 12 and LMIS/HMIS for self-reading materials</li> </ul>	
Day 10-11	Review demonstration of insertion & removal of implants and PPIUCD	<ul style="list-style-type: none"> <li>Practice on model until proficient using actual equipment, and supplies.</li> <li>Re-demonstrate the correct steps of PPIUCD insertion &amp; removal</li> <li>Keep on practicing on Zoe model and arm models until she/he is confident and ready to take the skill test.</li> </ul>	<ul style="list-style-type: none"> <li>Provide learning guide for PPIUCD Insertion and removal procedures</li> <li>Do the demonstration of IUCD insertion and removal procedure on models for Trainee to watch before they re-demonstrate.</li> <li>Then observe trainees performance on model using PPIUCD insertion and removal learning guide.</li> <li>Observe Trainee’s performance and provide continuous feedback. Confirm Trainee’s competency before performing on clients.</li> </ul>	Conduct follow up visit
Day 12-16	Clinical practice	Attend clinical practice on Implanon, Jadelle, and PPIUCD insertion and removal	<ul style="list-style-type: none"> <li>Do demonstration on client, allow Trainees to practice while observing the Trainee’s performance and provide continuous feedback.</li> <li>Save cases of PPIUD and Implant for the OJT supervisor to have a chance to observe and evaluate Trainee’s competency</li> </ul>	
<b>Day 17</b>	Post training knowledge & skill assessment	<ul style="list-style-type: none"> <li>Take post-test for PPFPP methods</li> <li>Take final skill competency assessment</li> </ul>	<ul style="list-style-type: none"> <li>Provide post training knowledge and final competency assessment on implants &amp; PPIUCD.</li> </ul>	<ul style="list-style-type: none"> <li>Evaluate trainees knowledge and skill competency and give feedback</li> </ul>

			<ul style="list-style-type: none"> <li>Record the Trainees score on worksheet and document the result</li> </ul>	
	Course evaluation & general discussion on SOJT training program	<ul style="list-style-type: none"> <li>Fill out course evaluation and attend a general discussion on strength &amp; challenges of the SOJT along with facility head, Trainer and supervisor.</li> </ul>	<ul style="list-style-type: none"> <li>Document the course evaluation and attend a general discussion on strength and challenges of the OJT course.</li> </ul>	<ul style="list-style-type: none"> <li>Collect course evaluation; Lead a general discussion on strength and challenges of the SOJT course.</li> <li>Prepare report on SOJT course.</li> <li>Enroll trained providers into post training follow up or clinical mentoring within 01 month.</li> </ul>
	Certification	<ul style="list-style-type: none"> <li>Eligible for certificate of completion</li> </ul>	<ul style="list-style-type: none"> <li>Ensure the trained provider will continue to provide the service through Post training follow up/clinical mentorship</li> </ul>	<ul style="list-style-type: none"> <li>Emphasize continues learning &amp; professional development</li> </ul>

## Annex-3: SOJT Course Outline for Comprehensive Abortion Care (CAC)

### Course Duration:

Total Course Duration: 25 days including weekend to use for knowledge and skill practice sessions

Knowledge session will take an average 2 hours every day through Monday to Friday and a total of 4 hours in weekend time (Saturday and Sunday) for the trainee to do the self-reading. In addition, two-hour session every day during Monday to Friday and 4 hours during weekend (Saturday and Sunday) for OJT trainer that he/she meet with trainee for asking questions and give clarification and follow up on the trainee's progress on the course.

### Contact Time:

The trainer and trainee will have twenty-three discussion meeting that means they will have two-hour contact time every day during Monday to Friday and about 4 hours contact time during Saturday and Sunday. The trainee expected to come prepared for assessment or bring questions that unclear to them during their self-study and the trainer shall pick any question and discuss to clarify important matters in the session. The trainee need to read the notes on resource material first and then read the power point presentation as a summary point. Trainers should provide the PowerPoint presentation according to the course outline ahead of time subsequently considering the time of upcoming session.

Please see below the detail in SOJT CAC course outlines

SOJT Course Outline for Comprehensive Abortion Care (CAC)				
Date	Learning Activities /Sessions	OJT Trainees Tasks	OJT Trainer Tasks	OJT Supervisor Tasks
Day 1	Orientation on CAC OJT course	<ul style="list-style-type: none"> <li>Attend the facility orientation on CAC OJT course</li> </ul>	<ul style="list-style-type: none"> <li>Attend facility orientation on the course</li> </ul>	Orient the facility staff in the presence of the trainee and trainer.
		<ul style="list-style-type: none"> <li>Meet with your OJT Trainer and discuss the OJT course goal and objective</li> </ul>	<ul style="list-style-type: none"> <li>Meet with the trainee to discuss the OJT course goals and objectives, review the training package and then discuss the responsibilities of the trainee, trainer and supervisor.</li> </ul>	Gives the trainer a half day orientation (see training of OJT trainer)
		<ul style="list-style-type: none"> <li>Read the course goal and objective and agree with the schedule</li> </ul>	<ul style="list-style-type: none"> <li>Review the OJT course outline and explain that the trainee should mark and date each step as it is completed. The trainer will sign off each section.</li> </ul>	Have a discussion on the course goal and objective, methodology, assessment with the trainer and trainee
		<ul style="list-style-type: none"> <li>Prepare materials for subsequent self-paced reading</li> </ul>	<ul style="list-style-type: none"> <li>Provide materials including participant manual of first trimester comprehensive abortion care and provide materials for next session.</li> </ul>	Discuss the pre- and post-training knowledge and skill assessments.
	Pre-test Knowledge assessment on first trimester CAC course	<ul style="list-style-type: none"> <li>Take pre-test Knowledge assessment for first trimester CAC course</li> </ul>	<ul style="list-style-type: none"> <li>Record the trainees score, sign on worksheet &amp; document the pre-test result</li> <li>NB: Remind the trainees about next session and provide PPTs for session-1 in hardcopy or electronic copy</li> </ul>	Administer and score the pre-test and show the test paper for her/him to see which of the test questions she/h answers right or wrong, give trainee a chance to ask questions for clarification and later give immediate feedback on

