



# TRAINING IN REPRODUCTIVE HEALTH

2 0 0 1

## TABLE OF CONTENTS

Overview	1
TRH Highlights in 2001	1
Programmatic Objectives	3
Objective 1: Capacity Building	5
Objective 2: Reproductive Health Policy	11
Objective 3: Learning Interventions	16
Objective 4: Global Expert Resources	21
2001 Annual Expenditure Summary	25
Learning Materials, Publications and Presentations	27

Editors: Kathleen Hines, Dana Lewison

Data Analysis: Deborah Estep, Anmarie Kearse, Catherine Schenck-Yglesias

Cover Design: Young Kim

This publication was made possible through support provided by the Office of Population, Center for Population, Health and Nutrition, Bureau for Global Programs, Field Support and Research, U.S. Agency for International Development, under the terms of Award No. HRN-A-00-98-00041-00. The opinions expressed herein are those of JHPIEGO and do not necessarily reflect the views of the U.S. Agency for International Development.

# ANNUAL REPORT 1 OCTOBER 2000–30 SEPTEMBER 2001

**PROJECT:** TRAINING IN REPRODUCTIVE HEALTH III (TRH/III)

**NUMBER:** HRN-A-00-98-00041-00

**DATES:** 1 OCTOBER 1998–30 SEPTEMBER 2003

## OVERVIEW

As the flagship project in reproductive health training for the United States Agency for International Development (USAID), the Training in Reproductive Health (TRH) Project works to increase the availability of high quality reproductive healthcare in low-resource settings. Central to the work carried out by TRH is the strategic development of clinical education and training systems using the performance improvement approach, and the development of innovative learning tools and interventions.



Photo by Galina Stolyarsky

TRH staff working in our field offices throughout the world (Bolivia, Burkina Faso, Georgia, Ghana, Haiti, Kenya, Malawi, Nepal, Peru, Turkey, Uganda, Ukraine and Zambia), in collaboration with Baltimore-based staff and counterparts from many international and national agencies, produced a number of important results. These are summarized below.

## TRH HIGHLIGHTS IN 2001

This has been a very successful year for the TRH Project. Highlights include the findings from preservice education assessments in the Philippines and Turkey, and the evaluation conducted by Family Health International of the guidelines dissemination work carried out by JHPIEGO's Kenya office.<sup>1</sup>

The assessments in the Philippines and Turkey confirmed that preservice education equips graduates with the technical skills to begin providing services immediately after graduation, reaches more providers at one time than inservice training, and ensures that graduates have a common base of knowledge and skills. In effect, this is the most efficient and effective

---

<sup>1</sup> Stanback J et al. 2001. *The Effectiveness of National Dissemination of Updated Reproductive Health/Family Planning Guidelines in Kenya*. Family Health International: Research Triangle Park, North Carolina. (Final Report)

means of reaching new providers. Strengthened national preservice training systems should become the preferred mode for transferring knowledge and skills, gradually replacing the vast inservice training systems that have evolved in many countries.

The work by the Kenya office demonstrated that an active rather than passive strategy for the dissemination of guidelines results in more positive outcomes. The strategy, utilizing Kenya's decentralized training system, relied on a "cascade" effect, updating providers, and giving them the means to update their colleagues. The evaluation gives the most clear-cut evidence in Africa to date that family planning service delivery guidelines, when correctly disseminated, can improve practices, thereby improving client outcomes, reducing costs and standardizing practices.<sup>1</sup>

These sentinel efforts will continue to guide TRH Project efforts and approaches during the coming year. We will maintain our focus on integrating performance improvement into all of our programs, using competency-based, interactive and innovative learning approaches.

This year, through the TRH Project, JHPIEGO also:

- Expanded our work in the area of performance improvement, using it to strengthen clinical training sites for preservice education in Ghana, and improve the quality of postabortion care services in Senegal
- Instituted a project for human capacity development in Malawi that will include policy, planning, preservice education, deployment and performance support components
- Expanded work in postabortion care in Burkina Faso, Guinea, Haiti and Malawi, and successfully instituted on-the-job training for postabortion care services in Zambia
- Developed with USAID and the Ministry of Health in Jamaica a project to establish a regional training center in voluntary counseling and testing for HIV that will serve the needs of Jamaica and the Caribbean region
- Collaborated with the Health Resources and Services Administration (HRSA) to begin planning a series of ReproLearn® tutorials for healthcare providers that focus on prevention of HIV/AIDS transmission
- Demonstrated the effectiveness of a self-paced, no-scalpel vasectomy learning approach in Nepal
- Strengthened a core group of trainers at Charles R. Drew University, a Historically Black College and University, to work internationally as technical experts in reproductive health education and training
- Became a founding member of the World Health Organization's Implementing Best Practices Consortium, which will work to improve access to

and quality of reproductive healthcare through a systematic approach to developing and supporting strategies that introduce, adapt and apply evidence-based practices in reproductive health

- Established Technology-Assisted Learning Centers at new sites in Bolivia, Ecuador, Kenya and Uzbekistan
- Received the prestigious Cinema in Industry (CINDY) Award for *ModCal® for Clinical Training Skills*

## PROGRAMMATIC OBJECTIVES

To guide our efforts, TRH has identified four program objectives that represent our mission:

- building capacity for human resources
- advocating for sound reproductive health policy
- applying innovative learning interventions
- developing an international group of reproductive health experts

These objectives are linked to the Training Results Framework (TRF) of USAID's Office of Population. None of these objectives can be met without collaboration. This year, TRH worked closely with ministries of health and education, private organizations, educational institutions, international donors, developing country organizations and other USAID Cooperating Agencies toward achievement of the following objectives:

**Capacity Building** — to expand national capacity for strengthening human resources in order to increase access to and quality of family planning and other selected reproductive health services through basic preservice education and training and appropriate performance improvement strategies and interventions. (TRF Intermediate Results 1, 2 and 3)

**Reproductive Health Policy** — to collaborate with governments and key institutions to promote and harmonize sound reproductive health policies and strategies through public and private partnerships in order to leverage resources and facilitate implementation of sustainable national programs. (TRF Intermediate Result 3)

**Learning Interventions** — to improve the effectiveness and efficiency of integrated reproductive health education and training through application and transfer of innovative learning approaches, educational resources and emerging information technologies. (TRF Intermediate Result 1)

**Global Expert Resource Development** — to maximize the effectiveness and impact of an expanding group of international reproductive health experts and associated institutions through professional development, institutional partnerships and establishment of a global communication and training network. (TRF Intermediate Results 1 and 3)

In 2001, the TRH Project worked toward achieving its four programmatic objectives in 22 countries and the Central Asian Republics (CAR). **Table 1** shows the countries where we worked under the TRH Project, and differentiates countries in which we had a continuing presence from those where our TRH work was ending. It is important to note that JHPIEGO will continue to work in Indonesia, where our TRH presence is ending, through a bilateral agreement. We also expect many of the TRH Project results achieved in other countries shown in

**Table 1** to be the basis for future work under bilateral awards issued by USAID missions.

**Table 1. Countries or Regions with TRH Presence in 2001**

	<b>CONTINUING PRESENCE</b>	<b>ENDING PRESENCE</b>
<b>Africa: East and Southern</b>		
Kenya	✓	
Malawi	✓	
REDSO/ESA*	✓	
Uganda	✓	
Zambia	✓	
Zimbabwe	✓	
<b>Africa: West; and Haiti</b>		
Burkina Faso	✓	
Ghana	✓	
Guinea	✓	
Haiti	✓	
Senegal	✓	
<b>Asia, Central; Europe and Near East</b>		
Central Asian Republics (CAR)/Uzbekistan		✓
Georgia	✓	
Turkey	✓	
Ukraine	✓	
<b>Asia: South and Southeast</b>		
Indonesia		✓
Nepal	✓	
<b>Latin America and the Caribbean</b>		
Bolivia	✓	
Brazil		✓
Ecuador	✓	
Guatemala		✓
Jamaica	✓	
Peru	✓	

\* Regional Economic Development Support Office/East and Southern Africa



## **OBJECTIVE 1: CAPACITY BUILDING**

Capacity building, a prerequisite for sustainability, is the overarching theme of the TRH Project. Sustainability is achieved when a country has developed its own capacity to educate, train and support healthcare personnel to provide high quality reproductive health services. Following are examples of JHPIEGO's work in assisting countries to establish national training systems that can furnish a reliable supply of competent trainers and healthcare providers.

