

Solutions

newsletter of the PRP Initiative

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PILOTS TO
REGIONAL
PROGRAMS

expanding contraceptive choice innovative training strategies strengthening community linkages

May 2003 / No. 3



Training New Trainers

Last September, 22 health care providers from across the Copperbelt participated in a four-week course that saw them make the transition from service providers to qualified reproductive health trainers. For the PRP Initiative, the challenge of sustaining a resource base of skilled providers now rests in the hands of this talented group.

Pilots to Regional Programs (PRP) is a broad-based initiative to scale-up health care interventions first introduced into the Copperbelt by the Expanding Contraceptive Choice Study. Launched in 2002, PRP applies the methodological framework of the WHO Strategic Approach to broaden contraceptive choice and increase the quality of reproductive health services. PRP operates in eight rural and peri-urban districts of the Copperbelt and is managed by the Provincial Health Office, with financial and technical support from the Population Council, USAID, WHO, and Georgetown University's Institute for Reproductive Health

While training service providers is vital to improving the quality of reproductive health services, high staff turnover and attrition can make it difficult to sustain the gains that are achieved. This was evidenced during the Expanding Contraceptive Choice (ECC) Study, precursor to the PRP Initiative. Within two years of the ECC launch in 1997, nearly three-quarters of all project-trained providers had left. Some had stopped providing reproductive health services; some had been transferred to non-project health centers; and some had simply passed away.

Replenishing the ranks of trained providers is a difficult task under any circumstances. Doing so while scaling-up can be especially challenging. For

that reason, the PRP Initiative has adopted a new solution that involves training providers so that they, in turn, can train others. This approach, commonly known as "training of trainers", or "TOT" for short, has proven itself to be a cost-effective and sustainable approach to maintaining the ranks of qualified health care providers. In September 2002, twenty-two nurses and midwives attended a TOT workshop, held at Ndola's Royal Hotel. After four weeks of intensive classroom-based training and on-site practicums, the new TOTs returned to their health centers or district health offices where they have now taken on the challenge of sharing what they know with colleagues and co-workers.

Facilitators from left to right: Mrs. Mary Zama (PRP), Mrs. Sabina Miti (PRP), Ms. Erin Anastasi (IRH) and Dr. Jean Tshula (LINKAGES)

Despite all the problems facing the health sector today, we Zambians are fortunate in having access to a wealth of

technical knowledge and expertise available, both locally and internationally. This was particularly evident during the TOT course, where representatives of no less than eight different institutions volunteered their time to share their knowledge and experience in all areas of reproductive health. From Washington, Nairobi, Lusaka and Ndola, experts came to discuss such topics as natural family planning, infertility, sexually transmitted infections, logistics



Calling on the Experts

TOT with a Twist

In the field of health training, it is widely acknowledged that the success of any TOT course depends heavily on the prior knowledge and experience of the participants.¹ If participants are already familiar with the technical content of the training, they are able to devote more time to mastering the elements of adult learning and effective teaching. This means learning how to facilitate training sessions, communicate complex ideas in simple terms, design lesson plans and evaluate training activities. But as we all know, ideal scenarios and real life circumstances rarely coincide, especially in rural, resource-poor settings where generalized, rather than specialized skills are often better-suited to delivering primary health care services. Among those who attended the TOT workshop, for example, few participants had extensive experience

in providing reproductive health services and only three had received any prior formal training in family planning. The PRP Initiative, therefore, was faced with the challenge of striking a fine balance between communicating the essential elements of reproductive health and imparting the skills and tools necessary to teach that knowledge to others.

Confronted by a lack of extensive reference materials on teaching trainers in rural settings, the PRP Initiative charted its own course, combining a solid grounding in the basics of reproductive health with innovative teaching techniques. Two such techniques included “teachable moments” and “microteaching”. A teachable moment involves using real life events and circumstances as vehicles for communicating the ideas or concepts one wishes to teach. To give an example, PRP facilitators at one point used the theme of “community involvement” as a teachable moment to communicate

management, and information for decision making. Some even came bearing gifts! Georgetown University's Institute for Reproductive Health, for example, donated attractive blue conference bags and a host of colorful materials on the Standard Days Method™. As one might expect, the input of experts not only livened the classroom setting, it offered the diversity of viewpoints one would expect in any real-life setting. The PRP Initiative is greatly indebted to all the institutions that made this training workshop such a success.