				those areas in which the trainee is strong and on areas in which additional study might be required.
	Session-1: Reproductive Rights: Overview and Principles 70'	<ul style="list-style-type: none"> <li>• Read the session-1 in CAC participants manual independently</li> <li>• Review the PPT for session -1</li> <li>• If you have questions or something is not clear , take note to discuss with trainer</li> </ul>	<ul style="list-style-type: none"> <li>• Meet with trainees and discuss about pre-test knowledge assessment that the trainee taken in last session.</li> <li>• Ask the trainees if they have question about pre-test</li> <li>• Give them clarification if they have questions</li> <li>• Review session-1 in CAC trainers manual.</li> <li>• Provide them the PPT for session-2 in hardcopy or electronic copy</li> <li>• Encourage them to read the next sections</li> </ul>	
<b>Day 2</b>	Session-2 Maternal mortality and unsafe abortion 45'	<ul style="list-style-type: none"> <li>• Read the session-2 in CAC participants manual independently</li> <li>• Review the PPT for session -2</li> <li>• If you have questions or something is not clear , take note to discuss with trainer</li> </ul>	<ul style="list-style-type: none"> <li>• Meet with trainees and discuss about session-1 (Reproductive Rights: Overview and Principles)</li> <li>• Ask the trainees if they have question about session-1</li> <li>• Give them clarification if they have questions</li> <li>• Provide them the PPT for session-3 in hardcopy or electronic copy</li> <li>• Review session-2 "Maternal mortality and unsafe abortion" using CAC trainers manual.</li> </ul>	
	Session-3 Value clarification and attitude transformation (VCAT) 45	<ul style="list-style-type: none"> <li>• Read the session-3 using CAC participants manual independently</li> <li>• Review the session -3 using PPT</li> <li>• If you have questions or something is not clear, take note to discuss with trainer</li> <li>• Read the story "Why Did She Die?"</li> <li>• Think about abortion related problem that women facing around your community for tomorrow session</li> </ul>	<ul style="list-style-type: none"> <li>• Meet with trainees and discuss about session-2 (Maternal mortality and unsafe abortion)</li> <li>• Ask the trainees if they have question about session-2</li> <li>• Give them clarification if they have questions</li> <li>• Review and make the necessary preparation about Facilitating dialogs and "why she die?" excesses using VCAT training guide</li> <li>• Provide them copies of the story "Why Did She Die?" for tomorrow session</li> <li>• Review session-3 "Value clarification and attitude transformation (VCAT)" in CAC trainer manual.</li> </ul>	

<b>Day 3</b>	<p>Continue session-3 VCAT Exercises-1: A. Facilitating dialogs. B. "Why she die?"</p> <p><b>NB: Since SOJT trainees are very small, they can do VICAT exercise using group individuals/staff or as whole site VICAT before training or during training or after training as needed.</b></p>	<ul style="list-style-type: none"> <li>if you have questions or clarification about session-3 "Value clarification and attitude transformation (VCAT)" discuss with trainer</li> <li>Follow the trainer instruction and actively participate in VCAT exercise</li> <li>Read the reasons why question strips for tomorrow exercise</li> <li>If you have questions or something is not clear , take note to discuss with trainer</li> </ul>	<ul style="list-style-type: none"> <li>Give them clarification if they have questions</li> <li>Facilitate VCAT Exercises (Facilitating dialogs and "why she die?" excesses)</li> <li>Use local language during facilitating the exercises</li> <li>Review and make the necessary preparation about the following exercises: Four corner, cross the line, and reason why</li> <li>Provide Reasons Why question strips for tomorrow exercise</li> </ul>	
	<p>Continue session-3 VCAT-Exercises-2: A. Four corner, B. cross the line, and C. reason why</p> <p><b>NB: Since SOJT trainees are very small, they can do VICAT exercise using group individuals/staff or as whole site VICAT before training or during training or after training as needed.</b></p>	<ul style="list-style-type: none"> <li>Follow the trainer instruction and actively participate in VCAT exercise</li> <li>Read the case scenarios handout about last abortion for tomorrow exercise</li> <li>Read the worksheet about personal belief Vs professional responsibility)</li> <li>If you have questions or something is not clear , take note to discuss with trainer</li> </ul>	<ul style="list-style-type: none"> <li>Facilitate VCAT Exercises (Four corner, cross the line, and reason why excesses) using local language</li> <li>Ask the trainees if they have question</li> <li>Give them clarification if they have questions</li> <li>Review and make the necessary preparation about the following exercises: The last abortion, talking about abortion and personal belief Vs professional responsibility.</li> <li>Provide Worksheet one per participant (Personal Belief Vs professional responsibility).</li> <li>Provide Copies of thinking about My Values worksheets</li> <li>Provide case scenarios handout for each participant (last abortion)</li> </ul>	
<b>Day 4</b>	<p>Continue session-3 VCAT-Exercises-3: A. The last abortion, B. talking about abortion and C. personal belief Vs professional responsibility.</p> <p><b>NB: Since SOJT trainees are very small, they can do VICAT exercise using group individuals/staff or as whole site VICAT before training or during training or after training as needed.</b></p>	<ul style="list-style-type: none"> <li>Follow the trainer instruction and actively participate in VCAT exercise</li> <li>Read the second edition of the technical and procedural guideline for safe abortion care in Ethiopia</li> <li>If you have questions or something is not clear , take note to discuss with trainer</li> </ul>	<ul style="list-style-type: none"> <li>Facilitate VCAT Exercises (The last abortion, talking about abortion and personal belief Vs professional responsibility excesses) using local language</li> <li>Respond if the trainees have questions or concerns</li> <li>Review and make the necessary preparation on second edition of the technical and procedural guideline for safe abortion care in Ethiopia</li> <li>Provide to trainees self-reading document and PPT on second edition of the technical and</li> </ul>	

