Self-Directed Learning

Improving Client-Provider Interaction and Counseling

Reviewing Results in PRIME II
Oct. 2001–Sept. 2002

Case Studies:

- Kenya PAC
- Bangladesh RTL
- Dominican Republic RTL
- Ghana PI
- Rwanda HIV/AIDS
- India CPSM
- Dominican Republic CDQ
- **Ghana RTL**
- Benin RTL
- Rwanda PI
- Mali FGC
- Francophone PAC/Nigeria MAQ

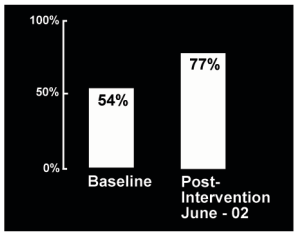
Alternative and blended learning approaches are cornerstones of PRIME II's global leadership in Responsive Training and Learning. From Bangladesh to Benin, PRIME II has designed and implemented a variety of self-directed and distance learning projects to meet infrastructural and financial challenges and avoid interruptions in service delivery by training primary providers using alternatives to classroom training. Results from the scale-up of a pilot project in Ghana to improve the quality and accessibility of adolescent family planning and reproductive health services show that self-directed learning (SDL) continues to strengthen the ability of private-sector midwives to counsel and interact with their adolescent clients.

Background: PRIME developed the SDL pilot project in collaboration with the Ghana Registered Midwives Association (GRMA) in response to a 1997 assessment of midwives' capabilities in family planning and reproductive health service delivery. The assessment highlighted the need for improved counseling and client-provider interaction (CPI) skills and emphasized the importance of increased access to services for adolescents. Implementation of the pilot project began in 1999 for 60 midwives in the regions of Brong Ahafo, Eastern and Ashanti. All but one of the midwives completed the SDL course. As PRIME II reported in its 2001 Results Review, an evaluation comparing 30 participating midwives with 30 non-participants showed that the SDL learners had a significantly higher overall CPI observation score than non-participants (74% vs. 54%). The evaluation also found that after completing the course participating midwives were much more likely to offer adolescents STI diagnosis and treatment, condoms, emergency contraception and postabortion care. With the addition of a new module on HIV counseling and testing, PRIME II and GRMA scaled-up the project to an additional 52 midwives from the same three regions in 2001-2002.

Interventions: The seven-month SDL course blends multiple learning approaches for knowledge and skills acquisition. Print modules containing practical exercises and self-assessments are supplemented with paired learning activities, visits by facilitators and monthly group "peer review" meetings that allow opportunities for feedback and problem-solving. Learner support includes tools and equipment as well as guidance on structuring time for study and practice. The interrelated

Intrah School of Medicine
University of North Carolina
1700 Airport Road, Suite 300 CB 8100
Chapel Hill, North Carolina 27599-8100
Tel: 919-966-5636 Fax: 919-966-6816
intrah@intrah.org www.prime2.org

learning components of the SDL course include counseling, community outreach, family planning updates and STI/HIV prevention.



Overall CPI Scores

Results: A June 2002 evaluation of 43 of the 52 midwives participating in the scale-up of the SDL project used observations of simulated exchanges to compare baseline and post-intervention mean scores of their performance in various aspects of CPI related to serving adolescent clients. The midwives showed only slight improvement in the two areas of CPI skills in which they had scored highest at baseline, Establishing Rapport and Maintaining a Good Connection (87% vs. 86%) and Gathering Information and Listening (68% vs. 67%). However, significant gains were made in areas where their skills needed more improvement: Providing Information and Explanation (78% vs. 50%), Decision Making and Problem Solving (69.5% vs. 30%) and Planning Next Steps (79.5% vs. 36%). Overall post-intervention and baseline CPI scores for these midwives (77% vs. 54%) are very similar to the results from the evaluation of the pilot intervention and reflect a high level of performance for these primary providers. GRMA has been asked to replicate the SDL approach in the seven other regions of Ghana, though no budgetary allocations have yet been made.

Suggested citation:
Nelson D.
Results Review
10/2002
(PRIME PAGES: RR-20)
Photo Credit:
Nancy Kiplinger

This publication was produced by Intrah at the University of North Carolina at Chapel Hill for the PRIME II Project and was made possible through support provided by the Center for Population, Health and Nutrition, Global Bureau, U.S. Agency for International Development, under the terms of Grant Number HRN-A-00-99-00022-00. The views expressed in this document are those of the authors and do not necessarily reflect the views of the U.S. Agency for International Development.