### **JHPIEGO to Assist Jamaica in Establishing Training Program in Voluntary Counseling and Testing for HIV**

USAID/Jamaica and the Ministry of Health have asked JHPIEGO to assist with establishing a training program in voluntary counseling and testing (VCT) for HIV in Jamaica. Beginning in the fall of 2001, JHPIEGO will undertake a needs assessment and develop a curriculum for training a wide variety of healthcare workers and non-health professionals in VCT. JHPIEGO's activities will expand national capacities in VCT and contribute to prevention of HIV/AIDS throughout the Caribbean region. Strengthening the quality of VCT services and linking those services to appropriate clinical care complement existing HIV prevention programs, and have the potential to reduce high-risk behaviors and decrease stigma and discrimination. VCT services are essential to increasing individual willingness to be tested for HIV, reinforcing prevention and behavior change, and improving the lives of people living with HIV/AIDS.

The Ministry of Health plans to develop a VCT training center that will serve health professionals from the other English-speaking Caribbean countries. The VCT training curriculum that JHPIEGO will develop will provide the foundation for the Caribbean regional VCT training program. JHPIEGO plans to develop a cadre of master trainers who will provide technical assistance and training to other organizations (Ministry of Health, nongovernmental organizations, colleges, etc.) in Jamaica and throughout the Caribbean that wish to establish high quality VCT services for HIV/AIDS. Building national expertise in VCT and establishing a regional training curriculum in Jamaica will support long-term program sustainability.

### **Nepal Addresses Reproductive Health Training Followup Needs**

In 2001, JHPIEGO worked with the National Health Training Center (NHTC) and the Family Health Division of the Nepal Ministry of Health, as well as a number of key reproductive and child health stakeholders, to develop guidelines and tools for following up reproductive health training activities. Although outlined as a national priority, followup has been limited because few trainers know how to conduct followup visits or how the collected information should be used. There are also a variety of valid logistical impediments to followup, which range from human resource and financial constraints to the geographical challenges of Nepal.

The guidelines and tools now provide realistic goals and practical information to guide planning and implementation of followup visits. They include a review of providers' clinical skills and describe facility-level issues affecting performance. The documents outline the elements of a followup visit, how a visit should be conducted, how trainees should be tracked and how post-followup records should be kept. Practicalities such as timing, who should conduct visits and which trainees should be prioritized for followup are also included.

The NHTC is orienting both trainers and site managers to the followup guidelines and tools. They are also working to develop a schedule for followup in consultation with all of the training sites supporting the national program.

### **Program to Improve Preservice and Inservice Education Underway in Malawi**

Since early 2000, JHPIEGO has been working with the Malawian Ministry of Health and Population (MOHP) to implement a national program to strengthen the quality of preservice and inservice education in family planning/reproductive health. To ensure standardization of family planning/reproductive health training in inservice and preservice arenas and across the various types of educational institutions (i.e., medical school, government and mission nursing schools and clinical officer schools), JHPIEGO has been assisting the MOHP to develop a core group of trainers to revise the family planning/reproductive health curricular components and provide subsequent follow-on training of inservice trainers and preservice faculty. The core group comprises representatives from inservice and preservice sectors (and from each type of educational institution). They were selected by their institutions using the following criteria provided by JHPIEGO:

- Interest in training and willingness to be part of the core group
- Previous experience conducting family planning/reproductive health classroom and/or clinical training, and plans to continue to do so
- Strong family planning/reproductive health clinical skills
- Ability and willingness to make an extensive time commitment over the next 2½ years
- Willingness to be part of a multi-disciplinary team (doctors, nurse/midwives, clinical officers) that will work together to strengthen the quality of family planning/reproductive health education and training in Malawi

After a year of family planning/reproductive health knowledge updates and clinical skills standardization activities, the core group of 17 trainers completed a clinical training skills course under the MOHP/JHPIEGO program. The group is now a national family planning/reproductive health training resource for the country and will be instrumental in disseminating the recently developed national reproductive service delivery guidelines; revising the reproductive health curricular components of preservice education and inservice training; conducting second-generation family planning/reproductive health knowledge updates and clinical skills standardization activities for additional faculty, clinical preceptors and inservice trainers; and further developing the clinical training sites

affiliated with preservice and inservice family planning/reproductive health training institutions.

### **Georgia Workshop Helps Change Provider Attitudes**

In May, JHPIEGO conducted a "Family Planning Counseling and Reproductive Health" workshop for 13 participants in Tbilisi, Georgia. The participants were practicing Ob/Gyns, classroom faculty and clinical trainers from the State Medical Academy. It was essential to reach these participants, in particular, because they are responsible for training healthcare providers nationwide. The workshop was based on the assumption that a major challenge to family planning/reproductive health in the former Soviet Union is healthcare providers' prejudice against modern contraception.

In Georgia, most women of reproductive age leave their doctors' offices without a contraceptive method, and the abortion rate is one of the highest in Europe. During the workshop, trainers explained the mechanisms of action of modern contraceptive methods, the health benefits of contraception and the World Health Organization's Medical Eligibility Criteria for Contraceptive Use. The participants appreciated the depth and relevance of the information presented by the trainers, and copies of JHPIEGO's *PocketGuide for Family Planning Service Providers*, 2nd edition, were distributed to them for their reference during the workshop and for future use.

By the end of the workshop, participants stated that they had a better understanding of modern contraceptive methods, and that using a contraceptive method is preferable to abortion. All of the participants said that they would help their clients choose a contraceptive method. The participants commented that they had been working in an "informational vacuum" and would appreciate receiving family planning information or materials on an ongoing basis in order to keep their clients updated.

### **Zambia Preparing Postabortion Care Trainers**

In January, teams from three Zambian training sites traveled to Lusaka to participate in postabortion care (PAC) skills standardization activities. In addition to refreshing and standardizing their skills using the PAC On-the-Job Training (OJT) learning package, participants had the opportunity to deliver comprehensive PAC services in a practical setting at the University Teaching Hospital. At the end of the training, participants reported marked improvements in their clinical skills. They also expressed a commitment to implementing changes to improve PAC services at their own sites.

Participants agreed to complete JHPIEGO's modified computer-assisted learning (ModCal®) package, *ModCal for Clinical Training Skills*. After they receive support supervision visits to ensure they have adequately strengthened their service delivery practices, participants will come together again to review their ModCal

experience and work on practical skills for clinical training. They will then return to their sites ready to conduct PAC training using the PAC-OJT learning package.

### **Postabortion Care Services to Expand in Haiti**

As part of a project to improve the quality of healthcare services for women experiencing complications of bleeding in early pregnancy, JHPIEGO worked with the Haitian Ministry of Health, the Institute for Health and Community Action (INHSAC) and the United Nations Population Fund (UNFPA) to strengthen postabortion care (PAC) services at 10 Haitian hospitals. To this end, JHPIEGO and its partners established PAC services at two national teaching hospitals, Isaïe Jeanty (IJ) Maternity and the State University Hospital of Haiti (HUEH), in April 2000. More recently, the partners standardized family planning service delivery and infection prevention practices at department hospitals in Jacmel, Cap Haïtien, Fort Liberté and Gonaïves.

In July 2001, a JHPIEGO assessment team determined that the IJ and HUEH facilities were ready to serve as PAC clinical training sites for the expansion phase of the project. JHPIEGO formalized a collaborative relationship with UNFPA and developed a coordinated workplan with UNFPA and INHSAC. In August, JHPIEGO conducted a 1-week manual vacuum aspiration (MVA) course for 12 providers from hospitals in Jacmel, Cap Haïtien and Fort Liberté.

During the MVA course, teams of clinicians from each hospital developed action plans for the introduction of PAC services at their sites. JHPIEGO will provide technical assistance as they begin to set up PAC services, and UNFPA pledged to donate necessary PAC equipment to each participating site. These activities are expected to result in fully functional PAC services at four additional sites.