			procedural guideline for safe abortion care in Ethiopia.	
	Session-4: Introduction to the second edition of the technical and procedural guideline for safe abortion care in Ethiopia 75'	<ul style="list-style-type: none"> <li>• Read session-4 using CAC participants manual</li> <li>• Read the session summary using PPT</li> <li>• If you have questions or something is not clear, take note to discuss with trainer</li> <li>• Prepare materials for subsequent self-paced reading</li> </ul>	<ul style="list-style-type: none"> <li>• Meet with trainees and discuss about session-3 VCAT exercises</li> <li>• Ask the trainees if they have questions</li> <li>• If they have questions or concerns respond accordingly</li> <li>• Provide them the PPT for session-5 including pictures of female reproductive organ in hardcopy or electronic copy</li> <li>• Review session-5 "Basic anatomy of the Female reproductive organ (external &amp; internal genitalia)" using CAC trainer manual</li> </ul>	
<b>Day 5</b>	Session-5: Basic anatomy of the Female reproductive organ (external & internal genitalia) 45'	<ul style="list-style-type: none"> <li>• Read session-5 using CAC participants manual</li> <li>• Read the session summary using PPT</li> <li>• Review pictures of female reproductive organ</li> <li>• If you have questions or something is not clear, take note to discuss with trainer</li> <li>• Prepare materials for subsequent self-paced reading</li> </ul>	<ul style="list-style-type: none"> <li>• Meet with trainees and discuss about session-4 (second edition of the technical and procedural guideline for safe abortion care in Ethiopia)</li> <li>• Respond for trainee's questions and concern.</li> <li>• Provide them the PPT for session-6 (Counseling in Abortion) in hardcopy or electronic copy</li> <li>• Review session-6 "counseling in abortion" using CAC trainer manual</li> </ul>	
	Session-6: Counseling in Abortion 60'	<ul style="list-style-type: none"> <li>• Read session-6 "Counseling in Abortion" using CAC participants manual</li> <li>• Read the session summary using PPT</li> <li>• If you have questions or something is not clear, take note to discuss with trainer</li> <li>• Prepare materials for subsequent self-paced reading</li> </ul>	<ul style="list-style-type: none"> <li>• Meet with trainees and discuss about session-5 (Basic anatomy of the Female reproductive organ (external &amp; internal genitalia))</li> <li>• Respond for trainee's questions and concern.</li> <li>• Provide them the PPT for session-7 (Clinical Assessment) in hardcopy or electronic copy</li> <li>• Review session-7 "Clinical Assessment" using CAC trainer manual</li> </ul>	
<b>Day 6 and 7</b>	Session-7: Clinical Assessment 60'	<ul style="list-style-type: none"> <li>• Read session-7 "Clinical Assessment" using CAC participants manual</li> <li>• Read the session summary using PPT</li> <li>• If you have questions or something is not clear, take note to discuss with trainer</li> </ul>	<ul style="list-style-type: none"> <li>• Meet with trainees and discuss about session-6 (Counseling in Abortion)</li> <li>• Respond for trainee's questions and concern.</li> <li>• Provide material for session-8 (Counseling Practice) in hardcopy or electronic copy. This include: <ul style="list-style-type: none"> <li>- learning guide for CAC counseling</li> </ul> </li> </ul>	

		<ul style="list-style-type: none"> <li>• Prepare materials for subsequent self-paced reading</li> </ul>	<ul style="list-style-type: none"> <li>- Different scenario for counseling role-play</li> <li>• Make the necessary preparation to facilitate session-8 "counseling practice" using CAC trainer manual</li> </ul>	
	Session-8: Counseling Practice (Demonstration and role play practice) 150'	<ul style="list-style-type: none"> <li>• Read learning guide for CAC counseling using CAC participants manual</li> <li>• Read the role play scenario for counseling practice</li> <li>• Practice counseling with your colleague using role play scenario and demonstrate at least three role play</li> <li>• Prepare materials for subsequent self-paced reading</li> </ul>	<ul style="list-style-type: none"> <li>• Meet with trainees and discuss about session-7 "Clinical Assessment"</li> <li>• Respond for trainee's questions and concern.</li> <li>• Demonstrate CAC counseling practice using role-play scenario.</li> <li>• If available, use one CAC trained provider to act as client in role-play demonstration.</li> <li>• If not available, use one of the trainee to act as client in role-play demonstration.</li> <li>• After demonstration, reflect about your demonstration against counseling learning guide then ask trainees comment, what was good and what need to improve.</li> <li>• Facilitate trainee's counseling role-play by pairing them to do role-play practice. One of the trainee will act as provider and the other one act as client then they will shift their role in the next round role-play.</li> <li>• Tell trainees the rest of trainees will observe the counseling role-play using counseling learning guide.</li> <li>• At the end of each role-play practice, they will provide comment and feedback (what was good and what need to improve).</li> <li>• Each trainees need to demonstrate at least two role-play practice but trainers will recommend additional role-play practice depending on how the trainee cope with the required skill.</li> <li>• At the end of the session, tell the trainees to read counseling learning guide, do role-play practicing and feedback between each other.</li> </ul>	