Collaborating organizations:

- Copperbelt Provincial Health Office
- Institute of Reproductive Health (IRH), Georgetown University
- Kansenshi High School
- LINKAGES Project
- Ndola Central Hospital
- Ndola Schools of Nursing and Midwifery
- Ndola District Health Board
- Population Council
- Society for Family Health Trust
- Zambia Central Board of Health (CBoH)
- Zambia Integrated Health Program (ZIHP)

the utility of such tools as role-playing and small group discussion. Similarly, "microteaching" involves getting participants to teach back to their colleagues a topic they themselves have just learned. The facilitators also taped participants' presentations so that they could evaluate each other during large group discussions.

One consequence of combining both technical content and skill-training was having to forgo the one-week timeframe, typical of most TOT workshops.² This course lasted four weeks. What were the implications of such a long course? For one thing, it allowed facilitators to cater for learners of different backgrounds and expertise. It also allowed participants with more experience to apply their new skills by serving as preceptors or trainee teachers.

Such advantages aside, the fact of the matter is that four weeks is a long time for anyone to spend off-site, away from his or her home or workplace. For that reason, the PRP Initiative is exploring other training alternatives, such as

on-site self-directed learning where providers have the flexibility to study after hours or in their spare time. In certain circumstances, this approach may prove to be more cost-effective than intensive classroom-based training workshops.



TOTs Gospel Katuta, Misheck Kaumba and Floridah Mumba practice their counseling skills at the training workshop

Sources:

- ¹ JHPIEGO TrainerNews, January 2003, www.reproline.jhu/english/6read/6issues/6jtn/jtn03.htm
- ² Karen Omwenga, Project Accountant, JHPIEGO/Nairobi (personal communication), May 2003

Test Your Knowledge?

The following questions were adapted from a knowledge test administered to all TOT workshop participants. How well would you have done? (answers on page 4)?

1. To use the Standard Days Method, a woman's menstrual cycle should be
 - a. At least 25 days
 - b. At least 26 days
 - c. At least 27 days
 - d. At least 28 days
2. When can an IUCD be inserted?
 - a. Just before the expected menstrual period
 - b. Immediately after menstruation
 - c. During ovulation
 - d. At any time if pregnancy has been ruled out
3. To prevent a pregnancy, when must emergency contraception pills be taken?
 - a. At least 24 hours before sexual intercourse
 - b. Before a woman's next menstrual period
 - c. Within 72 hours of unprotected sexual intercourse
 - d. No more than 24 hours after unprotected sexual intercourse
4. How long can sperm survive in a woman's reproductive tract?
 - a. Up to 12 hours
 - b. Up to 24 hours
 - c. Up to 2 days
 - d. Up to 5 days
5. Which of the following contraceptive methods prevents ovulation?
 - a. Standard Days Method
 - b. IUCD
 - c. Bilateral tubal ligation
 - d. COCs
6. Menstruation results from declines in which of the following two hormones?
 - a. Estrogen / progesterone
 - b. Estrogen / prolactin
 - c. Progesterone / adrenalin
 - d. Prolactin / Progesterone
7. Which of the following factors can increase production of breast milk?
 - a. A protein-rich diet
 - b. Drinking plenty of fluids
 - c. Adequate rest
 - d. All of the above
8. Which of the following can make the use of training videotapes more effective?
 - a. Administering a pre-test on the content to be presented
 - b. Providing an overview of the video
 - c. Providing a list of points to look for during the video
 - d. All of the above

What a Little Knowledge Can Do

A Nurse's tale

Over two hundred years ago, a famous English essayist wrote that "self-confidence" is "the first requisite to great undertakings". Today in the rural Copperbelt, his words ring true as loudly as ever.