### **Integrated Family Planning/Reproductive Health Preservice Midwifery Education Established and Functioning in Turkey**

Under the USAID Family Planning and Reproductive Health Assistance Program in Turkey, JHPIEGO has been working since 1991 with the Ministry of Health General Directorate for Maternal and Child Health/Family Planning, General Directorate for Health Training, Hacettepe University School of Public Health and Hacettepe Public Health Foundation, medical schools, vocational midwifery and University-based midwifery schools to develop a national integrated clinical training system for preservice and inservice family planning/reproductive health education and training.

Results of a study conducted from May–August 2001 demonstrated that JHPIEGO's work to help strengthen competency-based preservice midwifery education at 19 university-based schools in Turkey has helped to reduce the cost of inservice midwifery training by 20 percent. The strengthened preservice program introduces students to family planning/reproductive health topics sooner, at the start of their midwifery careers. And, because preservice midwifery education and inservice midwifery training have been linked at the clinical

training site, the schools are able to reduce costs by using one group of trainers for a variety of training needs. Training has been decentralized from the national to the provincial level so that more family planning/reproductive health training is conducted each year. A national-level system is functioning to certify midwifery students to provide IUD insertion and removal and general family planning counseling in the public and private sectors.

### **Decentralization of Postabortion Care Services in Burkina Faso**

In April and May, postabortion care (PAC) consultants trained by JHPIEGO conducted a series of 2-day needs assessments at 10 regional hospitals in Burkina Faso. At each site, consultants evaluated infection prevention practices and family planning services in order to develop a strategy for decentralizing PAC services to regional hospitals. The consultants also solicited support from regional and district authorities to help supervise implementation of the new PAC services.

After visiting the sites, the consultants—all members of CRESAR (Cellule de Recherche en Santé de la Reproduction), a local nongovernmental organization—presented their results at a 3-day strategic planning workshop. JHPIEGO representatives contributed technical advice and helped to facilitate discussion among workshop participants. By the end of the workshop, the team had developed an action plan for expanding quality PAC services to the regional facilities.

In early June, CRESAR conducted a forum with representatives from the Ministry of Health to describe the proposed training program and to advocate for Ministry support. The Ministry approved the plan, and training was soon underway. The training program will include infection prevention and contraceptive technology updates, and instruction in manual vacuum aspiration, counseling and referral procedures. Trainers will work with regional healthcare providers to determine how to phase in PAC services to all 10 sites within the next 10 months.

Early next year, CRESAR will work to expand PAC services to the district level. The organization chose the Koupéla district as a pilot site, to build on the Maternal and Neonatal Health program currently operating with JHPIEGO's assistance in the district.

### **Bolivia's San Andrés University School of Health Sciences Receives Re-accreditation**

In September 2000, following internal and external evaluations, the San Andrés University School of Health Sciences (UMSA) received re-accreditation. Representatives from the Association of Latin American Medical Schools, the Catholic University of Chile, Cuenca University in Ecuador, the Bolivian Medical College, the Executive Bolivian University Committee, and the Ministry of Health composed the accreditation committee. When UMSA began working with JHPIEGO in 1998, it had a conditional accreditation, which meant there were

several criteria that needed improvement prior to the University's receiving full accreditation.

The goal of the partnership is to strengthen preservice education and training. Achievements to date include the development of revised curricula at the medical and nursing schools and improved evaluation of the skills of graduating medical and nursing students via the Objectively Structured Clinical Exam. UMSA faculty members, clinical preceptors and students also have improved access to up-to-date information via the Technology-Assisted Learning Center (TALC) in the UMSA health sciences library.

An accreditation ceremony was held in La Paz in October 2000. At this ceremony, representatives of the accrediting body and UMSA authorities highlighted the role of JHPIEGO in helping UMSA achieve accreditation. The dean of the medical school mentioned the TALC, in particular, because the availability of up-to-date health information it provides was a criterion for accreditation.

JHPIEGO continues to support the implementation of the revised curriculum at UMSA. The lessons learned from its work with UMSA are helping JHPIEGO in its partnerships with two additional medical schools and nine additional nursing schools throughout Bolivia. In addition, a second TALC is planned for the medical and nursing schools at the San Francisco Xavier University in Sucre.

## **Supervision Workshop Conducted in Jamaica**

With support from the University Research Corporation, and using materials based on the newly developed supervision learning package produced by TRH, JHPIEGO staff conducted a supervisor training workshop in Mandeville, Jamaica, from 19–21 June. They worked with 20 nurse supervisors to review the results of an operations research study on compliance with the National Family Planning Guidelines, strengthen their knowledge of emergency contraception and infection prevention, and improve the skills they need for planning and implementing parish meetings.

Supervisors in Jamaica meet monthly with healthcare providers in their parishes. These meetings provide unique opportunities to support and improve the performance of the providers through the dissemination of information and the development of skills. To learn how to facilitate interactive and informative meetings, the supervisors conducted practice parish meetings during the workshop to set agendas, present health-related information, perform role plays to reinforce the information presented and summarize the meetings. The presentations were videotaped to allow the participants to review and offer feedback.

## **Performance Improvement Tool Developed for Clinical Training Sites in Ghana**

In July, JHPIEGO took the first step toward applying a performance improvement approach to strengthening clinical training sites in Ghana—the first time that JHPIEGO has attempted to apply the performance improvement approach within a program designed to strengthen preservice training. JHPIEGO has been collaborating with the Ghanaian Ministry of Health, including the Nursing and Midwifery Council (NMC) and Human Resources Development Division (HRDD), to strengthen midwifery training in reproductive health and essential maternal healthcare at the country's 10 midwifery schools. The program focuses on the clinical portion of midwifery training that takes place during students' rotations at clinical training sites. At this stage, the performance improvement approach is being used to strengthen 15 clinical training sites of three of the midwifery schools.

From 16–18 July, a working group comprising representatives from the Ministry of Health, HRDD, NMC, midwifery schools, clinical training sites, and Regional and District Management Teams met in Dodowa to define desired performance for the clinical training sites and develop a tool to measure actual performance. The working group also developed a table of desired performance standards and a vision statement for clinical sites.

On 19 July, these outputs were presented to stakeholders, including NMC, midwifery school and regional- and national-level Ministry of Health representatives. After suggesting minimal revisions, the stakeholders adopted the documents. The final tool for measuring performance has been distributed to the 15 clinical sites. In the next step in the performance improvement process, stakeholders from the 15 sites will meet to discuss the findings from their sites and

conduct a root cause analysis to develop and prioritize interventions that address the identified root causes.



### **Performance Improvement Workshop Conducted in Senegal**

From 11–20 September, technical experts from JHPIEGO's Learning and Performance Support Office facilitated the first of two workshops designed to introduce a performance improvement approach to improving the quality of PAC services in Senegal.

Twelve PAC stakeholders, including PAC service providers, health center supervisors and community representatives, participated in the workshop at the urban Roi Baudouin Health Center (RBHC) in Guédiawaye, Senegal. Participants worked together to define desired performance of PAC services and produce an observation tool for conducting a performance analysis of PAC services at RBHC later in the year. The second workshop, designed to compare actual performance at RBHC to desired performance and examine root causes for performance gaps, took place in late 2001.

### **Training Information Monitoring System Installed at Jamaica Ministry of Health**

Using the Training Information Monitoring System (TIMS®), this year JHPIEGO began working with the Jamaica Ministry of Health to track and monitor the country's training efforts. TIMS will be used to track all inservice and preservice training that employees of the Ministry of Health and Regional Health Authorities (RHAs) attend while in government service. It will also track reproductive health courses taught by the Ministry of Health's Health Promotion and Protection Unit to such audiences as pastors, teachers and peer educators. Although USAID's original request was to install TIMS only as a central database at the Ministry of Health in Kingston, JHPIEGO quickly recognized the need to adapt to the 1999 decentralization of the Ministry into regional offices. In order to support this structural change, TIMS will be installed in all four RHAs and will be managed at each site by the regional training manager, allowing more direct use of data for program planning and evaluation throughout the island. Regions will collect data from parish managers and individual trainers, and will be able to produce local feedback reports for individual health facilities to show numbers and types of personnel trained.