<b>Day 8</b>	Session-9: Uterine evacuation method 75'	<ul style="list-style-type: none"> <li>• Read session-9 "<b>Uterine evacuation method</b> " using CAC participants manual</li> <li>• Read the session-9 summary using PPT</li> <li>• If you have questions or something is not clear, take note to discuss with trainer</li> <li>• Prepare materials for subsequent self-paced reading</li> </ul>	<ul style="list-style-type: none"> <li>• Meet with trainees and discuss about session-8 (counseling practice)</li> <li>• Respond for trainee's questions and concern.</li> <li>• Provide PPT for session-9 (Uterine evacuation method) in hardcopy or electronic copy.</li> <li>• Make the necessary preparation for session-9 "Uterine evacuation method" using CAC trainer manual</li> </ul>	
	Session-10: Medication abortion 45	<ul style="list-style-type: none"> <li>• Read session-10 "Medication abortion " using CAC participants manual</li> <li>• Read the session-10 summary using PPT</li> <li>• If you have questions or something is not clear, take note to discuss with trainer</li> <li>• Prepare materials for self-paced reading</li> </ul>	<ul style="list-style-type: none"> <li>• Meet with trainees and discuss about session-9 (Uterine evacuation method)</li> <li>• Respond for trainee's questions and concern.</li> <li>• Provide PPT for session-10 (Medication abortion) in hardcopy or electronic copy.</li> <li>• Make the necessary preparation for session-10 "Medication abortion" using CAC trainer manual</li> </ul>	
Day 9	Session-11: Pain Management in CAC 30'	<ul style="list-style-type: none"> <li>• Read session-11 "Pain Management in CAC " using CAC participants manual</li> <li>• Read the session-11 summary using PPT</li> <li>• If you have questions or something is not clear, take note to discuss with trainer</li> </ul>	<ul style="list-style-type: none"> <li>• Meet with trainees and discuss about session-10 (Medication abortion)</li> <li>• Respond for trainee's questions and concern.</li> <li>• Provide PPT for session-11 (Pain Management in CAC) in hardcopy or electronic copy.</li> <li>• Make the necessary preparation for session-11 "Pain Management in CAC" using CAC trainer manual</li> </ul>	
	Session-12: Infection prevention pertinent to CAC service	<ul style="list-style-type: none"> <li>• Read session-12 "Infection prevention pertinent to CAC service " using CAC participants manual</li> <li>• Read the session-12 summary using PPT</li> <li>• If you have questions or something is not clear, take note to discuss with trainer</li> </ul>	<ul style="list-style-type: none"> <li>• Meet with trainees and discuss about session-11 (Pain Management in CAC)</li> <li>• Respond for trainee's questions and concern.</li> <li>• Provide PPT for session-12 (Infection prevention pertinent to CAC service) in hardcopy or electronic copy.</li> <li>• Make the necessary preparation for session-12 "Infection prevention pertinent to CAC service" using CAC trainer manual.</li> </ul>	
Day 10 and 11	Session-13: Management of abortion complication 60	<ul style="list-style-type: none"> <li>• Read session-13 "Management of abortion complication " using CAC participants manual</li> </ul>	<ul style="list-style-type: none"> <li>• Meet with trainees and discuss about session-12 (Infection prevention pertinent to CAC service)</li> </ul>	

		<ul style="list-style-type: none"> <li>• Read the session-13 summary using PPT</li> <li>• If you have questions or something is not clear, take note to discuss with trainer</li> </ul>	<ul style="list-style-type: none"> <li>• Respond for trainee's questions and concern.</li> <li>• If trainees have lack of experience in applying IP-practice, consider arranging a separate IP practice session or consider doing IP practice in combination with MVA procedure.</li> <li>• Provide PPT for session-13 (Management of abortion complication) in hardcopy or electronic copy.</li> <li>• Make the necessary preparation for session-14 "Demonstration of steps for performing a manual vacuum aspiration (MVA) procedure" using CAC trainer manual.</li> </ul>	
	Session-14: Demonstration of steps for performing a manual vacuum aspiration (MVA) procedure and practicing MVA procedure on model.120	<ul style="list-style-type: none"> <li>• Read learning guide for manual vacuum aspiration (MVA) procedure using CAC participants manual</li> <li>• Prepare the necessary equipment, supplies and anatomic model for practicing MVA procedure on model.</li> <li>• Observe the trainer demonstration assembling and disassembling of MVA apparatus</li> <li>• Observe the trainer demonstration steps of MVA procedure on model</li> <li>• Practice MVA procedure on model with performing correct steps and sequence.</li> <li>• Let provide comment and feedback with your colleagues.</li> <li>• Perform the procedure repeatedly until you feel confident.</li> </ul>	<ul style="list-style-type: none"> <li>• Meet with trainees and discuss about session-13 (Management of abortion complication)</li> <li>• Respond for trainee's questions and concern.</li> <li>• Provide Learning guide for MVA procedure</li> <li>• Arrange place for model practice</li> <li>• Prepare equipment, supplies, and anatomic model for MVA demonstration and practice.</li> <li>• Demonstrate assembling and disassembling of MVA apparatus</li> <li>• Demonstrate steps of MVA procedure on model</li> <li>• Initiate the trainees MVA practice on model.</li> <li>• Observe and coach the trainees practice and provide feedback.</li> <li>• Observe and coach the trainees IP practice while they are MVA procedure.</li> <li>• Make sure that the trainees are performing the correct steps and sequence of MVA procedure repeatedly until they become competent and confident.</li> </ul>	<p>Conduct follow up visit at OJT site; assess strength and challenges of the OJT course. Provide feedback for trainees, trainers and facility management.</p> <ul style="list-style-type: none"> <li>• If trainees have lack of experience in applying IP-practice, consider arranging a separate IP practice session or consider doing IP practice in combination with MVA procedure.</li> </ul>
Day 12	Session-15: Post abortion contraception and service integration 120	<ul style="list-style-type: none"> <li>• Read session-15 "Post abortion contraception and service integration " using CAC participants manual</li> <li>• Read the session-15 summary using PPT</li> </ul>	<ul style="list-style-type: none"> <li>• Meet with trainees and discuss about session-14 (Practicing MVA procedure on model)</li> <li>• Respond for trainee's questions and concern.</li> <li>• Provide PPT for session-15 (Post abortion contraception and service integration) in hardcopy or electronic copy.</li> </ul>	

