

## Building Public Health Nutrition workforce capacity through a blended distance learning model: Results of an in-service training pilot and potential for scale up

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#### Background

Nutrition capacity is often weak in low- and middleincome countries (LMIC), and increasing commitments to global nutrition targets requires effective, large-scale



development of the workforce. In response, World Vision (WV) developed and piloted an innovative facilitated distance education (FDE) on-the-job training system for public health nutrition (PHN) workforce. Courses targeted sub-national PHN levels, prioritizing anaemia and stunting.



## Innovations Making the Difference

Facilitated distance learning to maximize learning transfer by immediate application & localizing learning to the everyday work experiences of learner :

- E-learning Readiness Survey: online tool identifies learner's readiness in 1) technology; 2) learning style; 3) social support; 4) web connectivity.
- Facilitator: tailors technical support and coaching to learner's needs, mentoring in critical analysis and marking assignments (maximum 20 learners/facilitator)
- **Practice-based learning**: lessons are competencybased, including case studies and weekly assignments allowing learners to process and apply information in their context

Results – Learners' Survey<sup>1</sup>

- Learners gained knowledge. Most respondents rated their knowledge after the course as 'very confident' or above (89% for Stunting and 85% for Anaemia)
- Learners applied knowledge. Almost all respondents have used learnings from course in their jobs (40% 'sometimes'; 29% 'often'; 29% 'very often').
- Learners recommend our courses. Most (89%) of respondents would be very likely to take another course, and 91% would very likely to recommend the courses to others
- **Peer learning**: discussion forums and peer feedback on weekly assignments supports collaborative learning
- Flexible: course participation while on the job, in or out of office hours, over 5 to 12 weeks
- Reach: on-line available to field workers, with no travel or per diems required

#### **Results - Modules**

Year	# times modules offered	Module offered <sup>1</sup>	Total # of learners <sup>2</sup>	Average completion rate <sup>3</sup> (range) %	% external learners completed (n)	% sub- national learner completed (n)	# LMIC countries
2012	I	RCA	17	65	N/A	N/A	6
2013	3	RCA RMA (2)	58	33 (19–100)	N/A	68 (19)	
2014	4	RCS RCA RMA (2)	31	58 (43–75)	56 (18)	33 (18)	5
2015	4	RCS (2) RCA RMA	45	82 (67–94)	62 (37)	49 (37)	15
2016	4	RCS RA	42	52 (33–80)	59 (22)	72 (22)	12
Total or Mean	16	-	193	55 (19-100)	43 (107)	50 (107)	33 unique countries

# 98% of learners reported applying learnings to their current jobs

### Conclusions

High learner completion rates (55%) may be due to individualized coaching and collaboration. The vast majority of learners reported applying their knowledge in their workplace, perhaps due to the assignments required application of learnings to their contexts. Tailored support to individual learners, allowed for contextualization to wide variety of contexts in single course offering. The FDE approach is less costly than face-to-face trainings and more flexible. The courses reached a wide variety of field level staff, but feasibility of national scale-up needs to be tested. Further research is also needed to evaluate learning outcomes using the FDE approach compared to traditional methods of in-service training (e.g., workshops). Formal partnerships with regional and national institutions are anticipated to provide additional reach and effectiveness, in addition to a broader capacity building strategy, including standardized curriculum, competencies and accreditation.

<sup>1</sup>RCA (Reducing Child Anaemia); RMA (Reducing Maternal Anaemia); RCS (Reducing Child Stunting); RA (Reducing Anaemia)

<sup>2</sup> Total # of learners = learners registered and logged in

<sup>3</sup> Learners completed module/total learners logged in; weighted based on numbers of learners/module

The facilitated distance learning method, adequately resourced, has high potential to address the gap in public health nutrition workforce capacity.

<sup>1</sup>WV survey of 104 registrants (46% response rate from 28 countries; 58% external to WV) April 2016

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