This project expands the capacity of TIMS to track training of any type for a wide range of Ministry of Health employees. It includes hardware and network training for Ministry systems administrators and customer service training for administrative support staff. Despite this expanded capability, TIMS is still able to track reproductive health training in detail, and even beyond the JHPIEGO focus on clinical trainers, classroom faculty and clinical preceptors to include the capacity building of community members who offer an important source of peer education and counseling. Professional development of government health personnel and community health educators in Jamaica could not be monitored as closely and consistently without a standard database system such as TIMS. Throughout fiscal year 2002, JHPIEGO will be providing technical assistance to the Ministry of Health in using TIMS data to compare to strategic manpower needs,

thus ensuring that the full potential of the system is realized within the first year of implementation.

## **OBJECTIVE 2: REPRODUCTIVE HEALTH POLICY**

In 2001, the TRH Project continued its advocacy role in promoting positive reproductive health policies. Below are examples of our work with public and private institutions in Kenya, Nepal, Ukraine and West Africa to develop, disseminate, and implement sound reproductive health policies and strategies for training and healthcare delivery.

### **Strategy for Effective and Efficient Dissemination of Kenyan Guidelines and Standards Explored**

Taking advantage of lessons learned from service delivery guidelines dissemination interventions and evaluations conducted in Kenya from 1994–1998, JHPIEGO, Family Health International (FHI) and the Population Council developed a study to test the feasibility of a new dissemination strategy. This strategy, which utilizes Kenya's decentralized training system, relies on a “cascade” effect, updating providers using the guidelines, and asking them, in turn, to update fellow staff at their sites.

By November of 2000, more than 1,200 healthcare providers from over 1,000 sites in 50 districts had attended updates. Results from an evaluation led by FHI and the Population Council show that if providers are prepared to orient their colleagues to new information, they are more likely to have an impact on staff at their sites. In fact, they found that healthcare providers who received special orientation packages reported updating twice as many coworkers as those who did not. Additionally, when support supervision was provided to sites, positive changes in provider retained knowledge and stated practices were even more dramatic.

Results from the evaluation demonstrate that family planning service delivery guidelines, when actively, rather than passively, disseminated, can improve practices. Overall, providers who attended the workshops updated a mean of 6.5 coworkers. Thus, over a 4-month period, approximately 7,800 healthcare providers were oriented to the revised standards and guidelines. Appropriate use of the guidelines by those providers now has the potential to improve quality of care and client outcomes, reduce costs and standardize practices.

### **Performance of Family Planning/Reproductive Health Providers in Nepal: The Results of Three Evaluation Studies**

On 13 April 2001, JHPIEGO/Nepal, the National Health Training Center (NHTC) and the Family Health Division (FHD) of the Department of Health Services of His Majesty's Government of Nepal conducted a half-day dissemination meeting for

more than 20 key stakeholders to synthesize the findings and recommendations from three evaluation studies conducted in Nepal in 2000 and 2001:

- The Effectiveness of Training for Minilaparotomy Services
- The Effectiveness of the Self-Paced Learning Package for Training in the No-Scalpel Vasectomy (NSV) Technique: A Retrospective Study of the Experiences of Trainers and Participants
- Postabortion Care (PAC) Services in Nepal: An Assessment of Established PAC Service Sites

JHPIEGO's collaboration with NHTC and FHD on national training efforts has helped to establish several service delivery sites as effective clinical training sites for minilaparotomy, NSV and PAC services. Healthcare providers are regularly trained at these sites and posted all across Nepal, contributing to high quality service provision throughout the country. The results from the evaluations were grouped according to three overarching themes: *Maintenance of Provider Performance, Training Efficiency and Performance Improvement Mechanisms to Protect Investments*. The NSV study, for example, documented that the self-paced learning approach is an effective one for participants. The study also revealed that the approach helped trainers balance their training responsibilities with their ongoing clinical service responsibilities more effectively than when they trained in a group-based course.

After examining all three studies, the participants recommended:

- Strengthening the supervisory role of clinical trainers in light of the challenges faced by many trained providers in applying and maintaining their skills after training. Followup visits by trainers to providers at their posts soon after training could help to identify and remove barriers to service provision before providers' skills deteriorate over time due to inadequate caseload.
- Devising and implementing a strong and far-reaching Information, Education and Communication campaign to promote the use of facility-based family planning services year round to maximize the use of existing services at the sites.
- Linking postabortion care services more closely to essential obstetric services through safe motherhood programs, and emphasizing expansion of the program to additional district-level hospitals rather than regional-level or zonal hospitals.

### **JHPIEGO Completes First Phase of High-Performing Sites Study in Kenya**

In November 2000, JHPIEGO conducted the first phase of a study of high-performing clinical sites in Kenya. Although many studies focus on identifying problems, this study is looking at what works by examining the programs,

protocols and people that combine to make one site more successful than another.

Phase I employed a case-study approach to describe the characteristics of high-performing sites. During initial stakeholder meetings, representatives from the Ministry of Health, Marie Stopes International/Kenya, Christian Health Association of Kenya, Family Planning Association of Kenya and several Cooperating Agencies (including AVSC International, Family Health International, Family Planning Logistic Management and Pathfinder International) documented differing perspectives on the definition of “high performance,” and pinpointed several high-performing service delivery sites.

The JHPIEGO team visited nine high-performing sites and one low-performing site to learn about the elements and strategies that work to create a high-performance environment. Team members conducted interviews at each site and were struck by the emergence of several overriding themes. Interviewees attributed high performance to a combination of community involvement, responsible financial management, motivated and well-trained staff, and effective leadership. Many providers said that they tracked their own success through client feedback and expanding clientele. Many clients stated that they chose a particular facility because it was clean, could give them what they needed, had friendly staff and was affordable.

Based on these and other findings, JHPIEGO is designing the next phase of the study to provide a clearer picture of the strategies that help clinics improve and maintain performance.

### **Strengthening Family Planning Training for Nurses and Midwives in Ukraine**

In an effort to increase the sustainability of USAID-funded efforts to strengthen provider skills, standardized family planning and reproductive health curricular components are being incorporated into the Ukrainian national training system as a part of the education of obstetricians/gynecologists, primary care physicians, nurses and midwives.

To this end, JHPIEGO conducted a 3-day workshop in April for 14 Ukrainian nurses and midwives (representatives of three midwifery schools and four major continuing education institutions) to develop a prototypic family planning/reproductive health course for midwifery training. By the end of the workshop, participants had made the following comprehensive recommendations to the Ukrainian Ministry of Health:

- revised job descriptions for midwives and nurses (incorporating family planning services);
- a 36-hour (5-day) family planning/reproductive health curricular component for midwives, nurses and physician assistants (in both nursing/midwifery schools and continuing education institutions);

- a requirement of a passing score on a family planning knowledge and skills exam for qualification and certification as nurses and midwives;
- use of the National Family Planning Service Delivery Guidelines in family planning courses for nurses and midwives nationwide; and
- the development of detailed plans for roll-out training of trainers and faculty from the remaining 124 preservice and 26 inservice nursing/midwifery schools.

The Deputy Head of the Educational Department of the Ministry of Health participated in the first day of the workshop and reviewed the recommended program as soon as it was developed. After the workshop, she informed the participants that the Ministry had accepted their recommendations in full and would be issuing a set of directives by the end of May 2001 to support the changes. It was decided that the FP component would be incorporated into curricula for all nursing-midwifery schools, and its implementation is scheduled to begin in September 2002. The roll-out training for trainers will be conducted by the Ukrainian schools that became JHPIEGO training sites in 2000. A core group of experienced incountry trainers from leading medical universities and institutes will help the new trainers to master the new skills. The Ministry of Health is committed to providing administrative support for the training, and also will resolve any financial issues at the district level.