		<ul style="list-style-type: none"> <li>If you have questions or something is not clear, take note to discuss with trainer</li> </ul>	<ul style="list-style-type: none"> <li>Make the necessary preparation for session-15 "Post abortion contraception and service integration" using CAC trainer manual.</li> </ul>	
	<p>Session-16:Linkage of CAC with other RH services (HIV, STI etc.) 45 and</p> <p>Session-17: Community provider partnership for CAC service</p>	<ul style="list-style-type: none"> <li>Read session-16 and 17 "Linkage of CAC with other RH services (HIV, STI etc.) and Community provider partnership for CAC service " using CAC participants manual</li> <li>Read the PPT prepared for session-16 and 17</li> <li>If you have questions or something is not clear, take note to discuss with trainer</li> </ul>	<ul style="list-style-type: none"> <li>Meet with trainees and discuss about session-15 (Post abortion contraception and service integration )</li> <li>Respond for trainee's questions and concern.</li> <li>Provide PPT for session-16 and 17 (Post abortion contraception and service integration and Community provider partnership for CAC) service) in hardcopy or electronic copy.</li> <li>Make the necessary preparation for session-18 "Continue with MVA practice</li> </ul>	
Day 13 & 14	Session-18:Continue with practicing MVA procedure on model and the correct use of MA drug 360'	<ul style="list-style-type: none"> <li>Arrange the necessary equipment, supplies and anatomic model for practicing MVA procedure on model.</li> <li>Continue with practicing MVA procedure on model with performing correct steps and sequence.</li> <li>Let provide comment and feedback with your colleagues.</li> <li>Perform the procedure repeatedly until you feel confident.</li> </ul>	<ul style="list-style-type: none"> <li>Meet with trainees and discuss about session-16 and 17 (Linkage of CAC with other RH services and community provider partnership respectively).</li> <li>Respond for trainee's questions and concern.</li> <li>Arrange place for model practice and prepare equipment, supplies, and anatomic model for MVA practice.</li> <li>Observe and coach the trainees practice and provide feedback.</li> <li>Observe and coach the trainees IP practice while they are MVA procedure.</li> <li>Make sure that trainees using learning guide while practicing are MVA procedure on model.</li> <li>Make sure trainees performing a correct MVA procedure competently and ready for skill assessment on model.</li> </ul>	
Day 15	Session-19: Skill competency assessment on model/ rating trainees competency on MVA procedure and correct use of MA drug 240'	<ul style="list-style-type: none"> <li>Arrange the necessary equipment, supplies and anatomic model for practicing MVA procedure on model.</li> <li>Continue with practicing MVA procedure on model while other taking with skill competency assessment.</li> <li>Perform skill competency assessment and get individual feedback.</li> </ul>	<ul style="list-style-type: none"> <li>Meet with trainees and discuss about session-18 practicing MVA procedure on model.</li> <li>Identify trainees who need additional time for mastering MVA skill and provide the necessary support</li> <li>Arrange place for skill competency assessment on model</li> <li>Prepare equipment, supplies, and anatomic model for MVA skill competency assessment.</li> </ul>	

			<ul style="list-style-type: none"> <li>Assess the trainee skill competency on MVA procedure and provide individual feedback</li> <li>Rate the trainee skill competency on MVA procedure and document in trainees profile folder.</li> </ul>	
Day 16	Session-20 and 21 (Monitoring and Logistics in CAC 45'	<ul style="list-style-type: none"> <li>Read session-20 and 21: Monitoring and Logistics in CAC using CAC participants manual</li> <li>Read the PPT prepared for session-20 and 21</li> <li>If you have questions or something is not clear, take note to discuss with trainer</li> </ul>	<ul style="list-style-type: none"> <li>Meet with trainees and discuss about session-19: Skill competency assessment.</li> <li>Respond for trainee's questions and concern.</li> <li>Provide PPT for session-20 and 21: (Monitoring and Logistics in CAC) in hardcopy or electronic copy.</li> <li>Make the necessary preparation for next session</li> </ul>	
	Session-22: Mid-course knowledge assessment including discussion on mid-course knowledge assessment questioners 60'	Take mid-course knowledge assessment for first trimester CAC course	<ul style="list-style-type: none"> <li>Meet with trainees and discuss about session-20 and 21 (Monitoring and logistic in CAC)</li> <li>Respond for trainee's questions and concern.</li> <li>Provide mid-course knowledge questioner</li> <li>Give instruction and time</li> <li>Trainees need to complete the mid-course in the presence of trainer</li> <li>Tell score for each individual trainees confidentially</li> <li>Record &amp; document the trainees mid-course knowledge assessment score</li> <li>If they have questions on mid-course knowledge questioner and result, discuss and clarify and tell the reference material that trainees able to read farther</li> </ul>	
Day 17 Day 20	Session-23: Clinical practicum on counseling, MVA and MA procedure on client with close supervision by trainers 840' (14hrs)	Attend clinical practice on counseling, MVA and MA procedure	Do demonstration proper counseling, MVA and MA procedure on client and allow trainees to observe the procedure while you are demonstrating then allow the trainee to do the procedure. When each trainee practicing the procedure, assess their performance using competency checklist. At the end of each procedure, provide constructive feedback individually until they become competent.	
Day 21-22	Session-24: Skill competency assessment on client 240'	<ul style="list-style-type: none"> <li>Perform the MVA and MA procedure using the right steps, sequence, and get individual feedback form trainer.</li> </ul>	<ul style="list-style-type: none"> <li>Meet with trainees and discuss about the clinical practice on counseling, MVA and MA procedure on client.</li> </ul>	