In Chililabombwe District, along the main road to the Democratic Republic of Congo, lies the small, brick health center at Lubengele township. There, for more than a decade, Sister Stephania Musonda has worked as an enrolled nurse-midwife, trying to improve the health and well-being of her neighbors and friends. Like many of her rural and peri-urban counterparts, Sister Musonda has had to struggle to keep abreast of new developments in the ever-changing health field. Nowhere has this challenge been more difficult than in the area of family planning where, apart from the development of new contraceptive technologies, the practical realities of coping with routine supply shortages and stock-outs are sometimes overwhelming.

So for years, family planning for Sister Musonda meant little more than just two things: "pills or condoms." Whether it was a nulliparous young adult or a woman with eight children, "pill or condoms" was all she could



Sister Stephania Musonda

offer. It was a simple solution, to be sure, but not one she felt proud of. "I knew these methods were not right for everyone, but what could I have done? I simply didn't know enough, or have the confidence to advise people about other options". Looking back, Sister Musonda realizes that her clients must have seen right through her. "My lack of confidence was evident to everyone. If I couldn't address the basics of family planning, then why would anyone turn to me for advice on more complex issues such as abortion or infertility or STIs?

So the community did what anyone would have expected – they "voted with their feet. They turned to the local *ng'anga* or witch doctor whenever "serious matters" came up. He wasn't necessarily cheaper than Lubengele Health center, and he certainly wasn't friendlier, but he spoke with confidence and always had an answer – no matter what the problem.

Disheartened by what she saw, Sister Musonda often asked herself "What can I do to change this situation? How can I, kilometers away from the nearest library or hospital, polish my skills and get more up-to-date?" That was before Sister Musonda joined 21 of her colleagues from across the Copperbelt to attend the TOT course, sponsored by the PRP Initiative.

In December, PRP staff paid a visit to Sister Musonda to find out what difference the training course had made in her life and indeed that of the community. Jokingly, she says "I don't

know whether it was a curse or a blessing. At least before, I had free time on my hands. Now I am happy to say, I have none. More people are coming than ever before!"

But the change has been a mystery to no one. "Since returning to Lubengele, Sister Musonda seems much better informed and she talks about things we have never heard of", says the Lubengele Health Neighborhood Chairman, Mr. Frank Chibwe. Not only has she trained all her colleagues, she has become far more proactive in addressing the day-to-day problems at the clinic. Some months ago, for example, she took the lead in converting an old store room into a second consultation room – a simple step, no doubt, but one that doubled the number of clients that could be seen in a day.

Dr. Richard Banda, DHMB Director, has also noticed the changes at Lubengele and attributes them to Sr. Musonda's efforts and infectious energy. He even reversed an earlier decision to transfer her to a neighboring health center because he knew the move would provoke resistance from both the community and her colleagues.

Instead, the district is now organizing study tours so that others can come to Lubengele and learn from Sr. Musonda.

Reflecting on the last few months, Sr. Musonda cannot believe what a difference the TOT workshop has had on her life: "Who would have thought that someone like me could become a role model for other In-charges across Chililabombwe? I never imagined that I would rise in the ranks so quickly. More importantly, I don't feel frustrated anymore as I see things are improving and that the community is really benefiting from our services."

Answers to *Test Your Knowledge*
1. a, 2. d, 3. c, 4. d, 5. d, 6. a, 7. d, 8. d

The research and intervention activities described in this newsletter have been made possible through the generous financial and technical support of the World Health Organization, Department of Reproductive Health Research; the US Agency for International Development under its Cooperative Agreement with the Population Council, HRN-A-00-99-00010; and Georgetown University's Institute for Reproductive Health. The opinions expressed herein are those of the authors alone.

For more information on the PRP Initiative or *Solutions* newsletter, please contact:

Zambia Central Board of Health,
Copperbelt Provincial Health Office,
P.O. Box 70032, Ndola, Zambia
Tel: (02)680265, (096)453243
Email: mzama@zamtel.zm