#### **Francophone MAQ Subcommittee Seeks to Integrate HIV/AIDS Prevention into Family Planning/Reproductive Health Programs**

From 19–22 February 2001, members of the Executive Bureau, the governing body of the Francophone MAQ Subcommittee, met at the Intrah/PRIME Regional Office in Dakar, Senegal. The purpose of the meeting was to operationalize the Subcommittee and to explore the most effective ways to integrate sexually transmitted infection/HIV/AIDS prevention into family planning/reproductive health programs. Local leaders in the fight against HIV/AIDS gave presentations and held panel discussions to update participants on specific lessons learned from HIV/AIDS/family planning/reproductive health integration activities that have already been conducted in West Africa. At the end of the meeting, the Executive Bureau mapped out a series of concrete objectives and activities for the Subcommittee to undertake.

The Francophone MAQ Subcommittee was launched in July 2000 as part of the global MAQ initiative. The Subcommittee focuses on the specific needs of Francophone West Africa and strives to sustain the MAQ initiative in the region. Subcommittee members include USAID and Cooperating Agency representatives as well as local leaders in the field of family planning/reproductive health. The following nine countries are currently represented on the Subcommittee: Benin, Burkina Faso, Cameroon, Guinea, Ivory Coast, Mali, Niger, Senegal and Togo. The full Subcommittee will convene early in 2002.

JHPIEGO is a member of the Executive Bureau and continues to support the Subcommittee by exchanging recent information that is relevant to

HIV/AIDS/family planning/reproductive health integration. For example, in March, JHPIEGO translated USAID's "Draft Condom Promotion and Dual Protection" document into French and disseminated it to Subcommittee members via an informal listserv. Translated documents are passed along to staff members of the Johns Hopkins University Center for Communication Programs, who then post the documents on the Francophone MAQ web page at [www.maqweb.org](http://www.maqweb.org).

### **JHPIEGO to Help Combat HIV/AIDS in Kenya Using Decentralized Training Centers Established Under the TRH Project**

A number of large-scale efforts are being undertaken in Kenya to help control the spread of HIV as well as care for those affected by HIV/AIDS. To complement these efforts, the Kenyan National AIDS Control Committee (NACC) has enlisted JHPIEGO's assistance in initiating activities aimed at strengthening HIV/AIDS service delivery.

With funding from the Family Health International IMPACT program, in 2001 JHPIEGO began working with the Kenyan Division of Reproductive Health and the network of decentralized training centers—established under the TRH project—to strengthen inservice training. JHPIEGO will also work with selected nongovernmental organizations and Kenyan medical training colleges in relevant IMPACT districts to strengthen the preservice education system.

This initiative will support the NACC's present efforts to mitigate the damage of HIV/AIDS, and improve the quality of reproductive health services in Kenya. The program activities will increase the use of intervention that have been proven effective to decrease risk of transmission and mitigate the impact of HIV/AIDS. They will also support the Kenya National Reproductive Health Strategy, 1997–2010, which calls for the "provision of a comprehensive and integrated system of reproductive health care that offers a full range of services by the government, NGOs and private sector."

### **OBJECTIVE 3: LEARNING INTERVENTIONS**

To make reproductive health training more effective and efficient, new training approaches, technologies and materials must be carefully crafted. Following are examples of TRH Project work in innovative learning approaches and information technology that are linked to this objective.

#### **The Effectiveness of the Self-Paced No-Scalpel Vasectomy Learning Approach in Nepal**

In Nepal, a new approach to clinical training was implemented in September 1999 to improve the efficiency of inservice training for no-scalpel vasectomy (NSV). Participants covered the knowledge component of the course at their own pace (through a variety of learning methods such as individual reading assignments, written exercises, tutorial sessions with trainers and individualized practice sessions with anatomic models). This self-paced approach to NSV inservice training was used at three training sites over the course of a year, and approximately 30 healthcare providers achieved competency.

This year, JHPIEGO conducted a formal evaluation of the training approach. The study sample consisted of 27 healthcare providers trained in NSV, and the 6 NSV trainers from the 3 training centers. Five of six trainers were able to adequately fulfill their clinical duties while conducting NSV self-paced trainings. After training, 18 of the 27 participants in the study reported that they had provided services at their respective posts. Those who never provided services often cited lack of NSV equipment sets as the reason (at least two sets of equipment for the NSV procedure are needed per site). Despite this, the evaluation demonstrated that the self-paced learning approach is an innovative, effective way to conduct competency-based training for NSV in the face of limited caseloads.

#### **JHPIEGO Uses Computer-Assisted Learning for IUD Refresher Workshop in Jamaica**

In November, JHPIEGO completed two successful IUD refresher workshops in Jamaica.

Because these were refresher workshops for experienced clinicians, and because Jamaica had adequate technological capacity, JHPIEGO deemed *ModCal*<sup>®</sup> for *IUD Services* appropriate for the knowledge portion of the workshop. *ModCal* (modified computer-assisted learning) uses interactive multimedia courseware, which combines the flexibility, standardization and cost-effectiveness of computer-assisted learning, with JHPIEGO's competency-based learning approach. The term "modified" denotes that not all learning takes place via computer. Skills practice under the guidance of a clinical facilitator is still required for learning clinical or training skills.

With computers rented from the National Family Planning Board of Jamaica (NFPB), two 5-day workshops were held at two newly designated clinical training sites (Glen Vincent and Mandeville Family Planning Clinics in Kingston and Mandeville, respectively). During the workshops, participants worked through the

IUD ModCal; watched the JHPIEGO videos *Insertion and Removal of the Copper T380A IUD* and *Infection Prevention for Family Planning Service Programs*; learned to load the IUD in a sterile package; and practiced counseling, insertion and removal skills with anatomic models and, finally, with clients. Participants also worked through the clinical skills module of *ModCal for Clinical Training Skills* and learned to navigate ReproLine®.

Most participants were apprehensive when they learned that much of the training would be computer-based, but after the first day they became comfortable using the mouse and keyboard. Participants were pleased to be exposed to computer technology and were able to confront some of their fears about computers. At the conclusion of the workshop, participants demonstrated markedly improved knowledge and skills, including loading the IUD in the sterile package and using the withdrawal technique to insert the IUD. Key representatives from USAID, the NFPB and the Regional Health Authorities visited the workshops and were favorably impressed with the IUD ModCal training.

### **PAC/OJT to Be Implemented in Zambia by Trainers Trained with CTS ModCal®**

From 2–6 April 2001, JHPIEGO conducted a unique clinical training skills (CTS) course in Lusaka, Zambia, for a core group of 13 postabortion care (PAC) trainers. The course used CTS ModCal® (Modified Computer-Assisted Learning), a self-paced computerized learning package, to prepare trainers to implement a new self-paced, structured on-the-job training (OJT) learning package for PAC.

The participants completed all of the CTS ModCal modules, achieving a score of at least 85% on the post-test, before attending the practical portion of the course, geared specifically to the use of the PAC/OJT package. Participants reported that CTS ModCal was “colorful and real” and “easy to use, even with very little computer knowledge.” Though the training was computer-based, the participants said that ModCal’s use of “a variety of teaching methods” and “excellent, encouraging feedback” made it feel “like we were in the same room as the trainers.”

The training teams will now implement PAC training under the National PAC Taskforce using the PAC/OJT learning package. The group had been exposed to the content of the PAC/OJT package as participants in the PAC Clinical Skills Standardization workshop in January. In completing the CTS ModCal course, they practiced their training skills and were thoroughly oriented to their role as trainers using the PAC/OJT package.

Despite delays in the PAC expansion program in Zambia, the establishment of the first three training sites and training teams in Zambia is an important milestone. It also coincides with the signing in March of the Nurses’ and Midwives’ Act of 1997, which expands the scope of practice for nurses and midwives. It specifically adds the provision of manual vacuum aspiration (MVA) services to the nurses’ scope of practice, opening the door to training midwives in the use of MVA to manage patients with complications of abortion.



### **ModCal® Implemented in HBCU Project**

In December, JHPIEGO conducted a Clinical Training Skills (CTS) course at Charles R. Drew University. It was the fifth in a series of USAID-supported Historically Black Colleges and Universities (HBCU) activities aimed at developing a core group of trainers at the university's International Health Institute. Using CTS ModCal, JHPIEGO was able to implement a two-part approach to the course.