			<ul style="list-style-type: none"> <li>Identify trainees who need additional support in mastering counseling, MVA and MA skill procedure and provide the necessary support</li> <li>Assess the trainee skill competency on client and provide individual feedback</li> <li>Rate the trainee skill competency and document in trainees profile folder.</li> </ul>	
Day 23-24	Session-25: Knowledge and skill evaluation by external evaluator/supervisor and individual feedbacks 240' (4hrs)	Complete the post- Knowledge assessment and demonstrate the clinical competency on counseling, MVA and MA procedure	Attend the trainee's knowledge and skill competency. Record the trainees score on worksheet and document the result in their individual folder.	Evaluate the trainee's knowledge and skill competency and give feedback. Record the trainees score on worksheet and document the result in their individual folder. Put your sign on knowledge and skill competency assessment keep in trainee's individual folder.
Day 25	Session-26 Course evaluation and general discussion about CAC OJT course 30'	Fill out course evaluation and attend a general discussion on strength and challenges of the OJT CAC course along with the facility head, trainer and supervisor.	Document the course evaluation and Attend a general discussion on strength and challenges of the OJT CAC course.	Collect course evaluation; Lead a general discussion on strength and challenges of the OJT CAC course. Prepare report on OJT CAC course within 8 days of the course completion and plan post training follow up visit after two weeks
	Session-26: Action planning and celebration for completion of CAC OJT Course 45'	Develop facility action plan and celebrate the success and completion of CAC OJT Course	Provide instruction and guidance to trainees regarding the development of facility action plan and celebrate the success and completion of CAC OJT Course	Collect copies of the action plan and use them during post training follow up visit. Organize all staff meeting together with facility head and announce that the SOJT on CAC course has completed and congratulates trainees who have successfully completed the course. Acknowledge all staff, team members, facility head, trainers for their effort and contribution towards successful completion of SOJT CAC course in the facility.

## Annex -4: Trainee worksheet for SOJT (A, B, & C)

The **worksheet** used to document the SOJT progress that the trainee has reviewed with the trainer. The trainer must ensure that the trainee has to meet the required session for the course. Trainee completes the worksheet and submitted to trainer any time when trainer wants to review the course daily. At the end of course, the worksheet kept in SOJT folder at facility manager office. There are three type of trainee worksheet that use during the course. These are worksheet A for knowledge, worksheet B for skill practice on model, and worksheet for clinical practice on client.

### 1. Worksheet A for knowledge (Individualized learning sessions)

Date	Topic/session covered through individualized learning	Questions or needs clarification for the topic/session	Date of review	Feedback or comment by trainer	Remark

**Logbook for** \_\_\_\_\_ (Name of Trainee)

**Reviewed by** \_\_\_\_\_ (Name of Clinical Trainer)







## Annex-5: Sample Agreement to be used in SOJT

*Instructions:* Use this template to outline the key performance goal and objectives for specific SOJT course. Trainer, trainee, supervisor and facility manager shall sign the agreement in the first day SOJT and copy of the agreement given for all signatories.

We agree on the following goals: _____			
Objectives	Learning Tasks and Processes	Resources	Target Date

We agree to achieve the above goals and objectives by the end of \_\_\_\_\_. During this period, we will look for opportunities and experiences to enhance the trainee’s learning and we will provide support and feedback after each encounter. All signatories on this agreement are agree and committed to initiate and complete the SOJT in the given period of the course

Name of trainee \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of trainer \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of supervisor \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of facility manager \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

## Annex -6: Facility Baseline Assessment Tool for

Baseline Assessment Tool for SOJT on CC, PPFP & CAC			
1	1.1 Region: _____ 1.2 Zone: _____ 1.3 Woreda: _____ _____ _____ (DD/MM/YY) 1.4 Date of assessment: _____ 1.6 Completed by _____		
<b>Instruction: ask facility head or find the person in-charge or most senior health worker who is present at the facility and ask to do base line assessment</b>			
2.	Type of health facility :	(circle the number) Referral hospital .....1 District hospital .....2 Sub-district hospital.....3 Other hospital ..... 4 Polyclinic ..... 5 Health Center .....6 Maternity Home .....;7 Health post .....8 Other (specify)..... 9	
3	What is the estimated catchment population served by this facility?	Total: _____ 1 Do not know _____ 2	
4		<b>Type</b>	<b>Number</b>

At this facility how many of the following staff are employed and working?	Generalist (non-specialist) medical doctors?		
	Specialist medical doctors?		
	Integrated emergency surgeons		
	Health officers?		
	Non-physician clinicians/ paramedical professionals?		
	Nursing professionals?		
	Midwifery professionals?		
	Pharmacists?		
	Laboratory technicians?		
	Community health workers?		
	Health information records officers?		
	Other (non-health worker staff—guards, cleaners, etc.)?		
	Others specify _____		
	<b>Service</b>	<b>Yes (1)</b>	<b>No (2)</b>
	Family planning	1	2
	Abortion care	1	2
	Postabortion care	1	2
	Diagnosis of sexually transmitted infections		
	Management of sexually transmitted infections	1	2
	Antenatal care (screening and/or counselling)	1	2