Ten participants worked independently to complete the CTS ModCal CD-ROM and develop individual presentations for practice and feedback. Having worked through ModCal on their own, participants came together for the second part of the course, a 3-day group session to review key concepts, observe training skills in action, ask questions, and present their practice presentations and clinical demonstrations for feedback.

Participants enjoyed being able to complete ModCal independently and praised the new approach. As one participant said, "For someone like me where time is precious, ModCal was great because I could do it at night when my kids were tucked in bed." All acknowledged, however, that although ModCal was informative, completing the CD-ROM alone was not sufficient for learning training skills. They understood that observing role modeling of training skills and receiving feedback on their performance are essential to the development of their skills. One commented, "I appreciate the individual evaluations (of my presentations), this is the only way to learn and improve." Another noted, "I did not have the ability to put (the information on the CD-ROM) into the context of performance until role modeling by participants and staff was done."

The new approach to the CTS course was a success. This experience clearly demonstrated that CTS ModCal, when combined with a short group-based session for practice and feedback, is an efficient and effective way for busy providers to learn training skills.

### **JHPIEGO's ModCal® Receives Gold CINDY Award**

In January, it was announced that JHPIEGO's *ModCal* (Modified Computer-Assisted Learning) for *Clinical Training Skills* has taken top honors in the Spring 2000 Edition of the 42nd annual Cinema in Industry competitions. The software received a gold International Cinema in Industry (CINDY) award, placing in the top 15 percent of the Business, Industry and Government interactive multimedia category.

The CINDY Awards are presented twice a year by the International Association of Audio Visual Communicators, a nonprofit group representing theatrical, broadcast, non-broadcast and interactive media professionals throughout the world.

JHPIEGO shares this honor with LearnWare® International Corporation, the designer of JHPIEGO's interactive multimedia courseware, including *ModCal for Clinical Training Skills* and *ModCal for IUD Services*.

### **Kenya Field Office Launches Its Technology-Assisted Learning Center (TALC)**

JHPIEGO is assisting the development of Technology-Assisted Learning Centers (TALCs) for its reproductive health trainers and faculty. These centers provide trainers and healthcare professionals with the latest reproductive health information technology and link members of JHPIEGO's trainer network by giving them access to computers, CD-ROM-based learning packages, computer user training and reliable Internet services.

On 5 October 2000, the JHPIEGO Nairobi Office launched a new TALC. Thirty professionals representing the Kenya Ministry of Health, USAID/Kenya, nongovernmental organizations and the National Nurses Association of Kenya attended the event, which offered demonstrations of:

- The Training Information Management System (TIMS)
- The Internet
- Tools such as ReproLine®, REPRONET-L, and ReproLearn™
- Educational CD-ROMs focusing on reproductive health, malaria, sexually transmitted infections and the Cochrane Database
- Anatomic models
- PowerPoint for trainers

Following the demonstrations, the launch participants completed questionnaires about their computer and Internet access; TALC staff also collected suggestions for future training. This information will be used to develop the TALC and its programs.

The TALC launch was an overwhelming success. "When are you going to start the courses?" and "Can I be the first one?" were among the participants' most commonly asked questions. The TALC was opened for use by other reproductive health professionals and Cooperating Agencies in November 2000.

### **Technology-Assisted Learning Centers Open at Two Medical Institutes in Tashkent, Uzbekistan**

In November 2000, JHPIEGO sponsored the launch of two Technology-Assisted Learning Centers (TALCs) at the Obstetrics and Gynecology departments of the First and Second Tashkent State Medical Institutes in Tashkent, Uzbekistan. The TALCs will enable both training sites to serve as national and regional information resource centers for reproductive health (especially family planning) training and service provision.

In April 1999, a group of nongovernmental organizations with extensive training capacity formed a transnational alliance called the Central Asian Medical and Pedagogical Association (CAMPA). In order to sustain progress in reproductive health training and education throughout the regions, CAMPA has been exploring ways to leverage resources, including Internet connectivity. To help further the efforts of CAMPA, the TALCs were established at the institutes to ensure that medical and nursing/midwifery school instructors receive the reproductive health knowledge and skills they need to train new students and healthcare providers effectively.

A 7-day computer training event for staff of both medical institutes, including professors, department chairs and seventh-year medical students, was part of the launch. The training covered health-related Internet research techniques and collaboration with colleagues over the Internet through the use of chat and file exchange software. Participants also developed plans to incorporate computer and Internet resources into curriculum.

### **TALC Opens in Sucre, Bolivia**

On 23 March, a JHPIEGO Technology Assisted Learning Center (TALC) was launched at the University San Francisco Xavier (USFX) in Sucre, Bolivia. The TALC will enable faculty and students to access up-to-date health information through eight computer workstations, high-speed Internet access and a CD-ROM library. Faculty may also use the TALC to download presentation graphics from ReproLine® for use in their classes.

At least 150 people attended the launch, including students, faculty and authorities from the USFX. The event was covered by the local press and attended by the USFX Rector and Vice-Rector, the dean of the medical school, the director of the nursing school, the chief of the Ob/Gyn department, the director of the internship program and the head of the student union. Later, an "open house" was offered, at which students and faculty were able to try out the computers to conduct searches on ReproLine and other Spanish-language health sites. One student thanked the JHPIEGO representatives for providing the medical school library with access to up-to-date information, noting that most of the books in the library are between 20 and 25 years old.

On 26 March, a JHPIEGO consultant began training several groups of nursing and medical faculty and library staff in basic computer use, common applications such as MS Word and PowerPoint, and use of the Internet to conduct searches. JHPIEGO has paid for 1 year of high-speed Internet access. The librarian responsible for the TALC will implement a cost recovery system to save for recurrent costs such as paper for the printers and future Internet access.

### **Centers of Excellence to Be Established in Ecuador**

In Ecuador, JHPIEGO is collaborating with the Ministry of Public Health to implement Centers of Excellence in Family Planning and Reproductive Health. The Centers will become national models providing the highest quality family

planning and reproductive health services, updating the knowledge of medical professionals and students via Technology-Assisted Learning Centers (TALCs) and using anatomic models to improve and humanize hands-on instruction. The Centers will emphasize warm and personalized attention, confidentiality, equity and respect for clients, and teamwork and ethical conduct among staff members.

The Family Planning and Reproductive Health Unit of Hospital Pablo Arturo Suárez in Quito opened on 19 April 2001, and is well on its way to becoming the first such Center.

Its mission is "To offer high quality family planning and reproductive health services that respect the rights of our clients, and at the same time promote a humanized approach to training and learning." The Unit offers its clients counseling and guidance, infertility treatment, gynecological cancer screening, cervical pathology and colposcopy services, detection and treatment of sexually transmitted infections, and postabortion care. It may eventually integrate services such as laparoscopy, voluntary surgical sterilization and cryotherapy. The on-site TALC will implement a cost recovery scheme to promote sustainability, and will allow staff and students to access the Internet regularly to update their medical knowledge.

Not only is the Unit well on its way to becoming a Center of Excellence for national training, it has the potential to become a regional training resource for the entire Latin American region. The new unit, including the TALC, was made possible by USAID funding and the leadership of hospital management, the Obstetrics and Gynecology department, and JHPIEGO. Other partners included the United Nations Population Fund and the Pan American Health Organization.

## **ReproLine® Tracks Impressive Number of Visitors**

During the month of June, JHPIEGO's Reproductive Health Online website (<http://www.reproline.jhu.edu>) logged nearly 54,000 visits. ReproLine supports reproductive health trainers by providing them with essential tools, information and communication forums for conducting training and providing family planning services. One of ReproLine's most popular features, for example, is the availability of PowerPoint presentation graphics files. In June there were over 1,200 PowerPoint files downloaded. In addition, from March through June, JHPIEGO distributed 900 ReproLine CD-ROMs. They are especially useful for trainers and others in the field who have limited or slow access to the Internet.