5	Which of the following reproductive health services have been providing at this facility?	Delivery care	1	2
		Emergency obstetric care	1	2
		Emergency obstetric care 24 hours a day, 7 days a week	1	2
		Post-partum check-up for mother		
		Post-partum check-up for infant	1	2
		Advice, support , and promotion of breastfeeding	1	2
		Newborn immunizations	1	2
		VCT services	1	2
		PMTCT services	1	2
		Gender-based violence services	1	2
		Treatment of women with incontinence or living with fistula	1	2
		Referral of women with incontinence or living with fistula	1	2
		a. Other, specify: _____	1	2
		Does this facility offer adolescent /youth health services?	1	2
		Does the facility have separate hours for adolescents/youth?	1	2
Does the facility have a separate space to <b>provide</b> services for adolescent /youth clients?	1	2		

		Does the facility have a separate <b>waiting room</b> for adolescent /youth clients?	1	2
		Are all providers that provide FP services trained to serve adolescent/youth clients in RH?	1	2
		Did all staff members (e.g., receptionist) receive at least an orientation about adolescent/youth clients?	1	2
		Is a peer education/counseling program available?	1	2
		Is parental or spousal consent required for any RH?	1	2
		Are adolescents clients served without regard to their marital status?	1	2
		Does the facility have specific hours or sections reserved for <b>male</b> reproductive health?	1	2
		Has any staff at this facility been trained in <b>couples</b> counseling on contraception?	1	2
7	<b>FP SERVICE PROVISION</b>	Are family planning services offered at this facility?	1	2
		Have you or any provider(s) of family planning services, received any family planning training in the past two years?	1	2

	Are brochures / posters on family planning services available in the facility or waiting room?	1	2
	Availability of Combined oral pills (COC)	1	2
	Availability of Progestin-only pills (POP)	1	2
	Availability of Injection	1	2
	Availability of male Condom	1	2
	Availability of female Condom	1	2
	Availability of IUCD	1	2
	Availability of PPF	1	2
	Availability of Implants	1	2
	Availability of Vasectomy	1	2
	Availability of Tubal ligation	1	2
	Implant removal	1	2
	IUCD removal	1	2
	Emergency contraceptive pills	1	2
	Cycle beads for Standards Days Methods (SDM)	1	2
	Natural family planning counselling	1	2
	Lactation amenorrhea (LAM) counselling	1	2
	Are referrals made for services not provided at this facility?	1	2

8	Number of trained providers in the facility who are providing LAFP service at FP unit	<b>Type of profession</b>	<b>Number</b>
		Nurses	
		Midwife	
		Health Officer	
		Other service provider	
9	The availability of first trimester CAC by type service and by method	<b>Type of method</b>	
		Safe Abortion	
		Medication Abortion	
		MVA	
10	Number of trained providers in the facility who can provide first trimester CAC service	<b>Type of profession</b>	<b>Number</b>
		Nurses	
		Midwife	
		Health Officer	
		Other service provider	
11	Number of trained providers in the facility who are providing first trimester CAC service at CAC unit	<b>Type of profession</b>	<b>Number</b>
		Nurses	
		Midwife	
		Health Officer	
		Other service provider	
12	Number of clients received FP services during the last two quarters	<b>FP Service by Method in last quarter</b>	<b>Number</b>
		Combined oral pills (COC)	
		Progestin-only pills (POP)	

		Injection	
		Male Condom	
		Female Condom	
		IUCD	
		PPFP	
		Implant	
		Vasectomy	
		Tubal ligation	
		Implant removal	
		IUCD removal	
		Emergency contraceptive pills	
13	Number of clients received first trimester CAC services during the last two quarters	<b>CAC Service by type in last quarter</b>	
		Post Abortion	
		Safe Abortion	
		Medication Abortion	
		MVA	
		<b>CAC Service by Method before last quarter</b>	
		Post Abortion	
		Safe Abortion	
		Medication Abortion	
		MVA	
<b>14</b>	<b>Infrastructure for RH services</b>	Type of infrastructures	<b>Enter the number:</b>

		Number of FP counseling rooms in the facility	
		Number of rooms for LAFP procedures in the facility	
		Number of separate room to <b>provide</b> services for adolescent /youth clients?	
		Number of separate <b>waiting room</b> for adolescent /youth clients?	
		CAC counseling rooms in the facility	
		CAC procedures room in the facility	
		Rooms for clinical practice on model Laboratory	
		Rooms for OPD	
		Rooms for for antenatal care (screening and/or counselling)	
		Room for Delivery care	
		Room for Emergency obstetric care	
		Room for general Emergency care	
		Room for post partum	
		Room for Newborn care	
		Room for immunizations	
		Room for ART counseling and services	
		Room for VCT	
		Room for PMTCT services	
		Gender-based violence center/room	
15	<b>Availability of essential supplies for IP practices for each RH unit</b>	<b>Items</b>	<b>Enter the number</b>

		Bucket with lid		
		Bucket for high level disinfectant		
		Chlorine solution		
		Puncture resistant container		
			<b>Yes (1)</b>	<b>No (2)</b>
16	<b>Availability of IEC/BCC materials for RH service</b>	Comprehensive FP method chart	1	2
		Desk top counseling cards	1	2
		Quick provider reference for (Job-aid)	1	2
		Pre-service brochures	1	2
		Post service brochures	1	2
		Penile model	1	2
		Pelvic model for LARCs/PM practice	1	2
		Pelvic model for MVA practice	1	2
		Arm model	1	2
		Contraceptive displays	1	2
		Audio-Video training material	1	2
		Implanon insertion procedures	1	2
		Jaddel Insertion procedures	1	2
		Sino-Implant Insertion procedures	1	2
		Implanon NXT Insertion procedures	1	2
		Implant removal procedures	1	2
		IUCD Insertion procedures	1	2
IUCD removal procedures	1	2		
MVA procedures	1	2		