## **OBJECTIVE 4: GLOBAL EXPERT RESOURCES**

The TRH Project's fourth programmatic objective focuses on maximizing the effectiveness and impact of an expanded group of international reproductive health experts and associated institutions through professional development, institutional partnerships, and establishment of a global communication and training network. **Table 2** shows progress in trainer development, and shows the numbers of candidate and qualified clinical, advanced and master trainers, classroom faculty and clinical instructors developed from 1993 through 2001. **Table 3** gives a breakdown of these trainers by region. Following these tables are examples of our activities in 2001 that were directed toward developing these global human resources.

**Table 2. Trainer Development: 1 October 1993–30 September 2001**

	<b>CANDIDATE</b>	<b>QUALIFIED</b>	<b>DEFINITION</b>
Clinical Trainers	1,737	315	A trainer who can impart clinical skills to providers. A clinical trainer must be proficient (expert) in the clinical family planning/reproductive health service for which s/he will be providing clinical training as well as competent in clinical training skills.
Advanced Trainers	102	81	A trainer who can impart clinical and clinical training skills to proficient service providers. S/he also should be knowledgeable and experienced in conducting various types of reproductive health courses. Generally, a JHPIEGO advanced trainer first has been a proficient service provider, then a clinical trainer and has completed an apprenticeship (i.e., cotrained) with a master trainer as a part of a progressive experience in JHPIEGO training approaches.
Master Trainers	21	24	A trainer who can impart advanced and clinical training skills as well as clinical skills to other health professionals. S/he also should be knowledgeable and experienced in developing courses, conducting various types of training courses in reproductive health and evaluating training. Generally, a master trainer first has been a proficient service provider and then a clinical trainer and an advanced trainer. The master trainer may assist with program development or program implementation or serve as a master trainer in a specific activity, including cotraining with a clinical trainer or an advanced trainer.
Classroom Faculty	205		A person who can impart <b>knowledge</b> to others, but who does not train others in clinical skills. These professionals usually function in preservice settings.
Clinical Instructors	38		A person who can transfer clinical skills to others, but is not qualified to impart knowledge to others (as a clinical skills trainer is). Clinical instructors are sometimes referred to as preceptors.

Note: Figures reflect changes made in trainer definitions in FY01.

**Table 3. Trainers Developed from 1 October 1993–30 September 2001, by Region**

<b>REGION</b>	<b>NUMBER OF TRAINERS</b>
Africa	921
Asia, Central; Europe; and Near East	553
Asia: South and Southeast	462
Latin America and Caribbean	558
USA	29
<b>Total</b>	<b>2,523</b>

### **Regional Postabortion Care Clinical Training Skills Course Conducted in Burkina Faso**

From 16–27 April 2001, JHPIEGO brought together 17 experienced postabortion care (PAC) providers in Ouagadougou, Burkina Faso, for a regional PAC Clinical Training Skills (CTS) course. Participants in the course came from Burkina Faso, Guinea, Haiti and Senegal to begin training as PAC trainers. As several countries in West Africa implement widespread decentralization of PAC services, these participants will fill the growing need for additional trainers.

The CTS course reinforced the PAC providers' training skills and will prepare them to serve as PAC trainers. The objectives of this course also included standardization of PAC skills and application of alternative learning approaches. All participants agreed that the training was a great opportunity for exchange of information and collaboration between PAC providers throughout West Africa and Haiti.

### **JHPIEGO Hosts Performance Improvement Workshops**

In January, JHPIEGO hosted its second 3-day performance improvement workshop to orient 20 JHPIEGO staff members to the principles of performance improvement and provide them with common definitions and tools for integrating the performance improvement process into their programs. Participants were encouraged to consider performance improvement principles in the context of an organizational performance improvement strategy. They studied applications of each step of the process currently underway in several JHPIEGO projects and reviewed facilitation, collaboration and partnering skills specific to performance improvement. The group also examined the close relationship between performance improvement and Maximizing Access and Quality (MAQ) principles and objectives. Hypothetical scenarios helped participants learn how to apply such principles and processes to problems likely to be encountered in the field.

In February, JHPIEGO conducted a 1-day performance improvement orientation for 24 staff members of the Sustaining Technical Achievements in Reproductive Health/Family Planning (STARH) and Maternal and Neonatal Health projects in

Indonesia. The same themes discussed in the longer workshop were covered in this orientation, with particular emphasis on the implications for integrating this process into work in Indonesia. The short orientation was a success and met with positive feedback, and those orienting their staff in the field may find that one day is sufficient for an initial introduction. It should be noted, however, that fully training staff to integrate the performance improvement process into their work may require the more extensive 3-day workshop.

### **Training for Peace Corps Volunteers in Nepal**

In April, JHPIEGO conducted two half-day training sessions for 12 Peace Corps healthcare volunteers. The sessions covered family planning methods and clinical training skills such as interactive clinical training, coaching, creating a positive learning climate, knowledge and skill assessment tools, and problem-solving approaches. Handouts and reference manuals were provided for the volunteers, including the Comprehensive Family Planning materials (reference and training books, flipcharts and other related materials).

Since 1995, JHPIEGO has coordinated with the Peace Corps in Nepal to strengthen volunteers' capacity to provide family planning training, and thus strengthen preservice clinical training sites. JHPIEGO has made presentations at Peace Corps inservice training meetings and related events, and has supplied volunteers with various reference materials for use during training and at clinical sites.

Last year, JHPIEGO was asked to facilitate a family planning training session for a group of volunteers. Because the training was a success, a Peace Corps technical trainer asked JHPIEGO to facilitate this year's two half-day sessions as well. The 12 Peace Corps volunteers were recently posted to clinical sites throughout Nepal. They look forward to followup from the trainer, and have asked to be periodically updated in family planning during their clinical practice.

### **Electronic Register Established at the Nurses and Midwives Council of Malawi**

In 2001, JHPIEGO provided technical and financial assistance to the Nurses and Midwives Council of Malawi to develop and implement an electronic nursing registry. The database tracks annual nurse and midwife registrations for the purposes of publishing an annual Malawi nurse register and informing the government and nongovernmental agencies about the distribution of nurses and midwives throughout the country. The registry is used to determine how many nurses and midwives are currently registered; identify those nurses and midwives who have not renewed their licenses; calculate how many nurses are working in Malawi and outside the country; and determine the distribution of nurses among all types of facilities. One way in which the reports from the registry will be used is to provide training planning and evaluation teams with strategic information on where to target training initiatives, based on the current distribution of health personnel by facility. Nurse register coverage is national, and currently includes approximately 5,000 nurses.



**2001 ANNUAL EXPENDITURE SUMMARY**

<b>EXPENSE DESCRIPTION</b>	<b>FY 2001 EXPENSES</b>
<b>Country Project Expenses</b>	
Africa: East and Southern	2,416,360
Africa: West; and Haiti	800,105
Asia: Central; Europe; and Near East	1,442,690
Asia: South and Southeast	731,691
Latin America and Caribbean	1,348,980
Subtotal Country Projects	6,739,826
<b>Core Project Expenses</b>	
New Initiatives	1,462,949
Materials Development	414,675
Program Development	433,605
Technical Leadership	1,000,538
Research	1,404,471
Subtotal Core Projects	4,716,238
<b>GRAND TOTAL</b>	<b>11,456,064</b>

## 2001 COUNTRY PROJECT EXPENSES

REGION	FY 2001 EXPENSES
<b>Africa: East and Southern</b>	
Kenya	426,622
Malawi	961,220
REDSO/ESA	556,083
Uganda	112,030
Zambia	191,218
Zimbabwe	169,187
Total	2,416,360
<b>Africa: West; and Haiti</b>	
Côte d'Ivoire	44
Ghana	529,950
Haiti	218,442
Morocco	552
Senegal	51,117
Total	800,105
<b>Asia: Central; Europe; and Near East</b>	
CEN/Regional	0
Georgia	149,249
Moldova	-6,913
Russia	0
Turkey	934,573
Ukraine	365,781
Total	1,442,690
<b>Asia: South and Southeast</b>	
Indonesia	156,237
Nepal	575,454
Total	731,691
<b>Latin American and Caribbean</b>	
Bolivia	557,753
Brazil	130,167
Ecuador	251,049
Guatemala	40,838
Jamaica	161,571
Peru	207,602
Total	1,348,980
<b>TOTAL COUNTRY PROJECTS</b>	<b>6,739,826</b>

## LEARNING MATERIALS, PUBLICATIONS AND PRESENTATIONS

### LEARNING PACKAGE

*Compétences Avancées en Formation pour les Professionnels en Santé de la Reproduction.* (French translation of *Advanced Training Skills for Reproductive Health Professionals.*) Authors: L Schaefer, R Sullivan, A Blouse, J Smith and E Lowry.