		Other	1	2
		Audio-Video training material on IP	1	2
		Infection prevention practice in MVA procedures	1	2
		Infection prevention practice in LARCs procedures	1	2
		Television	1	2
		Desktop computer	1	2
		Laptop computer	1	2
17	<b>Record keeping materials for RH services</b>	Daily service statistics registration log book	1	2
		Monthly service statistics reporting forms	1	2
		Referral forms for use within the facility	1	2
		Referral forms for use with other facilities	1	2
		Referral forms for use with the community	1	2
		IPLS (Integrated Pharmaceutical Logistic System) forms	1	2
		Bin Card (BC)	1	2
		Stock Record Card (SRC)	1	2
		Internal Facility Report and Resupply Form (IRRF)	1	2
		Report and Requisition Form (RRF)	1	2

## Annex -7: SOJT Implementation Checklist

**Instructions:** Based on your assessment, please put your response by writing Yes or No corresponding to each activities/items. If the activity done or items are available please write "Yes" or (1) if the activity not done or items are not available write "No"(2). If the response is "No" Please write your action to be monitored

Activities/Items	Yes or No	Action /Remark
<b>I. Preparation for Facility Level SOJT Orientation</b>		
1. Consensus building meeting with key stakeholders (regional, Zonal, Woreda, and Facility level). <ul style="list-style-type: none"> <li>• Discussion about the rational for introducing SOJT approach</li> <li>• Introduction on SOJT training package</li> <li>• Discussion on the level and types of support required from stakeholders.</li> <li>• Discussion on criteria for selection SOJT sites, trainers and trainees as well as plan for introducing, monitoring, and evaluating SOJT at site level.</li> </ul>		
2. Appropriate SOJT sites selection as per criteria as stated in SOJT guide		
3. Appropriate SOJT trainees and trainers selection as per criteria as stated in SOJT guide		
4. Baseline assessment for new SOJT facilities. This activity can be also done during facility orientation.		
5. Preparation of SOJT training package including SOJT training materials		
6. Schedule for facility level SOJT orientation based on agreement with stakeholder's		
7. logistics and financial preparation for site level orientation		
<b>II. Activities to be performed during Facility Level SOJT Orientation</b>		
1. Conduct baseline assessment to new SOJT facilities. If it is not done before		
2. launching facility level SOJT orientation for all staffs		
a. Introduction of SOJT, the difference between residential off-site training and its advantage and disadvantage		

b. Introduction of SOJT learning approach (clarify classic and provisional SOJT)		
c. Training duration and requirement for completion and certification.		
d. Discussion with staffs on their responsibilities and role in SOJT training		
e. Clarification on issue related to per diem allowance		
3. In depth discussion with SOJT trainees, trainers, and facility heads.		
a. Introduction to SOJT package including SOJT guide, course outline, and trainee's worksheet.		
b. Develop training schedule for specific RH training (accustomed with SOJT course outline) and agree on the trainees and trainers contact time		
c. Organize recording /registration template and documentation of SOJT progress.		
d. Signing agreement between facility head, trainers, and trainees		
e. Trainee's Knowledge assessment (pre-course knowledge assessment )		
f. Provide SOJT training package and SOJT training materials (print and avail course outline, course content and trainees worksheet, provide all training manual including facilitator guide for trainers and participants manual for trainees, all reference training materials, laminated job aid, copy of AV materials, and anatomic models.		
g. Provide equipment and supplies based on identified gaps		
h. Plan for monitoring the SOJT progress, site visit, and competency assessment.		

## Annex -8: Sample agenda for facility level Orientation on SOJT

Date: \_\_\_\_\_ Venue: \_\_\_\_\_

### Objective:

To initiate structured on-site training on SRH to enable service providers competent in the provision of quality SRH service in a setting with which they are familiar.

### Specific objectives:

- To aware facility staffs about SRH SOJT approach and benefits
- To discuss with facility staffs on SRH SOJT learning process and bring their commitment to support the implementation of SRH SOJT without disruption of the regular service provision.
- Introduce to trainers and trainees on SRH SOJT package and initiate the course through signing MOU.

### Agenda

Date	Time (Minute)	Activities	Facilitator
Day 1	15'	Registration	SOJT Supervisor
	15'	Welcoming	Representatives of WoHO/facility head
	20'	Participants introduction Introduce the Goal and Objectives of facility level orientation SOJT on SRH	SOJT Supervisor
	30'	Why SOJT? Disadvantage and Advantage /benefits of SOJT Define SOJT , Goal and objectives of SOJT	SOJT Supervisor
	45'	Introduction to SOJT package and approach, course duration, and criteria for qualification	SOJT Supervisor
	60'	Discussion on role and responsibility of non-clinical and clinical staffs (facilitate group exercise or facilitate general discussion)	SOJT Supervisor and facility head
	30'	Participants reflection and closing the staff orientation meeting	Facility head

Date	Time (Minute)	Activities	Facilitator
	90'	Meet with trainers and selected trainees to <ul style="list-style-type: none"> <li>• Discuss on SOJT for specific RH package and its components</li> <li>• Clarify the SOJT course outline for specific RH package</li> <li>• Clarify use of trainee worksheet</li> <li>• Course duration and qualification requirement for knowledge and skill competency assessment.</li> <li>• Discuss on the exiting challenge and overcome those challenges for initiation and successful completion of SOJT on specific RH course.</li> </ul>	SOJT Supervisor
	45'	Develop schedule and agree on contact time between trainer and trainees.  Clarify role and responsibility of trainees, trainers, and supervisor	Trainers and trainees
	20'	Agree on objectives, key tasks and deliverables and sign agreement between trainers, trainees, and facility heads. Exchange copies of agreement.	Trainers, trainees, and facility heads
	5'	Closing	

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