(Corresponding Trainer's Notebook and Participant's Handbook available in French)

### TECHNICAL REPORTS

*Documenting the Reduction of Medical Barriers: A Desk Review of Reproductive Health Service Guidelines in Four Latin American Countries.* SJG Brechin, F Fonseca-Becker, J Macias, I Rondinelli and G Salvador-Davila. (JHP-08)

*Interim Evaluation of an Integrated Adolescent Sexuality Education/Provider Training Pilot Project: Bahia, Brazil.* L Gaffikin and I Rondinelli. (JHP-10)

*JHPIEGO's Work in Policy: A Comprehensive Review.* E Oliveras. (JHP-11)

*Retention of Training Skills in Family Planning Trainers: Results of a 1997 Trainer Followup Assessment in Zimbabwe.* SJG Brechin, L Schaefer, K Garrison and M Lacoste. (JHP-09)

*Strengthening Preservice Midwifery in Ghana: Achievements and Phase 2 Expansion Plans.* SJG Brechin, M Plotkin, A Gibson and S Wyss. (JHP-13)

### OTHER PUBLICATIONS AND PRESENTATIONS

Bossemeyer D and A Payne-Merritt. 2000. *Focused Accreditation of Reproductive Health Services in Brazil: The PROQUALI Program.* Presentation at Managing Quality Through Regulation: Priorities and Possibilities, Meeting on Regulation, Licensure, Accreditation, and Certification. National Press Club, Washington, D.C., 4–5 October.

Brechin SJG. 2000. *It Takes a While But It's Worth It! The Effect of Strengthening Preservice Nursing and Medical Education Programs to Improve Performance of FP/RH Service Providers.* Presentation at American Public Health Association Annual Meeting. Boston, Massachusetts, 12–16 November.

Brechin, SJG, C Curran, C Indacochea, K Garrison, S Asport, M Vargas, D Sacknoff, S Ahmed and Bolivian Regional Training Center Teams. 2000. *Evaluation of the Institutionalization of FP/RH Inservice Training in Bolivia: 1994–1998.* Poster

presented at American Public Health Association Annual Meeting, Boston, Massachusetts, 12–16 November.

Curran K, N Maier and T Norton. 2001. Realizing the possibilities: A technology-assisted learning center at Universidad Mayor de San Andrés, La Paz, Bolivia. *TechKnowLogia* March/April: 36–38.

Garrison K. 2001. *Clinical Supervision for Performance and Quality Improvement*. Presentation at MAQ (Maximizing Access and Quality) Mini-University, Washington, D.C., 20 April.

Garrison K. 2000. *How Do I Evaluate Preservice Education Programs? Let Me Count the Ways*. . . . Presentation at American Public Health Association Annual Meeting, Boston, Massachusetts, 12–16 November.

Gilson G and A Parekh. 2000. *Hospital Maternal Mortality in Honduras: The Role of Providers and the Health System in Maternal Death*. Presentation at American Public Health Association Annual Meeting, Boston, Massachusetts, 12–16 November.

Janoski S, J-R Brutus and J Pierre-Louis. 2000. *Establishing an Online Computer Resource Center at a Health Training Institute in Haiti*. Poster presented at American Public Health Association Annual Meeting, Boston, Massachusetts, 12–16 November.

Litch JA. 2001. Contraception and adolescents, in *Adolescent Health: Strength for National Development*. Anup Offset Press: Kathmandu, Nepal. (Abstract)

Litch JA. 2001. *Contraception for Adolescents*. Presentation at Annual Conference of Nepal Society of Obstetricians and Gynaecologists, Kathmandu, Nepal, 10 April.

Litch JA. 2001. *National Medical Standards for Contraceptive Services in Nepal*. Presented at Department of Health Services Annual National Performance Review Meeting 2000–2001, Kathmandu, Nepal, 27 September.

Litch JA, RA Bishop, MT Sherpa, GN Sherpa and KT Sherpa. 2000. Hormonal contraceptive use in a rural district of Nepal. *Journal of the Nepal Medical Association* 39: 199–202.

Macias J. 2000. *Stirring up the Winds of Change: How Policy and Advocacy in Preservice Programs Lead to Expanded and Unexpected Results*. Presentation at American Public Health Association Annual Meeting, Boston, Massachusetts, 12–16 November.

Norton T and N Likhite. 2001. *Methodologies for Evaluating Information Technology Use*. Presentation at Population and Health Materials Working Group 2001 Internet Conference, Baltimore, Maryland, 9 January.

Otolorin EO. 2001. *Strategies for Improving the Quality of Reproductive Health Services*. Keynote address at World Health Organization's Regional Symposium for Policy Makers, Program Managers and Heads of Reproductive Health Research Institutions (Africa and Eastern Mediterranean). Nairobi, Kenya, 23–26 September.

Otolorin EO. 2000. *Improving the Quality of Maternal and Neonatal Health through Evidence-Based Decision-Making*. Presentation at Uganda Ob/Gyn Society, Kampala, Uganda, 15 November.

Otolorin EO. 2000. *Innovative Approaches Towards Reducing Maternal and Neonatal Mortality and Morbidity in East, Central and Southern Africa*. Presentation at Commonwealth Regional Health Ministers' Conference, Mbabane, Swaziland, 23–26 October.

Sanghvi H. 2001. *Medical Treatment of Incomplete Abortion*. Presentation at MAQ (Maximizing Access and Quality) Mini-University, Washington, D.C., 20 April.

Schaefer L. 2000. *But I Already Know How to Teach: Strengthening Faculty Performance for Improved Student Learning*. Presentation at American Public Health Association Annual Meeting. Boston, Massachusetts, 12–16 November.

Shaver T and B Kinzie. 2001. *Antenatal Care: Old Myths, New Realities*. Presentation at MAQ (Maximizing Access and Quality) Mini-University, Washington, D.C., 20 April.

Smith T. 2000. *Congratulations, You're Licensed to Practice: Assessing Service Delivery Performance*. Presentation at American Public Health Association Annual Meeting. Boston, Massachusetts, 12–16 November.

Stanback J, SJG Brechin, P Lynam, C Toroitich-Ruto, T Smith and The Kenya Guidelines Update Evaluation Study Group. 2001. *The Effectiveness of National Dissemination of Updated Reproductive Health/Family Planning Guidelines in Kenya*. Family Health International: Research Triangle Park, North Carolina. (Final Report)

Sullivan RL. 2001. *Delivering Winning Presentations*. Presentation at Global Health Council Annual Meeting, Washington, D.C., 29 May–1 June.

Sullivan RL. 2001. On-the-job training, in *Performance Maps: 36 Strategies for Solving your Organization's Problems*. Sanders ES and S Thiagarajan. American Society for Training and Development: Arlington, Virginia.

Sullivan RL and JL Wircenski. 2001. *Effective Classroom Training Techniques*. American Society for Training and Development: Alexandria, Virginia. (Info-Line)

## **OTHER**

*Amélioration de la performance pour des services de santé reproductive de qualité*. (French translation of *Performance Improvement for Quality Reproductive Health Services* brochure)

*Mejoramiento del desempeño para servicios de salud reproductiva de calidad*. (Spanish translation of *Performance Improvement for Quality Reproductive Health Services* brochure)

*MAQ Bulletin*. Volume 1, June 2001. (Francophone MAQ Subcommittee Newsletter)

JHPIEGO TrainerNews™ (monthly electronic newsletter, October 2000–September 2001)

TRH Direct (monthly electronic newsletter, October 2000–September 2001)